

**THE CONTRIBUTION  
OF A SPIRITUAL DIRECTOR  
TO THE SPIRITUAL JOURNEY  
OF A PERSON DIAGNOSED  
WITH BIPOLAR DISORDER**

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## Abstract

### The contribution of a spiritual director to the spiritual journey of a person diagnosed with bipolar disorder

Foundational to the topic of this thesis is the question, “Can major depression be a true spiritual dryness through which we may take steps toward God?” The question is posed by Madeleine Kelly in *Life on a Roller-Coaster: Living well with depression and manic depression*.<sup>1</sup> Kelly lives with a form of manic depressive illness. Manic depressive illness, currently known as bi-polar disorder, belongs to the family of mental disorders. The nature of bipolar disorder is that it affects a person’s moods, thoughts and behaviour. Consequently, the experience of bipolar disorder is such that it can disorientate a person’s sense of self, thus triggering existential questions around identity, meaning, belonging and religious expression. These are significant spiritual questions. However, due to the complex nature of bipolar disorder these spiritual questions often go unheeded. While the Christian church offers pastoral care in the mental health field, is this enough? Or could it be that a spiritual director also has a contribution to make in the spiritual journey of a person diagnosed with bipolar disorder? The thesis examines this question in the light of a response to Kelly’s question.

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<sup>1</sup> Madeleine Kelly lives with a form of manic depressive illness. She lives in Victoria, Australia, is married with children. Kelly established Moodworks which is an education group run by, and for, people with manic depression and she authored the book *Life on a Roller-Coaster: Living well with depression and manic depression* (East Roseville: Simon & Schuster, 2000). The above quote is from page 191.

## Declaration of Originality

I hereby declare that this thesis contains no material that has been accepted for any other degree in any other university. To the best of my knowledge and belief this thesis contains no material previously published or written by any other person. The work submitted in this thesis is the product of my own original research, except where I have duly acknowledged the work of others.

Signed:

Kaye J. Twining

## Acknowledgements

To those authors quoted in this thesis who live with the diagnosis of bipolar disorder, I am grateful for the understanding your publications have furnished in regard to the topic at hand. Of special note is Madeleine Kelly who dared to pose the question “can major depression be a true spiritual dryness through which we may take steps towards God?”

Thank you to the supervisors, Rosalind Cairns and Maryanne Confoy. Your wisdom, commitment, encouragement and patience have contributed greatly to this thesis.

To the Institute of Christian Spirituality and Pastoral Formation, thank you for providing the opportunity for such research.

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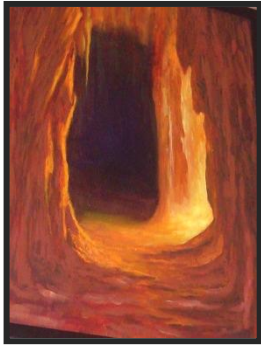
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# CHAPTER 1: INTRODUCTION



Our real journey in life is interior. It is a matter of growth, deepening and of an even greater surrender to the creative action of love and grace in our hearts.

Thomas Merton  
 The Road to Joy: The Letters of Thomas Merton to New and Old Friends

## 1.1 Background

This thesis is one Christian spiritual director's investigation into the question of a spiritual director's contribution to the spiritual journey of a person diagnosed with bipolar disorder. The reasons for undertaking the research pertain to the scarcity of such research in this area and in response to Madeleine Kelly's question, "can major depression be a true spiritual dryness through which we may take steps towards God?" Her question is both an urgent and complex one. Such complexity is due to a number of factors. Firstly, a person diagnosed with bipolar disorder undeniably requires stringent professional therapeutic<sup>2</sup> interventions to stabilize the symptoms of the disorder. Secondly, one of the symptoms of bipolar disorder can be distorted religious beliefs.<sup>3</sup> For example: the Story of Denise who actually thought she was God.<sup>4</sup> Consequently, the religious beliefs and expression of a person diagnosed with bipolar disorder may be a manifestation of the disorder itself which necessitates medical treatment.

Thirdly, the place for and the value of spirituality are now recognized within the medical model of treatment. There is currently a groundswell of published literature in this area acknowledging the significance of spirituality in the life of a person diagnosed with bipolar disorder. However, it is often the case that

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<sup>2</sup> For the purposes of this thesis, "therapeutic" will refer to that of the medical model of treatment. The discipline of spiritual direction will be classified as non-therapeutic and therefore considered to be ancillary to the current medical model of treatment of bipolar disorder.

<sup>3</sup> Harold G. Koenig, *Spirituality in Patient Care: Why, How, When and What* (Philadelphia: Templeton Foundation Press, 2002, 2007) p. 163.

<sup>4</sup> John McManamy, *Living Well with Depression and Bipolar Disorder* (New York: HarperCollins, 2006) pp. 88-89.



the sections on spirituality within such published material are brief in length and general in scope.<sup>5</sup> Moreover, the term spirituality has become so “diluted”<sup>6</sup> that it has lost its depth of meaning and has now become a psychological term concentrated around “positive emotions and concepts.”<sup>7</sup> Positive emotions and concepts do not equate to spirituality, for spirituality, as defined within the context of this thesis, is a person’s conscious intention to explore, name and claim their personal identity, meaning and belonging within the context of the Christian faith tradition.<sup>8</sup> Thus, even though there is recognition of the value of spirituality for people diagnosed with bipolar disorder, there is also a lack of clarity about what constitutes spirituality. Furthermore, for the reasons outlined previously, the idea of a spirituality that seeks to explore identity, meaning and belonging within a Christian religious framework can be a contentious issue.

One reason spirituality has once again come into focus within the mental healthcare field is due to the recognition of the lived experience of mental illness. Such lived experience includes numerous losses with the attendant and often unacknowledged grief that a person sustains pre-diagnosis. Furthermore, post-diagnosis the person has to live with the stigma of the socially unacceptable label of a mental disorder. As well as the experience of the disorder pre-diagnosis and the label of the diagnosis, there is the person’s often lengthy and complex process of recovery. Often, such a process continues to suppress the experience of conscious grieving.<sup>9</sup>

The term “recovery” does not refer to a cure of the symptoms of the disorder. For while there are medical and psychological therapies which stabilize the symptoms of bipolar disorder, there is presently no cure. Therefore, the disorder is life-long. “Recovery” refers to a person’s reclamation of their mental stability, emotional and physical health and spiritual wellbeing. Pertinent to this thesis are the elements of recovery which relate to spiritual wellbeing. Why is this

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<sup>5</sup> One example of this is McManamy’s book.

<sup>6</sup> Koenig, *Spirituality in Patient Care* p. 39.

<sup>7</sup> Koenig, *Spirituality in Patient Care* p. 39.

<sup>8</sup> Chapter 3 of this thesis will expand on spirituality in general and Christian spirituality in particular.

<sup>9</sup> For more on conscious grieving see Section 2.6.3.

important? The overall experience of bipolar disorder is one through which a person's inner being may be broken open, exposing them to existential questions around identity,<sup>10</sup> meaning,<sup>11</sup> belonging<sup>12</sup> and religious expression.<sup>13</sup> These are all significant spiritual questions. For many people diagnosed with bipolar disorder, engagement with these questions in a way that integrates their lived experience of the disorder in a meaningful way is fundamental to their recovery, or, healing of their inner being.

However, in what way can a person diagnosed with bipolar disorder raise such questions? They may well raise their spiritual questions informally with friends and family. While this may be helpful, more often than not these same people are grappling with their own questions, raised through living with and/or caring for, someone living with bipolar disorder. Therefore, a more formal context could prove beneficial. The Christian faith tradition does offer one such formal context. As well as the doctrinal, communal and sacramental opportunities afforded by a local faith community, the Christian faith tradition offers two specific non-therapeutic disciplines in the area of spirituality: that of pastoral care and spiritual direction. Pastoral care for those people hospitalized with bipolar disorder is widely recognized as providing ancillary value in the area of spirituality. This raises the question of the contribution a spiritual director might make in a person's ongoing spiritual journey.

In light of the above, this thesis has two distinct areas of enquiry. The first is a detailed response to Kelly's question. The second is a general enquiry into the contribution a spiritual director may make in the spiritual journey of a person

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<sup>10</sup> For the purposes of this thesis "identity" refers to the unified way a person perceives their sense of self in response to their relationships and lived experience of their world at a given time.

<sup>11</sup> "Meaning" refers to the way a person constructs the purpose of their existence. See Fowler and Keen, Chapter Two, *Life Maps: Conversations on the Journey of Faith* (Waco: Word Books, 1978).

<sup>12</sup> "Belonging" refers to a person's sense of connection within their own person, their local community, their faith community, their wider world and their experience of God's love.

<sup>13</sup> This connection between identity, meaning, belonging and religious expression is drawn from William James' *Varieties of Religious Experience* where he argues that the religious emotions are not separate from ordinary human emotions. Rather they are human emotions which relate to a religious object. pp. 37-40. The connection also draws on the work of Bernard Lonergan, *Method in Theology*, where he writes that within human experience and questioning arising from that experience, lies the question of God. p. 103.

diagnosed with bipolar disorder. Consequently, the specific aims of this thesis are to:

- Present an informed understanding of the complex nature of bipolar disorder. Such an understanding will provide a foundational framework for the thesis.
- Describe the spiritual journey.
- Propose one model of Christian spiritual direction, including its theological foundation.
- Drawing upon the above, clarify both the significance and boundaries of Christian spiritual direction with a person diagnosed with bipolar disorder.

## 1.2 The objective of the thesis

While this is a personal enquiry, the expectation is that the findings presented will proffer a broader application. Such broader application is not by way of presenting a “how-to manual” for spiritual directors. Rather, it is the expectation that in the light of responding to Kelly’s question, the thesis will clarify a Christian spiritual director’s contribution to the spiritual journey of a person diagnosed with bipolar disorder. Furthermore, the thesis will highlight a Christian voice in the contemporary conversation with regard to the value of spirituality in the ongoing process of recovery of a person so diagnosed. For these reasons, the intended readership is predominantly that of Christian spiritual directors and pastoral care workers. However, the findings may well be of interest to people living with bipolar disorder and those who live with them. Also, as one of the objectives is to highlight a Christian voice in the area of spirituality and mental health, the conclusions drawn in thesis may also be relevant for professionals who work in the mental healthcare field.

## 1.3 The methodology

The methodological approach applied in this thesis is one of praxis supported by Lonergan’s transcendental method. Praxis involves the ongoing process of

theological reflection on lived experience. The knowledge gained through the approach of praxis is knowledge which is acted upon, that is, reflective action. Such knowledge is both shaped by experience and continues to shape ongoing experience. In turn, Lonergan's transcendental method of conscious intentionality provides a structure for praxis. There are two key principles within Lonergan's method. The first is the dynamic pattern of human consciousness within the light of the revelation of God's love.<sup>14</sup> Such a foundational pattern incorporates four precepts. The four precepts are not hierarchical in nature. Rather each precept is subsumed within the next. The four precepts operative within human consciousness are:

- be attentive: to lived experience
- be intelligent: with rational curiosity
- be reasonable: making rational judgments
- be responsible: in coming to decisions and carrying them out.

The second key principle is Lonergan's contention that while human beings as a species are no different from the higher animals in terms of substance, the one striking difference is the human capacity to wonder, to question and to discover responses.<sup>15</sup> Such an ability and desire to question allows a person to break through and transcend their current horizon of meaning making.<sup>16</sup> Lonergan names this process as conversion. Conversion in this manner may take form in the realm of the moral, the intellectual and the religious.<sup>17</sup> While most people experience pivotal movements of conversion in their life, conversion is the ongoing dynamic within the human consciousness which allows a person to be both a transcended and a self-transcending being.

Lonergan's transcendental method of conscious intentionality is relevant to this thesis for a number of reasons. Firstly, this method takes God's revelation seriously, while recognizing that God's revealed love is mediated through human

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<sup>14</sup> Bernard Lonergan, *Method in Theology* (Toronto: University of Toronto Press, 1971) pp. 4-6, 102, 24.

<sup>15</sup> Lonergan, *Method* pp. 9-11.

<sup>16</sup> A person's horizon of meaning making both shapes and limits the way a person receives and interprets knowledge about their world.

<sup>17</sup> Lonergan, *Method* p. 238.

knowing and experiencing. As such, this method gives form to authentic praxis. Secondly, while the method crosses multi-faith boundaries Lonergan's application of this method pertains to the Christian religious tradition, as does this thesis. Thirdly, the method is based on conscious intentionality which is the basis of spirituality and the model of spiritual direction proposed in this thesis. Fourthly, the method recognizes that human knowing and self-transcendence take place predominantly through the asking of relevant questions and the discovery of truthful responses. As such, this method takes Kelly's question seriously.

## **1.4 The data**

The data for this interdisciplinary thesis has been collected through a review of relevant literature. Such literature includes the disciplines of theology, spirituality and spiritual direction; as well as those on the course and prognosis of bipolar disorder, focusing on phenomenological studies and biographical accounts.

## **1.5 The researcher**

There is a person authoring this paper. A person living in a certain time and place in history with her corresponding horizon of meaning. My horizon at this period of time is shaped by the fact that I am a married woman with three children and four grandchildren. My religious faith tradition is that of Christianity. I have gained certain insights into the effects of bipolar disorder in a person's life through witnessing the experience of such in a number of friends and family members.

As a mature age student I gained a Degree in Theology and a Post-Graduate Diploma in Spiritual Direction. I undertook my training as an accredited spiritual director through the Heart of Life Centre for Spirituality in Melbourne, Australia. I have also successfully completed two units of Clinical Pastoral Education. This thesis is part of a Master of Arts in Spiritual Direction.

## 1.6 The labyrinth: a foundational image

A labyrinth is often confused with a maze. However, there is one major difference. A maze is a path designed with inbuilt dead-ends, the intention of which is to test a person's logic and memory skills. A labyrinth on the other hand is a pathway which twists and turns in a like manner to a maze. However, a labyrinth path is actually designed with the intention of leading a person into the centre and then safely returning them to the place of their beginning.

Within this thesis, the labyrinth is a key symbol of the spiritual journey within the process of recovery from diagnosis of bipolar disorder. The symbolism encompasses four particular movements. The first is in being drawn to engage in the spiritual journey and choosing to take the first step. The second is following the inward path of recognizing and accepting the reality of the lived experience of the disorder and attending to the existential questions arising from such lived experience. The third is reaching the centre where authentic selfhood is met and befriended. The fourth is the outward journey of integrating the inner being with the outer world. These four movements can be recognized in T.S. Eliot's poem Little Gidding V:

With the drawing of this Love  
 And the voice of this Calling  
 We shall not cease from exploration  
 And the end of all our exploring  
 Will be to arrive where we started  
 And to know the place for the first time.



In relation to the symbolism portrayed above, the person diagnosed with bipolar disorder arrives safely back where they started, that is, they are still living with the disorder. In this way they are not cured. However, they return to the beginning with a reclaimed sense of *their* unique identity, *their* purpose in life and *their* sense of belonging. Therefore, the labyrinth is a symbol of self-realization and of self-transcendence. In the context of this thesis, such self-realization is founded upon the integration of the experience of bipolar disorder and the generation of authentic selfhood in community.

Additionally, the labyrinth as both symbol and spiritual practice is currently gaining momentum within a large number of medical institutions<sup>18</sup> including mental health facilities. For this reason also, the symbol of the labyrinth is relevant to this thesis.

## 1.7 The limits

The thesis acknowledges the following limits:

- With regard to the title of the thesis and Kelly's question, the horizon of meaning making is that of the Christian religious tradition.
- With regard to a spiritual director, the thesis refers to an accredited Christian spiritual director who is trained in the model of spiritual direction as described in Chapter 5.
- Although it is recognized that there are accredited Christian spiritual directors who are also counsellors and/or psychiatrists and/or psychologists, the focus of this thesis is on the Christian spiritual director who is not otherwise employed.
- With regard to people diagnosed with bipolar disorder, the thesis content is limited to those people who have been clinically diagnosed and are intentionally engaging in their process of recovery.

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<sup>18</sup> Listed in the google search engine there is a significant number of hospitals including mental health facilities, which have installed a labyrinth.

## CHAPTER 2: THE STORY OF THE PERSON DIAGNOSED WITH BIPOLAR DISORDER



To people who live or work with people with a mental illness  
“I want them to understand that underneath a hardened  
heart is a breaking heart.”

Patricia Deegan<sup>19</sup>

### 2.1 Introductory remarks

The nature of truth in contemporary western culture is principally founded on scientific rationalism. In this setting, a person’s Story<sup>20</sup> can be dismissed as merely subjective and therefore, irrelevant fiction. However, as well as the drive for knowledge about their world, the human species also has an innate desire for identity, meaning, belonging and religious expression in their world. In this regard, the drive for knowledge is always subsumed by these innate desires. It is through Story that a person and/or community respond to these innate desires. Consequently, Story is not irrelevant fiction. Story is the essential pathway of discovery of personal and communal authenticity. For this reason, Story is fundamental to personal and communal truth, as such truth relates to meaning making.

The Story of the person diagnosed with bipolar disorder reveals that frequently there is a breaking open in the person’s sense of self which disorientates their meaning making processes, thus displacing their experience of belonging in their world. How do those so affected, restore their personal equilibrium? In response to this question, this chapter will commence by outlining why Story is integral to identity formation and how Story proffers healing to personal inner

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<sup>19</sup> Patricia E Deegan, "Recovery as a Journey of the Heart," *Psychiatric Rehabilitation Journal* 19, no. 3 (1996) pp. 91-97

<sup>20</sup> I have chosen to capitalize the term Story to signify that it encompasses the dynamic process of personal meaning making, identity formation and experience of belonging in their world.



being. From there the chapter will focus particularly on the Story of the person diagnosed with bipolar disorder by outlining a clinical understanding of the course and prognosis of bipolar disorder, the impact of living with the disorder, and the ensuing process of recovery.

## 2.2 Story as integral to identity formation

### 2.2.1 The meaning of the word Story as applied within this thesis

Before describing how Story is integral to identity formation, it is important to clarify the meaning of the word Story as it is applied in this thesis. The definition<sup>21</sup> of the word ‘story’ within the English Oxford Dictionary incorporates:

- an account of imaginary or real people and events told for entertainment
- an account of past events, experiences.

In relation to the first definition, it is acknowledged that fictional stories can be valuable in identity formation.<sup>22</sup> However, the meaning of the word Story as applied in this thesis aligns particularly with the second definition. It incorporates the contemporary understanding of how humans construct meaning, identity and belonging through their experiences and relationships within their environment. Shea underscores this view when he writes that “human experiencing is the reciprocal flow between the self and its environments.”<sup>23</sup> He continues by asserting that a person or community does not “passively”<sup>24</sup> receive meaning from their experience of events and people within their environment. Rather, a human being “interpret[s]”<sup>25</sup> their lived experience. Such, interpretation does not take place in a vacuum. It is shaped

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<sup>21</sup> The etymological root of the word Story comes from the Middle English via Old French [a history, tale] via Latin [history] via the Greek [information, or a learning by enquiry]. In the original Greek, history is also the stem of knowing and the base of to know.

<sup>22</sup> Coles outlines the value of both autobiographical and fictional stories in a person’s life. Robert Coles, *The Call of Stories: Teaching and the Moral Imagination* (Boston: Houghton Mifflin Company, 1989).

<sup>23</sup> John Shea, *Stories of God* (Allen, Texas: Thomas More Publishing, 1978, 1996) p. 14.

<sup>24</sup> Shea, *Stories of God* p. 14.

<sup>25</sup> Shea, *Stories of God* p. 14.

through the network of relationships within a person's environment, giving rise to a particular field of vision or horizon of meaning making. Hence, taking all of the above into account, the meaning of the word Story as applied in this thesis is: a person's reflection on and articulated interpretation of their lived experience through their particular horizon of meaning making.

### **2.2.2 Story as integral to identity formation**

By identity formation is meant the unified way a person names and claims who they are and how they belong in their world at a given time. Therefore, a person's identity is not static. Rather, it is an ongoing process.<sup>26</sup> Such an ongoing process gains its impetus through Story. How is this so? Firstly, each person has their own Story. No matter who a person is, they have a Story. It is important to recap here that each individual's Story does not take place in a vacuum. For example, as a western woman my Story consists of my interpretation of my personal lived-experience shaped by that of my family of origin, which in turn is shaped by that of my religious tradition, which in turn is shaped by that of my western culture. My culture's Story is shaped by the contemporary cosmological Story of the Universe and the Story of the global village. Therefore, an individual's horizon of meaning making is shaped by stories within stories. Such contextual stories shape the way an individual lives from and into their unique Story.

Even though Story is integral to identity formation, Nueger claims that it is possible for a person to perceive a sense of identity, meaning and belonging in their world without being conscious of their Story. This is possible when a person's lived experience coheres with the dominant cultural stream. As a result, the unspoken "core narrative"<sup>27</sup> of the culture shapes the way the individual "understand[s] and build[s] each new experience into the story."<sup>28</sup>

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<sup>26</sup> The word process as applied in this thesis refers the dynamic ongoing motion of Lonergan's transcendental method as outlined in the introduction.

<sup>27</sup> Christie Cozad Neuger, *Counselling Women: A Narrative, Pastoral Approach* (Minneapolis: Fortress Press, 2001) p. 86. While Neuger is writing particularly from the perspective of "women" her ideas relate to any group of people who are outside of the culturally dominant stream.

<sup>28</sup> Nueger, *Counselling Women* p. 86.

Consequently, such people simply know who they are and how they belong in their world. The telling of their Story is not integral to their identity. However, for those people whose lived experience is outside of the dominant cultural stream, for example a person diagnosed with bipolar disorder, the telling and re-telling of their Story is integral to their identity formation.

Secondly, the telling of Story is a unifying process. As a person consciously engages in remembering, reflecting upon and telling their Story they are becoming more conscious of their unified self. For in the telling of Story a person engages in the act of “re-membering”<sup>29</sup> which is a “human capacity giving us depth, history, roots, continuity and a unified spirit moving us toward Soul and wholeness.”<sup>30</sup> Such an understanding of the telling of Story can be illustrated by the image of a jigsaw. Jigsaw pieces lay scattered in their box. The lid of the box displays the complete picture as a guide. Someone decides to take the time to piece the jigsaw together, thus forming the unified picture. In a like manner, the jigsaw pieces are like a person’s disconnected and often unreflected moments of lived experience. How though does a person piece them together when, unlike a jigsaw, there is no completed picture to follow as a guide? A person pieces together their moments of lived experience through Storytelling. Hence, Storytelling is the human way of seeing in the dark.<sup>31</sup> The continuity of the narrative provides the coherent way a human being becomes conscious of their unified self. In turn, a unified self allows a person to belong in their world from a place of inner freedom and responsibility.

Thirdly, when a person engages consciously with their Story, they become aware of its inherent myths. It is essential to note here that although Story and myth are often utilized interchangeably, there is a major distinction. Dan McAdams<sup>32</sup> succinctly outlines this distinction. He asserts that whereas Story is the

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<sup>29</sup> Anne Brennan and Janice Brewi, *Passion for Life: Lifelong Psychological and Spiritual Growth* (New York: Continuum, 2001) p. 72.

<sup>30</sup> Brennan and Brewi, *Passion for Life* p. 72.

<sup>31</sup> Shea, *Stories of God* p. 12.

<sup>32</sup> Dan P. McAdams, *The Stories We Live By: Personal Myths and the Making of the Self* (New York: William Morrow & Co 1993) p. 253.

articulated, subjective interpretation of a lived experience, myth is the unconscious assumptions that are inherent within the Story. Such unconscious assumptions subsequently shape a person's sense of identity and their resulting actions. Therefore, even though there is a distinction between the words "Story" and "myth," a person does not experience one without the other, that is, there is no Story without myth. It is through the personal telling of and reflection upon Story that the myths may be revealed, challenged and transcended.

Fourthly, through the act of reflecting upon Story, an individual's "rational self-consciousness"<sup>33</sup> is awakened. Such a rational self-consciousness knows itself to be "attentive, intelligent, responsible and reasonable."<sup>34</sup> From this rational self-consciousness emerges a person's "objective truth."<sup>35</sup> In turn, an individual's objective truth orientates their value system from a place of inner freedom. Therefore, the nature of truth within an individual's Story is such that it is both subjective and objective. Subjective, in that truth is interpreted and named through the individual's present horizon of meaning making. Objective, in that it offers a rational basis from which a person may live from and into their authentic selfhood in community. In this way, Story shapes a person's unified sense of self and the way they enact such sense of self in their outer world.

### 2.3 The healing nature of Story for a person's inner being

As well as Story being a human way of identity formation, a person's Story has a quality of healing within it. One of the ways this takes place is that Story has the ability to touch into a person's felt experience. Keating claims that these affective feelings are "energy,"<sup>36</sup> and if "they are not processed, they become

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<sup>33</sup> William Ryan & Bernard Tyrrell, eds. "The Subject" *A Second Collection* (Philadelphia: The Westminster Press, 1974) p. 80.

<sup>34</sup> Ryan & Tyrrell, "The Subject" p. 80.

<sup>35</sup> Ryan & Tyrrell, "The Subject" p. 70.

<sup>36</sup> Thomas Keating, *The Human Condition: Contemplation and Transformation* (New York: Paulist Press, 1999) p. 19.

blocked in our bodies and nervous systems.”<sup>37</sup> When this occurs a person can experience bodily dis-ease and physical illness. Conversely, when these emotions are released through Story, the bodily experience of them can be released as well.

Furthermore, in accord with Lonergan,<sup>38</sup> Keating suggests that it is the emotions which “identify the value systems”<sup>39</sup> of a person. Therefore, when a person tells their Story and engages with their felt experience, they become aware of where their values are discordant with their beliefs. They can then begin to reconcile both and thus experience their “self” as an integrated being. The act of integration can be experienced as a personal sense of “coming home.” Such an experience is healing in that it gives rise to personal authority and authenticity in response to lived-experience.

There is another reason why the telling and re-telling of Story is healing. Ruffing states that the truth in Story is “provisional”<sup>40</sup> in that it is limited by a person’s present knowledge and understanding. As a result, the truth within a person’s Story is “liable to revision on the basis of a new experience.”<sup>41</sup> New experiences expand a person’s perceptions of self and life, thus expanding their horizon of meaning making. As such, each time a person’s Story is recalled and retold, the “I” recalling it speaks from a new place of being. Such a new place of being allows a person to hold the truth of their Story in a different way. Consequently, while a person cannot change the facts of their lives, they can change the way they hold their experience of them. In so doing, they can transform the way they identify with, or are defined by, their experience. Thus, the telling of Story offers a quality of continuing empowerment and transformation.

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<sup>37</sup> Keating, *The Human Condition* p. 19.

<sup>38</sup> See Section 5.2.1.

<sup>39</sup> Thomas Keating, *Invitation to Love: The Way of Christian Contemplation* (New York: Continuum, 1998) p. 8.

<sup>40</sup> Janet Ruffing, *Uncovering Stories of Faith: Spiritual Direction and Narrative* (Mahwah: Paulist Press, 1989) p. 116.

<sup>41</sup> Ruffing, *Uncovering Stories of Faith* p. 116.

There is one final note to make with regard to the healing nature of Story within a person's inner being. This refers to the difference between a written and a spoken Story. While it is acknowledged that to write an autobiography can be cathartic, there can be a dynamic within the actual speaking which may be absent in the written form. The distinguishing dynamic is that of "listening." Such listening takes shape in two distinct ways. The first is that in the act of speaking, the Story-teller her/himself is also able to listen to how it sounds, almost as if from the outside. In this way, certain objectivity is attained. Such objectivity clears the way for connections to be made and a greater understanding to take place.<sup>42</sup>

A second way listening operates is that of being heard by another. When there is someone who is willing to truly listen with compassion to the Story-teller, a trust develops which engenders an atmosphere of safety and gives rise to an unspoken permission for the person to go even deeper into their Story. Consequently, previously repressed affective feelings can begin to surface in a safe environment. Also, if those listening choose to compassionately bear witness to the Story-teller without judgment; without the need to fix; move away from; or be overwhelmed themselves; it is as if what the Story-teller had perceived as unbearable, now seems bearable. Moreover, if a person is prepared to tell their Story to others, they have usually made a decision to truly own it. In this way, they are "consenting to the reality of it,"<sup>43</sup> and the "reality of possibility"<sup>44</sup> as well. As a result, by owning their Story they are opening the way for the possibility of self-transcendence.

In summary, the above offers a general framework of understanding in relation to the way that Story is the essential human pathway to the discovery of both personal and communal identity, meaning and belonging. The chapter has also shown the healing nature of Story for a person's inner being. With this

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<sup>42</sup> Ruffing, *Uncovering Stories of Faith* p. 116.

<sup>43</sup> Charles Winquist, *Homecoming: Interpretation, Transformation and Individuation*, Studies in Religion No. 18 (Atlanta: Scholars Press, 1978) p. 85.

<sup>44</sup> Winquist, *Homecoming* p. 108.

framework in place, it is now time to turn the focus specifically towards the Story of a person diagnosed with bipolar disorder.

## 2.4 Bipolar disorder

### 2.4.1 A clinical description<sup>45</sup>

Bipolar disorder is the term employed by the medical profession and now accepted widely within the public arena, for what was previously known as “manic depressive illness.”<sup>46</sup> The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) provides a technical understanding of bipolar disorder. In this manual bipolar disorder is to be found in the Mood Disorders section.<sup>47</sup> DSM-IV lists a number of bipolar disorders. Those differences will not be defined here. However, consistent to each type is the recurrence of the depressive and manic episode in some shape or form.

Bipolar disorder is considered a “medical condition”<sup>48</sup> in which a person’s mood shifts between the polarities of depression to mania. Each of the mood-states affects a person’s thoughts and resultant behavior. The disorder might be experienced within a person in a mild to severe form. Even though the “symptoms generally respond well to treatment,”<sup>49</sup> the actual lived-experience of this medical condition is such that it often negatively impacts a person’s life, with a resultant loss of equilibrium in their sense of personal identity and communal belonging. Such a loss of equilibrium can engender a loss of heart for living, or, as Patricia Deegan asserts, a breaking heart which can often be perceived by outsiders as a hardened heart.<sup>50</sup>

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<sup>45</sup> Appendix 1 outlines the DSM-IV clinical description of bipolar disorder in further detail.

<sup>46</sup> Even though the term "bipolar disorder" is now widely accepted, there is no universal acceptance in this change of terminology. Kelly is one such person who chooses to remain with the term of "manic depressive illness."

<sup>47</sup> *Diagnostic & Statistical Manual of Mental Disorders* (Washington DC: American Psychiatric Association, 1994). The DSM-IV is a technical document used by health professionals in the determination of a diagnosis. The Mood Disorders section is pp. 317-391.

<sup>48</sup> Facts Sheet: Mental Illness Fellowship Victoria, Fairfield Place, 276 Heidelberg Road, Fairfield, Vic.

<sup>49</sup> Facts Sheet: Mental Illness Fellowship Victoria.

<sup>50</sup> The word “heart” is utilized as a metaphor for a person’s inner being.

## 2.4.2 The current known causes of bipolar disorder in an individual

The current research suggests there are several elements which interplay with each other to set off bipolar disorder in a person. These elements include a genetic predisposition, that is, a family history of the disorder.<sup>51</sup> However, as McManamy maintains, genetic predisposition is not necessarily the major contributor. It is his claim that a person's individual biology and their environment interact with their genes. Each element is thus involved in the development of bipolar disorder. McManamy explains it this way. A person's biology involves two interlinking activities. The first is the way the "neurons in the brain communicate with one another."<sup>52</sup> The second is "the chemical actions that take place inside the neurons."<sup>53</sup> Added to these two activities is that of an individual person's environment. If a person's environment is stressful and/or traumatic, then "the release of excess cortisol and adrenaline"<sup>54</sup> can lead towards a "type of cellular breakdown."<sup>55</sup> One outcome of this cellular breakdown can be depression.

## 2.4.3 The impact of cultural conditions

As well as an individual's immediate stressful or traumatic environment impacting on the development of depression, there are also certain periods in history where the prevailing social conditions set the scene for a wave of depression. Western culture is currently experiencing one such period. In this regard, Bell records that social scientists have been tracking the "depression phenomenon for the past decade."<sup>56</sup> One conclusion of this endeavour is that by the year 2020 "depression is expected to constitute the biggest burden on health spending in the Western world."<sup>57</sup> Consequently, when the phenomenon of depression and,

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<sup>51</sup> DSM-IV p. 354.

<sup>52</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 23.

<sup>53</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 23.

<sup>54</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 23.

<sup>55</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 23.

<sup>56</sup> Gail Bell, *The Worried Well: The Depression Epidemic and the Medicalisation of Our Sorrows*, vol. 18, *Quarterly Essay* (2005) p. 6.

<sup>57</sup> Bell, *The Worried Well* p. 4.



by extension bipolar disorder, is viewed through the lens of social science it is evident that cultural conditions can also play a part.<sup>58</sup>

Within this chapter, the thesis has so far outlined the course and prognosis of bipolar disorder and some of the current research on the conditions which give rise to its development in a person. Such knowledge is part of the Story of the person diagnosed with bipolar disorder. The second part of the Story is the effects of the experience in people's lives. It is to this that the thesis now turns.

## **2.5 The impact of the experience of bipolar disorder on a person's outer world and inner being.**

The lived experience of each person diagnosed with bipolar disorder will be unique to them. Nevertheless, there is a number of personal losses that can be incurred. Such losses can include: love; hope; meaning; belonging in self; belonging through: family, friends and jobs; heart for living; control in one's life. Added to the losses can be the experience of loneliness; despair; confusion; chaos; exhaustion; the stigma of living with a socially unacceptable label; effects of medications; mania; psychotic mania; depression; shame.<sup>59</sup>

The personal losses as listed above highlight how the symptoms and lived-experience of bipolar disorder can impact a person's outer world and inner being. The outer world incorporates such things as the loss of family, accommodation and employment. The inner being incurs losses of identity, meaning and belonging. These losses can precipitate a general loss of safety. Such loss of safety can be experienced in the physical realm. For example: through loss of secure accommodation, through thoughts of suicide and death in the depressive episode and through exposure to the predatory nature of humanity as encountered through the risk-taking behaviours of the manic episode. The loss of safety might also be experienced psychologically. For example: through the loss of personal and communal identity, loss of meaning

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<sup>58</sup> Appendix 3 outlines some of the contemporary cultural conditions relevant to this argument.

<sup>59</sup> The abovementioned list of losses has been drawn from a number of personal accounts recalled within published literature and recorded in Appendix 4.

and loss of belonging. Consequently, there can be the experience of an overall loss of heart for living, which is experienced as a loss of faith, hope and love. Such a loss of heart for living might show itself to those on the outside as a hardened heart. A perceived hardened heart can in turn frustrate those who care for and/or treat a person with bipolar disorder.

## 2.6 The process of recovery

As with the experience of the disorder, each person's process of recovery will be unique to them. Even so, it will require a number of approaches including medication, talking therapies, education with regard to the disorder and a healthy lifestyle. Additionally, as is now commonly recognized, spirituality plays a significant role of the process of recovery.

As was shown in the introductory remarks and sections 2.1 and 2.2, Story is the essential pathway to explore, name and claim personal and communal identity, meaning and belonging. As was also shown, personal Story is shaped by communal Story. There are currently two communal Stories in relation to bipolar disorder which shape personal Story.

### 2.6.1 Two communal Stories of bipolar disorder

The prevailing communal Story revolves around the language of “breakdown.” In this Story, the breakdown refers to the way the brain interacts with a person's environment. Within this Story, the focus is on the biological functioning of the brain and the resultant symptoms of the disorder. The intention within this focus is to return the person to their former life. A myth within this Story is that of keeping the status quo. Frattaroli<sup>60</sup> writes of this myth as the “swimming pool”<sup>61</sup> philosophical model. He explains that in this model the purpose of life is to stay “afloat”<sup>62</sup> by “maintaining the equilibrium of the status quo.”<sup>63</sup> In this

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<sup>60</sup> Elio Frattaroli, *Healing the Soul in the Age of the Brain: Why Medication Isn't Enough* (London: Penguin Books, 2001, 2002) For him, the brain is not the sole cause of mental illness, as the brain processes information of the experiencing self. The experiencing self he names as the Soul pp. 3-24.

<sup>61</sup> Frattaroli, *Healing the Soul in the Age of the Brain* p. 109.

<sup>62</sup> Frattaroli, *Healing the Soul in the Age of the Brain* p. 109.

<sup>63</sup> Frattaroli, *Healing the Soul in the Age of the Brain* p. 109.

model, anything that disrupts the flow of the status quo is seen as “bad.”<sup>64</sup> As such, it needs to be dealt with in a pragmatic manner as quickly as possible, so that the person may rejoin the flow of the status quo. Within this model, scant attention is given to spiritual questions.

The second Story is an emergent one. For a growing number of people, both those diagnosed with bipolar disorder and those professionals working with them towards recovery, the narrative revolves around the language of “breaking open.”<sup>65</sup> The breaking open refers to the mental disorder breaking open the person’s inner being. In the process of placing the pieces of their life back together the person engages with their spiritual questions in a way that leads towards personal transformation. The myth within this Story is that of the “quest.”<sup>66</sup> Frattaroli writes that within this philosophical model people seek “a higher or better state . . . by progressing through a series of difficult, dangerous trials.”<sup>67</sup> In this way, the narrative of being broken open through bipolar disorder acknowledges that while past experiences cannot be altered, the impact of such experiences can be reframed into ones of meaning. For people who choose this path within their process of recovery, their focus is not on re-gaining their former self. Rather it is transcending the former self.

Deegan stresses this line of argument in her article “Recovery as a Journey of the Heart.”<sup>68</sup> She writes that the process of recovery is not one of seeking simply to regain the flow of the status quo as in the prevailing communal Story. Rather it is one of “embrac[ing] our human vocation of becoming more deeply, more fully human.”<sup>69</sup> In this way, the term “recovery of heart” could refer to an unrestricted “yes” to living fully in response to life as it presents itself. As has been shown previously, the experience of bipolar disorder can weary the heart -

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<sup>64</sup> Frattaroli, *Healing the Soul in the Age of the Brain* p. 109.

<sup>65</sup> John Watkins, in *Mental Healthcare Chaplaincy: National Conference* (Austin-Repatriation Hospital, Melbourne, Australia: 2005).

<sup>66</sup> Frattaroli, *Healing the Soul in the Age of the Brain* p. 109.

<sup>67</sup> Frattaroli, *Healing the Soul in the Age of the Brain* p. 109.

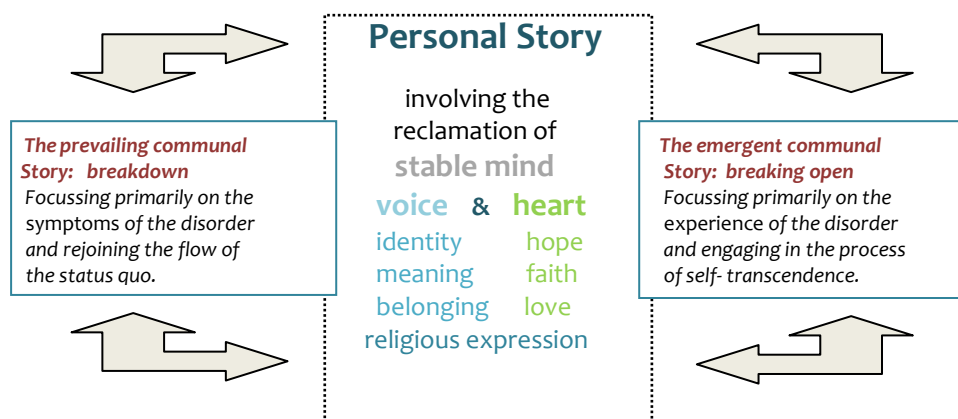
<sup>68</sup> Deegan is writing predominantly for mental healthcare providers. However, her conclusions are relevant for spiritual directors also.

<sup>69</sup> Deegan, "Recovery as a Journey of the Heart" p. 92.

that is, weary faith, hope and love. However, when a person begins to engage in their spiritual journey within their process of recovery, they can once again begin to feel safe enough to embrace the “unique, awesome, never to be repeated human being that [they] are called to be.”<sup>70</sup> This approach stems predominantly from the emergent communal Story where continuing personal transformation furnishes meaning in the experience.

Recovery of heart centres on recovery of voice.<sup>71</sup> Essential to the recovery of voice is the telling and retelling of Story and an exploration of spiritual questions within a safe environment. In this way the person may reflect on and integrate their lived experiences in a meaningful way. As a person recovers their voice they recover a sense of identity which is authentic and gives rise to values, meaning and the experience of belonging in their world. For people whose identity formation is grounded in relationship with God as framed through the Christian religious tradition, exploring and deepening that relationship is vital to their recovery of voice.

The diagram below illustrates the relationship between the personal Story and the two communal Stories.



While both Stories hold truth for the person diagnosed with bipolar disorder, the focus of this thesis is the emergent communal Story. It is this Story which predominantly opens the way for the exploration of spiritual questions.

<sup>70</sup> Deegan, "Recovery as a Journey of the Heart" p. 92.

<sup>71</sup> Voice is employed as a metaphor for authentic selfhood in community.

## 2.6.2 Engaging in the telling of Story: The Tidal Model

This section draws principally upon the research of Buchanan-Barker and Barker who, with others, developed the Tidal Model.<sup>72</sup> The Tidal Model is one form of narrative therapy.<sup>73</sup> It operates by gathering together groups of people diagnosed with mental illness who share their Story with each other.

The Barkers report that such sharing proffers “great comfort, companionship, mutual support and hope.”<sup>74</sup> The Barkers’ research contends that the model helps a person “reclaim the personal story of their distress, by recovering their voice. By using their own language, metaphors and personal stories, people begin to express something of the meaning of their lives.”<sup>75</sup> Therefore, the owning of the experience of distress and/or loss is integral to a person’s process of recovery of inner transformation. In this way the expression of Story is integral for the internal shift of suffering from a mental illness to living fully with it.

The Barkers’ research demonstrates the significance of being able to share personal Story in the early stages of the recovery process. Their research suggests that “recovery begins at the [person’s] lowest ebb”<sup>76</sup> and that “people ‘reclaim’ their own story as a first step towards recovering the life that they have lost.”<sup>77</sup> Therefore, according to this research, a person’s expressed engagement with their Story in a group setting needs to begin “as soon as the person enters the service,”<sup>78</sup> that is, when they are initially diagnosed.<sup>79</sup> The Barkers’ research

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<sup>72</sup> For more on the Tidal Model see [www.tidal-model.com](http://www.tidal-model.com) (September, 2008) or Phil Barker and Poppy Buchanan-Barker, eds. *Spirituality and Mental Healthcare: Breakthrough* (London: Whurr Publishers, 2004).

<sup>73</sup> Neuger states that “narrative therapy is a theory based on hope and on the foundational reality that human beings are makers of meaning at their deepest core and that reality is constructed as we make meaning out of our experience.” *Counselling Women* p. 67.

<sup>74</sup> [www.tidal-model.com/What is the Tidal Model.htm](http://www.tidal-model.com/What%20is%20the%20Tidal%20Model.htm). (September, 2008).

<sup>75</sup> [www.tidal-model.com/Beginner’s guide.htm](http://www.tidal-model.com/Beginner's%20guide.htm). (September, 2008).

<sup>76</sup> [www.tidal-model.com/What is the Tidal Model.htm](http://www.tidal-model.com/What%20is%20the%20Tidal%20Model.htm). (September, 2008).

<sup>77</sup> [www.tidal-model.com/What is the Tidal Model.htm](http://www.tidal-model.com/What%20is%20the%20Tidal%20Model.htm). (September, 2008).

<sup>78</sup> [www.tidal-model.com/What is the Tidal Model.htm](http://www.tidal-model.com/What%20is%20the%20Tidal%20Model.htm). (September, 2008).

<sup>79</sup> This research correlates with that of Robert Coles Chapter One "Stories and Theories" *The Call of Stories* pp. 1-30.

correlates with that of Lafond,<sup>80</sup> where she recommends that the place to begin the process of recovery is to engage consciously in the natural process of grieving.

### 2.6.3 The process of grieving

It is usual for a person to experience grief when confronted with loss. The list of losses recorded in Section 2.5 reveal that the losses associated with the lived experience of bipolar disorder can be numerous. Even so, it would seem that denial of grief is part of the prevailing communal Story around mental illness. Lafond acknowledges this when she writes, “grief, with its attendant feelings of doubt, sadness, anger, guilt, fear and shame, is an inevitable [although rarely acknowledged] partner to mental illness.”<sup>81</sup> The reason for this denial of grief is twofold. The first reason relates to the nature of denial within grief. Denial is commonly recognized as the first stage of grief.<sup>82</sup> It occurs instinctively and has its own role to play by acting as a buffer to the experience of shock. Therefore denial itself is both “normal and healthy.”<sup>83</sup> Denial only becomes unhealthy when a person becomes “stuck”<sup>84</sup> in it.

The second reason for the denial of grief relates to the exclusive focus of the individual, their family, and their treating professionals on the medical stabilization of the symptoms.<sup>85</sup> Such a focus on treatment is understandable. The dilemma occurs when this exclusive focus does not acknowledge the grief present due to the disruptive nature of the experience of the disorder on the person’s outer world and inner being. And yet, while conscious grieving encompasses many emotions which sometimes feel overwhelming, unresolved grief can become an onerous burden to bear.<sup>86</sup> It can also thwart a person’s acceptance of both the reality of their disorder and also the possibilities of living

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<sup>80</sup> Virginia Lafond, *Grieving Mental Illness: A Guide for Patients and Their Caregivers* (Toronto Buffalo London: University of Toronto Press, 1994) p. xix.

<sup>81</sup> Lafond, *Grieving Mental Illness* preface.

<sup>82</sup> Lafond has developed Kubler Ross’ research on grieving within the context of mental illness.

<sup>83</sup> Lafond, *Grieving Mental Illness* p. 23.

<sup>84</sup> Lafond, *Grieving Mental Illness* p. 23.

<sup>85</sup> Lafond, *Grieving Mental Illness* p. 23.

<sup>86</sup> Lafond, *Grieving Mental Illness* p. xviii.

fully with it. It is for these reasons that Lafond advocates conscious grieving as a fundamental element of a person's process of recovery.<sup>87</sup>

It is acknowledged that spiritual direction is not therapy. However, there are several insights gleaned through the research of both Lafond and the Barkers which may be extrapolated for the spiritual direction context. These are:

- The experience of bipolar disorder can break open a person's horizon of meaning making thus disorientating the person's identity formation, meaning making and experience of personal and communal belonging.
- Grief in relation to the losses a person may have occurred due to bipolar disorder may have gone unacknowledged.
- The empowering nature of Storytelling in personal reclamation of voice and heart for a person diagnosed with bipolar disorder.
- The value of Storytelling when the person is at their lowest ebb.
- The value of the intentional group experience.
- Even within the emergent communal Story with its emphasis on spirituality, Kelly's question might not receive a hearing.

## 2.7 Summary

Story is integral to human meaning making. Furthermore, reflecting upon and telling of personal Story to a person or persons who are willing to listen is the core of inner healing. The Story of the person diagnosed with bipolar disorder includes the causes, the symptoms and the lived experience. For many people so diagnosed, the lived experience includes many losses in their outer world and inner being, which in turn, can lead to a loss of faith, hope and love, thus triggering existential questions around identity, meaning, belonging and religious expression. These are all significant spiritual questions. For many people the exploration of these spiritual questions is essential to their recovery process.

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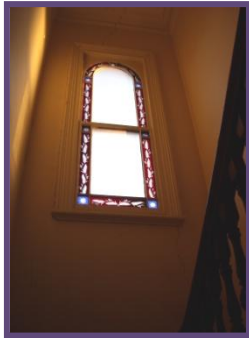
<sup>87</sup> For those who choose to explore this area more fully, Lafond's book incorporates both understanding and practical exercises.

Personal Story is shaped by stories within stories. There are two communal Stories which shape personal Story with regard to being diagnosed with bipolar disorder. Both Stories hold truth. However, the emergent communal Story with its emphasis on the language of breaking open and the quest to reframe and integrate the actual lived experience into one of meaning is particularly relevant to this thesis. However, the one gap evident within the emergent communal Story is the person whose Story is shaped by the experience of God in their daily life, as framed through the Christian religious tradition.

In light of the preceding chapters, it is now time to focus attention Kelly's question in a more specific manner.



## CHAPTER 3: THE SPIRITUAL JOURNEY



The spiritual life is “simply a life in which all that [a person does] comes from the centre where [they] are anchored in God.”

Dana Green drawing on Evelyn Underhill<sup>88</sup>

### 3.1 Introductory remarks

As with the onset of bipolar disorder, the process of recovery will be unique for each person. Accordingly, the spiritual journey within the process of recovery will be unique to each person, depending on their horizon of meaning making. The horizon of meaning making for Kelly, as recorded in her book, includes the Christian religious tradition. Therefore, this section will present an overview of spirituality in general and Christian spirituality in particular.

### 3.2 Spirituality: an overview

Spirituality and religion were viewed as synonymous when the Christian faith tradition was central to western culture’s meaning making. This is no longer the case. The terms *spirituality* and the *spiritual journey* are now an emergent feature of a secular worldview.<sup>89</sup> It is this secular worldview which currently dominates both communal stories with regard to bipolar disorder. As stated previously, while spirituality is an emergent feature in the mental health field, there is a lack of professional and communal clarity around what the term means. For this reason, this section will clearly articulate the meaning of the word spirituality as it pertains to this thesis.

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<sup>88</sup> Dana Greene, ed. *Fragments from an Inner Life* (Harrisburg PA: Morehouse Publishing, 1993) p. 21.

<sup>89</sup> For example, a membership form for the Humanist Society of Victoria, under the heading Human Spirituality, equates spirituality with “the richness of human imagination as expressed in music, literature, art, science, technology and in many other ways that give rise to intense emotional responses.”

The approach taken draws heavily upon the work of John Swinton in *Spirituality and Mental Health Care*.<sup>90</sup> Swinton commences his treatise by differentiating between the human spirit and spirituality. He writes that the human spirit is like an “essential personal, dynamic life-force”<sup>91</sup> and/or “integrative presence”<sup>92</sup> within each human being.<sup>93</sup> He continues by stating that spirituality is the “human activity that attempts to express [the] profound experiences and inner longings [of the human spirit] in terms that are meaningful for the individual.”<sup>94</sup> In this way, he asserts that spirituality is a “common human experience.”<sup>95</sup>

Although spirituality is recognized as a common human experience, the “form and content of spirituality is diverse, contextual . . . defined by its prefix: Christian, Buddhist, Jewish, [Islamic], humanistic, agnostic and so forth.”<sup>96</sup> Therefore, while the human spirit and the practice of spirituality is common to all humans, such practice is shaped by the lived experience of the individual person, the communities in which they live and the religious or secular nature of such communities. In this way, spirituality as a common human experience is seen to be rooted in the desire for an authentic life which is expressed in the ongoing journey of self-realization within community.

Having made the differentiation between the human spirit and spirituality, Swinton then analyzes the term spirituality into three particular experiences. The first experience is that of the intrapersonal. The intrapersonal experience relates to how an individual seeks meaning and “inner connectivity.”<sup>97</sup> The second experience is that of the interpersonal. The interpersonal experience

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<sup>90</sup> John Swinton, *Spirituality and Mental Health Care* (London: Jessica Kingsley Publishers, 2001).

<sup>91</sup> Swinton, *Spirituality and Mental Health Care* p. 14.

<sup>92</sup> Swinton, *Spirituality and Mental Health Care* p. 16.

<sup>93</sup> May wrote of this in theological terms as “we are not only born with God at our Centre, but we are also born with a heart full of desire for God. This yearning is the fundamental force . . . It is the energy behind everything we aspire to.” Gerald G. May, *The Dark Night of the Soul: A Psychiatrist Explores the Connection between Darkness and Spiritual Growth* (New York: HarperCollinsPublishers, 2004) pp. 48-49.

<sup>94</sup> Swinton, *Spirituality and Mental Health Care* p. 21.

<sup>95</sup> Swinton, *Spirituality and Mental Health Care* p. 23.

<sup>96</sup> Swinton, *Spirituality and Mental Health Care* p. 20.

<sup>97</sup> Swinton, *Spirituality and Mental Health Care* p. 20

relates to and is shaped by communal experiences,<sup>98</sup> that is, the familial, cultural, social, political and religious influences. The third experience is transpersonal. The transpersonal experience is one that moves the person beyond self, that is, towards the “transcendent realms of experience.”<sup>99</sup> These three experiences within spirituality are incorporated in the simple phrase coined by Swinton, “spirituality is the outward expression of the inner workings of the human spirit.”<sup>100</sup>

With this model as a foundation, Swinton writes that spirituality, at its most universal, “strives to answer deep existential questions pertaining to the meaning of life, suffering, illness and so forth, as well as recognizing the need for human interconnectivity and the desire to transcend the self in meaningful ways.”<sup>101</sup> Schneiders, drawing on the research of Van Ness, builds upon Swinton’s understanding by incorporating the notion of Ultimate Value. She claims that spirituality involves both “conscious intention”<sup>102</sup> and “practices”<sup>103</sup> which guide a person beyond “self-absorption”<sup>104</sup> towards self-transcendence. Such self-transcendence leads “towards the Ultimate Value that one perceives.”<sup>105</sup>

With this addition by Schneiders to Swinton’s model, it can now be stated that the secular spiritual journey incorporates an ongoing process whereby a person, animated by their human spirit and in response to their lived experience, consciously engages in their unique journey of self-discovery, self-realization and self-transcendence towards Ultimate Value. That is, to continue to explore,

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<sup>98</sup> Swinton, *Spirituality and Mental Health Care* p. 20.

<sup>99</sup> Swinton, *Spirituality and Mental Health Care* p. 5.

<sup>100</sup> Swinton, *Spirituality and Mental Health Care* p. 20.

<sup>101</sup> Swinton, *Spirituality and Mental Health Care* p. 21

<sup>102</sup> Sandra Schneiders, *Beyond Patching Faith and Feminism in the Catholic Church* (Mahwah: Paulist Press, 1991, 2003) p. 73. Schneiders draws from Van Ness’ understanding that “Spirituality – the embodied task of realizing one’s truest self in the context of reality apprehended as a cosmic totality. It is the quest for attaining an optimal relationship between what one truly is and everything that is, it is a quest that can be furthered by adopting appropriate spiritual practices and by participating in relevant communal rituals. Peter Van Ness, “Introduction: Spirituality and the Secular Quest” *Spirituality and the Secular Quest*, *World Spirituality: An Encyclopedic History of the Religious Quest* 22 (New York: Crossroad, 1996) p. 5

<sup>103</sup> Schneiders, *Beyond Patching* p. 73.

<sup>104</sup> Schneiders, *Beyond Patching* p. 73.

<sup>105</sup> Schneiders, *Beyond Patching* p. 73.

reflect upon, name and claim their personal and communal identity, meaning and experience of belonging, in the light of what they hold to be of essential value to their being.

### 3.3 Christian spirituality

For a spirituality to claim to be authentically Christian, that spirituality must be framed by the foundation and horizon of the historical Christian religious tradition. The word tradition here does not equate to a prescribed set of behaviours or beliefs. Rather, the word tradition picks up Lonergan's assertion that "the Christian church is the community that results from the outer communication of Christ's message and from the inner gift of God's love."<sup>106</sup> It is for this reason that the Christian religious tradition is not prescriptive in intent. On the contrary, the Christian religious tradition is an ongoing communal theological reflection on Christ's message as recorded in the Scriptures, in light of God's love as experienced in daily life in a given time and place in history. It is within this dynamic context that an individual may ask their meaning making questions. Furthermore, it is in the asking of such questions and the seeking of responses that a person engages in the human dynamic of conscious intentionality which then opens the way for self-transcendence<sup>107</sup> in response to the revelation of God's love. For this reason, the horizon of Christian spirituality involves the integration of a person's continuing journey of self-discovery and self-realization in the light of and in response to the revelation of God's love, as revealed through the Christ of the Gospel Story and interpreted through the Christian religious tradition.

### 3.4 The nature of the human spirit

The human spirit is not an observable fact.<sup>108</sup> However, there is a generally held recognition of the experiential reality of the human spirit. In this manner,

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<sup>106</sup> Lonergan, *Method* p.361.

<sup>107</sup> Conn frames self-transcendence within a theological horizon. Walter Conn, *The Desiring Self: Rooting Pastoral Counseling and Spiritual Direction in Self-Transcendence* (Mahwah: Paulist Press, 1998).

<sup>108</sup> Swinton, *Spirituality and Mental Health Care* p. 14.

Swinton maintains the human spirit is that which is intrinsic to and “animates”<sup>109</sup> human meaning making. In this regard the human spirit is not viewed as acting in a mechanistic way. Rather, the human spirit is perceived to “respond to”<sup>110</sup> lived experience. Therefore, the human spirit is that dynamism which both enables and impels a person to continue to live and act meaningfully rather than perfunctorily.<sup>111</sup> Consequently, it is the human spirit which drives a person towards the seeking of meaning and belonging in their world.

Lonergan’s transcendental method both agrees with and adds to that of Swinton. Lonergan states that common to human nature and activity there is an “open structure.”<sup>112</sup> By open structure he means the transcendental precepts. This is another way of saying that the human experience of spirit incorporates the capacity to wonder, to question and gain responses and therefore open the way for recognizing and transcending current horizons of meaning making. Therefore, it could be stated that the human spirit is the dynamism behind identity formation, meaning making and a sense of belonging.

Intrinsic to the human spirit are three preconceptual human qualities of faith, hope and love.<sup>113</sup> Faith can be understood within three dimensions. The first is the dimension of the “human universal”<sup>114</sup> preconceptual condition which sustains and shapes human meaning making. The second relates to being drawn towards transcendent mystery. The third is religious faith whereby a person finds their meaning in response to a living religious tradition. Hope is defined within this thesis as: the possibility of self-transcendence, grounded in reality.<sup>115</sup> To love and receive love is understood to be the essence of human meaning making. If these qualities are common to all humanity, why then do the Christian Scriptures claim that “And now faith, hope and love abide, these three; and the

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<sup>109</sup> Swinton, *Spirituality and Mental Health Care* p. 14.

<sup>110</sup> Swinton, *Spirituality and Mental Health Care* p. 16.

<sup>111</sup> Swinton, *Spirituality and Mental Health Care* p. 19.

<sup>112</sup> Lonergan, *Method* p. 302.

<sup>113</sup> See Appendix 2 for the analysis on how faith, hope and love are intrinsic to personal identity, meaning and belonging.

<sup>114</sup> James W. Fowler, *Stages of Faith: The Psychology of Human Development and the Quest for Meaning* (New York: HarperSanFrancisco, 1981, 1995) p. xiii.

<sup>115</sup> See Appendix 2 for the rationale behind this definition.

greatest of these is love.” (I Corinth 13:13 NRSV) Such a claim could be misconstrued as suggesting that there is a holy faith, holy hope and holy love which are over and above human hope, faith and love. However, this is not the case. The Christian Scriptures reveal the incarnational nature of God’s love. Such love does not deny nor sublimate human faith, hope and love. Rather, God’s love is experienced as divine spirit meeting with a person in transforming union<sup>116</sup> at the centre of their inner being, that is, their human spirit. The intention of such a relationship is the calling forth of human self-realization in the light of and in response to God’s love.

### 3.5 The human spirit and resiliency

The human spirit is known to be resilient. Deveson states that resilience is “an innate self-righting mechanism.”<sup>117</sup> This means that when a person’s spirit has become disoriented, with the resultant loss of faith, hope and love, it has the capacity to reorientate itself. Such a self-righting mechanism can be supported by an enriching environment. In this case an enriching environment is one whereby a person can safely attend to their experience. Consequently, as a person attends to their experience of disorientation, they allow space for the human spirit to reorientate. While at first glance this may seem counter-intuitive, Robert Johnston claims that “it is almost always the case that whatever has wounded [a person] will also be instrumental in [their] healing.”<sup>118</sup> Therefore, gently attending to the experience of disorientation can be beneficial in the process of recovery.

Furthermore, in line with the idea of attending to the experience, Deveson’s research discovers “emotional honesty”<sup>119</sup> as imperative for the cultivation of resilience. As has been shown previously the focus of the medical model of treatment is primarily on the symptoms of bipolar disorder. Therefore, the

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<sup>116</sup> The term “transforming union” will be clarified in section 4.2.

<sup>117</sup> Anne Deveson, *Resilience* (Crows Nest: Allen & Unwin, 2003) p. 35.

<sup>118</sup> Robert Johnson, *She: Understanding Feminine Psychology* (New York: Harper Perennial, 1989) p. 52.

<sup>119</sup> Deveson, *Resilience* p. 9.

emotions of the experience of the disorder are often left unattended. With reference to resiliency, this lack of attending to the emotions of the experience means that resiliency is not cultivated. However, if a person is able to safely attend to their experience of disorientation with emotional honesty, resiliency would again surface thus reorienting their human spirit towards the reclamation of faith, hope and love.

### **3.6 Summary**

The human spirit is the dynamism within a human being which both drives and enables them to live from and into authentic self in community. Intrinsic to the human spirit is faith, hope and love. Faith is central to meaning, hope is central to identity and love is central to belonging. The human spirit can become disoriented resulting in an experience of loss of faith, hope and love. At the same time the human spirit is known to be resilient. Resilience develops through emotional honesty in response to lived experience. Spirituality is a person's intentional practice of exploring, naming and claiming their personal and communal identity, meaning and experience of belonging. Christian spirituality involves a personal response to the experience of God's love as revealed by the Christ of the Gospel Story and shaped by the horizon of the Christian religious faith tradition.

## CHAPTER 4: GRACE AND THE HUMAN EXPERIENCE



Authentic religion must belong to the world it serves . . . it must resonate with the questions, joys, hopes, fears and the anxieties of the people, giving them consolation in their sufferings, answering their existential questions, teaching them a truly human way of life.

William Johnston<sup>120</sup>

### 4.1 Introductory remarks

Theological reflection on Grace within the Christian religious tradition is often shaped by the horizon of the afterlife. Haughton maintains that within such a religious horizon “life this side of death naturally appears simply as a preparation for [death].”<sup>121</sup> However, that is not the only horizon through which to reflect theologically on the meaning of Grace. It is the intent of this chapter to initially describe an understanding of Grace shaped by the horizon of this present life. Such a description will begin with a theological reflection on Grace and human experience and conclude with a contemporary Story of Grace. From there, the chapter will focus specifically on Grace in response to bipolar disorder and spiritual dryness.

### 4.2 Grace and the human experience: a theological reflection

The central character of the Christian Gospel Story is Jesus of Nazareth, a Jew, born of Mary and Joseph and the one who came to be known as the Christ. The Gospel Story reveals that Jesus the Christ “lived his humanity to its fullest”<sup>122</sup> while at the same time bearing witness to the good news that “God is love and those who abide in love abide in God and God abides in them.” (John 4:16 NRSV)

<sup>120</sup> William Johnston, “*Arise, My Love . . .*” *Mysticism for a New Era*, Fifth ed. (Maryknoll, New York: Orbis Books, 2002) p. 21.

<sup>121</sup> Rosemary Haughton, *Transformation of Man: A Study of Conversion and Community* (Springfield: Templegate Publishers, 1967, 1980) p. 223.

<sup>122</sup> Lawrence Freeman, *Jesus, the Teacher Within* (New York: Continuum, 2000) p.43.



In essence this is the Story of Incarnation. Thus, the Christ of the Gospel Story awakens humanity to the new consciousness that all people are called to live from and into their humanity to its fullest in the light of and in response to the inbreaking of God's all embracing gift of love. Such an inbreaking of God's love includes all people. However, God's love can only be received and responded to by those who believe, that is, those whose horizon of meaning making is open to this new consciousness and who "yield to this point of view. . . making it the centre of a new personality and living, from within, the truth of it which had before been viewed objectively."<sup>123</sup> Therefore, while the central character of the Gospel Story is Jesus the Christ, the central theme of the Gospel Story is God's all embracing gift of incarnate love.

The Gospel Story reveals that God's love meets with humanity in transforming union.<sup>124</sup> Other terms which are synonymous with transforming union are self-transcendence and conversion.<sup>125</sup> Such a process of transforming union is not isolated from a person's lived experience and ongoing personal development. For God's self-revelation can only be encountered through a person's lived experience which is framed by their current horizon of meaning making. In line with this, Lynch writes that transforming union "does not annihilate [a person's] resources and their identity by entering so deeply into them."<sup>126</sup> Rather, the basis of transforming union is love calling forth "autonomy."<sup>127</sup> Such transforming union is not a onetime event. It is an intentional and continuing life process. There are often pivotal moments in the ongoing process when certain lived experiences give rise to new insights thereby reframing and restructuring the way the person engages in their world and responds to God's love. Thus, transforming union is an ongoing process of God's love meeting with each

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<sup>123</sup> James, *The Varieties of Religious Experience* p. 175.

<sup>124</sup> Keating wrote of transforming union as "a way of being in the world that enables a person to live daily life with the invincible conviction of continuous union with God. It is a new way of being in the world . . . it is a restructuring of the consciousness." Thomas Keating, *Invitation to Love* p. 91, 101.

<sup>125</sup> Conversion here picks up Lonergan's understanding that conversion takes place in the realms of the intellect, moral and religious *Method* pp. 238-40.

<sup>126</sup> William F. Lynch, *Images of Hope: Imagination as Healer of the Hopeless* (Notre Dame: University of Notre Dame Press, 1965, 1974) p. 112.

<sup>127</sup> Lynch, *Images of Hope* p. 112.

person where they are in their daily life, calling forth authentic autonomy through self-transcendence. Within the Christian religious tradition this is named as the human experience of Grace.

At this juncture it is important to note that while it is a person's intentional consciousness which paves the way for self-transcendence, transformation is not something that a person can control. Rather a person allows it. In this way, personal transformation can be experienced as the still-moment of knowing that a shift has taken place within their inner being. It is when a person reflects on their ongoing Story that they come to recognize, name and begin to live consciously from and into these shifts.

While the ongoing experience of Grace is unique to each person, the intention of transforming union is not a privatized religious experience. Rather transforming union leads an individual towards authentic selfhood in community. Such an understanding is exemplified in the Gospel Story, where the life and teachings of the Christ reveal that the qualities within love, such qualities as wisdom, forgiveness, mercy and compassion allow those who love to “see beyond image”<sup>128</sup> and therefore “affect the deepest change.”<sup>129</sup> Examples of such transforming union in the Gospels are the story of Jesus meeting with the Samaritan woman at the well (John 4:1-16 NRSV), the story of Zaccheus the tax collector (Luke 19:1-10 NRSV), and the story of the Gerasene Demoniac (Mark 5:1-20; Luke: 8:30-39 NRSV). Each of these characters was an outsider in their own community. Each lived with their own stigma. However, the stories recount that when Jesus the Christ met with them in love, he saw beyond their persona and transformation took place. Such transformation led to their personal inner healing and restoration of communal belonging. Consequently these stories show that the act of transforming union as experienced in daily life both befriends the actual self while at the same time generates self-transcendence. These three stories reveal that transforming union does not take

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<sup>128</sup> John O'Donohue, *Anam Cara: Spiritual Wisdom from the Celtic World* (London: Bantam Books 1997) p. 92.

<sup>129</sup> O'Donohue, *Anam Cara* p. 92.

form in a separate realm beyond ordinary life. Rather, they reveal that transforming union leads an individual towards authentic selfhood in community.

The Christ of the Gospel Story also reveals the vulnerable nature of love. Such vulnerability is revealed predominantly through the Cross Story (Matthew 26-27; Mark 14-15; Luke 22-23; John 18-19) and the Gethsemane Story (Matthew 26: 36-56; Mark 14: 32-51; Luke 22: 39-53). The Cross Story reveals the cost of vulnerable love. The cost to the Christ was death on a cross. Thus as Haughton declares, “love seeking love consists in being vulnerable . . . [in] the undefended self being offered.”<sup>130</sup> Vulnerable love, that is the undefended self freely given, cannot be fashioned by will alone as the Gethsemane Story reveals. Vulnerable love can only emerge through the act of self-surrender. Self-surrender, as perceived through the Gospel Story, does not require a negation of self. Rather, it emerges as a choice made from a place of inner freedom.

Moreover the choice for self-surrender is not a passive stance. The Gethsemane Story presents the struggle evident when self-surrender through love is chosen. The struggle is due to what Rosemary Haughton claims is “a dying;”<sup>131</sup> “a surrender;”<sup>132</sup> “a response to a love which is set against an unknowable future.”<sup>133</sup> The struggle as portrayed within this Story reflects the process of grieving: the sense of isolation from others, the bodily anguish, the tormented mind, the brokenness of tears and then the calm of acceptance. In this way, acceptance through self-surrender does not lead to a fairytale ending where everyone lives happily ever after. Acceptance through self-surrender gives rise to courage: the courage to endure and hope that the suffering experienced has meaning and purpose.

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<sup>130</sup> Rosemary Haughton, *The Passionate God* (London: Darton, Longman & Todd, 1981) p. 149.

<sup>131</sup> Haughton, *Transformation of Man* p. 81.

<sup>132</sup> Haughton, *Transformation of Man* p. 81.

<sup>133</sup> Haughton, *Transformation of Man* p. 81.

In summary, a theological reflection on the human experience of Grace reveals that an individual experiences it as God's love calling forth transforming union in the form of a person growing from and into their authentic self in community.

### 4.3 Grace and the human experience: a contemporary Story

The contemporary Story of Grace retold here, is a Story of transforming union as named and claimed by the author, through reflection on her personal lived experience. The Story has taken place over a period of approximately fifty years. It is written in four stanzas. The first stanza encompasses the first forty years of lived experience. The ensuing three stanzas involve approximately ten years. The Story reveals how lived experience, religious tradition and personal images of God affect a person's sense of identity, which in turn shapes their sense of purpose and experience of belonging in their world.

The Story is written in the form of a poem, as poetry is a powerful language through which to represent the lived experience of Grace.<sup>134</sup> However, foundational to the Story is Rosemary Haughton's model of transformation as set out in *The Transformation of Man: A Study of Conversion and Community*. Haughton's model describes the elements within the experience of transformation. Such elements consist of intervention; encounter; sin in the form of breaking through the limitations of formation; repentance; release of power; self-discovery; community.<sup>135</sup> The practical outworking of each of these elements is demonstrated within this section.

#### 4.3.1 A contemporary Story of Grace – Stanza one

Haughton's model begins with formation. It is her claim that without formation there can be no transformation.<sup>136</sup> Formation is described as "the process of using all the influences of culture . . . to form satisfying and stable emotional and

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<sup>134</sup> See Appendix 5 for the poem in its entirety.

<sup>135</sup> Haughton, *Transformation of Man* p. 39.

<sup>136</sup> Haughton, *Transformation of Man* p. 32.

social relationships.”<sup>137</sup> It is this stable basis of formation that provides the language in which to name and ground transformation.<sup>138</sup> The formation behind the first stanza of my Story consisted of me being born into the Protestant Christian faith tradition of the Churches of Christ. At that time, the horizon of meaning making of the local faith community was framed by the context of the afterlife; the creed of "No creed but Christ, no book but the bible;" and the doctrine of "For God so loved the world that He gave His only Son, so that everyone who believes in Him may not perish but may have eternal life. (John 3:16 NRSV) Also, particular emphasis was given to the teachings of the Apostle Paul around salvation by faith not works. (Romans 3:21-26 NRSV) However, it was not evident to that community of faith that Paul's teaching was contextually based, in that he was responding to a particular question around the "relation of Jews to Gentiles"<sup>139</sup> rather than, "on what terms, are [Christians in the twentieth century] to be saved."<sup>140</sup>

A strength of this formation was that it was a stage of faith.<sup>141</sup> A person cannot grow towards adult maturity, without first being fully a child. Also, a foundational knowing formed within me that I was a loved child of God, due to the doctrinal emphasis on John 3:16. Therefore, the most significant aspect of this formation was love. I knew myself to be loved by my family of origin, my local church community and my God. I felt safe in the world. In this regard, it can be seen that formation concerns more than simply following rules.

One limitation within this formation resided in the importance of the individual. The emphasis was on personal salvation. Such an emphasis created within me the idea that I was especially chosen by God. Therefore, I was conditioned to experience myself as special and "above" those who were not chosen. Another limitation was that as a faith community, we knew the answer - without even knowing there was a question! The answer was: "Jesus is the answer for the

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<sup>137</sup> Haughton, *Transformation of Man* p. 7.

<sup>138</sup> Haughton writes that "the language of conversion is of crucial importance, because it determines the way in which conversion is worked out and the idea of living with its affect." p. 245.

<sup>139</sup> Krister Stendahl, *Paul among Jews and Gentiles* (London: SCM Press, 1977) p. 3.

<sup>140</sup> Krister Stendahl, *Paul among Jews and Gentiles* p. 3.

<sup>141</sup> Fowler analyzes the stages of faith in *Stages of Faith*.

world today." As such the church's outreach was to lovingly try to convert other people to this "right" stance. The third limitation within this formation was that I was raised to be a "good Christian girl" who kept the peace at any cost.<sup>142</sup> The cost was that I was being formed to unwittingly live as a truncated subject,<sup>143</sup> living in a predominantly truncated faith community.

Although I have named this first place as formation only, there was a transformation within it. While transformation is an ongoing process throughout life, there are pivotal moments of intervention when the inbreaking of God's love is experienced in some particular way. This happened for me when I was sixteen years old. At that time, the doctrine of John 3:16 came alive within me and I chose to become a disciple of Jesus. Therefore, although I had been raised in the way of the church, this moment was a re-orientation (repentance in the language of Haughton) of my motivation for action and meaning in life. I chose to turn away from living for myself. I now lived to be a disciple/imitator of Jesus.

There was a release of power<sup>144</sup> at this time. Even so, it was not in the same manner as Haughton implies in her model. She states that the "release of power occurs only when people have been drawn into the 'in-between' state where the structures of ordinary life are not operative."<sup>145</sup> This was not the case in my initial transformational movement. Without being drawn into an in-between state, there was a release of desire within me to be a follower of Jesus.

Haughton's model of transformation also incorporates the dimension of self-discovery. Such self-discovery usually comes about through an inner death or self-surrender experience. In this initial transformational moment, the death experience was more of a denial of self, rather than a death and new birth. Although this moment of transformation included a denial of self at the deeper level, there was a self-discovery in that my decision to follow Jesus shaped my

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<sup>142</sup> Haughton, *Transformation of Man* p. 27.

<sup>143</sup> The truncated subject neither knows [her]self, or is aware of [her] ignorance. Tyrrell & Ryan "The Subject" p. 73.

<sup>144</sup> Haughton writes that without the stabilizing influence of formation, the 'release of power' that can arise from the encounter with God can become dangerous and destructive. *Transformation of Man* p. 35.

<sup>145</sup> Haughton, *Transformation of Man* p. 134.

personal identity (“it is no longer I who live, but it is Christ who lives in me” Galations 2:20). Now my values were focussed towards serving others. Also, I felt I could achieve anything in Christ who strengthened me (“I can do all things through him who strengthens me” Philippians 4:13). In this way, I pushed through my personal boundary of a lack of confidence and, at a young age became one of the leaders within our faith community.

With regard to community, we were a community of people with a common meaning<sup>146</sup> and purpose. It was a loving, extended family-style church community. We spoke the same language of meaning and, as Haughton professes, "language is communal, it means a society."<sup>147</sup> Therefore, a group of individuals cannot be a community unless they have a common language of meaning. In my faith community, the language in which transformation was expressed was personal salvation. The resultant mission was saving “souls.”<sup>148</sup>

Within the horizon of meaning making of this first formational stage, the communal symbol of God was imaged literally within a Trinitarian formula of the Father, the Son and the Holy Spirit. God was perceived as an interventionist, a Mr. Fix-it. God loved all people, however “He” blessed “His” own, that is, Christians. Within this Trinitarian formula there was a fervent Christocentric focus. As images of God form personal identity, I knew myself to be a Christian with a dualistic understanding of body and soul. My sense of belonging was in the exclusive kingdom where I was a loved child of the Father God. Meaning making stemmed from being a disciple of Jesus. My purpose was to convert others into the kingdom.

### **4.3.2 A contemporary Story of Grace - Stanza two**

The second stanza begins with an intervention claimed as the metaphor of a door opening. Also there was encounter which incorporated conflict<sup>149</sup>

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<sup>146</sup> Lonergan, *Method* p. 356-58.

<sup>147</sup> Haughton, *The Passionate God* p. 60

<sup>148</sup> The use of “souls” here refers to the soul as an object which is distinct from the body and lives eternally.

<sup>149</sup> Haughton, *Transformation of Man* p. 39.

between the local faith community and myself. This in turn created a conflict within me. The conflict was around, "Who am I meant to be?" Furthermore, there was release of power in the form of excitement due to studying and profound hurt and anger due to the experience of alienation from my faith community. Such a release of power drove me to break the boundaries of formation in that I was no longer compliant. I had broken the unwritten law that proclaimed, "You will not get angry at anyone, least of all at God." Also, even though my family continued to worship at that church, I had the courage to leave. However, the excitement and anger furnished me with the energy to stay engaged with the Christian tradition through study at university. These emotions could have been the "agent of self-discovery."<sup>150</sup> This could have been a moment of transformation. It was thwarted though, because I could not attend to the hurt in a way that would lead to healing. Therefore, I metaphorically protected my heart by my head. I allowed drivenness for truth to dominate. There was no self-surrender; no death experience, as I was not ready to be vulnerable with God. Hence, in Haughton's model this is named as better formation.

With regard to leaving the community of faith, it was appropriate at that time. I no longer held the common meaning of the group as truth. For many people in this predicament it is the ritual which "bridges the gap between formation and transformation."<sup>151</sup> However, the central ritual within Churches of Christ is the practice of communion which in itself is quite wordy. As I was in transition and did not possess a new entry point into the language of the community, I had to leave. To not have done so would have been detrimental to the community and, I believe "death by asphyxiation"<sup>152</sup> for me.

At this transitional stage I had no image of God as such. I did know however, that it was definitely not "Father." Consequently, my identity was more in the form of who I was not. There was no articulated understanding of Grace.

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<sup>150</sup> Haughton, *Transformation of Man* p. 39.

<sup>151</sup> Haughton, *Transformation of Man* p. 177.

<sup>152</sup> Haughton, *Transformation of Man* p. 35.



### 4.3.3 A contemporary Story of Grace – Stanza three

Within the third stanza the intervention, or inbreaking of God's love, came once again in the form of the door opening. However, added to this was the sense of annihilation, which was in the words of Haughton, the "vulnerable point for the breakthrough itself"<sup>153</sup> and, the faint cry within. Whilst there was no formalized repentance,<sup>154</sup> perhaps self-surrender<sup>155</sup> was a form of repentance? Also, at this point in my Story I came to recognize that God's love had not abandoned me. Rather God's love was present with me even in the abyss.

There was certainly a discovery of self.<sup>156</sup> I discovered myself as woman who was loved for no other reason than God is love. I no longer knew myself to be a child who looks to their Father God for rescue in times of trouble. I knew myself to be a woman who took responsibility for her own actions. The release of power was a radiant joy in which I was able to breathe deeply of life and love. This happened even within the seemingly dangerous era of post-modernism, which can be characterized as a "transitional state . . . which is outside the law."<sup>157</sup> And yet, here is the paradox. Within Haughton's model of transformation sin, or in other words the breaking the law of formation, is necessary.<sup>158</sup> For, an adult person transforms beyond the limitations of their formation when they sin and break through such formation.

As far as language was concerned, it was the language of Christian Eco-Feminist<sup>159</sup> theologians which rooted this movement of Grace in the faith tradition. Unfortunately, the local faith community could not support such language. Within the horizon of meaning making of this transformation, the

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<sup>153</sup> Haughton, *The Passionate God* pp. 58-59.

<sup>154</sup> Haughton, *Transformation of Man* p. 7.

<sup>155</sup> Haughton writes that this transformation "occurs in the moment of self-surrender to love." p. 80. [A] "surrender without any knowledge of what might come of it." *Transformation of Man* p. 81.

<sup>156</sup> Haughton writes that this is a "salvation event - true human encounter." p. 31 Also, there is a "reconciliation with Self." *Transformation of Man* p. 119.

<sup>157</sup> Haughton, *Transformation of Man* p. 126.

<sup>158</sup> Haughton, *Transformation of Man* p. 34.

<sup>159</sup> Eco-feminism as articulated by Elisabeth Schüssler Fiorenza *Wisdom Ways: Introducing Feminist Biblical Interpretation* (Maryknoll, NY, Orbis Books, 2001) p. 67.

image of God was “That Which/Who is Participating Presence of Love.”<sup>160</sup> Such Presence was both within and beyond my person. My personal identity emerged from knowing myself to be a precious and passionate woman of God who breathes within the breath of God’s love. This was a new stage of conscious awareness.

The articulated understanding of Grace was surprising to me as the transformation was not connected to a certain belief in the Jesus Story. The particular movement was one of transforming union with God’s love. In the depths of silence, there was an intimacy in relationship between God’s love and myself.

#### **4.3.4 A contemporary Story of Grace – Stanza four**

What is particularly highlighted within this fourth stanza is community. In a multicultural, multi-faith, post-modern era, where is the doctrinal basis for the local Christian community? How can a faith community experience a healthy formation while allowing for both individual and communal transformation? Perhaps a beginning place occurs when the members meet together and share their faith stories, rather than doctrinal concepts. Secondly, if the rituals are shaped with symbols and words which are open, inclusive and invitational, perhaps all the members will be able to accept God's invitation to meet together.

Within this restructured horizon of meaning making my non-interventionist image of God was That Which/Who is Participating Presence of Love. My personal identity was still woman of God. To live meaningfully was to metaphorically “walk with God in unprotected heart.” The meaning behind this phrase was not that of the “paradise consciousness of undifferentiated oneness with God and with all creation.”<sup>161</sup> Rather it meant an ongoing process of

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<sup>160</sup> *That Which/Who*: is a dialectic, which decentres fixed images of God. Implicit within these words is the sense of both *Within and Beyond*, whilst remaining relational. *Is*: represents a state of Being. *Presence*: symbolizes intimate participation reverberating from within creation's being.

<sup>161</sup> Houghton, *The Passionate God* p. 92.

compassionate self-knowledge<sup>162</sup> whereby I endeavour to be open to the ongoing invitation of self-transcendence. Therefore, the metaphor suggests authentic selfhood in response to the experience of God's love. Such authentic selfhood then flows into communal relationships.

Within this contemporary Story, Grace can be described in Eliot's terms as, "With the drawing of this love and the voice of this calling"<sup>163</sup> to discover authentic self in transforming union with divine love. To restate this understanding within a specifically Christian religious framework, God is symbolized as That Which/Who is Participating Presence of Love

- Beyond: as Mystery - experienced as the drawing of love
- Among: as all embracing love - witnessed to in the Jesus Story
- Within: in transforming union.

The above personal Story of Grace, integrated with Haughton's model of transformation, exemplifies how Grace as transforming union in this life-time can take shape in a person's life. While the movements of Haughton's model: intervention; encounter; sin in the form of breaking down the barriers of formation; repentance; release of power; self-discovery; and community are applicable to each person in some manner, the outworking of Grace as transforming union will be unique to each person in their Story.

In light of the above understanding of Grace, alongside the understandings gained through Chapters Two and Three, it is now time to respond specifically to the question: "Can bipolar disorder be a true spiritual dryness through which a person might take steps towards God?"

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<sup>162</sup> In relation to self knowledge Guenther writes that "only by letting ourselves be known, to each other and our deeper selves, can we feel the assurance that we are indeed known to God." Margaret Guenther, *Holy Listening: The Art of Spiritual Direction* (London: Darton, Longman and Todd, 1993, 1994, 1996, 1998, 2000) p. 59.

<sup>163</sup> T. S. Eliot's poem: Little Gidding V.

## 4.4 Grace in response to bipolar disorder and spiritual dryness

The above understanding of Grace demonstrates that Grace is God's initiative and therefore at this juncture, it would be more applicable to turn the question around and ask: "can bipolar disorder be a true spiritual dryness through which God can make steps towards us?" The response would have to be yes, if as suggested above, Grace is God's all embracing love meeting with a person where they are in their daily lives.

Even so, a problem may occur in that the experience of bipolar disorder might render the person unable to experience God's love at particular times during the process of recovery, particularly in the early stages when faith, hope and love have not yet been reclaimed. Furthermore, feelings such as unworthiness<sup>164</sup> (in an episode of depression) or, guilt and shame (particularly in response to actions during a manic episode) might erect barriers towards the inbreaking of God's love. The question for a spiritual director might be: "Does this render Grace impotent?" And if not, how might a person who is diagnosed with bipolar disorder experience this gift? In the early stages of the recovery process it might well be that a person experiences Grace through the love of another person.

Such a claim is in line with, although an extension of, Lynch's understanding<sup>165</sup> that hope is developed in relationship. The extension being that faith, hope and love are interrelated qualities of the human spirit and therefore, faith and love are also developed in relationship. Consequently, when a person diagnosed with bipolar disorder experiences love through another person they might again begin to experience their own self as lovable and in the process begin to reclaim faith, hope and love for their own. As this takes place in their inner being, they may again be open and receptive to God's Grace. Another way of articulating this is that one person can metaphorically hold faith, hope and love for another person, until they are ready to lay claim to them for their own. Consequently, it

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<sup>164</sup> For example Kelly writes that "to our depressed eyes we have indeed no worth in either God's, others' or our own eyes." *Life on a Roller-Coaster* p. 192.

<sup>165</sup> See Appendix 2, William Lynch: Hope.

is through community that a person who has experienced a disorientation of their human spirit might once again experience Grace.

How may this actually take place? One way is to create a safe place for the person to tell and retell their Story: to tell their Story to a person or persons who are willing to bear witness to it. The act of bearing witness is to listen compassionately “before uttering a word.”<sup>166</sup> To bear witness to a Story in this way is not a passive stance, for a “witness is never a spectator.”<sup>167</sup> As a result, those who choose to truly witness a Story of human suffering will be called to their own place of “lament”<sup>168</sup> which may well call into question their theology<sup>169</sup> and therefore, their own understanding of Grace. It is for this reason that a person’s Story of suffering is often silenced as it is too painful and confusing for the one listening. However, if the suffering is repressed or denied, inner healing and transformation cannot take place.<sup>170</sup> Furthermore, when those who are “already transformed by love”<sup>171</sup> bear witness, they do so from a place of a “life of faith which is unafraid to examine suffering, but is nonetheless grounded on hope.”<sup>172</sup> Therefore, bearing witness to the Story of another necessitates the giving of the undefended self in the act of listening which is grounded in hope.

Solomon’s research on depression both corroborates the above assertion and also raises one complication. He writes that “Speech is one of life’s greatest pleasures, and the will to communicate is enormously powerful in all of us.”<sup>173</sup> However, he also writes that “People who are depressed lose interest in talking.”<sup>174</sup> If it is the case that depression can rob a person of the will to

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<sup>166</sup> Shawn M. Copeland, "Political Theology as Interruptive" *CTSA Proceedings*, 59 (2004): 71-82, p. 80.

<sup>167</sup> Copeland, "Political Theology as Interruptive" p. 80.

<sup>168</sup> Copeland, "Political Theology as Interruptive" p. 81.

<sup>169</sup> Ackermann writes that "Religious optimism is deeply different to a life of faith". Denise Ackermann, "Reconciliation as Embodied Change: A South African Perspective," *CSTS Proceedings* 59 (2004): 50-67, p. 62.

<sup>170</sup> Ackermann, "Reconciliation as Embodied Change" p. 61.

<sup>171</sup> Houghton, *Transformation of Man* p. 81.

<sup>172</sup> Ackermann, "Reconciliation as Embodied Change" p. 62.

<sup>173</sup> Andrew Solomon, *The Noonday Demon: An Atlas of Depression* (New York: Scribner, 2001) p. 419.

<sup>174</sup> Solomon, *The Noonday Demon* p. 419.

communicate, a spiritual director would need to ask a couple of questions: “Could the model of spiritual direction as outlined in the thesis be flexible enough to meet the spiritual needs of a person diagnosed with bipolar disorder?” Also, “when might it be appropriate for a person to commence?” For a response to these questions see Section 5:6.

## 4.5 The context of Kelly’s question.

Kelly’s question appears in the chapter entitled “Manic or Mystic?” Within this chapter her question is framed by the specific context of the Christian religious experience named as dark night of the soul. For this reason the thesis will proceed as follows. The first step will describe a contemporary understanding of the words *mysticism* and *mystical experience* as applied in this thesis and then differentiate mystical experience from mania. The second step will describe the Christian religious experience of dark night of the soul and then differentiate clinical depression from the spiritual journey of dark night of the soul. The third step will explain how bipolar disorder can be a true spiritual dryness through which a person might take steps toward God.

## 4.6 Mysticism and the mystical experience

The primary source behind the understanding of mysticism as applied in this thesis is that of William Johnston, a Christian author, who focusses on a contemporary understanding of mysticism in “*Arise, My Love*” . . . *Mysticism for a New Era* . According to Johnston, western culture is currently experiencing a “new mysticism.”<sup>175</sup> He names this new mysticism as wisdom.<sup>176</sup> In this regard he is not referring to a knowledge which can be “acquired by human effort.”<sup>177</sup> Rather he is writing of a formless wisdom which he states is not “clear-cut or conceptual”<sup>178</sup> and which is “frequently accompanied by a sense of presence.”<sup>179</sup> Such formless wisdom can be experienced as a shift from an act of will to love

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<sup>175</sup> Johnston, *Arise, My Love* p. 83.

<sup>176</sup> Johnston, *Arise, My Love* p. xvi.

<sup>177</sup> Johnston, *Arise, My Love* p. xvi.

<sup>178</sup> Johnston, *Arise, My Love* p. 15.

<sup>179</sup> Johnston, *Arise, My Love* p. 15.

God, towards becoming a “being-in-love”<sup>180</sup> whereby a person belongs to and is possessed by “unmeasured love.”<sup>181</sup> Johnston writes that “being-in-love is essentially a religious phenomena. Indeed it is the very core and centre of all authentic religion.”<sup>182</sup> Within the language of this thesis, formless wisdom could be equated to transforming union, whereby a person is open to living their humanity fully in response to God’s love.

Johnston also writes that the new mysticism is no longer for “elite monks or nuns”<sup>183</sup> alone. It can be experienced by any person engaged in ordinary, daily life and is often experienced in “flashes”<sup>184</sup> during personal prayer and meditation. However, he concludes that there are some people who reach a “mystical state”<sup>185</sup> where formless wisdom, received as “gift”<sup>186</sup> rather than “act of the will”<sup>187</sup> awakens as a new level of consciousness within their being. The new level of consciousness does not negate “ordinary knowledge.”<sup>188</sup> Rather, the new level of consciousness “coexists”<sup>189</sup> with ordinary knowledge. Again, it can be seen that Johnston’s understanding of the new mysticism is in line with Keating’s understanding of transforming union.

In summary, contemporary mysticism and mystical experience can be understood to be an inbreaking of formless wisdom infused with divine love, experienced by many people in a momentary form. While such moments or flashes can be quite awesome in-and-of-themselves, their ongoing effect is limited if the person’s current horizon of meaning making cannot allow the inbreaking gift to take root. Consequently a new level of consciousness is not awakened. However, there are some people for whom the inbreaking gift takes

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<sup>180</sup> Lonergan, *Method* p. 105.

<sup>181</sup> Lonergan, *Method* p. 106.

<sup>182</sup> Johnston, *Arise, My Love* p. 17.

<sup>183</sup> Johnston, *Arise, My Love* p. 83.

<sup>184</sup> Johnston, *Arise, My Love* p. xvi.

<sup>185</sup> Johnston, *Arise, My Love* p. xvi.

<sup>186</sup> Johnston, *Arise, My Love* p. xvi.

<sup>187</sup> Johnston, *Arise, My Love* p. 15.

<sup>188</sup> Johnston, *Arise, My Love* p. xvi.

<sup>189</sup> Johnston, *Arise, My Love* p. xvi.

root and a new level of consciousness awakens as a permanent stage of personal and faith development.

## 4.7 Differentiating mania from mystical experience

Rather than delve more deeply into this subject than the thesis topic allows, I have chosen to highlight one critical difference between the person experiencing a manic episode and a mystical experience. During an episode of mania a person might truly believe and become preoccupied by the notion that they are a religious figure, for example, Jesus the Christ,<sup>190</sup> or even God.<sup>191</sup> However, when the manic episode abates, the person then recognizes they are not the religious figure.<sup>192</sup> On the other hand, as shown in Section 4.6, an ordinary person who is open and receptive to the ongoing journey of transforming union through self-surrender, as revealed through the Jesus Story can have mystical experiences.

Even though a person experiencing religious mania cannot be equated with a recognized mystic, Kelly drawing on the work of David Lukoff<sup>193</sup> and the story of Frank, states that there can sometimes be an overlap in the mystical and manic experience. For example, once out of the manic episode, Frank knew he was not Jesus the Christ. However, the psychotic experience of being Jesus the Christ, awakened Frank's consciousness to the reality of a "higher source."<sup>194</sup> Therefore, while recognizing that religious mania is a symptom of the disorder and requires treatment, the religious mania experience does not necessarily have to be one of exclusive alternatives. There can sometimes be an overlap. Obviously, a generalization cannot be made out of one example. However,

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<sup>190</sup> Kelly, *Life on a Roller-Coaster* See Frank's story pp. 186-87.

<sup>191</sup> Refer back to Denise's story footnote 4.

<sup>192</sup> Kelly, *Life on a Roller-Coaster* As in the story of Frank pp. 186-87.

<sup>193</sup> David Lukoff, "The Diagnosis of Mystical Experiences with Psychotic Features," *Journal of Transpersonal Psychology* 17, no. 2 (1985): 155-180, p. 156.

<sup>194</sup> Kelly, *Life on a Roller-Coaster* p. 187.



Frank's example and the research of David Lukoff might allow for the possibility of the presence of God's love even within a religious mania episode.<sup>195</sup>

## 4.8 The Christian religious experience of the dark night of the soul

In relation to the Christian religious experience of dark night of the soul, there is an assertion that Johnston makes which is of specific relevance. It is his contention that "mysticism only begins after a harrowing purification which tradition calls "the dark night."<sup>196</sup> Furthermore, he maintains that "quite often mystics, prior to their great awakening, have gone through a period of nervous upheaval bordering on psychological collapse . . . suffer[ing] from insomnia and depression . . . sometimes suicidal tendencies."<sup>197</sup> So it is that with writings such as this, confusion arises between the experience of clinical depression and the Christian religious experience of dark night of the soul.

Gerald May is one author who confronts such confusion.<sup>198</sup> May draws upon the writings of the Spanish Christian mystics St. John of the Cross and Teresa of Avila for his understanding of the Christian religious experience of dark night of the soul. May begins his analysis of the dark night of the soul by pointing out that "the dark night of the soul has become a catch phrase in the circles of pop spirituality where it is used to describe all kinds of misfortunes from major life tragedies to minor disappointments."<sup>199</sup> Hence, the approach to the contemporary Christian Story of the experience of the dark night of the soul includes any experience which is viewed as negative to, and/or bringing into

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<sup>195</sup> Consequently, as a spiritual director I can only wonder what would happen if once stabilized, a person like Frank were allowed to reflect upon his manic experience and discern the movement of God's love within such an experience. According to Kelly, key questions in discerning authentic experience are: does the experience enhance the gifts of the Holy Spirit; promote humility; keep the person within their own spiritual tradition; whilst not impairing the person's ability to reason and not preoccupying them? *Life on a Roller Coaster* p. 197.

<sup>196</sup> Johnston, *Arise, My Love* p. 118.

<sup>197</sup> Johnston, *Arise, My Love* p. 104-5.

<sup>198</sup> See particularly *The Dark Night of the Soul: A Psychiatrist Explores the Connection between Darkness and Spiritual Growth* and "Encounter" *Care of Mind, Care of Spirit: A Psychiatrist Explores Spiritual Direction* (New York: HarperSanFrancisco, 1982, 1992) pp. 105-12.

<sup>199</sup> May, *The Dark Night of the Soul* p. 4.

question, a person's ongoing faith journey.<sup>200</sup> Such an approach is in addition to that alluded to in the first paragraph, that is, a one-time experience for those on the mystical path. One myth which has arisen within these popular approaches is that suffering and "great tragedy"<sup>201</sup> are part of God's will for those who are serious about their faith.<sup>202</sup> May refutes such arguments and in this regard he offers three counter arguments which are summarized below.

Firstly, May contends that the Spanish understanding of darkness "implies nothing sinister."<sup>203</sup> Rather, the Spanish word *oscura* that St. John and St. Teresa employed in their writings on the subject, simply meant a darkness; like "the dark of a real night"<sup>204</sup> where it is impossible to "see clearly."<sup>205</sup> Such an understanding of *oscura* was likened to a spiritual path where "liberation takes place in a hidden way, beneath our knowledge and understanding . . . beyond our conscious control."<sup>206</sup> The liberation that takes place is that of transforming union. Consequently, the spiritual path of dark night "has nothing to do with [a person] getting closer to God."<sup>207</sup> Rather, this spiritual path is a "journey of consciousness"<sup>208</sup> whereby a person is invited towards the freedom of their already existent, although as yet unrealized, union with God.<sup>209</sup> As a result, there is a shift in the person's consciousness from God as separate object, to God's incarnate love calling forth transforming union.<sup>210</sup> As such, the nature of the dark night of the soul experience is one of deepening love and transforming union. Thus, in essence the dark night of the soul religious experience<sup>211</sup> is one whereby a person knows they are on a spiritual path, even though the way ahead is not

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<sup>200</sup> Remembering that faith can be seen in three modes: human meaning making; religious experience; belonging within a religious faith tradition.

<sup>201</sup> May, *The Dark Night of the Soul* p. 8.

<sup>202</sup> May, *The Dark Night of the Soul* p. 8.

<sup>203</sup> May, *The Dark Night of the Soul* p. 5.

<sup>204</sup> May, *The Dark Night of the Soul* p. 26.

<sup>205</sup> May, *The Dark Night of the Soul* p. 26.

<sup>206</sup> May, *The Dark Night of the Soul* p. 5.

<sup>207</sup> May, *The Dark Night of the Soul* p. 46.

<sup>208</sup> May, *The Dark Night of the Soul* p. 47.

<sup>209</sup> May, *The Dark Night of the Soul* p. 43.

<sup>210</sup> As explained earlier in the thesis transforming union is not something a person can control. Rather a person allows it to take place.

<sup>211</sup> Lonergan writes of religious conversion and therefore religious experience: "it is revealed in retrospect as an undertow of existential consciousness." *Method* pp. 240-41.

clear. In this way, the path is not set. Rather, the path itself is Grace unfolding through a “mystical co-participation between God and a person.”<sup>212</sup>

May emphasizes that the process of the dark night of the soul is one of decentering the ego,<sup>213</sup> which takes place through the “deep and ongoing process of unknowing that involves the loss of habitual experience.”<sup>214</sup> Such a decentering of the ego takes place as a person withdraws from, or, due to life circumstances, is emptied<sup>215</sup> of, their compulsive attachments. The attachments include personal identity, restricting images of God and compulsive ways of living.<sup>216</sup> Another way to name this process would be: a person’s withdrawal from, or being emptied of, their compulsive attachments to their horizon of meaning making.<sup>217</sup> And while many people experience the dark night as “scarey,”<sup>218</sup> due to its unpredictable nature and decentering of ego, May states that the experience does not always have to be unpleasant.<sup>219</sup> However, he also states that “liberation always involves loss”<sup>220</sup> as the egocentric self is surrendered. Therefore, pleasant or unpleasant as the experience might be for a person, there is always a cost. For this reason, encounter with the dark night of the soul is often experienced as painful as well as “deeply transformational.”<sup>221</sup>

Secondly, in relation to the dark night being a one-time experience whereby a person attains a “permanent state of realized union and spiritual ecstasy,”<sup>222</sup> May contends that the dark night is “not a phase of development but rather the

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<sup>212</sup> May, *The Dark Night of the Soul* p. 75.

<sup>213</sup> May writes “a direct experience of union or deep intimacy which may be beautiful beyond words, but it also requires a certain sacrifice of our self-image as separate and distinct. We become vulnerable, less in control. We can no longer maintain the illusion that we are the master of our destiny.” *The Dark Night of the Soul* p. 45.

<sup>214</sup> May, *Care of Mind, Care of Spirit* p. 107.

<sup>215</sup> May, *Care of Mind, Care of Spirit* p. 82.

<sup>216</sup> May, *Care of Mind, Care of Spirit* p. 56.

<sup>217</sup> The middle two stanzas of the poem “A contemporary Story of Grace” exemplify this process. See Appendix 4.

<sup>218</sup> May, *The Dark Night of the Soul* p. 5.

<sup>219</sup> May, *The Dark Night of the Soul* p. 4.

<sup>220</sup> May, *Care of Mind, Care of Spirit* p. 70.

<sup>221</sup> May, *Care of Mind, Care of Spirit* p. 70.

<sup>222</sup> May, *The Dark Night of the Soul* p. 9.

essence of one's ongoing spiritual journey."<sup>223</sup> Therefore, this religious experience is an ongoing spiritual process, which like conversion, has pivotal moments of realization throughout a person's life. Such moments of realization occur through a person reflecting upon their lived experience. In this way, the spiritual path of the dark night of the soul is an ongoing process that continues to liberate a person from their egocentric attachments towards "a God-given clarity, liberation of love and deepening of faith."<sup>224</sup> Now, if May's understanding of the dark night as an ongoing spiritual process is set within Johnston's understanding of mystical experience as generating a new consciousness, it could be stated that the awakening of the new consciousness is not the end of the process. Rather it is the beginning. It is the beginning of the ongoing spiritual journey whereby the person continues to live more deeply from and into the gift of formless wisdom.

Thirdly, with regard to the popular myth that suffering is part of God's will for those who take their faith seriously, May agrees with Jewish author Rabbi Kushner who wrote in *Why Bad Things Happen to Good People*, that "God's role in human suffering is to stand with us, giving us courage and strength and empowering us to respond with compassion and forgiveness."<sup>225</sup> May also agrees with St. Teresa and St. John in that the "dark night – indeed all of life – is nothing other than the story of a love affair."<sup>226</sup> If this is so, why do people who are serious about their faith experience the dark night of the soul at all?<sup>227</sup> Furthermore, why do some people experience depression as part of their dark night experience? In response to these questions, May asserts that the pathway of liberation from egocentric attachments requires *oscura* (darkness) otherwise

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<sup>223</sup> May, *Care of Mind, Care of Spirit* pp. 107-08.

<sup>224</sup> May, *The Dark Night of the Soul* p. 26.

<sup>225</sup> Kushner quoted in May, *The Dark Night of the Soul* p. 12.

<sup>226</sup> May, *The Dark Night of the Soul* p. 12.

<sup>227</sup> See also Joann Wolski Conn: "John of the Cross, especially, teaches the inevitability of the dark night in which human desire is transformed and one's human projections onto God are eventually surrendered to allow authentic union with God in Christ." *Spirituality and Personal Maturity* (New York: Paulist Press, 1989) p. 22.

a person's primal defense mechanism of denial would sabotage the process.<sup>228</sup> In relation to the question of depression as part of the process, within such obscura the usual reference points for identity formation, meaning making and belonging are obscured, which in turn can give rise to depression in some people.<sup>229</sup>

## 4.9 Differentiating clinical depression from the religious experience of the dark night of the soul

May writes that the symptoms of clinical depression and the psychological response to the dark night of the soul dimension of the spiritual journey may appear similar in that there might be feelings of “hopelessness, helplessness, agitation and emptiness . . . impoverishment of thoughts, absence of motivation and loss of self-confidence.”<sup>230</sup> However, he also lists a number of generalized differences between dark night experiences and clinical depression.<sup>231</sup> I will summarize two of the most significant differences. The first is that of the source.<sup>232</sup> In this regard even though there may be a psychological response to the experience of dark night there is no recognized brain chemical and/or “psychological causation.”<sup>233</sup> Therefore, while depression may become a person's response to the spiritual path of the dark night, it is not the source of it. For the source of the dark night path is that of God's love calling forth transforming union.

The second significant difference between clinical depression and the religious experience of dark night of the soul is that for the person experiencing dark night “there is a rightness about it all.”<sup>234</sup> In this way, although the person may experience signs similar to clinical depression, there is a foundational sense

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<sup>228</sup> For an understanding of May's argument with regard to attachments and denial, see "A Deeper Longing: The Liberation of Desire" *The Dark Night of the Soul* pp. 63-101.

<sup>229</sup> To see how the ongoing dark night experience, with pivotal moments of feeling “lost” and then “found” can take shape in a person's life, refer to Section 4.3.

<sup>230</sup> May, *Care of Mind, Care of Spirit* p. 109.

<sup>231</sup> May, *Care of Mind, Care of Spirit*. See pp. 109-110 for the full list.

<sup>232</sup> May, *Care of Mind, Care of Spirit* p. 102.

<sup>233</sup> May, *Care of Mind, Care of Spirit* p. 109.

<sup>234</sup> May, *Care of Mind, Care of Spirit* p. 110.

of trust that this path is Graced and so the person develops patience within the process. Such a sense of knowing stands out against clinical depression, whereby a person experiences a deep sense of “wrongness”<sup>235</sup> with regard to their situation with a corresponding deep desire for a “radical”<sup>236</sup> and even “miraculous”<sup>237</sup> change.

In light of the above, clinical depression and dark night of the soul religious experience are not to be considered one and the same.

#### **4.10 Bipolar disorder: a means through which to enter the dark night of the soul religious experience.**

It is the conclusion of this thesis that bipolar disorder can be a means through which a person may enter the dark night of the soul religious experience. The reasons for this are threefold. Firstly, is the nature of the human experience of Grace as it has been represented within this thesis. As has been asserted previously, Grace is experienced as the initiative of God. Such initiative is experienced both as God’s all embracing love being present with a person in their suffering, even if such suffering incorporates bipolar disorder. Also Grace is experienced as God’s love calling forth transforming union.

Secondly, the experience of depression and mania can break open a person’s current horizon of meaning making, disorienting their human spirit by touching into the depths of human meaninglessness and loss with the resultant grief. In this way, bipolar disorder can be a lived experience which empties a person of all they knew themselves to be and the way they recognized God’s presence in their life. Consequently, there is a decentering of ego. Employing May’s understanding of dark night as a spiritual process which decentres the ego towards loving union with God, self and others, then bipolar disorder may qualify

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<sup>235</sup> May, *Care of Mind, Care of Spirit* p. 110.

<sup>236</sup> May, *Care of Mind, Care of Spirit* p. 110.

<sup>237</sup> May, *Care of Mind, Care of Spirit* p. 110.

as an experience of being emptied.<sup>238</sup> Also, if once stabilized a person diagnosed with bipolar disorder is given the opportunity to reflect upon and reframe their experience into one of meaning, then such an experience can lead towards authentic selfhood in community in response to God's love.

Thirdly, as has been suggested in Section 4:7 the experience of religious mania is not necessarily one of exclusive alternatives. Consequently, religious mania can be seen to be both a symptom of the disorder and at times a revelatory experience as well. As such, there is the possibility that as a person reflects back on their experience of religious mania with a trained spiritual director who is aware of the complex nature of bipolar disorder, the person might begin to notice the presence of God's love within the overall experience.

#### 4.11 Summary

In light of the above it can be seen that the experience of depressive and manic episodes associated with bipolar disorder cannot be equated directly with the Christian spiritual journey of transforming union. While depression can be part of the dark night of the soul experience, depression in-and-of-itself is not a religious experience. However, upon reflection a depressive episode can give rise to a deeper knowing of being loved by God and others. In a similar manner, while some people experience what might seem like a religious experience during a manic episode, religious mania does not equate directly with mystical experience. However, it is possible for a person to experience God's love even in a psychotic episode.

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<sup>238</sup> This analysis aligns with Haughton in that the experience of decentering of ego equates with the "vulnerable point for breakthrough." *The Passionate God* pp. 58-59.

## CHAPTER 5: ONE MODEL OF SPIRITUAL DIRECTION



Accompanied by a trained and trusted other, a person intentionally explores and deepens their spirituality in response to the drawing of God's love as revealed through the Jesus Story and as it resonates with their experience.

### 5.1 Introductory Remarks

Christian spiritual direction has “taken many forms throughout history.”<sup>239</sup>

The reason for this is twofold. Firstly, the dominant theological and spiritual precepts within a given time and place in history shape the form spiritual direction takes.<sup>240</sup> Secondly, the differing “personal styles”<sup>241</sup> of individual spiritual directors shapes the engagement which takes place between director and directee. Such personal styles would relate predominantly to each director's individual personality type in conjunction with their religious and cultural identity. May both concurs with Fischer and provides evidence for his position. He names some of the shifts as: “an intimate heart journey”<sup>242</sup> to “matters of conscience and vocation”<sup>243</sup> to “discerning good and evil spirits”<sup>244</sup> to “psychological growth and individuation.”<sup>245</sup> Therefore, Christian spiritual direction is not confined to one particular prescriptive model. Rather, the practice of the discipline of Christian spiritual direction is that it responds to the spiritual needs and questions of a person who is living within a particular culture and Christian faith Story arising from that culture.

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<sup>239</sup> Kathleen Fischer, *Women at the Well: Feminist Perspectives on Spiritual Direction* (Mahwah: Paulist Press, 1988) p. 5.

<sup>240</sup> Fischer, *Women at the Well* p. 5.

<sup>241</sup> Fischer, *Women at the Well* p. 5.

<sup>242</sup> May, *Care of Mind, Care of Spirit* p. 2.

<sup>243</sup> May, *Care of Mind, Care of Spirit* p. 2.

<sup>244</sup> May, *Care of Mind, Care of Spirit* p. 2.

<sup>245</sup> May, *Care of Mind, Care of Spirit* p. 2.



As a consequence, modern day spiritual direction is ordinarily shaped by contemporary theology; inter-faith dialogue; post-modern cultural shifts; insights gained through the neurosciences, psychiatry and psychology with regard to how the brain works and affects personal behaviour; and of course, the differing spiritualities of directors.

Even though spiritual direction is shaped by theological and cultural shifts, there is one central focus.<sup>246</sup> Such a central focus is a person's receptiveness to explore and deepen their experience of and response to God's love. Foundational to the central focus is the dynamism of Grace, as Grace is perceived and received within a historical context. As a result, while there is no prescriptive form to spiritual direction, the intention is clear: to be open and receptive to Grace as experienced and expressed in daily life.

## 5.2 The model of spiritual direction as proposed for this thesis

As with all models of spiritual direction, the principal dynamic of this model is the human experience of Grace, as Grace is proposed within this thesis. Consequently, the intention of this model of spiritual direction is for one person (directee), in the company of a trained and trusted other (director), to intentionally engage in the ongoing process of transforming union, that is, the ongoing journey of identity formation, meaning making and experience of belonging in response to both the personal encounter of God's love and the Jesus Story.

The model proposed is both reflective<sup>247</sup> in nature and conversational in style. Such a model draws its impetus from three key elements of Ignatian spirituality. The first of these elements involves a person's affective<sup>248</sup> or, felt experience of

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<sup>246</sup> Fischer, *Women at the Well* p. 15.

<sup>247</sup> For the purposes of the thesis, reflective means to meditate upon and discern the affective experience, allowing questions to arise from what is experienced in the light of the beliefs of the Christian religious tradition.

<sup>248</sup> Maureen Conroy, *The Discerning Heart: Discovering a Personal God* (Chicago: Loyola Press, 1993). pp. 7-8.

consolation or desolation. Consolation occurs when a person's "interior life is consonant with God."<sup>249</sup> Desolation arises when a person's "interior life is dissonant with God."<sup>250</sup> The second element is to discern<sup>251</sup> the affective experience. In this regard, discernment relates to recognizing inner movements towards, (consolation) or, away from (desolation) authentic self and therefore deepening relationship with God. The third element relates to the "results of the experience."<sup>252</sup> Such results relate to changes in "deep-rooted attitudes, thoughts and feelings and a shift in behaviour."<sup>253</sup> Therefore, these three elements of Ignatian spirituality engender a deepening relationship with God through self-knowledge and personal growth. Such a deepening of relationship effects change in the way the person acts in their world.

Foundational to the three elements of Ignatian spirituality is Lonergan's method of intentional consciousness. In turn, the pathway for engaging in Lonergan's intentional consciousness is Story: a person's Story of faith. For it is through the telling of and reflecting upon personal Story, that discerning inner movements through intentional consciousness come to light and life. Thus, while Grace is the dynamism of this model of spiritual direction, Grace is encountered, named and claimed through personal Story.

The following two sections demonstrate how intentional consciousness and Story are fundamental to this model of spiritual direction.

### **5.2.1 Intentional consciousness within this model of spiritual direction**

As stated in Section 1.3, the two key principles in Lonergan's method of intentional consciousness are the pattern of human consciousness in response to the drawing of God's love and the capacity to ask questions and receive responses to such questioning. Why do these two principles relate to this model

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<sup>249</sup> Conroy, *The Discerning Heart* p. 14.

<sup>250</sup> Conroy, *The Discerning Heart* p. 14.

<sup>251</sup> Conroy writes that to discern is to "sift through, distinguish, separate and divide interior movements that result from God's personal involvement." p. 13.

<sup>252</sup> Conroy, *The Discerning Heart* p. 8.

<sup>253</sup> Conroy, *The Discerning Heart* p. 9.

of spiritual direction? Firstly, the method names the way human consciousness is already operating. Therefore, it is applicable for any person, no matter what their level of maturity may be. Secondly, the focus of the method is the directee's horizon of meaning making. As such, when the directee is curious, attentive, intelligent, reasonable and responsible to their own lived experience, they are engaging authentically with their own reality. Consequently, the method allows the directee to consciously name and claim who they are and how they authentically belong in their world. Thirdly, as God's love is at the heart of reality, when a person engages with the method they become more open and receptive to the experience of God's love in their life. As a result, the method opens the way for a deepening of personal relationship between the directee and God.

With regard to the precept "be attentive" to experience, there is one qualification to register. Lonergan states that while a person needs to be attentive to their whole experience, it is their joys and sorrows, fears and desires which are of particular importance.<sup>254</sup> Even when a person's feelings might seem "deplorable to them"<sup>255</sup> it is important not to "brush them aside, overrule them, or ignore them."<sup>256</sup> For such feelings give intentional consciousness its "drive and power"<sup>257</sup> as they provide self-knowledge.<sup>258</sup> When a person recognizes and befriends their authentic self, transformation can occur. On the other hand, if a person does not attend to their felt experience they can experience an "alienation"<sup>259</sup> from their authentic self. It is therefore through exploration of the felt experience within a person's Story that a person comes to truly discern their inner movements towards, or, away from authentic self and therefore God. Thus within this model of spiritual direction, while the entire Story is relevant, the directee is invited to attend to the felt experience arising from their Story.

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<sup>254</sup> Lonergan, *Method* p. 9.

<sup>255</sup> Lonergan, *Method* p. 33.

<sup>256</sup> Lonergan, *Method* p. 33.

<sup>257</sup> Lonergan, *Method* p. 30.

<sup>258</sup> Lonergan, *Method* p. 33.

<sup>259</sup> Lonergan, *Method* p. 34.

There is flexibility in the way a person engages with their felt experience within this model of spiritual direction. Such flexibility may include guided meditations and exploring bodily felt experience. Also, as well as speech, the directee may well be invited to reflectively explore their felt experience through such practices as art journaling<sup>260</sup> and other creative arts such as clay modelling and poetry writing.<sup>261</sup>

### 5.2.2 The telling of Story within this model of spiritual direction<sup>262</sup>

The Story told in this model of spiritual direction is the directee's Story of faith. Faith, hope and love are interrelated qualities within the human spirit. Human faith can find its expression in the three dimensions of general meaning making, being drawn to ask questions with regard to transcendent mystery and discovering belonging within a religious tradition.<sup>263</sup> In the same manner, a person's Story of faith as expressed and reflected upon within spiritual direction includes three interrelated dimensions. The first dimension is the directee's everyday lived experience. The second dimension is the directee's experience of God's love, or perhaps experience of the absence of God's love in their everyday life. The third dimension is belonging, or perceived lack of belonging, within their religious faith tradition. In this context, everyday lived experience can be understood to be religious experience.<sup>264</sup> For as Ruffing comments, it is in the recollecting of the Story of faith that a person might "find oneself in God . . . [or] God in oneself."<sup>265</sup> Ruffing's assertion in this regard aligns with Lonergan's

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<sup>260</sup> Marianne Hieb, "The Prayer of Art Journaling and Spiritual Direction," *Presence* Vol. 2, No. 1 (1996): 5-17.

<sup>261</sup> Liebert details a number of these practices and while the intent of her book is decision making, the spiritual practices listed can be adapted to the ongoing faith journey. Elizabeth Liebert, *The Way of Discernment: Spiritual Practices for Decision Making* (Louisville: Westminster John Knox Press, 2008).

<sup>262</sup> The sharing of Story within the spiritual direction context is written in the light of Section 2.2 and 2.3.

<sup>263</sup> Refer to Appendix 2.

<sup>264</sup> Edwards affirms this line of reasoning in his analysis of ways in which God's self-communication is revealed through human experience. Denis Edwards, *The Human Experience of God* (New York/Ramsey: Paulist Press, 1983).

<sup>265</sup> Ruffing, *Uncovering Stories of Faith* p. 114.

intentional consciousness. As such, within the context of this model of spiritual direction, Story constitutes a profound form of prayer.

The flow of Story is distinct within spiritual direction. Rather than a formal autobiographical narrative statement which is historically structured, the Story told within spiritual direction may be more like disarranged jigsaw pieces which are not “selectively organized”<sup>266</sup> and have not yet been “fully assimilated into the life story.”<sup>267</sup> Thus, in each session the directee commences by sharing from the “raw material of life”<sup>268</sup> that is uppermost in their awareness at that particular moment. During the session the directee might then “selectively move from present to key episodes in the past and back to the present again.”<sup>269</sup> Therefore, the Story shared by the directee within each spiritual direction session is often messy and seemingly disconnected to the previous session. However, over time a directee begins to see the connections within their Story of faith and so continues in the journey of transforming union through self-realization in community.

### 5.2.3 The function of the spiritual director

While the style of this model of spiritual direction is one of conversation, a conversation in which the directee sets the agenda, the profundity of such conversation and the necessary contribution of the spiritual director should not be undervalued. A spiritual director is a person who is specifically trained in the method of assisting a directee to explore and deepen their Story of faith. The training comprises two particular areas. The first area revolves around the quality of listening. In the spiritual direction context listening involves contemplatively bearing witness to the Story of the directee in a gentle, non-judgmental manner. Such an ambience of gentleness can be explained through O’Donohue’s metaphor of the candle light. It is O’Donohue’s contention that the

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<sup>266</sup> Ruffing, *Uncovering Stories of Faith* p. 118.

<sup>267</sup> Ruffing, *Uncovering Stories of Faith* p. 118.

<sup>268</sup> Thomas Moore, *Care of the Soul: A Guide for Cultivating Depth and Sacredness in Everyday Life* (New York: HarperPerennial, 1992) p. 13.

<sup>269</sup> Ruffing, *Uncovering Stories of Faith* p. 112.

“soul was never meant to be seen completely.”<sup>270</sup> As such, he maintains that metaphorically a candle sheds enough light to “befriend the darkness, [as] it gently opens up caverns in the darkness”<sup>271</sup> which require attending to. With the candle metaphor as a guiding premise, this model of spiritual direction offers a safe and trusted environment in which a directee can choose to remain open and receptive to the ongoing journey of transforming union.

The second area of training revolves around a director assisting a directee to recognize and discern their inner movements towards, or, away from authentic selfhood and therefore God. By “inner movements” is meant the “motivations, temptations, confusions, ambiguities and painful and pleasant psychological and spiritual experiences”<sup>272</sup> that are part of the directee’s Story of faith. The entry point to such inner movements is by attending to the whole range of felt experiences within a directee’s Story. In spiritual direction the directee is invited to stay with whichever felt experience is most affective in them in the present moment. Such a “present moment” felt experience is the entry point to discerning movements towards, or away from, transforming union.

#### **5.2.4 The relationship between director and directee**

In this model of spiritual direction the relationship between director and directee is one of mutuality. As both director and directee share in the same religious faith tradition, the spiritual director is a “partner in the search of the truth”<sup>273</sup> as truth is shaped by that faith tradition. The director does not have prescriptive answers for the directee’s questions of faith, neither do they approach a session with set ideas regarding how the directee should proceed. Rather, a director approaches a session with an attitude of openness to bear witness to the Story of faith of the directee while also listening for the presence of the calling forth nature of God’s love. The mutuality within the relationship refers to the affective nature of bearing witness. As stated previously, to witness a Story is not a

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<sup>270</sup> O'Donohue, *Anam Cara* pp. 110-12.

<sup>271</sup> O'Donohue, *Anam Cara* pp. 110-12.

<sup>272</sup> Ruffing, *Uncovering Stories of Faith* p. 117.

<sup>273</sup> Ruffing, *Uncovering Stories of Faith* p. 135.

passive stance. For, as the director witnesses the directee's Story they are also "affectively, intellectually and imaginatively"<sup>274</sup> involved in the Story. As a result, if the director is truly participating in the conversation as a partner in search of the truth in the directee's Story, the director is engaged in such a way as to be open to be addressed by the emergent Truth as it applies to their own life circumstances.<sup>275</sup> Therefore, mutuality in this context refers to the actuality that both the director and directee are open and receptive to the Truth and how it relates to their particular Story of faith.

In summary, it could be stated that spiritual direction is a three-way interactive process. Such interaction takes place in the following manner. Firstly there is a conscious awareness of the ongoing presence of God's love calling forth transforming union. Secondly there is a directee who intends to deepen their authentic spirituality and/or reclaim their human faith, hope and love through the telling of and reflecting upon their Story of faith. Thirdly there is a qualified director who generates an ambience of gentleness, listens to the directee's Story of faith and assists the directee to discern their authentic identity, meaning and belonging in response to God's love as revealed through the Jesus Story and as it resonates with their own Story.

### 5.3 Group Spiritual Direction

So far, the above information has related particularly to individual spiritual direction. However, there is also a movement towards group spiritual direction.<sup>276</sup> Group spiritual direction can also take many forms. Even so, the central focus is as above: a person's receptiveness to an ever deepening experience of God's love. The difference in group spiritual direction is that a small number of people commit to meet together on a monthly basis. There are

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<sup>274</sup> Copeland, "Political Theology as Interruptive" p. 80.

<sup>275</sup> While the director may notice their own affective movements in regard to the directee's Story, they do not let them distract from staying with the directee's Story. It is post-session that the director reflects upon their own inner movements and how Truth applies to their own life.

<sup>276</sup> Rose Mary Dougherty, *The Lived Experience of Group Spiritual Direction*, (Mahwah: Paulist Press, 2003).

a number of essential requirements expected of each participant in the group.<sup>277</sup> The first is that they are intentional in their spiritual journey. The second is that they try to recognize that each person's spiritual journey is unique to them. The third is that each participant endeavours to be prayerfully mindful of the other participants during the intervening weeks.<sup>278</sup> Beyond this, the actual format of group spiritual direction would depend upon the particular needs of each group.

## 5.4 Differentiating this model of spiritual direction from psychological counselling

Many people seek spiritual direction when they are experiencing a life crisis and/or transitional moment in their life. Therefore, spiritual direction can sometimes be confused with psychological counselling. Adding to the confusion between many forms of psychological counselling and this model of spiritual direction is that they both engage with the felt experience of the person's Story. However, there are significant differences between spiritual direction and counselling. Some of these include: the frequency and regularity of sessions, in that a spiritual director and directee usually meet together on a monthly basis; the relationship between director and directee, in that the director is not the clinician and the directee is not the client; the ongoing nature of spiritual direction as it relates to a person's life journey, rather than limited to a particular crisis moment; the engagement with the whole range of felt experience within a person's Story, for example, joys and sorrows. May adds to the list when he asserts that psychology relates to the "how of life"<sup>279</sup> and spiritual direction relates to the "why"<sup>280</sup> in connection to "the dynamic process of love in one's life."<sup>281</sup> These differences notwithstanding, there is one major difference which can be summarized as the horizon from which each discipline operates. In this regard, Ruffing proposes that in contrast to psychology where the individual is

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<sup>277</sup> Dougherty, *The Lived Experience of Group Spiritual Direction* p. 7.

<sup>278</sup> This list is a paraphrase of Dougherty's list p. 7.

<sup>279</sup> May, *Care of Mind, Care of Spirit* p. xvi.

<sup>280</sup> May, *Care of Mind, Care of Spirit* p. xvi.

<sup>281</sup> May, *Care of Mind, Care of Spirit* p. xvi.



the horizon, it is the Story of faith<sup>282</sup> which is the horizon of spiritual direction. Both disciplines are valuable in their own right. Due to the differing intentions of both disciplines, it is possible that in certain circumstances a person may benefit from engaging in both at the same time, so long as this is agreed to by both the clinician and the spiritual director.

## 5.5 Differentiating this model of spiritual direction from pastoral care.

The Christian religious tradition offers pastoral care in the field of mental health. Pastoral care and spiritual direction are often equated as one and the same. However, they are both unique disciplines in their own right. This section will outline the discipline of pastoral care so as to highlight the difference between it and spiritual direction.

According to the Healthcare Chaplaincy Council of Victoria, pastoral care is

a general term which encompasses all ways in which attention is paid to the spiritual nature of the human person, and in particular in the healthcare environment, to the spiritual issues that arise in the context of illness, suffering and death. It is often given in a one-to-one relationship, completely centred on the person, and makes no assumptions about personal convictions or life orientation, but seeks to identify the person's spiritual resources and needs as they experience these existential realities in their lives, and to enable them to work through issues of meaning and connectedness in ways that assist them in this part of their life journey.<sup>283</sup>

To be emphasized in the above definition are the following features. Firstly, the horizon of pastoral care is spirituality. The horizon of pastoral care and that of spiritual direction are comparable. However, pastoral care is offered to all people despite their faith tradition, or lack of faith tradition. This differs from Christian spiritual direction in that both directee and director share the same

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<sup>282</sup> It is important to recognize at this point the field of transpersonal counselling. The horizon of this field is a person whose experience has provoked a spiritual crisis in their life, which can sometimes be diagnosed by traditional psychiatry as a mental disease. The limits of this thesis do not permit an in-depth study on this area. However, one excellent resource is Stanislov Grof & Christina Grof *Spiritual Emergency: When Personal Transformation Becomes a Crisis* (New York: Jeremy P. Tarcher/Putnam 1989).

<sup>283</sup> Healthcare Chaplaincy Council of Victoria: *Capabilities Framework for Pastoral Care & Chaplaincy* 2008 (Draft).

faith tradition. Also, the focus of spiritual issues in pastoral care in a health care context is illness, suffering and death. In this way, pastoral care differs from Christian spiritual direction as spiritual direction focuses on the whole Story of faith.

Secondly, pastoral care in the mental health field is located predominantly in the “healthcare environment,” that is, at the site of the mental healthcare service. A person can access pastoral care when they attend the healthcare service. As such, the nature of pastoral care in the mental healthcare field is that usually it ceases when the person leaves the facility.

While recounting the differences between pastoral care and spiritual direction, it is apparent that a pastoral care worker and a spiritual director could work together on behalf of the individual in need. For, according to the above definition of pastoral care, part of the role of the pastoral care worker in the healthcare service is to “identify the person’s spiritual resources.”<sup>284</sup> It could well be that a pastoral care worker identifies spiritual direction as a spiritual resource for a person who is intent on exploring their spiritual questions. Therefore, it may at times be appropriate for a pastoral care worker to recommend spiritual direction as an option in the person’s process of recovery.

## **5.6 The contribution of a spiritual director to the spiritual journey of a person diagnosed with bipolar disorder.**

At the outset it is imperative to qualify that it is not being suggested that a person diagnosed with bipolar disorder engage in spiritual direction in preference to other forms of treatment. What is being suggested is that in conjunction with a variety of therapeutic treatments, a spiritual director has a contribution to make in the ongoing spiritual journey of the person so diagnosed, when such a spiritual journey is framed by the individual’s horizon of belief in the Christian faith tradition.

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<sup>284</sup> Healthcare Chaplaincy Council of Victoria: *Capabilities Framework for Pastoral Care & Chaplaincy*, 2008 (Draft).

### **5.6.1 The flexibility of the model of spiritual direction to meet the spiritual needs of the person diagnosed with bipolar disorder.**

The dynamism within this model of spiritual direction is Grace. Grace, as defined within the limits of this thesis, is understood as God's love meeting with a person where they are in their daily life; that is, present with the person in their suffering as well as calling forth transforming union. If as Kelly states, "when we are unwell. . . messages of "Turn to Christ" should be replaced by messages of "Await [God's] Grace"<sup>285</sup> then this model of spiritual direction is flexible enough to meet the needs of the person diagnosed with bipolar disorder. Such flexibility refers to a number of features pertinent to the model.

Firstly, the model provides a safe environment for the person to tell and retell their Story of disoriented human spirit to a person who is trained and willing to bear witness to the Story, while at the same time generating an awareness of the presence of God's love. As such, a directee's grief may become enfolded in the horizon of God's love. In this way the directee may experience God's love as present with them in their suffering. Furthermore, resiliency may be cultivated through engagement with the process of conscious grieving. Hence, this model of spiritual direction offers inner healing.

Secondly, when appropriate,<sup>286</sup> a spiritual director can assist a directee to discern their inner movements towards, or, away from authentic selfhood in God's love. As such, the directee may experience Grace in the form of God's love calling forth transforming union. Additionally, due to the directee setting the agenda of each session and the mutuality of the relationship between director and directee, an unspoken awareness of the directee assuming responsibility for their own spiritual journey occurs. Thus the model offers a process of engaging in authentic selfhood within God's love, which in turn generates personal

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<sup>285</sup> Kelly, *Life on a Roller-Coaster* p. 192.

<sup>286</sup> Conn asserts that while the "fundamental desire of the self is to transcend itself in relationship: to the world, to others, to God . . . only a developed, powerful self has the strength to realize significant transcendence." *The Desiring Self* p. 5.

autonomy and authority. Consequently this model of spiritual direction empowers the directee to engage in their ongoing process of transformation.

Thirdly, the entry point for discerning inner movements is the reflective exploration of the felt experience within a directee's Story of faith. Such contemplative exploration provides continuity and coherence through which the directee can become aware of their self as unified. In turn, a unified self allows a person to belong in their world from a place of inner freedom and responsibility. Also, by engaging with the affective feelings, the energy within such feelings is released, thus dispossessing them of the power to cause bodily dis-ease.<sup>287</sup> Furthermore, this model of spiritual direction employs many alternative mediums such as the creative arts, guided meditations and body focussing. Therefore the flexible structure of a spiritual direction session allows for a directee to be able to express and attend to their felt experience even if they are experiencing a loss of interest in talking due to depression.

Fourthly, even though the exploration of spiritual questions is part of the emergent communal Story of recovery, such spirituality is contextually influenced and experienced. As such, the spiritual questions of an individual whose horizon of meaning making is shaped by the Christian religious tradition may not receive a hearing, apart from those engaged in pastoral care in a mental healthcare facility. Therefore, this model of spiritual direction offers such a person a place to engage with their Christian beliefs and values as well as their own personal experience.

### **5.6.2 When spiritual direction may be appropriate**

The Barkers' research concludes that the first step in the overall process of recovery is in the Story.<sup>288</sup> For reflection upon and the telling of Story is the core of the healing process. While the Barkers are referring to narrative therapy, the theory could be extended to this model of spiritual direction, whereby the telling of Story takes place within a dynamic awareness of Grace. As stated previously,

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<sup>287</sup> Refer to Section 2.3.

<sup>288</sup> Refer to Section 2.6.2.

Grace is experienced in the human Story in two ways. Firstly, God's love is present with a person in their suffering. Secondly, God's love calls forth transforming union. It is the first experience of Grace which is pertinent to the person who is at their lowest ebb. Therefore, a spiritual director can make a contribution to the ongoing spiritual journey of a person diagnosed with bipolar disorder, even in the earliest stages of recovery.

However, initially such spiritual direction may take the form of group spiritual accompaniment. This suggestion draws together the Barkers' research with regard to the value of group narrative therapy and Dougherty's understanding of group spiritual direction. As such, it may be that a form of group spiritual accompaniment be developed that is structured to the needs of people in the early stages of their process of recovery. The structure of such group spiritual accompaniment would depend upon the participants involved. However, the focus of such a group may well be on each person attending to the presence of God's love in their suffering. It may also be appropriate that as well as the opportunity to express their Story, the participants also engage in the meditative practice of walking the labyrinth<sup>289</sup> within an intentional awareness of Grace. Through such group spiritual accompaniment the participants may gently experience companionship, mutual support and hope within Christian community as they await the conscious awareness of Grace.

Even so May offers the following qualification: "Only in talking intimately with people and prayerfully reflecting on the divine process in their lives can one decide about the advisability of various forms of spiritual guidance."<sup>290</sup> For this reason, it is for each individual person to decide if they want to engage in spiritual direction. Also, it is for each individual director to prayerfully decide if they as a spiritual director are appropriate for the individual at this time.

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<sup>289</sup> As recorded in Section 1.6 the value of walking the labyrinth is growing in momentum within the mental health field. While there is no formal research that I can source at this moment, anecdotal reports and consultation with my supervisor verify this approach. There is at least one inner-Melbourne Christian church which has a permanent labyrinth. Also it is possible to purchase canvas and finger labyrinths.

<sup>290</sup> May, *Care of Mind, Care of Spirit* p. 22.

Furthermore, both director and directee would need to decide together when individual or group spiritual direction would be most helpful in the directee's ongoing spiritual journey within their recovery process.

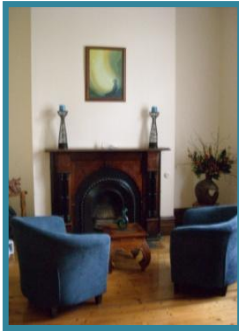
## 5.7 Summary

Within the conscious awareness of the dynamism of God's love being present with a person in their suffering and the calling forth of transforming union, the model of spiritual direction as proposed within this thesis draws its structure from Ignatian spirituality with regard to discerning inner movements towards, or, away from authentic self within God's love, through the method of intentional consciousness. Reflecting upon the felt experience of personal Story is the process of the spiritual direction engagement.

With regard to a person diagnosed with bipolar disorder, a Christian spiritual director who uses the model of spiritual direction proposed can contribute to the ongoing spiritual journey of a person whose horizon of meaning making is shaped by the Christian religious tradition. The spiritual director can provide a safe place for a directee to consciously attend to their grieving and the reclamation of faith, hope and love. For this reason, spiritual direction may begin when the person is at their lowest ebb. Furthermore, when appropriate the spiritual director may assist the directee to attend to the experience of transforming union. Also, it may well be that group spiritual accompaniment which focuses on walking the labyrinth is appropriate. However, while recognizing the significant contribution of this model of spiritual direction for a person diagnosed with bipolar disorder, such spiritual direction would ordinarily be recognized and offered as ancillary to the overall clinical treatment program.

Thus, with the flexibility of the model of spiritual direction, theoretically there are no impediments to a person engaging in this model of spiritual direction early on in their recovery process.

## CHAPTER 6: CONCLUSION



In practice then, I feel it would be unfair and ignorant to refuse to see someone in spiritual direction simply because that person has some mental disorder, immaturity of emotions or instability of personality.

Gerald May<sup>291</sup>

The purpose of this thesis was to determine the contribution of a spiritual director to the spiritual journey of a person diagnosed with bipolar disorder. The thesis research was limited to the theological context of the Christian religious tradition, the Christian spiritual director who is trained in and practices the model of spiritual direction as described and the person diagnosed with bipolar disorder who names and claims their identity, meaning and experience of belonging within the horizon of Christianity. The thesis research examined two distinct areas of enquiry. The first was in response to the question, “Can bipolar disorder be a true spiritual dryness through which a person may take steps towards God?” The second was the contribution a spiritual director might make to the spiritual journey of a person diagnosed with bipolar disorder.

The exploration of the first area of enquiry incorporated three topics. The first topic described the Story of the person diagnosed with bipolar disorder. Story was defined as a person’s reflection on and articulated interpretation of their lived experience through their particular horizon of meaning making. Therefore, Story was claimed to be integral to human meaning making. Moreover, Storytelling, with a particular emphasis on attending to the felt experience within the Story, was shown to be the core of inner healing for those people whose lived experience was outside the dominant cultural norm. Bipolar disorder was shown to be one such experience.

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<sup>291</sup> May, *Care of Mind, Care of Spirit* p. 22.

The Story of the person diagnosed with bipolar disorder includes the causes, symptoms and lived experience. Bipolar disorder was shown to be a mental disorder which affects a person's moods, thoughts and actions. There are two particular mood states, that of depression and mania. The thoughts and actions resulting from these two moods states can impact the person's outer world and inner being. Such an impact can involve the experience of numerous losses with the attendant and often unacknowledged grief. The losses suffered may break open the person's sense of self, which in turn may disorient their meaning making processes, thus displacing their sense of belonging in their world and triggering existential questions around identity, meaning, belonging and religious expression. These are all spiritual questions. For many people so diagnosed, the exploration of these spiritual questions is essential for their process of inner healing.

While the significance of spirituality is acknowledged within the secular mental healthcare field, the lack of clarity as to what constitutes spirituality was also recognized. Furthermore, due to the complex nature of the disorder, the idea of a spirituality shaped by the Christian religious tradition is a contentious issue in the mental healthcare field. Even so, the value of Christian pastoral care in the mental healthcare field is well established. Unfortunately, such pastoral care is usually limited to and accessed by a person when they are in treatment in a healthcare facility.

The personal Story of a person diagnosed with bipolar disorder is not constructed within a vacuum. It is shaped by Stories within Stories. At the present moment there are two communal Stories which shape the personal Story of an individual so diagnosed. The first is the prevailing Story which centres on fixing the symptoms of a breakdown. The second is the emergent Story, which recognizes the experience of being broken open and centres on engaging in the process inner healing through self-transcendence. It is the second Story which is integral to this thesis. However, both Stories hold truth.



Therefore, it is important that a person diagnosed with bipolar disorder is empowered to draw from each communal Story.

The second topic focussed on clarifying the meaning of the word spirituality as it pertains to this thesis. It was claimed that the human spirit is the dynamism within a person's inner being which both drives and enables them to seek identity, meaning, belonging and religious expression. Furthermore, the human spirit is known to be resilient in that once disoriented, it can be self-righting. It was also asserted that intrinsic to the human spirit are human faith, human hope and human love. Faith is foundational to meaning making, hope foundational to identity formation and love foundational to the experience of belonging.

Spirituality was shown to be an ongoing process of self-discovery and self-realization whereby a person, in response to the drive of their human spirit, intentioned to explore, name and claim their authentic personal and communal identity, their purpose in being and their experience of belonging in their world. Christian spirituality was shown to comprise the ongoing journey of self-discovery and self-realization in the light of and in response to their experience of God's love and the revelation of the Christ of the Gospel Story as interpreted through the historical Christian religious tradition as it resonates with their experience.

The third topic was that of Grace and the human experience, including the Christian religious experience of the dark night of the soul and mystical experience. For the purposes of this thesis Grace was defined as God's all embracing love meeting with a person where they are in their daily life, present with them in their suffering and calling forth transforming union in the form of authentic selfhood in community. Intrinsic to transforming union is self-surrender. Self-surrender does not require a negation of self. Rather, it emerges as a choice made from a place of inner freedom. Also, transforming union is not a privatized religious experience. Rather, transforming union leads an individual towards authentic selfhood in community.

The thesis reported that there may be times in a person's spiritual journey when, due to the impact of the experience of the disorder in their lives, they may not be in a position to experience God's love. At these times it is important for the person so diagnosed to be accompanied by another who can bear witness to God's love for the person, until they are ready to receive it for their own. A spiritual director is one such person.

With regard to the experience of depression and spiritual dryness, the thesis verified that bipolar disorder can be an experience of true spiritual dryness through which a person may take steps towards God. The fundamental reason for this claim resides in the nature of Grace in that Grace is experienced as the initiative of God. In addition, the experience of bipolar disorder can be one of decentering the ego, which may thrust a person into the transformational religious experience of the dark night of the soul. Also it was demonstrated that even in a psychotic manic episode, God's love can be present to the person. Mania is not always an exclusive experience of mental illness. However, it was clearly established that depression cannot be equated directly with the Christian religious experience of the dark night of the soul. Neither can the experience of mania be equated directly with mystical experience.

In light of the human experience of Grace, the second area of enquiry examined one model of spiritual direction. The model proposed centred upon a person's receptiveness to explore and deepen their spirituality in response to the drawing of God's love. Foundational to the central focus is the dynamism of Grace, intentional consciousness and attending to the felt experience within the person's Story of faith.

It was demonstrated that the model of spiritual direction as proposed is flexible enough to meet the needs of a person diagnosed with bipolar disorder. It can provide a safe place for a person whose inner being is disoriented, to reflect on and express their Story of suffering in a number of creative ways to a person willing to bear witness to such a Story and the dynamic awareness of Grace. Consequently, the process of conscious grieving and inner healing can take

place. Also, when appropriate, the spiritual director can assist the directee to reflect on their experience of depression and/or mania and to reframe them into experiences with meaning. Furthermore, as spiritual direction is usually an ongoing spiritual practice, a spiritual director is able to continue to assist the person to discern their movements towards or away from authentic self in God's love, thereby engaging with their Christian beliefs and values as well as their own personal experience.

Additionally, with the emphasis on the directee's Story of faith, the conversational style of the session, the shared faith tradition and the mutuality of the relationship between director and directee, an unspoken awareness of the directee assuming responsibility for their own spiritual journey occurs, thus generating personal autonomy and authority. In this way this model of spiritual direction empowers a person to name and claim their own voice.

With an emphasis on Storytelling, this model of spiritual direction can be appropriate even in the earliest stages of recovery. However, a form of group spiritual accompaniment, rather than individual spiritual direction may prove more beneficial in the earlier stages of the process of recovery. Through the group context a person may gently experience Christian community with other people who live with the same diagnosis as they await the transforming possibility of Grace. Also, walking the labyrinth as a meditative practice could be beneficial within this group setting.

While it is claimed that a spiritual director has a contribution to make in the spiritual journey of a person diagnosed with bipolar disorder, there is a number of boundaries to be recognized. Firstly, Christian spiritual direction is not to be undertaken in preference to other therapeutic treatments. Spiritual direction would ordinarily be recognized and offered as ancillary to the overall clinical treatment program. Secondly, there needs to be agreement by both the clinician and the spiritual director if a person is going to engage in both disciplines at the same time. Thirdly, spiritual direction is not to be viewed as mandatory. It must be the choice of a person so diagnosed to engage in such

a process. However, how can a person choose if they do not even know that it exists? Therefore, it may be that where appropriate a pastoral care worker offers spiritual direction as a spiritual resource.

In light of all of the above, it is to be concluded that a Christian spiritual director who utilizes this model of spiritual direction has a significant contribution to make to the spiritual journey of a person diagnosed with bipolar disorder where that person's horizon of meaning making is shaped by the Christian religious tradition.

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## Appendix 1

# BIPOLAR DISORDER: A CLINICAL DESCRIPTION

## The major depressive episode

According to the DSM-IV characteristic of the major depressive episode is:

a loss of interest or pleasure in nearly all activities.<sup>292</sup> Additional symptoms include changes in appetite or weight, sleep and psychomotor activity, decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; or recurrent thoughts of death or suicidal ideation, plans, or attempts.<sup>293</sup>

Therefore, the mood of depression skews the person's thinking so that they often "misinterpret neutral or trivial day-to-day events as evidence of personal defects and have an exaggerated sense of responsibility for untoward events."<sup>294</sup> Left untreated, a major depressive episode may last "six months or longer."<sup>295</sup> It is noted in the DSM-IV that while the majority of people experience a remission of symptoms and their functioning returns to their former level, some people (20%-30%) continue to experience some symptoms for years.<sup>296</sup>

## The manic episode

At the other end of the mood spectrum, is mania. A manic episode is characterized by:

a distinct period during which there is an abnormally and persistently elevated, expansive, irritable mood.<sup>297</sup> The mood must last for more than one week to be classified as a manic episode. A manic episode typically begins suddenly, with a rapid escalation of symptoms over a few days.<sup>298</sup> On average an episode will last from a few weeks to several months.<sup>299</sup> In as many as (50%-60%) of cases the manic episode will be preceded or followed by a major depressive episode.<sup>300</sup>

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<sup>292</sup> DSM-IV p. 320.

<sup>293</sup> DSM-IV p. 320.

<sup>294</sup> DSM-IV p. 321.

<sup>295</sup> DSM-IV p. 325.

<sup>296</sup> DSM-IV p. 325.

<sup>297</sup> DSM-IV p. 328.

<sup>298</sup> DSM-IV p. 331.

<sup>299</sup> DSM-IV p. 331.

<sup>300</sup> DSM-IV p. 331.



Encapsulated within the manic episode are various other symptoms including:

inflated self-esteem or grandiosity, decreased need for sleep, pressure of speech, flight of ideas, distractibility, increased involvement in goal-directed activities or psycho-motor agitation and excessive involvement in pleasurable activities with high potential for painful consequences.<sup>301</sup>

As such, while in the grip of a manic episode a person might act in ways that are uncharacteristic for them.<sup>302</sup> These actions are typified by “unceasing and indiscriminate enthusiasm for interpersonal, sexual or occupational interactions.”<sup>303</sup> Because the mood affects their reasoning, a person might wind up in trouble with the law or be left in financial difficulty.<sup>304</sup> As a person does not comprehend that their thinking and related actions are a result of the illness, they do not seek treatment.<sup>305</sup>

Some people will experience psychotic features within a manic episode. These might make a person become “physically assaultive or suicidal”<sup>306</sup> or, experience delusions around “inflated worth, power, knowledge, identity or special relationship to a deity or famous person.”<sup>307</sup> A person might even believe God has a “special mission”<sup>308</sup> for them. Such delusions are in line with the expansive nature of the mood. On the other hand, some people may experience a delusion which does not match the mood. Their delusions might take a more persecutory nature.<sup>309</sup>

It is also important to note that the severity of the disorder may vary from mild to severe, with or without psychotic features.<sup>310</sup>

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<sup>301</sup> DSM-IV p. 328.

<sup>302</sup> DSM-IV p. 330.

<sup>303</sup> DSM-IV p. 328.

<sup>304</sup> DSM-IV p. 330.

<sup>305</sup> DSM-IV p. 330.

<sup>306</sup> DSM-IV p. 330.

<sup>307</sup> DSM-IV p. 380.

<sup>308</sup> DSM-IV p. 380.

<sup>309</sup> DSM-IV p. 380.

<sup>310</sup> DSM-IV p. 339.

## Appendix 2

# AN UNDERSTANDING OF FAITH, HOPE AND LOVE

It is asserted that human faith, human hope and human love are foundational to identity formation, meaning making and the experience of belonging. The following outlines the reasons for such a claim.

### **The human quality: Faith**

Faith<sup>311</sup> can be understood in three dimensions. Fowler names the first dimension of faith as “generic.”<sup>312</sup> This term refers to faith as a “human universal”<sup>313</sup> preconceptual condition which sustains and shapes the inherent human condition to seek meaning, purpose and belonging in life. Consequently, as an individual living within community, it is a person’s very nature to continue to seek meaning, to seek purpose and to seek belonging. Generic faith is foundational to a person’s belief that beyond the simple act of living and dying there is meaning. Such seeking of meaning is an ongoing adventure as each emergent cultural era poses their own questions in response to their ever-expanding knowledge of the universe in which they live. Therefore, generic faith is not simply a set of beliefs about life. Generic faith can be described as the life-force which continuously engages our knowing, valuing, acting and committing.

The first dimension of faith may be subsumed within the second, which consists of that which draws a person towards transcendent mystery.<sup>314</sup> It is in being drawn by mystery that a person commences to ask questions and, in response, to be open to recognize and receive God’s gift of love. Lonergan states that without this dimension of faith “the world is too evil for God to be good, for a good God to exist.”<sup>315</sup> Therefore, it is this dimension of faith which sustains a

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<sup>311</sup> This section draws on the writing James Fowler in *Stages of Faith*.

<sup>312</sup> Fowler, *Stages of Faith* p. 56.

<sup>313</sup> Fowler, *Stages of Faith* p. xiii.

<sup>314</sup> Lonergan argues that all of our questions with regards to life lead towards the questions of God. *Method* p. 103.

<sup>315</sup> Lonergan, *Method* p. 117.

person in the face of suffering and draws them to continue to believe in and live out their authenticity in the hope that suffering is overcome with good.<sup>316</sup> Thus, the second dimension of faith is one of openness to the revelation of God's love. It is this dimension of faith which constitutes religious experience.<sup>317</sup>

The second dimension of faith may then be subsumed within the third, which is personal relationship with God leading to a communal response. Such a response is named as religious faith. Religious faith draws its impetus from a "living cumulative tradition."<sup>318</sup> If the religious tradition is living, that is, has not fallen into a stagnant set of dogmas, it can "awaken and nurture"<sup>319</sup> religious faith in people. When this occurs, the religious tradition offers a communal framework of understanding which then becomes "foundational to the way in which the [individuals within the faith community] experience themselves and make sense of the world they inhabit."<sup>320</sup> In this way, human faith is not converted into a different kind of faith. Rather, it is human faith which finds meaning in response to a living religious tradition.

## The human quality: Hope

Tad Dunne writes that intrinsic to human nature is the "silent" question of "hope or despair."<sup>321</sup> The question remains silent until events in the life of an individual and/or their community, and/or the global community demands that it be aired. Events such as global climate change, or the devastation of the 2009 Victorian bushfires, or the personal experience of bipolar disorder might trigger the raising of this question into consciousness.<sup>322</sup> Questions of hope or despair then become a stark reality. In view of this, the thesis will now address

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<sup>316</sup> Lonergan, *Method* p. 117.

<sup>317</sup> James' understanding of religious emotions not being separate from ordinary human emotions bears repeating at this time. *The Varieties of Religious Experience* pp. 37-40.

<sup>318</sup> Fowler, *Stages of Faith* pp. 9-10.

<sup>319</sup> Fowler, *Stages of Faith* pp. 9-10.

<sup>320</sup> Swinton, *Spirituality and Mental Health Care* p. 28.

<sup>321</sup> Tad Dunne, "Experience" *The New Dictionary of Catholic Spirituality*, ed. Michael Downey (Collegeville: The Liturgical Press, 1970): 365-376, p. 371.

<sup>322</sup> For example: Kelly writes that "whether our suffering arises from the desolation of depression, thoughts of suicide or the social consequences of our illness, we plumb depths not known by others and, because of this, we are forced to explore what despair means, if anything. *Life on a Roller-Coaster* p. 191.

questions of hope and despair from three perspectives. The first perspective is derived from Buddhist philosophy<sup>323</sup> as shaped by Pema Chödrön in *When Things Fall Apart: Heart Advice for Difficult Times*.<sup>324</sup> The second is shaped by the lived experience of depression as expressed by Solomon in *The Noonday Demon: An Atlas of Depression*. The third perspective originates from western Christian tradition, shaped by the writing of Lynch in *Images of Hope: Imagination as Healer of the Hopeless*. The disparity within the perspectives is evident. However, each writer offers insight into the topic of hope. Furthermore, each perspective in their own way informs the definition of hope as recorded at the conclusion of this section.

### **Pema Chödrön: Hope**

Within a nontheistic<sup>325</sup> framework the Buddhist teaching states, “hope and fear is one feeling with two sides. As long as there is one, there is always the other.”<sup>326</sup> Therefore to live fully, which in this teaching’s context means to fearlessly live with life’s uncertainty in wisdom and compassion, a person is required to “abandon hope.”<sup>327</sup> The teaching is premised on the notion that “suffering is part of life.”<sup>328</sup> Consequently the felt experience of suffering is to be expected as a natural part of life and does not mean that something is fundamentally “wrong”<sup>329</sup> with a person or their life. The line of argument continues by emphasizing the human species “addiction to hope”<sup>330</sup> which

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<sup>323</sup> Although the religious orientation of this thesis is the Christian religious tradition, there is a strong interfaith dialogue between mainstream religions belief systems. Therefore, it bears noting such a different mode of understanding.

<sup>324</sup> Pema Chödrön, *When Things Fall Apart: Heart Advice for Difficult Times* (Boston: Shambhala Publications Inc, 1997).

<sup>325</sup> Theism is categorized as “a deep-seated conviction that there is some hand to hold: if we just do the right things, someone will appreciate us and take care of us. It means thinking there’s always going to be a babysitter available when we need one. We all are inclined to abdicate our responsibilities and delegate our authority to something outside ourselves.” p. 39. Nontheism is categorized as “relaxing with the ambiguity and uncertainty of the present moment without reaching for anything to protect ourselves.” Chödrön, *When Things Fall Apart* p. 39.

<sup>326</sup> Chödrön, *When Things Fall Apart* p. 40.

<sup>327</sup> Chödrön, *When Things Fall Apart* p. 41.

<sup>328</sup> Chödrön, *When Things Fall Apart* p. 40.

<sup>329</sup> Chödrön, *When Things Fall Apart* p. 40.

<sup>330</sup> Chödrön, *When Things Fall Apart* p. 40.

manifests itself as a drivenness to “avoid pain”<sup>331</sup> at all costs. The focus of such an addiction to hope is upon an external intervention. Such external intervention may take the form of an omnipotent and interventionist image of God; medication; meditation; drugs of addiction. It is the focus on hope as an external intervention which is viewed within this teaching as “the root of [a person’s] pain,”<sup>332</sup> for it leads a person away from living fearlessly with wisdom and compassion. In contrast to an external intervention is the Buddhist practice of a person staying with the reality of their lived experience of suffering and by so doing, grow in wisdom and compassion through accepting such situations.

There is an obvious truth to the blunt teaching of “abandon hope.” When hope is viewed as a mechanism which drives a person away from the experience of their uncomfortable reality, then hope deprives the person from being able to attend to such experience in a way that generates the conditions for acceptance and subsequent self-transcendence. Viewed in this way, hope is detrimental to a person’s well-being. However, one problem with this teaching is that it does not recognize hope as an intrinsic quality of the human spirit, thereby denying access to its dynamic energy. Moreover in relation to Christian theology, Pema Chödrön’s teaching sits within a narrow view of theism, that is, God as a Mr. Fix It. Such a narrow view denies the Christian understanding of Grace.<sup>333</sup>

### **Andrew Solomon: Hope**

The second perspective on hope draws upon a description articulated by Solomon in Chapter XII entitled “Hope.”<sup>334</sup> In this chapter, Solomon does not define hope explicitly. Rather, the central focus in the chapter revolves around a person’s choice to stay alive even when their thoughts and mood would suggest suicide. For Solomon, such a choice for life, while being rooted in a “certain survivor impulse to keep going,”<sup>335</sup> also stems from being able to reframe the

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<sup>331</sup> Pema Chödrön, *The Wisdom of No Escape and the Path of Lovingkindness* (Boston: Shambhala Publications, 1991) p. 3.

<sup>332</sup> Chödrön, *When Things Fall Apart* p. 40.

<sup>333</sup> For an understanding of Grace as applied in this thesis see Section 4.2.

<sup>334</sup> Solomon, *The Noonday Demon* pp. 421-43.

<sup>335</sup> Solomon, *The Noonday Demon* p. 430.

experience of depression in a meaningful way.<sup>336</sup> “Meaningful” here refers to the self-knowledge a person can attain by being forced to see their world clearly.<sup>337</sup> Solomon’s reflection on his experience of depression has allowed him to reframe it into one of meaning, whereby he has come to recognize in himself “a heightened awareness of the joyfulness of everyday existence;”<sup>338</sup> “the value of intimacy;”<sup>339</sup> vitality in life rather than happiness;<sup>340</sup> a deeper experience of love.<sup>341</sup> Therefore, the actual experience of depression can turn out to be a meaningful one which leads a person towards a richer and deeper connection with self and others. Thus for Solomon, hope is directly related to being able to reframe the experience of depression into one of meaning.

While recognizing the gift that can come out of the experience of depression, it is important not to over-spiritualize depression. Depression in-and-of-itself is not an experience that a person would choose to undertake for the sake of growth. Solomon himself is quite unequivocal in this regard writing that “major depression is far too stern a teacher.”<sup>342</sup> As such, he would rather not have experienced it. Nevertheless, he also writes that “having been given it, those of us who have survived stand to find something in it.”<sup>343</sup> It is for this reason that Solomon fuses hope with meaning in response to the experience of depression. Hope takes shape in human meaning making as the depressed person chooses to live rather than to give up on life. In this way, hope is sustained through finding meaning in the experience of depression. Conversely, if a person cannot find meaning in their experience, they will not find hope, that

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<sup>336</sup> For example: “[they] cannot choose whether [they] get depressed and [they] cannot choose when or how [they] get better, [they] can choose what to do with the depression, especially when [they] come out of it.” Solomon, *The Noonday Demon* p. 437.

<sup>337</sup> Solomon writes “the fact of the matter is that existentialism is as true as depressiveness. Life is futile. We cannot know why we are here. Love is always imperfect. The isolation of bodily individuality can never be broached. No matter what you do on this earth, you will die. It is a selective advantage to be able to tolerate these realities, to look to other things, and to go on – to strive, to seek, to find, and not to yield.” *The Noonday Demon* p. 433.

<sup>338</sup> Solomon, *The Noonday Demon* p. 434.

<sup>339</sup> Solomon, *The Noonday Demon* p. 436.

<sup>340</sup> Solomon, *The Noonday Demon* p. 443.

<sup>341</sup> Solomon, *The Noonday Demon* pp. 436-37.

<sup>342</sup> Solomon, *The Noonday Demon* p. 434.

<sup>343</sup> Solomon, *The Noonday Demon* p. 440. Jamison also agrees with this position. *An Unquiet Mind* pp. 281-219.

is, the reason to stay alive. Solomon concludes his chapter on Hope with the comment: “Every day, I choose, sometimes gamely and sometimes against the moment’s reason, to be alive. Is that not a rare joy?”<sup>344</sup>

### **William Lynch: Hope**

The third perspective on hope comes from William Lynch. He writes that hope “comes close to being the very heart and center of a human being”<sup>345</sup> and is tied to a person being able to “imagine a future of possibilities.”<sup>346</sup> Such a proposition could well be misconstrued as to imply a denial of present moment suffering. However, Lynch continues his treatise by stating that this notion of hope takes the form of being able to “look to the next step, whatever it is, whatever form the step may take.”<sup>347</sup> Therefore, this definition of hope does not look for an external intervention. It simply recognizes that “what [is] really need[ed] is possible, though difficult.”<sup>348</sup> In this way, hope is perceived to be a personal interior response to the potential in life. Such an interior response then sustains a person as they attend to their experience of the present moment and thus grow through it towards self-realization. As a consequence, this notion of hope does not quash self-transcendence.

Lynch offers a further critical insight with regard to hope. He asserts that while hope is a personal interior response to the potential in life, there are times when a person’s lived experience gives rise to deep despair. The experience of bipolar disorder is one such lived experience which can give rise to such despair. At these times it is unreasonable to expect a person to be able to reclaim hope. It is therefore his contention that there are times when “hope cannot be achieved alone.”<sup>349</sup> At these times “people develop hope in each

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<sup>344</sup> Solomon, *The Noonday Demon* p. 443.

<sup>345</sup> Lynch, *Images of Hope* p. 31.

<sup>346</sup> Lynch, *Images of Hope* pp. 23-24.

<sup>347</sup> Lynch, *Images of Hope* p. 33.

<sup>348</sup> Lynch, *Images of Hope* p. 32.

<sup>349</sup> Lynch, *Images of Hope* pp. 23-24.

other.”<sup>350</sup> Consequently, while hope is an individual interior response to the possibilities in life, community is essential for such an interior response to arise.

Despair, on the other hand, is usually acknowledged as the antithesis of hope in that “hopelessness means to be ruled by the sense of the impossible.”<sup>351</sup> As such, when a person is overwhelmed by hopelessness, they “cannot imagine beyond the limits of what is presently happening.”<sup>352</sup> Nonetheless, hopelessness has its place in that it assists in self-discovery.<sup>353</sup> Such self-discovery takes into account the acceptance of what is not possible. A metaphor which underscores this position is that of the person and the bird.<sup>354</sup> A person has legs, not wings. Therefore, a person can walk. However, they cannot fly unaided. As such, it is hopeless and even self-negating to wish for wings. Consequently, hopelessness which is sensitively and gently engaged with can bring about acceptance<sup>355</sup> of present reality, without locking a person into that present reality. Attending to the experience of hopelessness can therefore open the way for what is truly possible.

In summary, it could be stated that a person’s past and future do play a role in how they live from and into their present moment, for a person’s present horizon of meaning making includes both their memories and their ability to envisage a future. Drawing from the above three perspectives on hope it can be affirmed that when hope is utilized as a mechanism which drives a person to avoid and/or deny their present moment experience, it quashes self-transcendence. However, hope is foundational to self-transcendence when it is recognized as an interior response to personal lived experience, enabled by the dynamic energy intrinsic to the human spirit. Hope allows a person to reframe past experiences of personal suffering into ones of meaning and also to imagine

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<sup>350</sup> Lynch, *Images of Hope* pp. 23-24.

<sup>351</sup> Lynch, *Images of Hope* p. 32.

<sup>352</sup> Lynch, *Images of Hope* p. 50.

<sup>353</sup> Lynch, *Images of Hope* p. 61.

<sup>354</sup> Lynch, *Images of Hope* p. 61.

<sup>355</sup> Lafond writes that the grieving process which allows a person to come to acceptance of their disorder, actually opens the door for hope, that is envisaging and moving towards not simply managing the disorder, rather, living well with the disorder. *Grieving Mental Illness*, p. xix.



possibilities even in the face of despair. Therefore, present moment reality is neither avoided nor denied. Rather, it grounds self-transcendence. Thus, the definition of hope for the purposes of this thesis is: the possibility of self-transcendence - grounded in reality.

### **The human quality: Love**

With its emphasis on consumerism, contemporary western culture places personal and communal significance and, therefore meaning, on what can be produced and possessed. Thus, in this culture it could be assumed that a person belongs meaningfully in their world if they can be economically productive and/or acquire possessions. However, this source of meaning making is transient in nature. The current global economic recession highlights this fact.

Furthermore, this source of meaning making is not open to all people. For example: people who are unemployed, infirm or elderly are usually excluded. Therefore, true meaning making must arise from a deeper source. In this regard Lonergan writes, “there is in the world, as it were, a charged field of love and meaning”<sup>356</sup> which is “ever unobtrusive, hidden, inviting each of us to join. And join we must if we are to perceive it, for our perceiving is through our own loving.”<sup>357</sup> Therefore, to love and to be loved is the deepest source of meaning.

Lonergan also maintains that there are different kinds of love. For example: intimate love<sup>358</sup> whereby a person is deeply connected to and yet not absorbed by the other; love of humankind<sup>359</sup> where a person seeks justice for all; the religious experience of being-in-love<sup>360</sup> whereby a person is grasped by the love of God in such a way as “to it one belongs and by it one is possessed.”<sup>361</sup> Consequently love is not something a person does, love is only manifest within relationship. Loving relationships cannot be produced, or willed into being.

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<sup>356</sup> Lonergan, *Method* p. 290.

<sup>357</sup> Lonergan, *Method* p. 290.

<sup>358</sup> Lonergan, *Method* p. 105

<sup>359</sup> Lonergan, *Method* p. 105.

<sup>360</sup> Lonergan, *Method* p. 105.

<sup>361</sup> Lonergan, *Method* p. 106.

Rather a loving relationship is an “act of recognition”<sup>362</sup> through which a person experiences a sense of coming home to their authentic self.<sup>363</sup> It is the experience of coming home to self through which personal meaning making and belonging arise. Therefore to love and to receive love is the essence of human meaning making.

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<sup>362</sup> O'Donohue, *Anam Cara* p. 45.

<sup>363</sup> O'Donohue, *Anam Cara* p. 28.

## Appendix 3

## PREVAILING SOCIAL CONDITIONS GIVING RISE TO A CULTURAL WAVE OF DEPRESSION

There are many social conditions linked to the current phenomenon of depression in western culture. The following summary outlines three of them. Firstly, the predisposition of western culture, which is individualism.<sup>364</sup> Into this predisposition comes the question behind all questions. The question is: “what is the purpose in living if I am only going to die?” Behind this question is the human predicament of limitation and mortality.<sup>365</sup> Behind the human predicament of mortality is the “fear of death.”<sup>366</sup> Behind the fear of death is the fear of losing the self. One response to the fear of death is to construct graphic, religious images of an afterlife. Another is to repress the fear through the relentless pursuit of “happiness and comfort”<sup>367</sup> in this present life. While this is common to all humanity, it is most evidenced within western culture. Even though the pursuit of happiness seems a superficial response, Keating advocates that the motivation is deeply embedded in a person’s psyche. Firstly, the “human heart is designed for unlimited happiness,”<sup>368</sup> therefore this is no choice. Secondly, humans have been “emotionally programmed for happiness from childhood.”<sup>369</sup> Since this emotional programming engages their being “before reason,”<sup>370</sup> their “search for happiness in adult life tends to be programmed by

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<sup>364</sup> Malina writes that in western culture “we tend to consider a person’s psychological makeup, his or her personality development from infancy on, as well as his or her individuality and uniqueness . . . as perhaps the most important elements in understanding and explaining human behaviour. . . . p. 61. This stands against the collectivist nature of culture where “persons always consider themselves in terms of the group(s) in which they experience themselves as inextricably embedded . . . such a group-embedded, collectivistic personality is one who simply needs another continually in order to know who he or she really is.” P. 62 Bruce J. Malina, *The New Testament World: Insights from Cultural Anthropology* (Louisville: Westminster John Knox Press, 2001).

<sup>365</sup> Roger Gould, *Transformations: Growth and Change in Adult Life* (New York: Simon & Schuster, 1978) p. 218.

<sup>366</sup> Keating, *Invitation to Love* p. 29.

<sup>367</sup> Chödrön, *The Wisdom of No Escape* p. 3.

<sup>368</sup> Keating, *Invitation to Love* pp. 8-9.

<sup>369</sup> Keating, *Invitation to Love* pp. 8-9.

<sup>370</sup> Keating, *Invitation to Love* pp. 8-9.

childish expectations.”<sup>371</sup> Consequently, emotional programming for happiness is insatiable as it hunts for gratification through external sources. Such a cultural paradigm of fear of death and pursuit of happiness at all costs can be experienced by certain individuals as undefined anxiety and a sense of loss.

Secondly, this era is one of unprecedented change. Take for example, the advances made in contemporary science, neuroscience, medicine, psychology, anthropology, the social sciences and information technology.<sup>372</sup> On one hand, these advances offer humanity exciting new frontiers to explore. They also offer the hope of a longer, healthier, easier life. On the other hand, these advances stir up new ethical dilemmas. Furthermore, this ever-expanding base of knowledge continually re-shapes the meaning making questions that arise from such knowledge.<sup>373</sup> This is not problematic in itself. The problem occurs due to the pace of change that is taking place. Such a pace can be experienced as stressful and can weary and confuse a person’s meaning making structures. Therefore alongside the gifts of these advances are the weariness of “change fatigue”<sup>374</sup> and a sense of groundlessness for living ordinary life.

Thirdly, is the rise of the global village Story with the resultant multiculturalism. Through multiculturalism a person comes face to face with otherness. While this can be experienced as an exciting broadening of their horizon, it can also challenge a person’s meaning making structures, anywhere from food choices, to family values, to religious traditions. With regard to the latter, the multi-faith nature of the Australian culture is raising questions within many people with respect to their own religious faith tradition. This once again raises questions of

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<sup>371</sup> Keating, *Invitation to Love* pp. 8-9.

<sup>372</sup> The internet based information explosion floods the market-place with competing points of view. How does a person make an ethical decision with responsible action when the so-called experts disagree with each other? Also, the news-media is dominated by graphic images of death and destruction from all parts of the planet. These graphic images can incite fear, despair and even compassion fatigue.

<sup>373</sup> For instance: the cosmological Story of Evolution, in which all of creation is interdependent. This raises the juxtaposition between a human being woven into the very fabric of the earth or an individual with a unique identity. Such juxtaposition can create a fracture within an individual’s identity formation. The meaning making question this poses is: “is a person merely a fragment of an ongoing process of evolution or a unique individual?”

<sup>374</sup> Bell, *The Worried Well* p. 6.

the nature of God. As is often the case, the local Christian faith community no longer offers a response to these questions? Where do people go if their Christian faith community no longer offers authentic meaning to their cultural norms?

Within this individualistic, death fearing, happiness pursuing, rapidly changing, scientific, multi-cultural 21<sup>st</sup> century western culture, how does a person decide what is good, true and of value? How does a person make a decision on what they will live for or, what they will die for? Many people do not engage in these questions. They are content if their physical and social needs are met. Others though are sensitive to these questions. Often times it is the people who are sensitive to and affected by the present cultural conditions who are perceived as problematic. Perhaps though, they are the ones who reveal the underside of our society. Priscilla Ridgway<sup>375</sup> raised this issue through the metaphor of the canary in the coalmine. The metaphor goes like this: when miners go down into a mine shaft they take a caged canary down with them. If there is a loss of oxygen in the mine, the canary will react to it before the miners, due to its size and sensitivity. The canary's reaction of course will be death through asphyxiation. Therefore, if the canary dies, the miners know there is a problem and will return safely to the surface. Ridgway used this metaphor by way of explanation that perhaps the prevalence of mental illness in our society was a wake-up call "telling the rest of us of what we are not attending to."<sup>376</sup>

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<sup>375</sup> Priscilla Ridgway, "Hope, Spirituality and the Recovery Process" (Presentation at the Mental Healthcare Chaplaincy National Conference, Melbourne, Australia, 2005).

<sup>376</sup> Priscilla Ridgway, "Hope, Spirituality and the Recovery Process."

## Appendix 4

# PERSONAL ACCOUNTS OF THE EXPERIENCE OF BIPOLAR DISORDER

These accounts are not intended to furnish an understanding by knowledge alone. For as Jamison<sup>377</sup> asserts, unless you experience the disorder, you cannot truly understand it.<sup>378</sup> She also writes that this disorder does not “lend itself to easy empathy.”<sup>379</sup> Therefore, for those people who do not experience bipolar disorder, the personal accounts serve as an entry point into what the experience can involve.

### Losses

- Love

Depression is the flaw in love. To be creatures who love, we must be creatures who can despair at what we lose, and depression is the mechanism of that despair. When it comes, it degrades one’s self and ultimately eclipses the capacity to give or receive affection. Andrew<sup>380</sup>

- Hope

I have been on every medicine known to man and I have never had any relief. I can’t hold a job or care for myself correctly. Yet, I have an IQ of 151. Do you know what it’s like to be smarter than 98.9 percent of the population, but yet somehow not be able to be a productive member of society? It just seems like such a waste. Up and down, down and up. That is my life. I have to deal with it all on my own because very few people, including my parents and my ex-husband care what happens to the mentally ill in our country. The stigma is just too much for people. My parents do not have a picture of me in their home. Shelly<sup>381</sup>

- Meaning

In depression, the meaninglessness of every enterprise and every emotion, the meaninglessness of life itself, becomes self-evident. The only feeling left in this loveless state is insignificance. Andrew<sup>382</sup>

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<sup>377</sup> Kay Redfield Jamison is a clinical psychologist and writer. She has lived with bipolar disorder for decades. She is Professor of Psychiatry at the Johns Hopkins University School of Medicine and is an Honorary Professor of English at the University of St. Andrews. Jamison also founded the School’s Affective Disorders Clinic. (Wikipedia)

<sup>378</sup> Jamison, *An Unquiet Mind* p. 174.

<sup>379</sup> Jamison, *An Unquiet Mind* p. 174.

<sup>380</sup> Solomon, *The Noonday Demon* p. 15.

<sup>381</sup> McManamy, *Living Well with Depression and Bipolar Disorder* pp 44-45.

<sup>382</sup> Solomon, *The Noonday Demon* p. 15.

- **Belonging in self**

In the mirror I see a creature I don't know but must live and share my mind with. Kay<sup>383</sup>

- **Belonging through: Family, friends and jobs**

I am a talented person with a master's degree, but I have no partner, no family, no children, no full-time job, no career, no house etc. etc. I have given in to my diagnosis, which is tragic. Clair<sup>384</sup>

- **Heart for living**

If only depression just made you feel sad or robbed you of pleasure.

I describe it this way: it's like a cardiac arrest, only it happens in the brain – something responsible for holding the gray mass together abruptly shifts, there is a sickening feeling of something terrible about to happen, and next thing your head is experiencing the awful sensation of being emptied out. From somewhere inside the power goes down and the body seems to collapse into itself like a marionette being folded into a box. You look for a way out, and what's left of your broken brain does its best to oblige with images of high bridges and frozen ponds and nooses dangling from balconies. John<sup>385</sup>

- **Control in one's life**

Mental illness leaves us feeling we have lost control over our lives. Sometimes we don't know which way to turn. There's a real journey in coming to terms with this illness and its many losses. Virginia<sup>386</sup>

## **Loneliness**

The isolation can be worse than the illness. Eleanor<sup>387</sup>

## **Despair**

SCREEEEEEAAAAAAMMMMM

Did you hear that?

That was me;

Inside my head.

I wish I was dead. <sup>388</sup>

## **Confusion**

Which of my feelings are real? Which of the me's is me? The wild, impulsive, chaotic, energetic and crazy one? Or the shy, withdrawn, desperate, suicidal, doomed, and tired one? Kay<sup>389</sup>

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<sup>383</sup> Jamison, *An Unquiet Mind* p. 114.

<sup>384</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 4.

<sup>385</sup> McManamy, *Living Well with Depression and Bipolar Disorder* pp. 20-21.

<sup>386</sup> Lafond, *Grieving Mental Illness* p. xvii.

<sup>387</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 5.

<sup>388</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p 45.

<sup>389</sup> Jamison, *An Unquiet Mind*. P. 68.

## Chaos

The chaos in my mind began to mirror the chaos of my rooms; I could no longer process what I was hearing; I became confused, scared and disoriented. I could not listen for more than a few minutes to any particular piece of music; my behavior was frenetic, and my mind more so. Kay<sup>390</sup>

## Exhaustion

It is a daily war against giving in to the darkness. The impulses, and constant voices in your head saying how unworthy to be here . . . Eric<sup>391</sup>

## The stigma<sup>392</sup> of living with a socially unacceptable label

During this time, I had had several check-up visits with my physician. At different points during these visits, I tried to express how distressed I was because I now had a 'psychiatric patient' label. Virginia<sup>393</sup>

## Effects of medications

My side effects last week: double vision until 2 P.M., dizziness, poor balance, headaches, nausea, digestive problems, low blood sugar, anxiety, shaking hands. Marya<sup>394</sup>

## Mania

This pattern of shifting moods and energies had a very seductive side to it, in large part because of fitful reinfusion of the intoxicating moods that I had enjoyed in high school. These were quite extraordinary, filling my brain with a cataract of ideas and more than enough energy to give me at least the illusion of carrying them out. My normal Brooks Brothers conservatism would go by the board; my hem-lines would go up, my neckline down, and I would enjoy the sensuality of my youth. Almost everything was done to excess: instead of buying one Beethoven symphony, I would buy nine; instead of enrolling for five classes, I would enroll in seven; instead of buying two tickets for a concert I would buy eight . . . Kay<sup>395</sup>

## Psychotic mania

One evening I stood in the middle of my living room and looked out at a blood-red sunset spreading out over the horizon of the Pacific. Suddenly I felt a strange sense of light at the back of my eyes and almost immediately saw a huge black centrifuge inside my head. I saw a tall figure in a floor-length evening gown approach the centrifuge with a vase-sized glass tube of blood in her hand. As the figure turned around I saw to my horror that it

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<sup>390</sup> Jamison, *An Unquiet Mind*. p. 79.

<sup>391</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 6.

<sup>392</sup> Stigma refers to "being characterized as deviant, flawed, limited, undesirable, or not measuring up in some way. When associated with mental illness, stigma is based on the view that such disorders reflect a weakened genetic strain, flawed heredity chain, weakness in character, purposeful malingering, lack of self-control, and/or immoral behavior." Jan Fawcett, Bernard Golden, & Nancy Rosenfeld, "The Stigma of Mental Illness" *New Hope for People with Bipolar Disorder* (New York: Three Rivers Press, 2000) pp. 153-70.

<sup>393</sup> Lafond, *Grieving Mental Illness* p. 8.

<sup>394</sup> Marya Hornbacher, *Madness: A Bipolar Life* (London: Fourth Estate An Imprint of HarperCollinsPublishers, 2008) p.284.

<sup>395</sup> Jamison, *An Unquiet Mind*. P. 42



was me and that there was blood all over my dress, cape, and long white gloves. I watched as the figure carefully put the tube of blood into one of the holes in the rack of the centrifuge, closed the lid and pushed a button on the front of the machine. The centrifuge began to whirl . . . Kay<sup>396</sup>

### **Depression**

I clearly didn't want to live, but death was so permanent, so irrevocable. If I could have opted for being dead for a little while, I would not have hesitated. Perhaps that was why I found myself sleeping so much. It was the closest living experience to being dead. And I enjoyed it. I liked being dead. I looked forward to being dead. Being dead gave me the walking dead man's equivalent of unequivocal pleasure. John<sup>397</sup>

### **Shame**

I've behaved so weirdly when I've been really ill, I've shamed my children and my husband forever.<sup>398</sup>

### **Courage**

. . . But each day we win, we survive and those who have not these forces pushing them have no concept of how strong you are, we all are, for winning a war daily against things that would immobilize any of them. I have had family tell me how weak I am, and I know, in my heart anyway, that they would never get out of bed, if for a moment they were shown what really goes on inside." Eric (cont. from above)

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<sup>396</sup> Jamison, *An Unquiet Mind*. P. 79

<sup>397</sup> McManamy, *Living Well with Depression and Bipolar Disorder* p. 28.

<sup>398</sup> Lafond, *Grieving Mental Illness* p. xviii.

## Appendix 5

## THE HUMAN EXPERIENCE OF GRACE A CONTEMPORARY STORY

### Stanza One

When once asked in an interview, "who are you"?

I heard myself saying, "I am who I am!"

On leaving the interview,

the words continued to whirl within my mind

"who are you, who are you?"

"I am who I am"

but . . . who am I?"

"How did I get to be who I am?"

I let my mind wander back through time . . . re-viewing my Story.

Initially, I am formed by

belonging,

believing without question,

keeping the peace at any cost,

living as part of a "we,"

the "we" of my family, my culture, my religion - all Christian.

I know God.

I know Truth.

Ask me and I will tell you.

I'm not selfish.

I want you to know the Truth too.

The Truth is the Christian God - the Father, the Son, the Spirit

Living life is simple:

read the bible,

live as Jesus did,

convert others into the Kingdom.

The demarcation lines are clear.

We Christians are in

all others are out.

Thank God, I'm in.

Within this horizon of meaning making  
 I am who I am  
 I am a child of the Christian God.  
 My lived experience and identity are unwittingly named,  
     nay embedded in my cultural context of Christianity.  
 And yes, life is simple,  
     however, there is no real depth of relationship.  
     Not with myself, not with others, not with God.

## Stanza two

A door opens . . .  
 I know not where it leads  
 however, I feel beckoned on  
 I step through the doorway,  
     I enter into a world of ideas.

I begin a theological degree.  
 Philosophy, history, theology, biblical studies.  
 My world grows so much bigger.  
     So exciting!

Initially, the door stays open and  
 I travel back and forth between this world of ideas about Truth  
     and the communal meaning making construct of God as Father.  
 I begin to feel a gulf between my "I" and the "we"  
     a chasm opening up  
     a discordance in the chord of belonging.

I journey through this world of ideas,  
 until one fateful day  
 I wake to the horror  
     . . . God is dead.  
 God as Father, Father God as Truth is dead.  
 The only God I know is dead.  
 A chill runs through my being.

That door now slams shut with a violence  
     I am locked out  
     I no longer belong  
     I am no longer simple, neat, compliant  
     I am no longer a dutiful member of the exclusive club.

"Good riddance," I scream.  
 "I don't want you either."  
 I'm hurt. I'm angry.  
 First at "them." Then at God.  
 How could you do this to me!  
 I gave my life to you!  
 The wounding goes deep.  
 I then turn the anger in on myself.  
 I feel embarrassed  
 How could I have been so naive, so stupid?  
 I make a promise to myself  
 Never, never again will I be so gullible  
 My heart will only give itself to what my mind gives assent  
 I will have an intellectual faith  
 There is a drivenness to know more, more, more.

Within this horizon of meaning making  
 I am who I am  
 I am because I think . . . because I question.  
 I use my head to protect my heart.

### **Stanza three**

Another door opens and I step through  
 I feel myself fall . . .  
     falling deeper, faster, down, down, down into darkness.  
 I land with a thud  
     on the cold, damp, rocky floor  
     of the dark abyss of meaningless  
 I feel abandoned.  
     I lay alone  
     in foetal position  
     in the darkness  
 Who am I, if not a child of the Father God?  
 Who am I, if not a part of the community of faith?  
 I cannot go back.  
 Yet, I have no way of moving on.  
 I am trapped in the abyss

Society is no help - they also are trapped  
 trapped in post-modernity  
 There is no framework of formation from which to transform . . .  
 I am meant to be a social being  
 however, one needs a "self" to be social.  
 In this post-modern era  
 Who is anyone?  
 What is anyone?  
 Is there a God?  
 Is there an "I" to be represented?  
 Or, only a reflection, of a reflection, of a reflection  
 Am I just a character in a play?  
 Today I will play a mother  
 or, perhaps a sister  
     a lover  
     a daughter  
     a student  
 So many perspectives - yet there is a hollowness to them.

Who will I choose to be today?  
 How will I decide ?  
 What criteria do I use?  
 How do I construct meaning  
 in a world that is just perspectives?  
 How do I choose what I will live for, what I will die for?  
 How can I be part of a collective "we"?  
 What is truth? What is reality?  
 Is the communal quest irrelevant?

This loss of self leaves a sense of annihilation.  
 This void of nothingness would be too much to bear  
     if it were not for a faint cry within  
     "life is more than theatre"  
     "life has meaning."  
 The invitation of transformation is heard.  
 My eyes become accustomed to the darkness of the abyss  
 I perceive a way forward.  
 Ironically the way forward  
     is to stay still . . . stay silent.

And within the silence of the Abyss  
 I find a silence within myself  
 Within the silence of myself  
 I encounter God as Presence.  
 Such Presence cannot be named  
 It can only be experienced  
 as "deep calling unto deep." (Psalm 42:7 NRSV)  
 I sense I am coming home to myself.  
 No longer a child of the Father-God image.  
 I am a maturing woman

Within this horizon of meaning making  
 I am who I am  
 I am precious and passionate woman of God,  
 who breathes within the breath of That Which/Who is Participating

Presence of love.  
 Now . . . there is light within the Abyss.  
 I see that I am not alone, as I had thought.  
 There are signs of many others who have been in this place.  
 There are signs of God as Participating Presence of love.

### **Stanza four**

Another door opens . . .  
 I don't hesitate.  
 I dance through.  
 If God as Presence is in the Abyss,  
 Then that Presence is everywhere.

The interior journey continues.  
 Continues as an individual  
 in the company of many individuals  
 all with an experience of the Reality of God  
 all living deeply from their own faith tradition,  
 while holding it open-handedly.

Individuals, listening to each other  
sharing their faith stories,  
sharing their perceptions,  
no one perception privileged over another,  
no one perception more authentic.  
Each being deepened by the other  
in authentic encounter.

Within this horizon of meaning making  
I am who I am  
I walk in God's love with unprotected heart.

The invitation continues . . .  
to form and transform  
to embrace the unfolding dance of grace.