

**Boston College**  
SCHOOL OF THEOLOGY AND MINISTRY  
**Continuing Education Encore Events**

**Transcript of**  
**“From Mental Illness to Spiritual Wisdom: A Father-Daughter Odyssey”**  
**Part 2 of 2**

**presented on April 27, 2012 by**  
**Tom Zanzig and Barb Zanzig**

**Tom Zanzig:** We’re just going to take questions, comments, stories, whatever you feel like sharing, either in response to what Barb and I said or anything else regarding pastoral care. We would like to focus on positive stuff—not again to be Pollyannaish about any of this—and it could be that you have to tell the negative in order to get to the positive outcome. Feel free to do that. But we want to have this conversation be a time for support and affirmation for all of us who are trying to enhance the response to mental illness and how we deal with it.

I’ve asked our three gracious volunteers if they could just introduce themselves as we start this, so we know a little bit about who they are and who brings them to the chair they’re in.

**Sue Hanley:** I guess I’ll start, since I’m holding the mic. My name is Sue Hanley, and I’m actually a BC grad. Go, BC. [laughter] 1986. I’m from the School of Nursing. I’m actually a registered nurse, and I am also not an expert, but I have lived with mental illness. I have a strong family history, and I also have a daughter who has been struggling with this for many years, so it speaks very deeply to me, the two of you sharing your journey, and I’ve always struggled with the faith piece, because I’m incredibly faith-filled and my daughter definitely struggles with it, so I truly appreciated everything that you said, even about making sure you keep being who you are and bringing your faith to it, whether the other person has it or not. So I appreciate that.

**Tom:** Thank you, Sue.

**Molly Garrity:** My name is Molly Garrity, and I have a daughter who’s 23. She was diagnosed three years ago with bipolar disorder, and I knew really nothing about it, although now I realize that my brother had it many years ago. And I took a family-to-family course through NAMI, and I am now a facilitator, so I really have gotten a lot out of this, and I think everyone who takes the course brings something home. And it’s just helped me considerably. And I think it’s brought a little more of my faith, which I was lacking.

**Tom:** I could just interject—she mentioned NAMI—those who have struggled with this know that organization. It’s the National Alliance for Mental Illness, and they have an absolutely wonderful website, and it’s on the handout as a resource—great, great organization, the earliest roots of which were in Madison, Wisconsin. I just want to throw that out. [laughter]

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**Tom Landry:** My name is Tom Landry, and I came to the chair because of ministry, mother, and me. I did spend 25 years of active ministry as a priest in the Catholic Church, after 25 years decided I needed to find a different path in my life because of the dissonance between my personal experience and convictions and those of the leadership of the church. I've spent 10 of those years as a chaplain at UMass Memorial Medical Center in Worcester, was a board-certified chaplain and minister to, among other patients, to those in the locked psychiatric unit.

Well into my ministry as a priest, my mother was diagnosed with bipolar disorder, a particularly difficult version. And I witnessed the tremendous love my father had in living with her and at times living for her, how well he cared for her. And then eventually I have been diagnosed, after a period of time believing it was just depression, recognizing that I too cycle up and cycle down. And I live managing this illness—medication, therapy and support—the support of my family and friends and the support of a group called Depressed Anonymous, which is a 12-step program.

**Tom Z.:** Let's thank all three of them for [inaudible]. [applause] We have somebody, I believe, with a microphone out in the audience. And if you could be our runner, I would appreciate it. So the floor is yours, anybody who wants to start us off here. Yeah?

**Participant:** Thank you both very much. One thing that you said, Tom, in the presentation, was you talked about the line between—and you posed it as a question—but I'd like a little more wisdom, if you can offer that to us, on the difference between, the line between compassion and codependency. And it sounded like it was a question for you, but I think anything you can offer would be helpful.

**Tom Z.:** And I invite reactions from anybody else, because I spoke to it already, and as I introduced that comment, I said no therapist has been able to explain to me where that line is. I remember talking to Jim one time. There was somebody during break who asked about, where's anger in all of this? And I mentioned that to Barb, and she said, "You used to say, when we talked about this, that at times you were really, really pissed." [laughter] I said, "I wonder why I skipped that?"

But I remember telling Jim, my therapist, saying, "How do I know when I'm just supporting her in the disease and not helping to get out of it?" And he said, "Tom, people with the disease never lose the responsibility for their own actions. And you can't, she can't use it as an excuse for the things she's doing. That doesn't mean you can't forgive her, but you have every right to call her on it and to say this is what I see. I'm really pissed. Now let's move on."

**Barb:** And he has. [laughter]

**Tom Z.:** But I would invite our other panelists to say something about that.

**Tom L:** I would just mention that the relationship that my dad had with my mother is not the same as the relationship that he had with me, and that keeping that balance was certainly different over the years. I had to come to the recognition that I wanted my father to enable me to live my illness as a lifestyle rather than a component of the life I live. So I think the relationships are going to in some way inform where the balance of the line is.

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**Sue:** I got good advice at one point in time. My daughter attempted suicide several times, and we dealt with a lot of issues. And when she was a freshman in college, she was caught smoking pot in her dorm room. And she was thrown out of housing for 16 weeks. And I remember just being like, oh my God. And she had already attempted suicide twice, so I was afraid to get angry with her. And I went and talked to actually a guidance counselor, head of guidance at the high school she had been at. And he gave me very good advice, and he said, “You can tell her that you will support her 100% with her illness, but smoking pot in her dorm room is a poor teenage decision, and for that you’re angry.”

And I’ve kind of brought that in, and I think that’s how I deal with things now. I can support her 100%. But when she makes a bad decision, I can get angry. I can get angry.

**Molly:** I think the one thing that has helped our family is that. . .

**Tom Z.:** Might want to hold that a little closer to you.

**Molly:** One thing that has helped our family is that my husband and I have always been on the same page. So when something has, when she’s done something that we don’t approve of, that she can’t help, we both will talk about it, and then we will sit down with her and say, “Okay, why did you do this? You lied to us. Just can’t happen.” And that really has gotten us through a lot, because I see in some of our family-to-family classes there are families that are divorced, that are separated, and this is very hard on a family. And this is the cause of many separations and divorces. And we’ve managed to be strong through this, so that’s just been a big help.

**Tom Z.:** There was a hand up over here.

**Participant:** In our group discussion, we were talking about how it would be possible, in a parish setting, to really set up some sort of pastoral counseling for mental illness. With all the rules and regulations and everything else that there is regarding these things, we were wondering if you had some particular suggestions.

**Tom Z.:** On the handout, I suggested that starting by developing—I forgot what I called it—a mental illness task force, if you will, in the parish, where you can gather people, whether from the parish or not, but from the parish is great. People who have some clinical background in the issues of mental illness and people like us who have had lived experience with it, and perhaps somebody from the diocesan office, a lawyer or whatever, where you could gather around that issue. What can we, in our community, given the size and the makeup of our parish—in other words, there’s no one size fits all for all of this—but that you together come up with some kind of a shared vision of *this is what we can offer and we’re going to get the kind of guidance we need to make sure the boundary issues that we’re so rightly sensitive about today are not crossed in some way*. And to come up with ideas that are reasonable, given the makeup of your parish.

And it may be nothing more than a safe place to tell the stories. There may not be any—and there’s nothing wrong with that, by the way—it may be the most healing thing. So whether or not you can go beyond that into really setting up programs and educational programs, that would be, in my case, that would be where I would start in a parish is gathering the folks for the conversation. What do we want to be as a community? And at

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least, at the very least, be advocates for the mentally ill and make sure they are included and that their story is heard in the parish and that we become a parish that's, or a congregation that's, hospitable to the people who are suffering. So that's where I would start. Tom, you may have some. . .

**Tom L.:** In my experience of ministry, we in several congregations invited onto the parish staff a parish or congregational nurse, with the ministry of congregational nursing, so that we were looking not at just a specific health issue, but rather we're looking at the, beyond the historical boundaries of ministry as they have evolved, to recognize that this approach to the experience and needs of the community, to look at the clinical realities of what people might be experiencing and how those should be transformative and integrative for the life of the faith community.

So by doing a community assessment with the nurse's specific skills and experience, a number of health issues came to the fore, which could then, you know, you weren't really targeting a specific aspect of the community but were recognizing that these are a number of the issues which our faith has yet to have been really tapped to address within our recent ministry history. So recognizing that we need to bring some of those clinical experts and servants into the overall approach to professional ministry to then empower the experience of members of the congregation and others who might have additional clinical experience.

**Tom Z.:** Anybody else? The only thing I would add to that is to not inappropriately take advantage of professionals in the parish, certainly not by asking, "Could you offer volunteer counseling to the community," you know, that kind of thing. But even to be cautious in this sense: that they are first and foremost members of your faith community, and they need a place to get away from what they deal with day after day after day. And you don't want them to become the expert who gets accosted every time they're at a liturgy or something. So that doesn't mean that, like all the rest of us, we should share our talents with the community. We got to make sure about boundaries again, about what we reasonably expect.

Are these reactions to this conversation here? We'll take a couple of them, even though I lied before and said we wouldn't. [laughter] I think your hand was up first.

**Participant:** I would just say about the parishes, I remember once being on a panel. It was a large church, and they put together a panel, and they thought that they were going to sort of discuss domestic violence. [inaudible] I think you have to leave some room for what the Holy Spirit wants your group to do, because when I was on the panel and we came with our expert opinions, and the thing turned into quite an outpouring. And as a result, that church had to move its focus from what they thought was a bunch of professional people who were okay, to really realizing that they had some deep-seated problems within their own congregation. They thought they were going to help the community, but sometimes the Holy Spirit wants us to receive some help.

And I've found that today. I came because I thought I was going to get some information to take back, but I got some stuff for myself too. [laughter]

**Tom Z.:** Thank you very much for that. As he's carrying the mic across the room, keep your hand up so he knows how to get to you. One of the things that I think we knew in our

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gut when we started to talk about this, but it's become so clear, is there simply is no family that is not touched by this. We tried to pitch the idea of doing a book about our stuff to a publisher that I know, and they said that there is no market for it. [laughter] And. . .

**Participant:** That's wrong. I disagree.

**Tom Z.:** Yeah. And they're wrong. We may give it another shot after today. But the reality is every family sitting before you in the congregation deals with this. And just recognizing that and admitting it is [inaudible].

**Participant:** Can I just make a comment, though, what you just said?

**Tom Z.:** Yeah.

**Participant:** But you know what? I am a firm believer, though, in that everybody has a story to tell. And it's people like you that do this—my daughter and I speak openly about it too—and honestly, I think what happens when you do tell your story, you give other people the chance to tell theirs, and people want to tell their story. They do. So. . .

**Tom Z.:** Absolutely.

**Participant:** One more thing: I think you give people hope. And the more people that write books and the more people that speak, you always get something from anyone who speaks, you take something away. And I think that's what is so important. And even today, in *The Boston Globe*, there was an article on bipolar disorder on college campuses. And I find that, more often, it's now coming to the forefront. There's Patrick Kennedy, who is now a spokesman for NAMI. And I think it's very important that people like you really keep plugging.

**Tom Z.:** There's a comment over here.

**Participant:** I want to say, as the aunt of a niece who was diagnosed with bipolar, that there's still a great deal of stigma attached to mental illness. And it's there in the parish, as it is everywhere else. And one of the great resources that the parish can call upon is NAMI, just putting out in their Sunday bulletin that this is a resource for people, NAMI, the National Alliance of Mental Illness, because they have support group meetings just about in every region of the greater Boston area.

And one of the things I learned is that I'm not alone. There's a terrible sense of loneliness connected with the inability to talk to parishioners or to even friends sometimes about someone in the family that has mental illness. So there are support groups, there are education groups, and just putting out those resources, listing them in the parish bulletin, because to invite somebody from the parish to be leading or starting off something, it may be too close for some of the parishioners, who still carry—we all carry—taboos around mental illness. And part of the learning is learning to break free and break into and break open those taboos that we have associated, that we have imbibed from our culture, from our church, particularly in the ability to just sort of pretend this doesn't exist, you know? So I think that's very important.

Another reference is Mass General Hospital. Periodically, they offer a day on mental illness. It's provided by a grant, or I think a person, a foundation. And I'll be going to that

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tomorrow. And I think tomorrow's is on bipolar and anxiety and depression. It's an all-day event, from 10:00 to 3:15. It's very well organized. And it's about every six weeks or so, they have a day free. All you have to do is register, for some topic related to mental illness. So I think that, within the parish, there are easy ways to let parishioners know about the resources that are available outside the parish. And then eventually maybe something might happen within the parish. But there's so much available that's free, absolutely free, and just being aware of it can be very soothing, very soothing.

**Tom Z.:** Thank you very much. Thank you.

**Tom L.:** If I could just jump in here. During one of my crisis experiences, one of the sessions that were part of the therapeutic setting was about your heroes. And we were asked to identify three heroes in our lives. Dad, Parker Palmer, and Mike Wallace. I think, to the extent we continue to find on the horizon greater beacons of identifying what people experience, identifying the ways in which that experience has been transformed. It's just extraordinarily important, not only because it does give people permission to tell their stories, I think a step even before that is to help people realize what their story is. Sometimes only hearing someone else articulate some part of or that continuous story that's not linear but cyclical, that oh, I actually have a story. Then comes the possibility of being encouraged to find a safe place to tell it.

**Tom Z.:** Another comment? Yes, from the back of the room.

**Participant:** Thinking about how we can assist those with bipolar, I just want to explain that, on Wednesday nights, I go to a group called DBSA, Depressive Bipolar, and they minister to one another. It is run by the, I don't like the word patients, but anyway, the patients themselves. They have facilitators. We have about eight different groups. Some are for parents who are handling some child with the illness. But I would ask that the pastoral ministers encourage going to those groups, because they are speaking out of their experience and they are surviving, and it's very life giving.

**Tom Z.:** Thank you.

**Participant:** You go to McLean Hospital?

**Participant:** Yes.

**Tom Z.:** Want to say more [inaudible]?

**Participant:** No. I attended a couple of those before I knew what was going on with my daughter, and it was helpful. But they did tell me that I should go to this family-to-family. . . You know, they do really kind of target where you should be.

**Tom Z.:** Thank you. I just don't want to lose sight of this. This is, as we were preparing this part of the session, I sent a note to a couple of my friends, one of whom works for Fortress Press. And she said, "Funny you should mention, this is a brand new book that just came out called *Ministry*." It's on your resource list: *Ministry with Persons with Mental Illness and their Families*.

And I read just the, it has nine chapters, with nine different clusters of mental illness. There were 18 psychiatrists and pastoral theologians who put this together. In each case,

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they have a description of the clinical side and the symptoms, and so on, of the disease. And then the theologians talk about what a community can do in response to that. I just highly recommend it. The only four that I read were four that Barb talked about already: depression, anxiety disorders (you didn't talk about, but she has that as well), substance abuse, and eating disorders. And great, great stuff. So I wanted to point that one out to you. Another comment or question?

**Participant:** Whoop.

**Tom Z.:** Whoop. Don't lose the power.

**Participant:** Hi. I'm a chaplain at Franciscan Children across the street, practically. And along with my peer, Carmela, we work at a psych unit. We have two lockups and a non-lockup. And one of the things that I have done to support people, young people there that we have, with mental illness of all sorts, is called the Circle of Hope. And we meet weekly, one hour. And the basic message that I don't always verbalize but kind of convey through different subjects and questions that I propose to the group, is you are worthy of love and you are loved. You have special gifts and blessings and can be a blessing and gift to others. There is light and hope in the midst of suffering. You don't walk alone. And then find who are those support people, faith, friends, parent, teacher, and we name them.

One of the most effective ones that I've had is the circle on blessings. And the challenge I give them is, think of someone that has been a blessing to you. Think of a blessing you've received today in the middle of the lockup time. And sometimes they name each other as blessings. And then, how are you—and this is the biggest challenge for them: in the midst of suffering a blessing to others? Or have you been a blessing to others? And the things that come out in that. They, for the first time, sometimes express that, in spite of every struggle and difficulty they've caused to their family, that they have been a blessing [inaudible] how they are. So that's how I've responded locally.

**Tom Z.:** Just the name gives me a kind of a chill, or a tingle, rather. A Circle of Hope. You would hope the whole community could be that for people, but to provide something that concrete, where people could gather and hear that message, that's wonderful, just wonderful. Right behind you we have another.

**Participant:** Monique, that reminded me of. . . I'm also a chaplain, and I work in a nursing home. And something that I've done is have faith sharing groups that I've done for the last nine years and started a ministry of presence. And there are a lot of, there's all kinds of illness that's there, certainly depression. And with the ministry of presence, people have gotten out of themselves, and reaching out, residents, reaching out to other residents. And it's been very powerful in people getting out of themselves to feel connected to other people and become a hospitable presence to someone who's new and is scared and dealing with all kinds of experience of being in a nursing home for the first time. So I found that to be very helpful.

**Tom Z.:** Very good. Yes, right in the back?

**Participant:** Yeah, I'm a mother that has been coping with a child for about 25 years now. And I'd just like to say that the hardest thing of all has been the stigma—worse than the

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disease by far. And you can have cancer, you can be a rapist, you can be an adulterer. You can almost be anything. But we only tell people on a need-to-know basis.

And still it's 2012, and I kind of tell you that that's what you should do. Don't tell anybody until it's a need-to-know basis. I'm happy with all the, and it's getting better, but what I'm saying is that these support groups, and I've been to many of them at McLean and NAMI and all those things. But we still keep it within the family and a need-to-know basis. And it still is a very dangerous thing.

And I'm hoping that, at some point, these support groups that are really crucial maybe will not need to exist because it's so out there, you know, and it's not out there. It's totally not out there. Do not broadcast it. At this current point, it still is, for me, a need-to-know basis, and it is isolating. And I think the stigma is a lot worse than the disease.

**Participant:** Can I comment? I totally disagree with you. I'm sorry for what you're going through, but I have to say that I feel quite the opposite. I'm very, very open about it. And because of it—I am a nurse in a middle school and I deal with mental illness all the time. And I tell parents all the time, when they're going through a struggle, and I have to tell you, they are so grateful that I've shared with them because I'm no longer a nurse judging them, I'm somebody walking the walk with them. And my daughter has been in a documentary through Children's Hospital. We've been completely out there.

And there's times it scares me, like okay, is this going to affect her? But you know what? If we don't start talking about how are we going to change it, you know, if we, if I hide my daughter's illness, aren't I saying I'm ashamed? So that's why I'm very, very open about it. And what I've seen is, you know, I'm happily married with four kids, and we look like the perfect family. And quite honestly, it's really awesome when I talk about it, and they look at me like you guys? Really?

And we talk to, I talked at a high school at one point. I spoke to a group of seniors, because I go in and do that. And one of the girls raised her hand and said, "I see you guys at church. I thought you were the perfect family." And I'm like, "We are a good family. What's perfect? Not on this earth." [laughter]

**Tom Z.:** Or a normal one.

**Participant:** Or a normal family. You know, so I feel sad that you feel like you want it need-to-know, because I feel so the opposite. The only way we're going to change this is if the ones of us living it talk about it.

**Participant:** I agree.

**Tom L.:** During the years that I served as a chaplain at UMass Memorial Medical Center, because of my role on the staff, I was also invited to be an instructor at the medical school right next door. And I worked with incoming students on the ethics unto which they would be signing as a medical student and later as a health care professional, and also a specific course on death and dying. But perhaps one of the most important moments of sharing with and helping to be formative of future health care professionals was during one of my crisis experiences.



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And as many of you will know if you have dealt with family members or friends, the professional care for us can be very limited. And if you go into an emergency mental health unit for assessment, triage and then assignment for inpatient care, you never know where you're going to end up, because beds are so limited.

But on one of these occasions that happened in my life while I was at UMass Memorial working, I ended up needing inpatient care, and there was actually a bed available on the eighth floor at UMass Memorial on the University campus. And the person who was working with me to do the admission said, "You sure you want to be here? You're a member of the staff. You're a chaplain who works with medical students."

I said, "Would you ever ask me if I wanted to be in this hospital because I had a broken leg? Would you consider that an issue? If I were suffering with heart disease, wouldn't it be a wonderful thing for the medical students to see a peer in that bed? How important to help these future health care professionals understand what should be parity between mental health and any other kind of clinical assistance. Wouldn't it be good for them to see me here and then later to see me back out on the floors? And that was a decision that I made. [applause]"

**Participant:** The biggest fundraiser for NAMI is next weekend, and it's a walk around Artesani Park in Boston. And last year, NAMI raised \$400,000, and that is the most that has ever been raised. And it really is disheartening when you think of how much money cancer has raised. And I have a husband who's had several cancers, and it's fabulous. He's raised a lot of money. But when you think they can raise \$70 million, and we can't even raise, you know, we raised \$400,000. So get out there. Really, let's bust that stigma.

**Tom Z.:** I'm thinking too of Henri Nouwen's famous thing about the wounded healer and the power of getting the story out and finding out what a source of healing you can be when you identify the wounds. I have a friend who's in diocesan ministry whose daughter is deep into bipolar and not looking like she's getting out of it, although he said major step last week, she left the strip club. So that's where he is in the whole thing. And he said that, when he talks about this, we recently had the reading of Jesus, saying, "If you don't believe, Thomas, put your hand in my wound." And he said we interpret that as a proof that Jesus is real and risen and the whole thing. And isn't it true that the real story is that the place of woundedness is the place of power and healing and new life? And that, if you want to find out where the new life is, you look to the wound? And just another wonderful insight, I think. Yes, over here? I'm not watching whose hand is going up first, but why don't we start over here? She's the first one I [inaudible].

**Participant:** First, I just want to say thanks to all of you for being here and for sharing your stories with us. Really, really appreciate it. [applause] It really is a gift to all of us here, and especially impressive to be able to get up and talk about this with total strangers. I know that can be very difficult, so thank you.

One of the things that I felt like a piece of your story, Barb and Tom, that I didn't hear and would love to also hear from you all, is where in the journey, the community, your faith community, the people in your lives who love you who are not immediately involved in your situation, what did they do? What could they have done, should they have done to accompany you in this journey? What advice would you have for other people who are not

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intimately involved, but who see things happening and want to help, or even those of us who know that it's probably happening in our parish but we don't know who they are because people don't have their freedom to talk about it because of the stigma, and people aren't ready to do that yet. So just. . .

**Tom Z:** [inaudible]?

**Barb:** Not really. [laughter] Just that I think it's so important for people just to always be honest, regardless of if they are the one who's suffering mental illness or the friend or the person in the community. I think you always just have to be honest and trust your heart and go into a situation saying, "I don't know what to do right now, but I love you, I'm here for you." But even just saying, "I don't know what to do, but you're not alone," I think, is the thing that's really helped me, just from friends and clearly family.

**Participant:** My daughter actually attempted suicide three times. And one of the greatest things was when people acknowledged it. One of the worst things is to not say anything to me. And I think that's tricky because I think people think that, if they say something, they're going to make it worse. And it's quite the opposite. As Tom said, if you had anything else, you'd acknowledge it. So I remember years ago, and I live in a community where I think everybody probably knew what was going on, and I remember being in a gym one day. I had walked into a basketball game, and this woman came up to me. And she said, "I heard about Caroline." And you want to know what? I was so grateful, because I knew there were a lot of people talking about us. It felt so good to have actually somebody acknowledge it.

And again, the other thing, by me telling my story, I can't even tell you how many phone calls I get on a weekly basis from parents who feel like they have nobody to talk to. And so they call me because I've been open about it. So again, I think, treat this like anything else. You don't have to understand it, but you can be there for the person and the family, and you can say, "I heard. I am so sorry. How's everybody doing? Is there anything I can do?"

**Tom L.:** I would suggest praying for grace, for you and for me. Listen, listen, listen becomes the basis for, honesty overall has already been said. Pray for grace for me to discover the possibility of saying anything about what I'm going through, to know that I will be embraced. And that will come in baby steps. Cracking through that distrust, mistrust, may be very tentative and very gradual. But pray for me to have the grace to see something, to hear something that says you're going to be okay. I love you, regardless. And pray for yourself to know how to do the listen, listen, listen.

**Tom Z.:** I don't want to cut you off, but I think we just have to admit, total candor, that the Church sucks at a lot of stuff. And we [applause], and we don't seem to be getting any better, that we're devoting so much energy to peripheral stuff that doesn't mean crap. And so we might as well just say that the answer to your question is, you know, what does a community do, well, we're not doing enough, and we're not doing it well. And it could be that your job, the reason, if grace is operative in this conversation, it may be that you're the one that goes back to your community and says, "I don't know what we can do, but we got to do something."

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And it could be as simple as a homily that says, we've got a lot of people in our community who suffer this, and we haven't done well by you folks, and we want to have an open conversation about is this an issue for our community and what can we do together to figure this out. Where at least we start the conversation and open it. And that's again in that handout about bringing it up in homilies and letting people tell their story, to break down the stigma and to start having the conversation. Go ahead.

**Participant:** Yeah, it seems to me like there's sort of a cultural shift required of, and really it's a Gospel call to admit that there's brokenness among us and that there's healing that needs to happen. And as long as we go to church and everybody pretends that everyone's fine, I'm not sure how God's work is being done in that, you know, we're all pretending that we're all fine.

**Tom Z.:** Well, if we claim that, at the heart of our faith, we claim the Paschal Mystery and we just celebrated again.

**Participant:** Exactly.

**Tom Z.:** I mean Good Friday would be a pretty good time to bring this up. So I just want to, I don't want to sugarcoat it. We've got a real problem with pretending. I don't think it's, sometimes it's pretending. But I think it's more a sense of inadequacy. It's like, God, if we open this up, we got a hornets' nest on our hands. Well, then you got a hornets' nest. But at least you're dealing with it. Okay?

**Participant:** I've come to love the season of Lent, when you speak about the Paschal Mystery. Years ago, growing up as a Catholic, I didn't like it because my parents were so strict and we had to make all these sacrifices all the time. But as I became an adult, and especially going through a lot of difficult times, I really did come to embrace the season of Lent because it really is telling us God understands our human suffering, but it gives us hope with the Resurrection.

And I use that all the time with people when I'm talking about this journey. And if I had to do it over, I wouldn't do anything different. And that sounds crazy, but the amount of, you know, my eyes are wide open to all this, just like what you're doing. And again, I think that's what the Gospel message is all about. And we can preach that in our churches. We can.

**Tom Z.:** [inaudible] just jump in for a second.

I'm not on? That better? I'm not sure what happened there. One of the most powerful experiences in our journey together was when Barb was living with me and we had confronted all this stuff, and I was getting ready to experience Lent and the Paschal Mystery again. And I invited her to join me for the Washing of the Feet. And obviously I can hardly even talk about it now, but I think you would say that that was such an incredible experience, and that the reason I mention is that we have within our own tradition all of the symbols and the rituals and the power of the Gospel to share with people, and we don't even see it. Now they become routines to us. And you may find that to be a wonderful time to try to raise up this issue as a public issue in the community.

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**Tom L.:** I understand completely, why it would be so easy to tie this to the experience of Lent and Good Friday. I would like also to suggest an approach which I took at one point in my ministry, which is to hear this on Pentecost, when we raise up the possibility of everyone hearing God's word in their language: the language of mental illness, the language of reproductive loss, the language of professional loss, the language of relational loss. And so yeah, it is about the Paschal Mystery, but it's not just in the suffering. It is also in the outpouring of the Spirit to which each heart is spoken in its unique way by God's grace.

**Tom Z.:** Beautiful. Thank you. How about another one, here, if we could?

**Participant:** I guess I was really taken by this lady sharing that she really just doesn't feel safe. And I think it would be helpful for me, and for us, like we're talking about how can we help, and what are those fears that stop you or anyone else from sharing that story of mental illness in your family? And how could we help people who feel that way in a diff, because I want to go to that experience. I'd like everybody to feel like you. I want to fix that.

**Tom Z.:** Thank you for that. I just saw the clock. We're going to be very true to our commitment; 12:30 is the end. We'll take one more, and then we'll wrap up, if we could.

**Participant:** Hopefully this is in response, a little bit, to the last few comments. I think, as people in any kind of ministry and parish work or otherwise, it's letting people know that there is a safe place to talk. And even if it's, or someone to listen and someone's not going to judge.

When I began a crisis situation with my own daughter, I immediately knew the people I was with in my parish community were the first people I could turn to. And they guided me. And there was nothing special that they said particularly, but I knew it was safe, and I was able to cry and I had a shoulder to lean on. And then I had some people to help turn me in the right direction. Sue was one of those people. I'm very blessed to know her as a friend and parishioner in all kinds of different ways. But it felt safe. And I think maybe that's a starting point. It can be overwhelming to think, well, do we need social services and ministry? Do we need this? Do we need that? What professionals? If we can help create an atmosphere of acceptance and listening and a safe place, I think that's a great start.

**Tom Z.:** And it's also a great end. [laughter, applause] To Sue and Molly and Tom, thank you. We're just going to take a minute. I don't know if you're ready for this or not, but just a final thought to close out, and then we'll turn it back to Melinda. So anything you want to share as we wrap up here? [laughter] That's something.

**Barb:** Thank you, I guess, for listening. And it's always interesting when I do this with my dad, because I don't have all of the religious background that a lot of you have [inaudible] clearly my dad has, but I still have this enormous feeling of love, and I really carry this disease with me as a gift. Clearly [inaudible] being here is phenomenal and [inaudible] we have to keep talking about it. [inaudible] thank you. [applause]

**Tom Z.:** When we've done this before, I always feel at the end of this the biblical line comes out of my heart: This is my beloved daughter in whom I am well pleased. [applause]

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Barb has told me on occasion that people with mental illness develop this tremendous sixth sense, this ability. She said we walk down the street, and we know each other. And that's one of the gifts that comes out of this. When we first did this and shared the tape of the talk, we ended by talking about the giftedness of the disease.

And I shared this with a friend of mine who's a therapist and, Mona Wasow, and she was deeply offended by the way we ended it, pissed off, even, because she has a, in fact Mona was one of the people who founded NAMI, coming out of her own experience with her schizophrenic son. And Mona's now about 75 and her son is independently living. And she said, "Don't call it a gift. This is too much pain. Don't call this a gift."

And I said, "Well, then there's gifts that come through the pain, that come, but it is a gift. And it does break the heart open. And there is a way to grow deeply in spiritual wisdom through all of this."

But the gift of being able to share it with folks like you and to know that not only do we feel your affirmation and your support, but know that you bring all of that back to your people is just, that is also a gift. So we will ask that you hold us in prayer, and we will hold you in prayer as well. And together we will keep on keeping on. God bless you all. [applause]

**Melinda Brown Donovan:** This was just a profound presentation. Thank you so much, Tom and Barb, for your willingness to be vulnerable, for your honesty, and for your generosity of spirit. Thank you. And thanks to all of you and to our panelists. There have been a number of questions about the videotaping. This was videotaped. It'll be available as streaming video on our website, say within about a month, and the website is where you registered for this program. It's [bc.edu/stmce](http://bc.edu/stmce), for School of Theology and Ministry Continuing Education. So [bc.edu/stmce](http://bc.edu/stmce), and look for Encore Events, and this will be there. Thanks again to all of you for coming, for participating, and to Tom and Barb again for their wonderful sharing. [applause]