

Los Angeles County Department of Mental Health  
15th Annual Mental Health & Spirituality Conference  
Los Angeles, CA, 26<sup>th</sup> May 2016

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*'The day is coming when the world will go mad. Then people will meet a sane person and will point to him and say ' he is mad, he is not like us.'"*  
*(from the Apothegmata of the Desert Fathers)*

*"Believe in miracle  
And cures and healing wells.  
Call the miracle self healing:  
The utter self-revealing,  
Double take of feeling."*  
*(from Cure at Troy by Seamus Heaney)*

*Health, Spirituality and Culture*

Our concern here today is the spiritual dimension of mental healthcare. This raises many questions. What is mental health? What does 'spiritual' mean? Is it relevant to connect them? To clarify my position I would say mental health is the condition in which we can accept the realities of life, integrate positive and negative experiences and discover the wonder of human being and the joys of love and of self-transcendence as the portal to ultimate meaning. Spiritual means the integrity and ultimately unlimited wholeness of human being that harmonises all its dimensions, emotional, physical, intellectual. It points always hopefully to the 'something more' that characterises human self-discovery. The connection between them is not only relevant to our contemporary experience of diminishing mental health. It is unavoidable.

The understanding of health and of spirituality are of course culturally conditioned. Culture is intended to bring us together creatively to explore our diversity while reinforcing our unity and revealing the ultimately mysterious common ground on which we all stand – a ground that is still but not static and is moving us, all together, towards a common goal whose reality we can experience even now. But cultures can go wrong and become sick themselves. When this happens their understanding of health and spirituality needs to be challenged.

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Watching the news each day covering the runup to the primaries on the US Presidential elections I wonder with many whether this day has not now come.

*Symptoms*

Perhaps the most prevalent and disturbing symptom of our cultural sickness of soul is loneliness and the sense of alienation from meaning. The phenomenon of loneliness and its relation to the terror of meaninglessness confronts every part of our developed world and all parts of our affluent societies, the haves and the have-nots, celebrities and the nameless, the powerful and the dependent. Today our culture distances us from others. As our collective attention span shrinks and approaches that of a goldfish the degree of existential alienation intensifies and the point at which we will not even be aware of what we have lost in terms of basic human interaction rushes towards us. An overwhelming characteristic of our modern culture is loneliness even while it purports to bring us closer together through social media and entertainment and the great false friend of brand loyalty.

Loneliness produces the experience of hunger – for what we may not be quite sure but we attempt to satisfy it more and more desperately. Loneliness is a hunger. It gnaws at our entrails, obsesses us, tyrannises us and eventually drives us out of our minds. This leads to an ever more crazy chaos of activity and distraction. We invent amazing resources like the internet and immediately they spawn the bastardised versions of itself – second life, pornography, racist and hate-mongering sites – which exacerbate the pain and confusion of loneliness. We develop television that has the power to bring socially unifying influences and ideas into our private spaces and we use it for commercial profit, dumbing down the intelligence, replacing public discourse, for which it has such potential, with propaganda and brand advertising. We inherit huge collective wealth that make our lives easier to live and longer and set us free from the dangers and inconveniences of our forebears – our public services like roads and clean water supply, educational opportunities, travel and cultural exchange, global banking – and we squander them like spoiled children who never had to work for a living and create an economy of debt on the shaky foundations of shameful inequalities.

“The world has gone mad.”

Madness is not difficult to recognise. It is irrational, self-fixated, narcissistic, lacking in compassion, destructive and ultimately self-negating. But what is *sanity*? Etymologically it means ‘health’. A healthy mind in a healthy body. But what happens to medicine and the healing arts when the very understanding of health has become sick? When health and the body itself has become ‘medicalised’? When the body has become medicalised, healthcare becomes a projection of our social economy driven by profit-motives, shamed by vastly unequal accessibility. The essential element of the personal relationship between patient and healer has been subordinated or distorted by the intrusion of expensive and dehumanising technology? The vocation of the healer has become commercialised.

The Diagnostic and Statistical Manual of Mental Disorders- which the National Institute of Health condemns as subjective and misleading - is widely accepted the infallible basis of the professional and insurance machinery of mental

healthcare. (Homosexuality was removed from its list of mental illnesses as recently as 1973).

### *The Brain*

Iain McGilchrist's acclaimed "The Master and Its Emissary" summarises – with no soft reference to 'spirituality' – the research into the functionalities of the brain's two hemispheres over the past twenty years. We can now understand better 'how the world has gone mad' as the monks of the fourth century predicted. While both hemispheres of the brain work together in all functions "there is a world of difference between them."

The left hemisphere specialises in familiar experience and constructs models of reality which allow it to control and predict the world it pays attention to. However the right hemisphere – far from being the flaky part which the left hemisphere regards it as being, concerned with meditation, massage, music and messages from beyond – is actually the more directly and intimately in touch with the flow of events. It is present to reality in a way the left hemisphere cannot be.

Something serious has gone wrong when the balance of our attention has swung so decisively to the left hemisphere. This favours management consultants and ten-year strategists but the contemplative dimension of reality has been lost. Indeed reality has been traded for a model of reality.

As the philosopher William James understood - as one of the founders of modern psychology and author of "The varieties of Religious Experience" - reality is where we place our attention. And we make the world we live in through the kind of attention we give to it. The two hemispheres work together but have very distinct and different kinds of attention. We lose the balance – as Martha, the patron saint of modern stress, in the story from St Luke's gospel illustrates – at our peril.

### *Abstraction and embodiment*

The WHO defined health as

a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

At first sight this sounds wonderful. In the same way the expression 'God helps those who help themselves' sounds - at least to 70% of Americans – to be a biblical verse. In fact, when you unpack it, it tends to be dangerously unbiblical. The WHO definition is also dangerous because it is aspirational not descriptive. It is what we fantasise health might be like in a world without suffering and death and in which all our desires could be satisfied and all our potential realised. Who has ever except for short periods of time been healthy according to this definition?

Life is simply not like that. Part of the role of medicine is to alleviate suffering and whenever possible to cure. This aspect of medicine however has to be contextualised and related to other aspects of compassionate healthcare. If curing becomes the only goal we will end up killing patients with the tools we are using to make them 'healthy' – as we are doing by the hundreds of thousands. Cure when you can but not at the expense of life itself. At some point in medical care the primary goal must shift from cure to healing. Curing is at best temporary. It focuses on symptoms. Healing is essential and integral. It involves the whole person in an enlightened act of accepting reality and of living by the insights of wisdom. When the end is nigh the person facing the inevitability of dying can be helped, with their family and loved ones fully involved, to die healed.

### *Meaning*

Meaning is the key factor in 'quality of life', especially in the last stages of life when time is short and priorities are dramatically highlighted. Meaning is connection and so meaning is part of the healing of loneliness. Connectedness with others and the ultimate mystery of life cannot happen without experiencing connection with one's true self – the self-knowledge that all the spiritual wisdoms speak of. The desert fathers said that self-knowledge is a more important achievement than the ability to work miracles.

Those who have accepted and face the last stage of their life have a powerful lesson for us about what mental health means. When their physical pain is taken care of and when their sense of connection with others and themselves has been restored, when they experience meaning as connection, the great majority of the terminally ill will say that they have never enjoyed a better quality of life. What further evidence does one need that happiness and meaning do not depend upon external forces or the satisfaction of desires?

### *Meditation*

All this, very unlike the abstracted WHO definition of health as the absence of suffering and death, is real and *embodied*. Contemplative practice has, as one of its first effects, the gift of making us feel and think in a more embodied way. It brings body and mind together in a harmony which is healthy and promotes healthy, balanced living.

Another story from the desert tradition of early monasticism has a message for us today. St Antony of the desert, the archetypal monk, renounced the world at a young age. As his fame grew he withdrew deeper into solitude. Eventually, at the Jungian middle age of thirty-five, he walled himself up in a fort, asking his friends to provide him with bread and water. After twenty years they thought enough was enough and broke down the walls expecting to find him either dead or deranged. Instead he came towards them glowing with physical and mental

health. His complexion was beautiful and he was neither too fat nor too thin. His only defect was that his teeth had been worn down by eating dry bread. Mentally he was clear and rational. He greeted them courteously and spoke calmly. For the rest of his long life he devoted himself to the healing of the sick, the comforting of the sorrowful and the reconciliation of the divided. What a wonderful parable of the personal and social benefits of contemplative practice.

Meditation is the most simple, universal and accessible form of contemplative practice. It is also available at no cost. The danger, having said that, is to reduce meditation to an instrument, which means it will easily become a product (with a price-tag) in a competitive market. A recent article in the British medical journal, *The Lancet* questions the de-contextualising of meditation from its wisdom tradition – the goals of wisdom and compassion – and reducing it to immediate and more self-centred objectives. It also asks what, of real value in this field, can be extracted and measured.

People often speak today about ‘using meditation’ as a means to get this or get that. Now I hope I am not fanatical about this. Having taught meditation to MBA students I am quite prepared to see that one may start meditating for narrow and ego-centric motives and then discover that the new and indefinable experience it leads one to will change those motives radically – even as it may fulfil them. Nevertheless, the way in which meditation is taught does matter. It can be decisive in helping people to discover for themselves what the experience itself means.

There is experience and there is the meaning of the experience. A former US marine who I taught in an MBA class and who told me he did not have ‘a religious bone in my body’ had nonetheless the discipline and motivation to meditate twice a day for the length of the course. It led him into an experience that he recognised as new, distinctive and desirable to continue. His wife told him he was easier to live with. He became more aware of his environment as he walked to the school each morning. His relationships with fellow students and colleagues improved noticeably. I asked him what he felt was the meaning of this experience and he looked at me blankly. I think he had never before seriously considered meaning in his life. After a wonderful two minutes of silence he said he didn’t know how to answer but that it was an interesting question and he would think about it.

Self-knowledge is the key to mental health. As it is also to spiritual growth. No spirituality that does not open a narrow path but an endless one into self-knowledge cannot be taken seriously for very long. Self-knowledge of this experiential and ineffable kind cannot be given or delivered or bought. It must be found, like treasure in a field or a pearl of great price.

I think the former marine student was confronted with an embodiment moment when I posed that question of meaning. Who knows how long it will take for the answer to form? But the very process of its formation is an experience of mental health and well-being. Abstraction, virtual reality, FaceBook friendships, credit

card debt living, sawing off the environmental branch we are sitting on are all contributors to the madness we have begun to take for granted, even as normal. The remedy for this is a strong dose of pure reality. This does not come from pharmaceutical research or as medication but as personal, embodied practice, supported by others who understand it and are also learning it. Ideally this must begin where the problem of abstraction, fantasy-living and personal alienation and loneliness begins, in childhood.

### *Education for mental health*

Children can meditate and like to. When it is introduced to them in the solidarity of the learning experience of the classroom, the benefits are quickly visible. Seventy percent of children thus initiated report choosing to meditate at other times on their own. The problem is not getting children to meditate but in getting the teachers and school systems to make it possible for them to meditate.

This may be surprising but it is also also a source of great hope. Most psychological imbalance and mental illness later in life has its first symptoms before the age of twelve. The more embedded the illness has become the more difficult and prolonged and uncertain is the treatment and the healing process. As we are in what many call an epidemic of mental illness, especially depression and addiction, it makes sense to have the first intervention happen as early as possible. Teaching meditation is a pure and simple intervention. It helps to deal with the problems before they become too embedded and intractably part of the character. The disembodiment of children as a result of our cultural madness is symptomatic in self-harming and eating disorders and suicide. It is not enough to treat the symptoms once they have begun to wreck young lives. There needs to be a confident and sane cultural interpretation that can recognise the cause of these patterns. There also needs to be a confident and clear early intervention, teaching meditation in the classroom (and at home) as early as possible. It is as natural as immunising children for smallpox or TB. This is cultural immunisation in a world that is suffering an epidemic.

Children are ideal candidates for meditation and respond to it so spontaneously. Perhaps this is because they are also so embodied. They do not cerebralise meditation as people do later in life. Of course the abstraction process now begins early in childhood with the intrusion of addictive over-stimulating influences of technology. I don't think children find meditation 'easy' and I guess that their over-activated imaginations present obstacles to them, as to their parents, in reaching a state of equanimity and joyful peace. But being still more simple than us, they can intuitively understand the benefits. One does not hear of children 'struggling' with meditation or finding the time for it in their busy lives. They do it happily, simply because it makes them feel healthier – in body and mind.

### *Wounded healers*

Children should be the first priority in a spiritual approach to advancing mental health in the middle of an epidemic of mental illness. They are most easily introduced to the 'self-healing' that Seamus Heaney speaks about:

*Call the miracle self healing*

But their elders who unwittingly pass on the virus to them by their values and life-style present more complex challenges. Medication is at times necessary, useful and even essential. But it can also be prescribed irresponsibly and create more problems than it cures. The 'discoverer' of ADD has recently protested about how his work has been hijacked for profit by the pharmaceutical industry. Behind all this is the complex status of the medical economy, the desperate demands of patients 'to give me something', the culture of the quick fix from outside and the instrumentalisation of medical care.

The core issue here, however, is the mental health of the care-giver. What happens if those caring for the mentally ill themselves become seriously unbalanced? For C.G. Jung the key element in the therapeutic relationship is the self-knowledge of the therapist. This enables her to handle projection and equips her with the wisdom and educated intuition to know *when* to act and when to wait. And *how* to do both.

If we are talking of a spiritually-enabled approach to mental healthcare we must also speak about the spirituality of the therapist. One cannot give what one doesn't have. On planes the safety announcement often reminds passengers to put the oxygen mask on themselves first and then on the child or needy person next to them. It may seem selfish but it is the altruism of wisdom.

I will try to be practical about this issue. A therapist or psychiatrist dealing with the mental illness of others as a living on a stressful daily basis has to take certain precautions. This means building into their lives periods of meditation. These help to build a healthy detachment from the sufferings of others which have seeped into their own psyche. It builds the depth of self-knowledge, humility and patience from which they have to work on the living souls of their patients or clients. Establishing a personal meditation practice should be part of their years of training and this should be sustained as an element of their ongoing professional supervision.

Meditation is not, unfortunately, an instant cure. It does however activate the self-healing within the psyche and begin the process of re-connection that opens the experience of meaning and the sense of wonder that is part of self-knowledge in a healthy human mind. Meditation is not an instrument in the same way that medication or surgery is. However it has perceptible influence and it does not take long for these beneficial influence to be felt and valued. Nevertheless meditation does not solve our problems, at least as we would like them to be solved – by winning the lottery, going to see a doctor, falling in love or finding religion. If you are in debt before you meditate you will be in debt when the bell

rings. But your way of understanding, coping and dealing with the problem will be profoundly changed by the time you spent laying aside your anxieties about it.

*A word about Jesus: spirituality and religion*

I once spent a day in dialogue with the Dalai Lama during which we each spoke respectively about what Jesus and the Buddha meant to us. I was moved by how different and yet how close we were in our attitudes to the founders of our two traditions.

I would like to address briefly this aspect of my personal experience because it is relevant, though perhaps not directly, to what I have been saying about the spiritual dimension of mental healthcare. I would also like to do so in order to confront the suspicion of religious affiliation that for many professionals, not only in healthcare, prevents them from taking advantage of the great free, human resources made available through the spiritual wisdom of these ancient religious traditions. The same suspicion that often leads to irrational prejudice and the rejection of all religious language or ideas.

For me, Christ is not defined by his ideas, his moral teaching or even by the witness of his life to the highest human truth. These aspects of the meaning of Christ – Jesus became the Christ when he became universal after the Resurrection – are certainly inspirational and necessary. But it is the *person* of Jesus who is Christ that is most important to me and the source of endless wonder and enrichment. Faith in Christ does not consist only in believing certain dogmatic assertions about him but about being in sustained relationship with this person who I discover to be in me, part of me, inseparable from me and at the same time totally uncontrolling, intervening perhaps but not interfering. He does not demand exclusivity, only mutual uniqueness, the basis of any full and fulfilling relationship. Being a disciple of such a teacher is a worthy way of living and making meaning of life. It has helped me to see the many facets of truth flashing around us continually from every source.

In the early days of Christianity the mystery of Christ was expressed in metaphors of healing not legalism. He was the 'divine physician' of the human condition, the 'ever-healing word', the 'holy charmer of the sick soul'. He was seen as a healer not as a judge. How did this healing happen? Through association with the source of wholeness itself, through the medium of a healthy person and this connection and relationship is the meaning of the spiritual. All healing is a spiritual event.

I do not of course mean to say this is the only way to understand the meaning of the spiritual dimension of mental healthcare. Buddhism and indeed every religious tradition will have its contribution to make to the attempt to express what experience makes clear: that the source of healing is within ourselves and touching this source through self-knowledge transforms the psychological mechanisms and behavioural patterns that are visible in our external lives.



The psychiatrist or therapist should obviously keep a healthy distance from religious language in their professional work. But this distance should not entail a damaging rupture with the universal sources of spiritual knowledge and wisdom. Meditation gives us an access to this because it is part of the common ground of humanity and so becomes a unifying wisdom within the rich diversity of spiritualities.

Being open to these sources and connections – and discerning how to invoke them – means that we will avoid teaching meditation as a merely instrumental technique, a quick-fix or a merely feel-good exercise. It means that, while respecting and defending the value of the ‘secular’, we can teach meditation more effectively – and transformatively -as a spiritual discipline.

### *Spirituality : Faith and Belief*

Spirituality should be distinguished from religion without ignoring or breaking the helpful connection between them that exists for many people. These find inspiration, healing and consolation in the symbols and rituals of their religious tradition. A psychiatrist once told me how he had heard a colleague at a group therapy session ask the patients where they found the personal support and affirmation they needed in their life and for their recovery. People spoke about family, friendships and other networks. One mentioned how important their church community was. Before they could finish the therapist interrupted saying ‘ no, I’m asking where you find your main support group’, instinctively dismissing a religious community as able of being this.

The distinction between faith and belief can be helpful in preventing this kind of institutional or professional prejudice. How are they distinguished? *Faith* is concerned with commitment, relationship and transcendence and this leads to other-centredness and love. *Belief* refers not just to dogma or definitions of a creed or ideology but to the whole symbolic system that comprises the values by which we live. Belief without faith risks descending into ideological fanaticism. Faith without belief risks descending into sterile self-fixation.

In contradiction to earlier assumptions in the mental health field that religion disimproved health and well-being, modern research tends to emphasise the benefits, including increased longevity and lower suicide rate associated with religious affiliation and its corresponding spiritual practice. Religion used to be dismissed by much of the intelligentsia as a form of mental illness, – for Freud it was a collective neurosis. Indeed this easily happens when the contemplative dimension of religion is lost - but the same happens as a result of the fanatical atheistic denial of religion.

Many would agree that it is inappropriate to ‘pray’ with one’s patients. But meditating with them – in a silence free from image and symbol - is a quite different and less dangerous way of helping them to locate the source of their self-healing through the therapeutic relationship that is enriched by the language of silence and the work of pure attention. “Meditation dries up the

roots of sin within us" (*The Cloud of Unknowing*). Sin, here, refers to a psycho-spiritual condition affected by embeddedly recurrent self-negating patterns of self-judgement and behaviour. It means more than a religious concept of transgressing rules or boundaries of moral behaviour.

In such a broader and more open approach to the relationship between therapy, and spirituality, well-chosen scriptural texts (from more than one tradition) can also be recommended or even used with the patient in the course of therapy. Meditation and scripture can thus nurture a re-connection (the meaning of religion - *religere*) of the psyche to reality and to the reality of others. A powerful way of promoting this re-connection and healing of loneliness and alienation is simply to meditate with others. It is a danger of many contemporary attitudes to the teaching of meditative practices to over-emphasise the individualistic aspect. It is true I cannot meditate for you and you cannot meditate for me but it is equally true that we can and are drawn to meditate with each other. Meditating with others offers an immediate and reassuring experience, without the need to judge or define it, of this innate capacity for connection – hidden in this experience is the meaning of meaning as connectedness.

Meditation-Medicine. The words themselves are connected through the prefix *med* which connotes "care" and "attention". This connection and the integration of spirituality with mental healthcare offers a powerful resource for the provision of mental healthcare in a society as psychologically damaged and spiritually under-nourished culture. It can teach us how to heal the scourge of self-destructive loneliness with the experience of solitude as the discovery, recognition and, finally, the acceptance of the divine uniqueness of each human being.

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May 2016

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