

**Retreat for Carers in Mental Health  
Douai Abbey 30<sup>th</sup> – 2<sup>nd</sup> June 2014**

**Talk 3 – Dialogue**

It is St. John who records the meeting of Andrew and Jesus, and Andrew's subsequent introduction of his brother, Simon Peter, to Jesus.

“Early next morning, Andrew met his brother and said to him, ‘We have found the Messiah’ – which means the Christ – and he took Simon to Jesus. Jesus looked hard at him and said, ‘You are Simon son of John; you are to be called Cephas’ –meaning Rock.”<sup>1</sup>

To continue the theme that we looked at yesterday, we are called to introduce people to the person of Jesus. We are to be Andrew for them. For those who, as a result of ill health, find themselves misunderstood, at the margins of society and – perhaps – overwhelmed with sadness and fear, we are the presence of Hope for them. That Hope that leads to the joy-in-depth that comes from living in Christ. Pope Francis offers some very challenging words for us:

“What shines forth is the beauty of the saving love of God made manifest in Jesus Christ who died and rose from the dead.”<sup>2</sup>

So, we might ask ourselves if that beauty of the saving love of God shines forth from us. We might also ask ourselves if we can see the beauty of the saving love of God that is present to us in the Cross of ill health, carried by those for whom we care. Since, as Pope Francis puts it, “Faith always remains something of a cross,”<sup>3</sup> should we not find it in ourselves to recognise that the one who suffers, who endures the cross, is an example for us?

As a seminary student, one of our staff one said that we should tell the parishioner in the hospital bed that they are an icon of the suffering Christ. I have never done this – and I am not at all sure that it would be a helpful thing to do – but we can surely keep in our minds the fact that the person living with difficulties in mental health, sharing in their particular way in the Cross of Christ, is sharing something very precious with us. They are, perhaps unknowingly, living the Gospel and:

“Before all else, the Gospel invite us to respond to the love of God who saves.”<sup>4</sup>

I would like to suggest that what we see here is a dialogue. It is not simply about our service of others, not simply about what we are able to give. It is also about all the things that we receive from those whom we are called to serve. They invite us to engage with the person of Jesus; they offer us an example, often in the face of the most devastating and de-humanising illness. The one living with mental health difficulties has as much to teach us as we have to offer them.

Both as Church and as individuals, it is vitally important that we keep the door open for people – both the doors of our churches and buildings and the doors of our hearts. Pope Francis speaks of this in the *Evangelii Gaudium*, speaking of openness, accessibility and time:

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<sup>1</sup> Jn. 1:41-42.

<sup>2</sup> EG, n.36.

<sup>3</sup> EG, n.42.

<sup>4</sup> EG, n.39.

“A Church which ‘goes forth’ is a Church whose doors are open. Going out to others in order to reach the fringes of humanity does not mean rushing out aimlessly into the world. Often it is better simply to slow down, to put aside our eagerness in order to see and listen to others, to stop rushing from one thing to another and remain with someone who has faltered along the way.”<sup>5</sup>

To return to the image from Benedict’s Prologue to his Rule, if we truly seek to see Christ in those we serve, then we must “incline the ear of our hearts to them.”<sup>6</sup> Striving to see our pastoral care in terms of dialogue will be transformative and freeing for all concerned. It will enable us to continue to recognise the dignity of the other and once we see their dignity, we shall be open to all they have to teach us. We shall be equals.

One of the themes that I have been discussing recently with prison chaplains is the fact of working within the walls of the prison. Without discounting or undervaluing the custodial sentence (when such is necessary), the Church must act in the pastoral sphere as if the prison wall simply does not exist. We can say that same applies to such structure as the Separation Wall around Bethlehem, at which Pope Francis prayed recently. All people have that human dignity that is a key element in our Catholic and Christian understanding – so the wall is a fiction, no matter how physically solid it may be.

For years, this country locked away those who were considered “insane”. For many in our society today, even though the Victorian Asylum is a think of the past, the person living with mental health difficulties – especially if their behaviour may seem a little strange – is placed behind a notional wall and excluded. Where people have built ‘notional walls’ we must offer pastoral care that ignores and demolishes them.

The Gospel imperative towards the poor, the sick, is placed very clearly before us by Pope Francis:

“But to whom should she [the Church] go first? When we read the Gospel we find a clear indication: not so much our friends and wealthy neighbours, but above all the poor and the sick, those who are usually despised and overlooked, ‘those who cannot repay you’ (Lk. 14:14). There can be no room for doubt or for explanations which weaken so clear a message.”<sup>7</sup>

I spend a great deal of time behind the wheel of a car. The radio is very helpful on those long journeys and, like me, you may have heard the recent advertisement that refers to the startling number of older folk who never see someone from one month to the next. For those of us who care for those suffering from dementia of one form or another, in a society where so much is measured in terms of utility, the risk of so many in our society being despised and overlooked grows ever greater. Similarly, the parishioner who may seem to be a little bit of a nuisance, whose behaviour we may find challenging, can often be alienated and rejected in a community whose doors should be open in welcome.

We must be careful that prevailing culture does not blind us to the reality of the Gospel message, for:

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<sup>5</sup> EG, n.46.

<sup>6</sup> RB, Prol.1.

<sup>7</sup> EG, n.48.

“In the prevailing culture, priority is given to the outward, the immediate, the visible, the quick, the superficial and the provisional. What is real gives way to appearances.”<sup>8</sup>

In the particular pastoral context on which are reflecting this week, we must acknowledge that the one who suffers from stress, from dementia, from an eating disorder, a neurosis, a psychosis will not be perceived as a priority by many in our society. We must be counter-cultural in this respect. I am speaking to the converted, I know, but your ministry is a sign for the wider Church, the wider society.

Those who suffer as a result of difficulties in mental health call us out of our security, our comfort-zone. This brings me back to the theme of dialogue, for they are Church in a way that we are, perhaps, not so. Placed on the margins of society – placed behind the notional walls that have replaced the walls of stone – they invite us to a dialogue that is deeply rooted in the love of Christ, in the joy of the Gospel.

“Let us go forth then, let us go forth to offer everyone the life of Jesus Christ. Here I repeat for the entire Church what I have often said to priests and laity of Buenos Aires: I prefer a Church which is bruised, hurting and dirty because it has been out on the streets, rather than a Church which is unhealthy from being confined and from clinging to its own security.”<sup>9</sup>

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<sup>8</sup> EG, n.62.

<sup>9</sup> EG, n.49.