

## MENTAL HEALTH IN THEOLOGICAL PERSPECTIVE – INTEREST GROUP

- Conveners: Jessica Coblentz, St. Mary's College  
 Elizabeth Antus, Boston College  
 Moderator: Brianna Jacobs, Emmanuel College  
 Presenter: Peter Fay, Boston College  
 Respondents: Stephanie Edwards, Boston Theological Interreligious Consortium  
 Susan Abraham, Pacific School of Religion

Peter Fay presented a paper entitled “The Problems and Invitation of Positive Psychology’s Happiness and Well-Being Practices for People with Schizophrenia: Martin E.P. Seligman and Catholic Accounts of Human Flourishing in Conversation.” A few decades ago, Fay explains, Seligman originated the subfield of positive psychology, which focuses less on mental disorder and more on happiness, and—in Seligman’s later work—on flourishing. With this later turn, he focuses on virtues, mindfulness meditation, and the cultivation of optimism. However, while appreciating Seligman’s attention to what is required on the pathway toward greater flourishing, Fay argues that the lives of people with schizophrenia significantly complicate Seligman’s recommendations. For example, schizophrenic people experience their hallucinations as real, so Seligman’s enthusiasm about the human power to discipline thought patterns is overstated at best.

Overall, Fay critiques Seligman for suggesting that mindfulness and optimism are easy and argues that Seligman commits this error because of his elitism: he fails to take seriously how structural conditions (not only the symptoms of schizophrenia, but also the social stigmas attached to it) greatly circumscribe the possibility of flourishing for people with schizophrenia. Not everybody can think or feel their way to flourishing. People—especially those with schizophrenia—need some degree of peace and health even to have a chance of a livable life. Despite these flaws, Fay suggests that Seligman’s reflections should spur Catholic ethicists to consider the virtues particular to schizophrenic people in the midst of their psychological and moral restraints, and not later at some hoped-for distant future when they would supposedly be free of such restraints (which matters given that there is no cure for schizophrenia). Catholic ethicists can do more to connect virtue ethics and social ethics in a way that speaks to the concrete difficulties of people’s lives, especially those with schizophrenia.

In her response, Stephanie Edwards argues that Seligman’s problematic messages show up often in mental healthcare contexts today in the optimistic insistence on patients’ ability to heal themselves and the concomitant blaming of them when such progress does not materialize. Edwards therefore argues, first, that mental healthcare providers need more insight into how bodies biologically manifest humans’ social experiences of trauma and oppression. In other words, they need to appreciate the emerging field of epigenetics, which studies the plasticity of human genetic expression (but without deterministically reifying patterns of social oppression at a biological level). Second, Edwards argues that it is necessary to reject a conflation of personhood and health status, and that, third, such rejection is crucial to refusing a facile “us-versus-them” binary that distances people with chronic mental health challenges from “normal” people.

In her response, Susan Abraham drew from three-thousand-year-old Hindu sources as well as contemporary cultural studies in order to destabilize a modern Western medical lens: “mental illness” has always existed, but what are other, radically different ways of naming and examining it? In Hindu traditions—as the arresting story of the Vishnu devotee Narada illustrates—there is a deep suspicion of the senses and a belief that the ability to grasp reality is an illusion. One’s experience of the present therefore needs to be recontextualized within a much broader frame that encompasses past, future, and all of reality as such. This expansion allows for the opportunities to consider different “habits of temporality” aside from the Western emphasis on the immediate “now,” and to consider the pain of loss and death within this wider sense of time. The spiritual malaise instigated by this pain can be channeled into the practiced attention to the divine. To bolster this point, Abraham draws upon the cultural theorist Byung-Chul Han to suggest that it is not a few troubled individuals who are mentally ill, but rather, the entire Western culture, particularly because of its neoliberal focus on compulsory happiness leading to ever-greater productivity. Han’s critique underscores the ancient Hindu emphasis on stepping far back from the present moment to contemplate—rather than merely expunge—the pain and mystery of life.

The session then had an open question-and-answer period. This discussion highlighted many issues: the utility of using positive psychology at all; the relationship between academic scholars and mental healthcare practitioners; the implications of this discussion for the liturgy; and the possibility that many schizophrenic people operate not only with moral constraint, but also with (often unseen) moral integrity.

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