

Insights and Innovations in Community Mental Health

The Erich Lindemann Memorial Lectures

**organized and edited by
The Erich Lindemann Memorial Lecture Committee**

hosted by William James College



**WILLIAM JAMES
COLLEGE**

Table of Contents

Foreward.....	3
Cultural Perspective and Spiritual Meaning: Shaping Helping Interventions.....	4
Introduction.....	5
Fran Mervyn.....	5
Dr. Jacqui Moore.....	5
David Satin.....	6
Mari Carmen Bennasar, PsyD.....	8
Introduction by David G. Satin, MD.....	8
Mari Carmen Bennasar, PsyD.....	8
Khawla Abu-Baker, PhD.....	15
Introduction by David G. Satin, MD.....	15
Khawla Abu-Baker, PhD.....	15
John McDargh, PhD.....	22
Introduction by David G. Satin, MD.....	22
John McDargh, PhD—Mapping the Four Spheres of Analysis: Spirituality, Religion, Catholicism and Irish Catholic Christianity.....	22
Discussion.....	46

Foreward

The Erich Lindemann Memorial Lecture is a forum in which to address issues of community mental health, public health, and social policy. It is also a place to give a hearing to those working in these fields, and to encourage students and workers to pursue this perspective, even in times that do not emphasize the social and humane perspective. It's important that social and community psychiatry continue to be presented and encouraged to an audience increasingly unfamiliar with its origins and with Dr. Lindemann as a person. The lecturers and discussants have presented a wide range of clinical, policy, and historical topics that continue to have much to teach.

Here we make available lectures that were presented since 1988. They are still live issues that have not been solved or become less important. This teaches us the historical lesson that societal needs and problems are an existential part of the ongoing life of people, communities, and society. We adapt ways of coping with them that are more effective and more appropriate to changed circumstances—values, technology, and populations. The insights and suggested approaches are still appropriate and inspiring.

Another value of the Lectures is the process of addressing problems that they exemplify: A group agrees on the importance of an issue, seeks out those with experience, enthusiasm, and creativity, and brings them together to share their approaches and open themselves to cross-fertilization. This results in new ideas, approaches, and collaborations. It might be argued that this approach, characteristic of social psychiatry and community mental health, is more important for societal benefit than are specific new techniques.

We hope that readers will become interested, excited, and broadly educated. For a listing of all the Erich Lindemann Memorial Lectures, please visit www.williamjames.edu/lindemann.

The Erich Lindemann Memorial Lecture Committee presents

THE THIRTY-SIXTH ANNUAL
ERICH LINDEMANN MEMORIAL LECTURE

Cultural Perspective and Spiritual Meaning: Shaping Helping Interventions

We are taught universal guidelines for mental health, mental illness, and helping interventions. But these vary by cultural perspective and spiritual meanings. Our society may be considered more a tossed salad than a melting pot. The golden rule is superseded by the platinum rule: Do unto others as they would have you do unto them. It is timely to review the perspectives and meanings of community groups to help prepare us to understand and help appropriately. This makes for more effective mental health promotion and illness intervention. Our panel of speakers addresses important community populations—Irish Catholics, Hispanics, and Muslims—from which we may generalize how mental health resources can respectfully engage and support all groups.

Speakers

Khawla Abu-Baker, PhD, Associate Professor, Emek Yezreel Academic College, and NAS: Center for Gender and Arab Society Studies, Al-Qasimi Academic College, Israel

Mari Carmen Bennasar, PsyD, Associate Director of Field Education for the Clinical Psy.D. Department, Massachusetts School of Professional Psychology

John McDargh, PhD, Associate Professor of the Psychology of Religious Development, Boston College Department of Theology; Director of the Center for Psychotherapy and Spirituality and Adjunct Professor, Massachusetts School of Professional Psychology

Moderator

David G. Satin, MD, DLFAPA, Assistant Clinical Professor of Psychiatry, Harvard Medical School, Chairman, Erich Lindemann Memorial Lecture Committee

Friday, June 14, 2013, 2:30 – 5:00 pm

*Massachusetts School of Professional Psychology
1 Wells Avenue, Newton, MA 02459*

Introduction

David Satin:

I want to welcome everyone to the 36th Annual Erich Lindemann Memorial Lecture, titled “Cultural Perspectives and Spiritual Meaning: Shaping Helping Interventions.”

Fran Mervyn

Well I am here just to welcome you from MSPP. We are really delighted to keep on sponsoring this annual Lindemann Lecture. For those of you who know of Erich Lindemann directly, he was a radical thinker and as many of you know, he really changed the way many of us are asked to think about our work. Not simply to work with those with an already defined disorder, but also to think about prevention, early intervention, consultation, and education to front-line workers who are not us. They are teachers; they are other people in the community. I was really fortunate enough when I moved from public health to psychology to work at Lindemann’s wonderful Human Relations Service, and later to direct it for years in the Seventies before I came to teach here. For those of you who really are interested in the systemic, ecological perspective that he represented so beautifully, you will be happy to know that that flame *is* still alive at MSPP, if not in the larger world.

We have a number of programs. We now have a Master’s degree in Community Mental Health, which is led by Nilda Clark, who is sitting over here. We have a Children and Families of Adversity and Resilience program that is led by Bruce, who is sitting over here. And we have a focus on Latino Mental Health, African American, and also Vets as underserved populations. So I am delighted that we are still welcoming you and community mental health to this abode. If you venture off this particular floor, let me just warn you, the classrooms follow the sun which you can’t exactly see, which means each floor is aligned differently. If you go off the second floor and expect classrooms to be on that side, they won’t be on that side, which still confuses some of us. But if you venture to the first floor, there is a Haitian art display, and I would encourage you to look at that. That’s another group that we’re focusing on -first and ground floor.

Dr. Jacqui Moore

Thank you, David. I am going to be brief. As David said, I am Jacqui Moore, and I am privileged to be the CEO at North Suffolk Mental Health, which has been a community-based provider of addiction, developmental and services for people with mental illnesses and children with serious emotional disturbance since 1959. All of our services are community-based, and we do have a history that began with Dr. Lindemann

and continues to provide services at the Erich Lindemann Center, as well as in the communities of Chelsea, Winthrop, Revere, and East Boston and some others, but that is primarily where we work. I am especially proud to say that all of our services are community-based; we do nothing that is in-patient, so I would say that community-based services are alive and well.

I think and hope that Dr. Lindemann would be pleased at the advances that we have made in providing services in the community, in that our services now are very much person-centered. They very much go beyond the person's illness, and seeing the person's illness and symptoms, but rather focusing on the entire individual and how we can support them, and branching into other areas such as culture and spirituality and many other factors that make up a person. I think the things that community mental health stands for, in addition to people's right to be served in the communities in which they live and work, to me it's a social justice issue; this is a civil rights issue. People who have serious illnesses have a right to live and work and be accepted as productive members of the community. I see it as a social justice issue, and I think MSPP and the group that puts on this lecture has always seen it that way, as well. It is a parity issue. People that have the illnesses and disorders that all of us in this room probably work with in some way or another have a right to receive the services and insurance coverage for those services in the same way as other medical illnesses do. We have done a lot, I think, and we have a lot of work to do in community mental health. I think that Erich Lindemann was obviously a pioneer, and I hope that we are collectively carrying on the tradition and the work in a way that would make him proud. It is our privilege at North Suffolk Mental Health to be one of the sponsors of this lecture, and we intend to continue to do that. I'm looking forward to the afternoon, so thank you for having us. (applause).

David Satin

Thank you, Jacqui. It is important to have these two sponsors- an academic one and a community mental health one- to meld really what Dr. Lindemann was offering: the professional, the academic, the research and the community involvement aspects.

The topic for today is Cultural Perspective and Spiritual Meaning: Shaping Helping Interventions. It is presented by 3 speakers speaking from the point of view of three different population groups, which is certainly not all the population groups in the world, but gives us an example of how spiritual and cultural perspectives are *key* to understanding and dealing with population groups. The first speaker will be Dr. Mari Carmen Bannasar, giving a perspective from the various Hispanic communities, then Professor Khawla Abu-Baker, giving a Muslim and Arab perspective on health, illness

and care, and Professor John McDargh, helping us to understand the Irish Catholic public.

Beauty, like reality, is in the eye of the beholder. Cultural and spiritual perspectives help to determine the reality that we see and our response to it. I think Erich Lindemann looked for the commonalities among people and populations. Today, we are looking at the variations among them, without losing their common humanity. Cultural and spiritual values create and bind communities. It's necessary to understand these languages if we are to understand psychosocial health, health hazards, and health care of a variety of populations to which a community mental health endeavor contributes. We have chosen three groups, which are large in this area, as examples of cultural and spiritual variety, and to enrich our understanding and ability to give care. We hope this practice will improve our knowledge and skills more generally.

Mari Carmen Bennasar, PsyD

Associate Director of Field Education for the Clinical PsyD Department, Massachusetts School of Professional Psychology

Introduction by David G. Satin, MD

Our first speaker, Mari Carmen Bennasar, was born and raised in the Dominican Republic. She is Associate Director of Field Education for the Clinical Psy.D. Department at Massachusetts School of Professional Psychology. She is past Associate Director of the Center for Multicultural Training in Psychology at the Boston University School of Medicine. She is a licensed clinical psychologist with skills in psychodynamics and behavioral medicine. She is active in the American Psychological Association divisions on diversity and women's issues, and she focuses on multicultural issues and behavioral medicine, complex trauma, disaster mental health, and reducing health treatment disparities and developing ways to better serve Latinos in the United States. Dr. Bennasar.

Mari Carmen Bennasar, PsyD

It's a privilege to be here. I have the task of introducing issues related to Latino Mental Health. I decided that I am going to try to do it from a broad perspective, starting with the umbrella of how to integrate and think multicultural, cross-cultural, and then discuss some of the commonalities that we can find among the Hispanics and Latinos. I am going to start with two things; one is food. I am going to share a very precious Dominican candy which is my transitional object. Food is very important for Latinos. And two, the sharing aspect.

I handed out a case. We may have time to discuss the case in detail. If we can, think that maybe you are supervising someone that has seen that case, that you have that case in front of you, if you have a clinical practice, or someone has presented it in your class. You can also imagine that I am there. A boy, a 14-year-old from Central America, very different than a 50-year-old from the Dominican Republic, daughter of immigrants from Spain, with a very different history than that boy. How to think about this? We look for commonalities and I think John is going to talk about how we find common things. How do we differ? Point out the differences.

The purpose of the Lindemann talk is to really address disparities. This is a great summary of the last 15 years on the research on how to reduce disparities. In 1999, basically Congress said: Enough of treatment differences. Let's start a series of research to document what is going on, let's evaluate and find reasons, and come up with some recommendations. In 2002, a great report on unequal treatment was produced, basically

saying disparities *do* exist and we need to address them. A series of research has come out for years, where Dr. Satcher, General Surgeon Edward Kennedy, and many foundations focused their efforts on producing reports on where and how they exist and how to address them. The last report, which was a compendium from the American Psychological Association, basically said: enough research about this, we have all the knowledge, we have tons of knowledge; we need now to move into action. I see actually MSPP very much into addressing inequities. By training providers and doing these kinds of thing, we are very much translating the action piece of that.

Some of the general results are: Cultural beliefs influence our view of mental health, health in general, and what we think about treatment. That is why we are here. Some people think that culture is something kind of like a technique that you attach and you have a syllabus to create; then you add one class with some cultural piece and then you meet the requirements. Culture is an attitude. Culture is a lens, culture is a way of living, and culture is a context, so pretending that we don't live in it, we're ignoring a big reality. Basically, the result is that Latinos need better services, so what I'm proposing is a culturally sensitive framework where culture then becomes the definition. Basically, culture becomes the basis for understanding all social interactions, the behaviors, and all the meanings of our actions. However, we need to look at it in context and look at the individual with all the context—within the context of the family and within the culture where we are embedded.

Now, we have the challenge that we have more than 35 million Latinos in the United States, so you are stuck with us! (laughter). And this is how we look like. There is not a face of a Latino. We all come in different colors, in different shapes, different cultures, different religions, and different languages. We have 22 different nationalities. We have native languages, we have mestizo, and we have all kinds of races. Some of the practical reasons of defining Latinos as a single group are for political reasons. For Latino individuals, it gives us easier access to political power. The same thing that we do with DSM IV, now DSM V, we group things. This gives us a perspective, so grouping and looking for those commonalities, again, help us define and look for treatments.

There are models to propose, ways to integrate culture into therapy. This actually is a model proposed by someone at Clark University, Dr. Esteban Cardemil. He has proposed that cultural issues are seen through the behaviors of the therapist or through treatment: adapting treatment, or developing new techniques. It is beyond the scope of this presentation to describe techniques, but I did take the time to develop a reference list. Anyone interested, I have my card here, and you're welcome to email me. I have very specific references on groups for CBT, things in Spanish such as dichos/cuentos. Anything you want to know, I have links or at least where to send you to get information, so please do so.

We are going to focus more on what are things that we can do with our behavior as therapists. So I am proposing: anyone has ideas on what are different aspects or different areas in our life? What are things that we therapists, we providers need to do while we are culturally sensitive, that we're including culture in our process?

Audience Member:

Asking the client what their worldviews are.

Mari Carmen Bennasar:

Worldviews, so learning about the client. Anything else? Experts can talk....Understanding yourself as a cultural being. Anything else before I move on? Some of the aspects, and this is in no particular order, I can summarize this in three different aspects, yes?

Audience Member:

Not assuming you know.

Mari Carmen Bennasar:

Not assuming "you know." From the perspective of; I don't know and I need to learn, so an active learning. One of the aspects is the constant learning of the culture. We are constantly learning, this is an ongoing process and a movement of migration. As soon as you get familiar with a group, another group migrates and, you know, surprise you're working with a new one.

I'm Dominican, like I said. I'm very Spaniard because both my parents are from Spain. I'm very Spaniard from culture, very Mediterranean. Dominican too is my ethnicity. I came here to the United States in 1986. I came through Florida, through Miami. Even though we are all from the Caribbean, I learned how to speak Cuban, how to eat Cuban, how to cook Cuban. Again, there are differences between Latinos. My transition from the Dominican Republic to the United States, to Florida, was much easier than my transition from Florida to New England! (laughter).

And it's not just the cold. That's the least! Welcome to the feminist mecca of the world. My favorite word was actually a compliment. It was, "Hey girl!" But you come to Cambridge, and you say something like that, and it is taken a different way. Again, there are many things that we assume that can be from our day-to-day interactions that are a part of what it is to learn values and benefits of the culture. Another aspect, and I think many of us have trouble addressing or enquiring about is the exploration of socio-political issues and oppression. This is a key aspect, and we are going to talk a little bit about it. The third aspect is the exploration of who we are, our own biases. The power we have, we all have them. If you think you don't, go to therapy. (laughter).

We all should anyway, right? But we all have biases. I have them. I bet you have them. The point is to become aware. What are our conceptions, stereotypes, biases? Do not let them interfere in the therapy process, in the supervision, in your teaching, in your classroom; do not let them interfere. You do not need to change them but you cannot let them interfere with the process of treating or teaching somebody. Why are sociopolitical aspects and other acculturation stressors so important? Because they're the key contributors to stress and trauma. There are two different aspects with this. It is important to find out what the history of oppression and power and all that political turmoil from the country of origin. Let's look at the 14-year-old from the case that you may have in therapy, the Guatemalan kid. He has a history of trauma from the *guerrillas* and the stress that I don't have. My country is very poor, but it is peaceful. We don't have political turmoil. We do not have the violence in the streets. I did not grow up like that. This kid that you have in front of you is going to have all that, chronic stress, complex trauma, definitely something to look at.

Also, the experience of oppression *here in the USA*. A white Argentinian is not going to have the same experience that, again, that boy that you have in front of you from Guatemala. The oppression, the discrimination, the micro-aggressions, the macro-aggressions are going to be very different. What is the history of oppression when they come here? We make many assumptions. These are some of the risk factors found within the sociopolitical stressors: uprooting and migration, the fear of deportation. I think there has to be a lot of these with the Arizona laws. I am sure that even if you are not involved in research, you have heard a lot about deportation. If you get any TV news, you will hear a lot about this fear and raids and things like that. The economic hardships, even if one is a professional in a country. Cubans went through that when they came. The waves of Cubans have kind of calmed down, but there were waves of Cubans coming in, professional people, doctors, they were in very poor conditions, and could not work because they could not speak the language here, etc. Even if you have the educational skills or the means, it is very difficult to work and so social class changes.

Then there is what is called the nontraditional war. It is very different when you go to Iraq to fight a war, to Vietnam, or to World War II than when you have random, chronic stress, unpredictable violence, the guerrillas which is common in Central American countries. If you get people from that stream of countries, you will find that chronic stress is one of the major factors influencing health. These are some of the protective factors. I thought important because of obviously, that's what we're trying to do, right? Not surprisingly, social supports, encouraging family ties with their religion and churches. I think there are positive psychosocial aspects, self-efficacy and self-control, that that will increase resilience factors, including high intelligence.

Let's talk about values. So far, we talked a little about the sociopolitical aspects of deportation and migration and acculturation process, stress and all that. What are some of the values that you think, Latinos have in common. Anybody?

Audience Member:

Family.

Mari Carmen Bennasar:

Family? Very good. Thank you. That is I think number one. What else?

Audience Member:

Respeto.

Mari Carmen Bennasar:

Respeto. I will talk about these things. Anyone else?

Audience Member:

Collectivism.

Mari Carmen Bennasar:

The collectivism, exactly. We are going to see nine important values that could impact most the interactions with your students or with your supervisees or patients. The family- basically, do not be surprised if you have a patient that you have scheduled, and he shows up with the sister, the cousin, even a godfather, maybe even a neighbor who is a good friend but they wanted to come to the doctor's appointment. Why not? I mean maybe they will not go to your therapy session, but they are expected to be there, and please say "hi" to them. Usually even the littlest one in the family may be sure to include them. I tend to, if they are little kids, go down, kneel down and say "hi."

Another key concept is personalism. This is key in therapy because I think many therapists and providers misinterpret this personal connection. They think they are breaking the boundaries, but they are going too far. They are inviting me to a social event.

Respeto—the personal and the respect go hand in hand. There is a friendliness and a connection that is very, very special but the respect is key in between that, if that makes sense. If you are my doctor and you have been a key person in my life and in my growth, I will invite you to my daughter's quinceañera, and that is very normal. It does not mean that you have to go to the quinceañera, if you are uncomfortable with that- I would go if I can- but if you are uncomfortable with that, it does not mean that you need to change. What needs to change is how we pathologize the issue, is how one conceptualizes that,

how one gives a response to the person. If you did not want my candy, what I expect is that you say “thanks,” take it and don’t eat it; or thanks, express gratitude. Again it is the process, it is that concept, so it is not that you have to change.

Personal space is very particular too. I am much more comfortable with close space and touching and all that, and that is something that in my class we talk about. About touch, right? There is touch, and there is a touch! It needs to be a friendly touch. We are comfortable with that. That does not mean that you need to *do* that, but you cannot pathologize it. Does that make sense? It is the conceptualizing and the treating the patient. These are key concepts. If you miss that connection, you lose your patient. If your patient does not show up, there is no technique in CBT with depressed youth that is going to help because your youth is not there. The connection and the language, the language beyond words.

I want to mention religion- religion and spirituality. It is another key aspect. So, the majority of Latinos are Catholic. That comes from colonialism, the conquerors that were Catholics, but it is very mixed with the Mestizo and with the native beliefs, so you will find a lot of people using the Saints and the Virgin, and that type of thing. It is important to find out if that is important in the treatment or not and included it or not. It is not a substitute or anything.

Time orientation- I want to say something about that because I think a lot of providers get really angry when people come late or if they don’t show up. We are just relaxed, and we come to this culture. I read somewhere, and I couldn’t find the reference to bring it, that one of the most difficult things for people to acculturate is the excessive, the obsessive structure of the United States. I still go to a supermarket and I stand there by the cold cuts and I do not take a number! (laughter).

When 15 people go by, oh, I have been here almost 30 years! The point being that it is so hard, so hard, and those are the little things. These are in some ways unimportant things, right? But those are the things that sometimes as a provider we need to consider. It is just a different perspective. Again, does not mean that you have one hour, the patient got there late, the patient got there late! You do what you gotta do, but it is not pathologizing, it is not defensiveness and, hopefully, we will interpret in ways that are not pathologizing but understand.

To almost finish then- the connection. The main thing about the connection with the patient is the communication. The communication styles with Latinos in general are different than with Caucasians that are more direct, are more active. We are more relaxed. And of course there is the language piece. Is it important to learn the language? If you can, yes! We have many students here that are in the Latino Mental Health track. Language is a carrier of a culture. If any of you have any second language, studied in high school, you would know while you are learning a language you are learning a culture, you

are immersing yourself in a culture, and that is why it is important. Also, it is important because through language you learn more about the emotions of your patient or your students. Research has demonstrated that we access a retrieval cue. Basically, memories are coded in the brain in the language that they are experienced, so if I sit here with you and I am talking about my difficult times or happy times when I was 14, you are going to get a much richer account if I say it in Spanish. I am bilingual, I am comfortable, but you are going to get a richer account emotionally if I tell you in my language.

In closing, I am going to say the same thing I said at the beginning. We need to understand individuals and families in context, meaning the beliefs and values of the culture, the context of the sociopolitical aspects. I mean you cannot, cannot neglect that. Again, what are your own biases? If you get to read that case that I gave you, you will read everything it says about the boy, and then the teacher's perspective, the therapist perspective. How interesting it was to find a lot of stereotypes and assumptions. A fourteen-year-old from Guatemala is not expected to succeed in school, and that is where he was headed. I invite you to think about that because our juvenile system is full, and our school system is really failing our kids. Thank you very much. (applause).

David G. Satin

Thank you Mari Carmen. I think one of the things that you said really sticks in my mind. That essentially, character is not character pathology, that differences are not problems, but looking at, and I think Erich Lindemann would see this, looking at how they work for the people and for the groups, what is the purpose of them, and how they can be supported, rather than how they are problems.

Khawla Abu-Baker, PhD

Associate Professor, Emek Yezreel Academic College, and NAS: Center for Gender and Arab Society Studies, Al-Qasimi Academic College, Israel

Introduction by David G. Satin, MD

Our next speaker is Professor Kawla Abu-Baker, Ph.D. and LMFT, Associate Professor at Emek Yezreel Academic College and also the NAS Center for Gender and Arab Society Studies in Al-Qasimi Academic College, both in the state of Israel. She is also Visiting Scholar at the CMTF- CMTP Faculty Team at Boston Medical Center. Her primary clinical and research focus is on Arab families, mainly gender issues, war trauma, sexual abuse and mental health, stressing cultural issues, and on the trenches. She is a licensed family therapist. Welcome, Professor Abu-Baker!

Khawla Abu-Baker, PhD

Thank you very much for inviting me for the Annual Erich Lindemann Memorial Lecture. Thank you for having me again at MSPP. Thank you for Dr. Jodi Kliman and Dr. David Trimbball for their support during my sabbatical. I will be talking about working with Arabs as a culture. Of course, I do not suggest that by the end of my lecture, you will have the formula for working with each one of the 300 million Arabs in the Middle East, but this is just a point of view of how to focus differently when you work with people who are not from your culture and you are not from their culture. This is an important point; talking about different cultures means that *you* don't belong to that culture, not just that *they* don't belong to your culture. Do not think about your culture as the center of the cultures of the world.

When I have a client who says, "Thank God the disaster broke my heart or my back," what does she mean? Why does she thank God for the disaster? I hope that by the end of my lecture we can understand that sentence. This is the main thing that you will be hearing when you visit or when a family or a person had a disaster in their life. When they will have a conversation with you and you ask them about what that disaster or trauma did in their lives, the first sentence will be, "Thank God." We have to understand what they mean. Of course, they do not say that, "Oh, Thank God, we want more of this." They mean something else, and in order to understand, we have to understand trauma in the context.

I will be talking during my lecture about the ecosystemic of loss, how we can understand that, which kind of loss a person experience, or what is the list of the different kinds of loss, the universal versus the cultural reactions of loss, the influence of religion. In the Middle East, we have at least four religions—three for Arabs; we have

Judaism, which is the religion of Jews, but Arabs in the Middle East are Muslims mainly. About 87% of Arabs are Muslims, but there are Christians and very few minorities of Jews. I will be talking about how religion influences their reaction and how we as therapists can utilize religions in helping families and how we can adopt our way of thinking as anthropologists. This is, I think, the development of Mari's slide in which she introduced three rings: the individual, the family, and the culture. According to Bronfenbrenner, we have this ecosystemic map, so an individual behavior in any aspect should be understood in all these ecosystemic rings. I will not talk about the theory into details, but in order to understand the individual, I have to understand the individual into the family, the community, and the work system, and then into the system of the religion of the family and the laws of the state, the traditions at that time of the community, and of the society and of the state, and sometimes they are different. For instance, for Palestinians in Israel, they may be Jews in the community that the majority are Christians in a state that is Jewish. We have to understand all those systems. We are not able to understand trauma for a person into a family into a community if we don't analyze all of these systems in the life of that person.

There are three causes for traumas: one is created by God and another by nature, or mother nature, and a third by humans. There are universal reactions to trauma. We know that all the books talk about fight, flight or freeze, so we have to understand the cultural meaning of when you can fight, when you have to flight, and when it is ok to freeze, and who is the person who can be taught to have each one of these reactions. We also know that there are universally physical reactions to traumas. It influences our cognitive, our emotional, and our spiritual life. Again, these are universal reactions. Culture influences each of these reactions. While reactions are universal, the expressions are cultural. We have to learn how gender, age, religion and social status influence each of these universal reactions. According to these aspects, their reaction would be judged into one culture as accepted and normal or pathological and abnormal reactions.

I will be talking now about reactions to trauma in Arab culture, and then I will talk about gender and religion within that culture. With the traumas caused by humans, like if there's a group fight, car accident, murder, revenge, people will feel anger, and they will feel that they want revenge. Revenge means that sometimes you will be angry for a year, five years, or ten years until you have a plan and then you kill one of the members of the family that caused death in your family. We know that there are some subcultures who revenge is part of their belief system, and it's part of their honor.

Trauma caused by the state. In Israel, if I want to give examples from the experience of Palestinians inside Israel, there were some incidents where the state of Israel caused the death of Palestinian citizens of Israel, so there is a lot of anger. The anger is expressed, and sometimes people would like revenge, so they think that the world should

boycott Israel as revenge. They will not kill the state of Israel, but they will act in a revenge state.

For traumas caused by nature, people will feel sad, and they will grieve, but they will not feel that they will revenge from nature. So they will accept the loss with a different state of mind. Trauma caused by God, like sickness that will lead to death. People will know that this trauma happened by God, but not by nature, not by other person. Again they will ask themselves, what we did wrong? Were we not faithful enough? Did we not have our prayers? They will feel guilt and they will feel that they had to have a different kind of relationship with God.

With the first type of trauma, people want to fight; they do not want to accept. It is very difficult to accept that other person causes a death of your beloved one or causes loss of your house or of your property. People would like to revenge, and they are very sad for that, and they feel that they have to act. For the second type, they feel that now they have to act calmly. For the third, they have to do something. This is flight and not fight. For the third part, people usually, after a death or a great loss of income or property, they will immediately become religious. They will start praying; they will change their lifestyle; they will connect more with spirituality, so they will freeze all their lifestyle. If I add the gender aspect, then men are allowed to show a lot of aggression, women should do things, and men and women—usually it depends on the situation—they can either freeze or try to change the situation.

People experience traumas as a community- does not matter if a small child one day died or a hundred people died. Whatever the loss or trauma is, people will react and experience it as a community event. The main thing for all Arabs is that people have to teach themselves the community will take care of the people who had the loss, individual or the family or the extended family. They have to teach them to be patient, to accept the loss and to rebuild their faith. I will talk into details about this.

Again, I want to talk in a very stereotypic way, of how each one of the three religions experience or develop the symbols of bereavement. So for Muslims, they have very strict ceremonies. For the three religions, the ceremonies should be carried at the same day, and this in itself is very, very traumatic. Sometimes the death will occur or the loss during the morning, and in two or three hours the burial ceremony should take place, so people don't have enough time to digest what happened. Sometimes the family itself doesn't have enough time to be together, to talk to each other, to support each other, so the community will take care of the details and the community will decide for the family what to do. There's no self-expression during death for individuals in the three religions, and all ceremonies are religious ceremonies. There are no ceremonies with groups or funeral houses. There's no such thing in the Middle East. All ceremonies should be

religious ceremonies, and at each mosque or church the clergy there will decide, so the family cannot decide what they would like to have.

For Muslims, according to religion, they have to mourn for three days, and the fourth day, according to religion, they have to go back to their routine life. They should not do other kinds of ceremonies. For Christians, they have to have a ceremony after three days, seven days, thirty days, six months and a year. They have all those ceremonies to do work on their mourning. For Jews, they have a ceremony for burial that men participate in. Few people are in the funeral. Few people, like ten people, will go to the cemetery, and then people are not allowed to visit the grave. When they see the coffin for the last time, this is the last time that they will have a physical contact with the symbol of the dead person. They will not visit the grave. They will not go to the cemetery. By not having all of those ceremonies, people stay with the grief and then the community developed ways to help the mourning families to work on their loss.

According to Islam, people are allowed to cry. See, this is basic, but when I compared that with Jews' religion, that does not allow people to cry. Then again, if your faith does not allow you to cry, when you cry, it's, "Oh thank you God that you allowed me to cry." So when I see Jews' families after a trauma and they are very calm, it does not mean that they accept; it means that they follow their own cultural way of dealing with trauma and loss. Muslims are allowed to cry, but they are not allowed to shout.

Again we have to understand what it means to cry but not to rebel because if you rebel then you are in the fight and then you are fighting God. If you fight God, then you don't accept your fate. If you don't accept your fate, then you are not a believer, and if you are not a believer, you are not helping your beloved one to be accepted in heaven, then you cause harm to your family member. If you lose a family member, then and at that moment in five minutes, you have to help him or her to have the passage from this life to the next life. At that moment, you have to accept death; at that moment, you have to help that person to have the passage, and you should not be thinking about your mourning; you should be thinking about that person. You are responsible for your family member. You have to behave as a person who has to help your family member, and you should not focus on your feeling at that moment. Sometimes people are not into that mood, so always they will be surrounded by others who will be telling them, "Say, 'Thanks God;'" "Say, 'I will meet you in heaven;'" "Say, 'God help you in your passage.'" The work or the function of the community is to facilitate the acceptance of death and loss in the very first moments that the family learned about the news. By this, actually, we have the phases of loss reversed, so acceptance is not the last phase of lost. Acceptance is the first phase of loss. People will accept, will know for sure that this happened, and then they will allow themselves to mourn later.

As I said, the community will be helping people to mourn, so if they have to accept in five minutes, then they will not be allowed to go to their routine life immediately. Actually, people are criticized if after a month they will go back to their life routine. If after a year or two years or three years, they did not go back, people will appreciate it. And the longer they show the community that they are not back into their daily life, the more people will appreciate their loss. They will not judge them as not knowing to cope; they will appreciate the depth of their loss. Actually, for a therapist who asks people to try to find a way to go back to their normal life after three months or five months, this is dysfunctional for Arab families because if they do then their community will think that they are pathologized, that they don't feel their loss. They have to show it. Actually, people will change their diet, they will eat less, they will eat worse, they will not go to restaurants, they will not celebrate whatever the community celebrate, they will not buy new things, they will not repair their houses for two or three, four, five years. They will suffer physically so the community will know that really they suffer the loss. They will show their suffering.

In the three religions, people think that loss is an experience that every human being should experience. It's a test from God, it's a test of the fate, it's God's will, so it will teach people that God is in charge of this life, you are a visitor on this land, on this life, and all kinds of loss and traumas are messages from God because you have to rethink your life. You should be doing something that you have to change. It's a type of personal care. People will say, "I had a visit from God." Again it is like God's will was in your family. He did something to you, so people reframe their loss. People will think that if they lost a child, very, very small infant, they will think that children are not the property of parents; children are God's property and he gave them as gifts to take care by human beings, and then if that child was dead then God took back his gift, returned his gift to his property. If a person was dead in a war, or as result of political dispute or when he was a student, then he is shahid which means that he died for a very important reason and then he will go immediately to heaven without being judged. He will help his parents to get to heaven, and he will definitely be reunited with his parents, and he will be taken care of by prophets and saints in heaven. People have that kind of reframing, and the community and the religious community will help them to reframe the loss. I will not talk about group trauma because this is another thing, but again the main thing is that the group will help when there is group trauma.

Okay, I will not have time for all of this. People will express their loss using different kinds of metaphors. People will not be using psychological terms, but they will talk about physical pain, and the meaning of that is that they lost their ability to direct their lives the way that they had to. I will try to summarize now. With three religions, Muslim clients, it is good to be using the religious belief system that this is a test of God: then you

can communicate with God in a way that you will learn his message, or you will change your family lifestyle in a way that the family will understand more this message. If the end of your pain is salvation that's what God would like you to have at the end of this journey. People will accept to work hard on whatever they have to change in their lives in order to feel that they are helping the person who passed away and the other members of the family who suffer from that loss.

For Christians, as I said in the beginning, the people from the three religions will become more religious. They will go to the places of faith; mosque, church, or hilwi (?) during their mourning time and some of them will show physically- it is like veiling or the Cross. They will show physically that they become more religious. Clergymen will come to the house to be with the family, more prayers will be taking place at the home. For Christians, a priest will come and purify the home. They will have a lot of religious ceremonies and religious narratives and religious talks during that time, and the people will be empathizing, will be thinking about the sufferer of Jesus or the sufferer of Mary as a mother of a person who died very early, and they will have all that talk.

For Jews, they shut. The only thing that gives them support is that they believe in reincarnation and they believe that the moment that a person is dead, another person will born, and the life of the spirit of the dead person will move to that person, so their hope is to find out where their beloved one ended, in which village, in which country because there are about four countries that Jews live in, and then when they find- and there are many stories that they find - their beloved one, they have, they reframe the relationship because now they will have a relationship with two families, with the family that that boy or girl was born into, and then they will have a new relation with their beloved one, with new form.

There are other ceremonies. People know that loss causes a lot of trauma, so there are different ways to acknowledge and also to convince that now you've overcome the trauma. It's like this bowl. It's called bowl of trauma and I don't know if you see there's a lot of verses from the Qur'an inside and outside, and those verses talk about trauma. So people will put water in it and put it under the light of the moon for twenty-four hours, so from night to night, and then give it to all family members drink from that, and people will think that God will help them now overcome the traumatic news. People know that they have to act; they have to do things in order to convince their bodies, their soul and their thought, their mind that they are working on their trauma.

As I said, communities experience trauma as a collective, so each day for about a week in the three religions, between three hundred and seven hundred people will come to the family each day. And they will come as individuals, families, groups and they will be with every part of the family, the mothers, the fathers, the siblings, and they will be asking them how that happened, and people will tell the story into details. Sometimes

they will tell the details seventy times a day or more. By that they will actually do what prolonged exposure to the narrative of the trauma does. They will be telling again and again and again and again, again and again when the loss is very, very fresh. They will not be waiting a month until they will go to therapy, and then that will help immediately. People will be helping with food, cleaning for about forty days, so the family will not be taking care physically of herself. The extended family will come and stay, so it's kind of reconnection and with the notion of helpless and powerless that the trauma gives, when the extended family and the extended community take care of their family they will rebuild the notion of help and power and the individual and the family will be feeling that they regain the resilience and the power again. So, again, when a woman says, "Thank God the trauma or the disaster broke my back!" she says that I, with the help of the community, know how to reconnect to my spiritual life in order to be able to overcome the disaster. Thank you. (applause).

David G. Satin

Thank you, Professor Abu-Baker. The clear message is that meaning and structure come to a community through clear beliefs, through clear rituals, through clear behaviors that help people to pull together with one another and help people to cope with their experiences. Thank you.

John McDargh, PhD

*Associate Professor of the Psychology of Religious Development, Boston College
Department of Theology; Director of the Center for Psychotherapy and Spirituality and
Adjunct Professor, Massachusetts School of Professional Psychology*

Introduction by David G. Satin, MD

Our third speaker is John McDargh, Associate Professor of the Psychology of Religious Development in the Boston College Department of Theology and Adjunct Professor and Director of the Center for Psychotherapy and Spirituality in the Massachusetts School of Professional Psychology. Professor McDargh teaches at Boston College a course in Buddhism, Judaism and Christianity, and he is a recipient of the American Psychological Association's Division of the Psychology of Religion annual William Biers Award for Outstanding Contributions to the Field of Religion and Psychology.

John McDargh, PhD—Mapping the Four Spheres of Analysis: Spirituality, Religion, Catholicism and Irish Catholic Christianity

Céad míle fáilte. A thousand welcomes, as they say in Gaelic. Before we get on with it, I'm a bit curious – how many folks have worked in your psychotherapy or community mental health with Irish American Catholic clients? Okay, and how many people identify as Irish American Catholic? (laughter). This is very interesting. It is a great example of the challenge of working cross-culturally. The majority of clinicians here today, because you are working in New England, know the population we are about to meet up close and personal, and yet only one person actually knows that community from the inside. We could probably ask the same question around Arab populations or Hispanic populations. That is why this is such a wonderful and necessary afternoon, yes?

Audience Member:

I was raised Irish Catholic, American Irish Catholic, but I don't identify as Catholic.

John McDargh:

Ah! So we have 2 people who are from the inside of the culture. Perhaps I should have asked how many people were *raised* Irish Catholic and then how many people still self-identify as Catholic. There is a difference. As I will say a little later, the Pew Foundation's recent study on religious affiliation found that perhaps the fastest growing denomination in America is former Roman Catholics. If Latino Americans did not have such a high birth rate, the study found, there would be a collective decrease in the number of Roman Catholics in America. Thank you.

It has a particular personal significance to be given the honor of this invitation to be a part of the 36th Annual Erich Lindemann Memorial Lecture. It was 38 years ago this very month, right after my first year in the doctoral program in the psychology of religion at Harvard, that I first stepped into the world of community mental health by working for the summer at the Freedom Trail Clinic of the Lindemann Mental Health Center. It was a life changing experience, and it convinced me that even if I was studying to become an academic scholar of religious development, I wanted and needed to be as up-close and personal as possible to the actual work of community mental health. After I was tenured at Boston College thirteen years later, I returned to the “scene of the crime” as it were, and during a years sabbatical did post-doctoral study in community mental health at the Schiff Day Treatment Center of Cambridge City Hospital under Dr. Jack Engler.

It was also at that center named after the extraordinary Dr. Lindemann, 38 years ago this month, however, that I first began to get a sense for how important it is to develop the kind of clinical sensitivity to the unique cultural/religious and social context of each client. The catchment area for the Lindemann Center included both the North End and Beacon Hill. I can recall one of my wise and experienced supervisors offering me this counsel as I began to do intake interviews.

If an elderly Italian Catholic woman from Calabria living on Hanover Street comes in and she tells you that her deceased grandmother has been appearing to her nightly, don't get immediately alarmed; that is not uncommon in that population. On the other hand if a Beacon Hill dowager who is life-long Unitarian starts to tell you about visitations from deceased relatives, you might listen with another set of ears.

In some sense, what we are working on together this afternoon is further refining that kind of listening perspective—developing that set of ears if you will—that make us better practitioners of what Dr. Satin so suggestively described as the platinum rule- “Do unto others as they would have you do unto them.”

At the least, that means even as we draw upon those nomothetic models of analysis, to use Kant's classic distinction, by which we make universal generalizations, we also are attending to ideographic ways of knowing that honor particularity and distinctiveness at many levels. We should never forget what William James in *The Varieties of Religious Experience* calls the crab's protest- “I am not a crustacean- I am me, myself!” What we all want is to be listened to as “me, myself.” This is a listening perspective, as a fellow graduate student put it to me years ago, which requires not just frames of reference, but frames of reverence. This is the pun that provided me with the title for this talk. It means that in the practice of therapy we are like Moses taking his shoes off on holy ground before the irreducible, unrepeatable and ultimately unknowable otherness of the human being before.

One way of doing this is to take seriously Erik Erikson's insight that our life-long construction of a sense of identity has to address three questions: "How am I like *all* other persons?" "How am I like *some* other persons?" and "How am I like *no* other persons?" In my contribution to our conversation this afternoon, you will find I move back and forth among these questions and categories. Each of us over the course of the life cycle have to develop and continually evolve personally meaningful and publically credible answers to these questions. Similarly, as therapist we have to formulate our own working understanding of the client that reflects what Erikson called in another context this triple bookkeeping.

First, we have to ask what we believe we and our client share in common with all other human beings. Harry Stack Sullivan wrote that in the end we must recognize that "we are all more simply human than not." But what does that mean to be simply, genuinely human? Well one of the distinctive features of homo sapiens- the wise or knowing creature- is that we ask that question at all. I am fairly confident that my golden retriever never wakes up and wonders if he is really being an authentic golden retriever in relationship to the universe of all other sentient beings. But we ask that question, usually around 3 am.

One of my students memorably put it this way, "I don't want to be world famous; I just want to know how I relate to everything that is." When we are brought to ponder our relationship not simply to the proximate communities of which we are a part, but to what James Fowler, faith development theorist, called "the ultimate environment", we have moved into the realm of what I would term spirituality. Philosophers have referred to this uniquely human capacity to be critically self-aware of our belonging to ever widening realms of relatedness- self-transcendent subjectivity.

In attempting to skillfully understand the lives of Irish Catholic clients, then it is appropriate to begin with their most inclusive membership in the human family and that is the way in which they manifest a shared human impulse towards spirituality. The working definition of spirituality I would offer is that proposed by James and Melissa Griffith in their book *Encountering the Sacred in Psychotherapy* (Griffith & Griffith, 2002, pp. 15-16).

Spirituality is a commitment to choose, as the primary context for understanding and acting, one's relatedness with all that is. With this commitment, one attempts to stay focused on relationships between, oneself and other people, the physical environment, one's heritage and traditions, one's body, one's ancestors, saints, Higher Power or God.

This “big tent” definition has a place for the increasing numbers of persons in contemporary American society who describe themselves as spiritual but not religious-SBNR as some writers now short hand it. Ken Pargament and other prominent social psychologists of religion have argued that describing oneself as SBNR is almost always an index of some degree of alienation or estrangement from what the individual will frequently call organized religion but by which they most often mean that religious tradition of their family or community of origin. (Zinnbauer & Pargament, 2005). They may mean by this the religion that my mother pulled me out of bed on a Saturday or Sunday morning (or Friday) to observe. What the SBNR is perhaps saying is that I don’t want any part of that, *but* there is some part of me that has an itch for ultimate meaning that I want to scratch. I still want to figure out how I relate to everything that is.

As I will develop further for such persons, their way of articulating that sense of relatedness to some ultimate environment or source of meaning is quite explicitly shaped by a sense of identification, even if ambivalent, with a particular religious life-way or tradition. This seems is particularly apparent to me in the case of persons raised Roman Catholics which is why the writer John Powers writes that “It is almost as hard to stop being Catholic as it is to stop being black”.¹ If that is true for Catholics in general, I shall argue later that for historical and cultural reasons, this identification with Catholicism is particularly tenacious for Irish Catholics both here and in Ireland. The closest analogy for them might be to Judaism of which Professor Stephen Levine once observed, “you can be an observant Jew, or an unobservant Jew but you can’t be an ex-Jew.”

So we are now to the second circle, and Erikson’s second question: How am I like *some* other people? What is my tribe, who are my people, with whom do I have the most in common?” To ask this in the third person: what are some of the salient features of the client’s identity that are shaped by and shared with the religious and cultural/ethnic community to which they are related by birth, geography and sometimes by choice? Because we human beings are symbolizing, communally-seeking beings, we do necessarily work out this question of my identity in terms of some kind of received set of stories, practices, and rituals.

Religion for our purposes is defined as “a narrative or metaphorical representation of the ultimate context of reality and its associated world-views, rituals, and ethics.... held and celebrated in some identifiable community”.² The identifiable community whose narrative or metaphorical representation I am interested in exploring here is Roman Catholicism, but Catholicism is a very big and diverse tent – or to use an image found on the web site of the U.S. Council of Catholic Bishops – Mother Church has a

¹ Andrew Greeley and M.G. Durkin, *How to Save the Catholic Church* New York: Viking Press, 1984, p. 8.

² Don Browning, “Can Psychology Escape Religion?”, *International Journal of the Psychology of Religion* 7/1, 1997

broad array of children and a wide embrace. The particular focus of this presentation is Roman Catholicism and within that more particularly the form of Roman Catholicism that accompanied Irish immigrants to North America from the 18th century on and that marks them still.

British scholar of comparative religions, Ninian Smart, argued that we need to start speaking of the Judaisms, the Islams, the Buddhisms and the Christianities as attuned clinicians we also need to be aware of the Catholicisms. As Dr. Bennasar can attest, the experience of Latino or Hispanic Catholic culture while sharing family resemblances with other Catholic Cultures- Polish, Italian, German and Irish for instance- nuances that Catholicism in significant ways. Even that may be too general for as Dr. Nancy Kehoe, who is also a Religious of the Sacred Heart (a Roman Catholic women's religious order), reminds us in her article "Religion and Mental Health from a Catholic Perspective" one's relationship and view of Irish Catholicism is different if, like herself, one grew up in Chicago but in a densely Jewish neighborhood (Kehoe, 1998). Clinical take-away point number one: when a client says they are Catholic, one does not know exactly what that means for them without a lot more questions about their particular experience.

To be self-referential for a moment, I came to my own Catholicism through my father's conversion from his Scots-Irish Presbyterianism to marry my German Catholic mother, whose grandfather had himself converted from Judaism to marry my great grandmother. That very American story of religious boundary crossing influenced my sense of spiritual lineage, but it also was important that I grew up in the South. On the one hand, this was how I first came under the influence of the Irish Catholicism that is the subject of my talk. In the 1950's, when Ireland was still producing many more priests each year than were needed at home young men who felt called to the foreign missions could chose to go to Africa, Latin America, or Georgia and Florida. Without exception all of the parish priests I knew thought thirteen years of parochial school were what we jokingly but affectionately referred to as FBI's foreign born Irish. Moreover, the religious sisters who staffed the first Catholic school I attended were Irish Sisters of Mercy, a community founded in Dublin in 1827 by Mother Catherine McAuley whose canonization we prayed for daily.

On the other hand, my first experience of Catholic mass in the semi-rural community outside Atlanta where we lived was in a public school cafeteria when on Sunday morning a traveling FBI priest would pull up in the station wagon and we would help unload a card table and box of vestments- that was our family parish. Thus, growing up Catholic in the South one was always aware that there were way more Methodists, Baptists, and Pentecost lists and Presbyterians than there were folks like us. Furthermore, when my family did not have the money for me to attend Notre Dame after high school- the highest educational aspiration of every boy in my Catholic high school- I

ended up at Emory University in Atlanta. Emory was then still largely a Southern Methodist university with a large number of preachers' kids. It was a happy alternative. At Emory in the late 60's, I formed my first serious friendships with Jewish and Protestant students and I was inspired by the role of the Black church in the Civil Rights Movement and the example of some heroic Methodist chaplains who recruited us to that cause. All of that influenced my perspective on my own Catholicism to a degree I was not aware of until coming to Boston.

Coming to Boston for graduate school in 1974 after four years in the Coast Guard, I encountered for the first time a thickly tribal and triumphalist Irish Catholicism sociologically different than what I grew up with. Early in my work at Harvard, I would find myself in miscommunication with Boston-bred Catholics who would refer to "the Church" and be mystified when I would politely ask which one they were talking about. They would respond "The Church...you know, the Holy Roman Catholic Church, is there any other?" "Are you some kind of Prot?" I was once asked.

In what I shall say about Catholicism in general and American Irish Catholicism in particular, I am necessarily, even here, making generalizations at times that may appear to be trading in cultural stereotypes. So it is important to hold in mind that for every one we are privileged to work with in this impossible profession called psychotherapy, they are like all other people, like some other people, but finally they are like no other people. Each Irish Catholic client's way of appropriating their Irish cultural and social heritage and their Catholic religious tradition is uniquely shaped by a myriad of other factors from the vicissitudes of their own unique family histories, temperament and personality, and social and economic and educational circumstances.

Especially critical is age- for the Second Vatican Council 1962- 1965 was a watershed event in world Catholicism that historians recognize divides the generations that grew to adulthood prior to that transformative event from those that grew up in the midst of it, like myself, from those like my students who have never known the liturgy in an ancient language or had the identity-defining experience of having to explain on a Friday why you could not eat a hot dog. On then to try to say something that might be clinically relevant broadly about the Roman Catholicism's "narrative representation of the ultimate context of reality", and then on to the particular variation on that narrative that is Irish Catholicism, both in Ireland and in the American diaspora.

There is certain kind of intellectual; sensibility shaped by growing up in the force field of a Roman Catholic culture of whatever kind that are directly relevant to both the formation of the therapist and subjective experience of the Roman Catholic client. My own mentor psychoanalyst and author Ana Maria Rizzuto wrote a fascinating essay listed on your bibliography on how her own childhood in the town of Alta Gracia, in densely Catholic Argentina pre-disposed her to her career as a psychoanalyst (Rizzuto, 2004).

For instance, growing up in a highly liturgical and ritualized world, she became aware at an early age that:

Material objects and actions...become instruments of revelation and life, shared human and divine life...Each liturgical object exceeds its visible potential. In this way all objects, all life is symbolic and becomes a living poem. Even as a young adult, she writes, "I understood that any object, any existing reality is inexhaustible in its abundance of being and meaning. Nothing is "nothing but". Everything is "something and" as it is in poetry, art and prayer."³

What Dr. Rizzuto is describing here is more exhaustively explored in the work of the Rev. Dr. Andrew Greeley, may his memory be to us a blessing. Large parts of the progressive American Catholic community mourned his passing two weeks ago at the age of 85. Dr. Greeley was a Catholic priest of the Diocese of Chicago trained as a research sociologist at the University of Chicago and probably studied the population of American Catholics, including his own Irish Catholic culture more extensively and with more rigor than any other modern social scientist.

In addition to writing over 100 professional books in his discipline, he authored over 50 novels.⁴ He was also an outspoken critic of a certain culture of clericalism and bureaucratic denial that he argued set up and perpetuated patterns of clergy sexual abuse. Yet to the end Andrew Greeley saw his social scientific scholarship and writing as a way of living out his priesthood and gift of service to his church. One of Greeley's gifts to our own conversation today is an elaboration of the phenomenon Dr. Rizzuto notes from her own upbringing in Catholic Argentina. Greeley argued that, indeed, the distinguishing characteristic of the Catholic way of being religious is the "analogical" or "sacramental imagination." This Catholic viewpoint sees God as present in the whole of creation and in human beings. Thus, the Catholic sacramental system, and the whole nature of popular piety is based on the conviction that human beings are channels and sources of God's grace and vehicles for God's action in the world. In other words, the natural world of which human beings in their intimate lives together are metaphors for,

³ One can appreciate how this dimension of Catholic religious experiencing alone prepared her to resonate with Freud's notion of manifest and latent contents of the symbolic unconscious. Even as David Bakan argued that Freud's fascination with the inexhaustible play of interpretation had its deep grounding in the heritage of Talmudic and Kabbalistic approaches to the texts of Torah, Dr. Rizzuto finds a Catholic path into psychoanalysis. David Bakan, *Freud and the Jewish Mystical Tradition* (Van Norstrand Company), 1958.

⁴ Some of them like his best selling novel "Cardinal Sins", were quite offensive to some members of the Catholic hierarchy for their explicit and realistic depiction of clergy as human beings who struggle, not always or altogether successfully, with living integrated celibate lives. The ultra-conservative *National Catholic Register*, not to be confused with the progressive lay-lead *National Catholic Reporter*, once railed that Greeley had "the dirtiest mind ever ordained".

and disclosing of the reality of the Mystery of God which desires to enter into relationship with human kind.

Greeley contrasts this with what he calls the more classical Protestant view, which he calls a dialectical imagination. God is seen as “radically absent from the world...[God] discloses God’s self only rarely, and then principally in the self-revelation of God through the Christ known in the witness of Holy Scripture.” God is, as the great modern Reform Theologian Karl Barth wrote, “Ganz Andere” - “Wholly Other.” In this Protestant view, Greeley wrote, “the world and all its events, objects and people tend to be radically different from God.” Thus Greeley’s writing of novels alongside of his serious social science research is itself an expression of this conviction that art of all kinds is revelatory of the divine Mystery found in creation and in the goodness and holiness of sexuality.

St. Ignatius of Loyola, 16th century founder of the Society of Jesus, that passionate Basque, exemplifies this analogical imagination in his *Spiritual Exercises*. The *Exercises* communicate a confident sense of spiritual humanism with the suggestion that we take as our guiding principle “hallar dios en todas las cosas,” to “find God in all things.”⁵ That is why we find Jesuits trained as astronomers and biologists, psychotherapists, and painters, ballet dancers, novelists and poets. One such Jesuit poet was Gerard Manley Hopkins whose poem God’s Grandeur opens with the lines:

The world is charged with the grandeur of God.
It will flame out, like shining from shook foil;
It gathers to a greatness, like the ooze of oil
Crushed...

Since my focus is on the Irish Catholic experience, when I go looking for the analogical imagination in Irish religious culture it is not hard to find. It is there in the nature mysticism of early Celtic Spirituality. The 9th Century Irish theologian Johannes Scotus Eriugena (c. 815–c 877) held that the Christian read God off of two books. One was the Scriptures, but the other was the book of nature. Or we might think of the ancient Irish notion that the world was sown with thin places- holy wells, trees, hills and

⁵ There is a statue of Ignatius on our campus in which his right arm is extended and he is gazing into his open palm. The swirling robes and intensity of expression in his face are striking. I love it, and so apparently do our students and over the years since it has been erected periodically some undergraduate wag will lay something in his outstretched hand – so over the years I have come upon Ignatius contemplating an orange, a pumpkin at Halloween, a tennis ball, a baseball and this year during senior week, a bottle of Budweiser. And why not, there are no limits to *todas las cosas*.

places of sacred burial where the veil between the invisible and visible worlds, the living and the dead was permeable and passable.⁶

This analogical imagination is richly found in Irish poetry down to the present time. The first poem I ever chose to memorize was given to me in third grade by those Irish Sisters of Mercy and it was “I See His Blood Upon the Rose” by the Irish poet Joseph Mary Plunkett. Many years later I found out that he was a 28 year old Irish nationalist, journalist and poet who rose from his sick bed to participate in that unsuccessful rebellion called the Easter Sunday uprising of 1916. The poem is a beautiful evocation of the Catholic analogical imagination- the last two lines are however perhaps distinctively Irish- the Divine that Plunkett encounters in nature is one whose eternal suffering is also imprinted into the world.

I see his blood upon the rose
And in the stars the glory of his eyes,
His body gleams amid eternal snows,
His tears fall from the skies

I see his face in every flower;
The thunder and the singing of the birds
Are but his voice—and carven by his power
Rocks are his written words.

All pathways by his feet are worn,
His strong heart stirs the ever-beating sea,
His crown of thorns is twined with every thorn,
His cross is every tree.

Andrew Greeley also argued that this incarnational sensibility in Catholic Christianity should predict a spiritually grounded appreciation for the power of human sexual intimacy as the privileged place for revealing a God who is love. As he writes, “The love of God (for Catholics) in perhaps the boldest of all metaphors (and one with which the Church has been perennially uneasy), is like the passionate love between man and

⁶ For a discussion of some of the creative dimensions of the Celtic Spiritual tradition see J. Philip Newell, *The Book of Creation: An Introduction to Celtic Spirituality* (Canterbury Press), 1999 and *Christ of the Celts: The Healing of Creation* (Jossey Bass), 1999. Also Esther de Waal, *Every Earthly Blessing: Rediscovering the Celtic Tradition* (Morehouse Publishing) 1999. A contemporary retrieval of Celtic spirituality like the restoration of the ancient monastic center of Iona has been distinctively ecumenical in nature involving Anglicans, Presbyterians and Roman Catholics. In this country see the programs in Celtic spirituality of the Wisdom Ways Center for Spirituality of the Sisters of St. Joseph of Carondelet (www.wisdomwayscenter.org)

woman. God lurks in aroused human love and reveals Himself to us (the two humans first of all) through it.”⁷

So Catholics *should* enjoy sex and similarly good food and good fun. In reference to which early 20th Century British Catholic writer Hillaire Belloc once wrote:

“Wherever the Catholic sun doth shine,
There’s always laughter and good red wine.
At least I’ve always found it so.
Benedicamus Domino!”

Now I know you are probably thinking Mr. Belloc probably visited Italy more than Ireland and never tried to order a decent bottle of red wine outside Dublin. Or perhaps the Catholic sun doesn’t shine there, at least not consistently. Clinical take-away point number two: Be aware that these habits of the heart are potentially there in our Catholic clients across the Catholicisms as a latent potential for experiencing a sense of connection and intimate relationship to a good and holy creative order. The capacity for symbolic imagining, the importance of ritual practice, the Catholic client’s possible experience of being woven into an unseen community that includes Christ, Mary and a host of angels, saints, intercessors and benefactor are all potential resources in the therapeutic process.⁸

In the weather of Irish Catholicism one finds - as a result of a perfect storm of historical circumstances- countervailing cultural vectors that are sometimes congruent with and sometimes quite orthogonal to the Catholic sensibility Belloc was celebrating- causing one Irish colleague of mine to remark that what he sometimes wished is that his church were a little less Irish and a little more authentically Catholic. Trying to understand some of these social and cultural and religious currents in Irish Catholic

⁷ Greeley *The Catholic Imagination* (Berkeley: University of California Press), 2000. p. 7. See also Thomas Groome *What Makes Us Catholic: Eight Gifts for Life* (Harper), 2004. Especially Chapter 3, “What’s It All About? Taking the Sacramental View”.

⁸ Ana-Maria Rizzuto makes the point that as a Catholic child coming to age in her culture she had a comforting sense of being part of a large heavenly family. “*A Catholic child is never alone if he or she has a developed capacity to have internal objects... Catholicism is no a nuclear family with a big parent at the top. It is an extended family with a widespread variety of characters, each of which has his or her own access to the divine source. ...the end result of living in the crowded household of the Catholic God is the childhood experience of being surrounded by available benign presences willing to help, even if one is in trouble with God.*” (Rizzuto, 2004, p. 439). In my own analogous clinical experience, I have counseled a French-Canadian Catholic man who shared that at one time in his life when he was struggling with his sexual identity he felt he could not approach either God or Jesus. Neither was the Virgin Mary accessible, being the exalted mother with whom he could not share anything “impure”. On the other hand he found great comfort and solace in going to the Franciscan Shrine on Arch Street and praying before the statue of a handsome young Portuguese friar, St Anthony of Padua, who is depicted as tenderly hold cradling a small child, the baby Jesus, whom my client imagined might be himself.

experience, both in Ireland and here in the United States, seems essential to skillful therapeutic companioning the Irish Catholic client. For this analysis, I want to acknowledge my indebtedness to the work of Monica McGoldrick of the Psychiatry Department at the University of Medicine and Dentistry of New Jersey who edited the splendid book *Ethnicity and Family Therapy* and contributed the chapter on *Irish Families*.⁹

McGoldrick begins by quoting the G.K. Chesterton, British Catholic writer: “The Great Gaels of Ireland are the men that God made mad, for all their wars are merry and all their songs are sad.” She then lays out some of these paradoxical elements that are cultural characteristics of an Irish heritage found in various degrees in the Irish Diaspora. As I read these you may start to wonder how they may resonate with your own clinical experience with this population. (McGoldrick, p. 310):

There is a striking charm, joviality and clannishness when the Irish band together for a cause, (especially a moral or political cause), and yet they seem to suffer from a sense of isolation, sadness and tragedy. As Patrick Moynihan observed after President Kennedy’s assassination: “ I don’t think there is any point in being Irish if you don’t know the world is going to break your heart someday”. The Irish will fight against all odds, and yet have a strong sense of human powerlessness in relation to nature. The culture places great value on conformity and respectability, and yet the Irish tend towards eccentricity. Their history is full of rebels and fighters, and yet they tend to be compliant and accepting of authoritarian structures. They place great stock in loyalty to their own, and yet they often cut off relationships totally. They have a great sense of responsibility for what grows wrong, and yet they characteristically deny or project blame outward.

The possible origins of these paradoxical traits is to be found in the circumstances of a people living on a rocky, misty island with few natural resources who have had a homogenous culture, a rich tradition of poetry and story-telling, and a language for 2000 years but for most of its history, and in a particular way for the last 400, have lived under foreign domination by the British and in conditions, particularly in rural Ireland, of extreme poverty. Thomas Cahill in the first of his masterful “Hinges of History” series explored “How the Irish Saved Civilization,” examining how the Celtic Christian monastic scholars and missionaries preserved learning and literacy and re-introduced it to continental Europe (Cahill, 1995). Catholic Christianity and a shared fierce opposition to British rule were the only things that united the Irish people – though there were also, particularly in urban areas around Dublin and Waterford, an Anglo-Irish population that

⁹ The quotes are from the first edition of *Ethnicity and Family Therapy*. It is available now in a revised Third Edition (2005).

contributed substantially to Ireland's literary, artistic and political culture (think here of George Bernard Shaw, William Butler Yeats and the political leader Charles Stuart Parnell). These, however, were a privileged and significant minority.

The living condition of Irish peasantry through the 17th and 18th centuries was horrible by any standard – periodic famines, fatal diseases, the illegal dispossession from their farms by the agents of absentee landlords, whether Catholic or Protestant. With the English Reformation under Henry VIII and Elizabeth I, the long conflict between British intentions to pacify the rebellious Irish clans and establish authority over the island and Irish resistance became a distinctively religious struggle. In 1607 Catholics were barred from public life and after the disastrous Irish rebellion of 1641 the Cromwellian conquest of Ireland destroyed hundreds of churches and monasteries. The ruins of these places of worship are to be seen all over the country. This was also the period when Scottish Protestant farmers were uprooted from their homes in Scotland and resettled on the Ulster plantations to further pacify the country. Then in 1691, there were enacted the Penal Laws designed as was said at the time to “further impoverish the Irish, prevent the growth of Popery and eliminate Catholic land ownership”.

When I have spent time in Ireland and discussed the Penal Laws, I am constantly reminded of William Faulkner's famous line, *“The past is not dead, it isn't even past”*. The long shaming memory of being politically, religiously, and culturally disenfranchised in their own land sometimes seems as raw and neuralgic today as it ever was. Among these laws – the last of which was not eliminated until 1920 – were requirements that Catholic Irish pay a tithe to support the only officially recognized form of Christianity, the Anglican Church of Ireland. By the way, these same laws also applied to Protestant “dissenters,” Presbyterian and Free Churchmen, and the first major immigration from Ireland to North America beginning in the early 18th century was from these Irish in the North. Included in that first wave of migration in 1727 were two brothers, John and Barney McDargh from Derry, who were the progenitors of the McDargh family line.

¹⁰The laws were most severe on Irish Catholics, however, for they were rightly seen as the greatest threat to English hegemony. Bishops were banished, all priests had to register, and their capacity to function sacramentally was strictly regulated.

Every Irish Catholic school child is taught the stories of masses celebrated secretly in remote rural areas not in churches but on “mass stones,” and they know the names of the scores of priests and laity who were captured, tortured and martyred when, beginning in 1709, “priest hunters” were authorized to track down non-compliant clergy. One of the

¹⁰ This first wave of Irish immigration has had one of the highest rates of exogamous marriage of any immigrant group and has come to be blended in with the general white Protestant culture in America. When they arrived however they were simply regarded, and having been several generations in Ireland, regarded themselves as “Irish”. The insistence in the McDargh family that they were “Scots Irish” was a way of disidentifying with the later 19th century Catholic Irish immigrants.

other Penal Laws that had a very decisive impact on the shape of Irish Catholicism was that seminarians could not be educated in Ireland but had to go to Belgium and France, sometimes secretly, to study for ordination. There is a line of argument that says that in those continental seminaries the Irish clergy were infected with some of the theological perspective of Jansenism – a theological movement within the French Church that has sometimes been described as a kind of Catholic Calvinism. The theological followers of Dutch theologian Cornelius Jansen (1585 – 1638) held to a particularly way of reading St. Augustine that produced a severe notion of sin and a rather low opinion of human nature and was, not surprisingly, set themselves against the kind of Jesuit humanism earlier described. Irish monasticism, of course, already had a tradition of moral rigorism and a severe ascetical discipline. It was, after all, Celtic monks who introduced the practice of private auricular confession to the Catholic continent, and produced the famous Celtic Penitentials, long lists of specific sins with a formulaic set of specified penances for each. You may think of that as religious mandatory sentencing.

Whatever the source, Irish Catholicism as it developed from the seventeenth century, with an emphasis on the human vulnerability to unruly passion and proclivity to commit grievous sin, gave Irish Catholic culture a particular fixation on sin and guilt and the Irish Church an authoritarian, rigid and moralistic character. McGoldrick cites studies, for example, that suggest “Irish schizophrenics are commonly obsessed with guilt for sins they may not have committed ... in contrast to Italian schizophrenics who often act out their fantasies and impulses without subsequent remorse” (McGoldrick, 313). It is, perhaps, for that reason that the sacrament of penance, or going to confession until recent years was more strictly observed in Ireland than in most Catholic countries on the continent. Irish Catholic clients, McGoldrick notes, often tacitly approach therapy as a confessional experience where they expect to have to acknowledge failing or wrong doing and from which they expect absolution and penance from a therapist who is invested with the authority of a priest. They are less likely to see therapy as a collaborative process of self-exploration.

The other consequence of the Penal laws was that when priests were slowly able to function at the parochial level, in the absence of a viable inclusive civil society, they were often the only credible authority and the only educated adult in the community. Thus, in a way unparalleled in Italian or French society which, however pious, also had strong traditions of popular anti-clericalism, in Irish society the need to preserve the moral authority of the priest and the Church as the anchor of the community meant that any evidence of moral failing was met with incredulity. “Denial” isn’t just a river in Egypt, but one that runs from Galway to Dublin.

When the Boston Globe’ report on clergy sexual abuse broke ten years ago, significantly on the Feast of the Epiphany, I asked a colleague who is an Irish American

priest of the diocese of Boston how it was possible for this behavior to continue unnoted for so long. He answered in typical fashion by telling me a joke:

Margaret Mary and Maeve were two elderly unmarried sisters who had immigrated from Ireland as young women and were now retired and living in an apartment on D Street in South Boston. One winter, they suddenly realize that the house across the street with the frequent nocturnal traffic was busy because it was a brothel. Their favorite form of late night entertainment immediately became the practice of taking turns sitting in the parlor window behind the lace curtains and commenting to the other about what they saw.

About 11 pm on a snowy, cold miserable January night Margaret Mary at the window calls out to her sister. "Maeve, come here quick". "Look who is going into that house of ill repute!" Maeve looks out and exclaims, "Why I think it is the Rev. Mr. Stafford from the Protestant church over the way... I recall him from that ecumenical prayer breakfast we went to last year. What a pity, and him married with children and all... Just goes to show you that allowing ministers to marry is no cure for concupiscence."

Around midnight, Margaret Mary summons her sister excitedly. "Maeve, do you recognize that feller?" "I don't think I do". "Well I do, it's that new rabbi of the synagogue just opened. Recognize his face from the Boston Herald. Oh dear...well we can't judge the poor man too harshly. You know they say them Jews are a bit over-sexed."

Finally around 1 am, Margaret Mary is still at the window and snow storm has become a blizzard. She calls out to her sister, "Maeve, quick, wake up. You'll never guess who is just walking down the block to that house." Maeve gets up and looks out through the driving snow and exclaims: "Jesus, Mary and Joseph! It's Monsignor O'Brien from St. Brigit. Oh, the dear, sainted man! Him coming out on a sick call at this hour and in this terrible weather."

One cannot chronicle the history of 400 hundred years of Irish suffering without mentioning, of course, the devastating event of the mid-19th century that was responsible for the forced migration of over two million mostly rural Irish to North America – making Ireland the country that lost the highest percentage of her population to America of any land in the world. The Irish tenant farmers were heavily dependent on potatoes as their food source while they produced grain and other crops to pay their rents to the land agents for export to Britain. For seven years, between 1845 and 1852, a blight on the

potato crop in Ireland meant wide spread starvation, illness, and the dispossession of farmers from their land if they failed to pay their rents.

There was, as the historical record now shows, ample food to have fed the population, but economic policies sent it out of the country. Nevertheless, they literally fled for their lives packed into the steerage of boats known as “coffin ships” for the numbers of malnourished refugees who never survived the Irish middle passage. If we had the world enough and time, I would love for us to contemplate an image of the monument that commemorates this tragic diaspora of desperate Irish refugees that the Boston philanthropist Thomas Flatley commissioned for downtown Boston. It shows starving persons on one block of stone and then set apart from them on another a group of free people walking confidently into the future their faces turned away from the agony of those left behind. Only the woman in that group is looking back. It is a symbol, I think, for a kind of distanced relationship. Do we leave Ireland and its suffering behind and remake ourselves as American moving into a life of respectability, or do we look back? It is a fascinatingly complex sculpture.

When these immigrants did arrive, they were arguably the poorest and least educated immigrant group to find their way to these shores, and here they were pitted against the other most marginal community – freed black slaves in New York and the North east. In fact, there were “scientific” treatises that argued that the Irish were themselves an inferior racial group as close genetically to African Americans as they were close in their economic and social status. Professor Noel Ignatiev in his book *How the Irish Became White* argues that the Irish immigrants saw that their only chance of advancement had to be to struggle to be superior to African Americans and to compete with them for the lowest rung jobs on the social ladder (Ignatiev, 2009).

Without going into that painful and violent history- the point I want to make is that the Irish (now) Americans lived under the burden of a toxic sense of cultural shame- and as forensic psychiatrist James Gilligan argues convincingly, I believe, in his important book *Violence: Reflections on a National Epidemic*- it is shame that is the pathogen for social violence, internal and external (Gilligan, 1996). Historians have noted that, by many standards, the Irish have been the most socially and economically successful of all the European immigrant groups, with the exception of Ashkenazi Jews. Despite this social success, that history of social suffering and the undertow of cultural shame, often religiously reinforced, has influenced interpersonal and familial interactions in ways that the therapist must be attentive to. So let me make four observations that I believe are clinically relevant:

- First, about the distinctive challenge that Irish Americans may commonly have with inter-personal conflict and the expression of feelings.

- Second, about Irish Catholic attitudes towards suffering.
- Third, about the conflicted situation of religiously alienated American Irish Catholics.
- Fourth, about alcohol and its particular place in Irish American culture.

Colleagues at a Catholic University with a deep and enduring Irish Catholic heritage shared with me this account. As it was told me, the university had hired its first African American woman senior administrator from a Black Baptist background. After she had been in the position some months, she sought the counsel of a member of the faculty she had gotten to know who had experience in Clinical Pastoral Education. She asked for his help in trying to understand a cultural situation she had never before encountered. As she explained it, in the community she grew up in adults could meet and argue vociferously for their position, disagree with one another, and finally fight their way to an amicable solution. At this largely Irish American and Catholic university, she had experienced something very different. In group meetings and especially if public, administrators would be unfailingly polite and cordial to one another. Critical questions let alone strong counter-positions rarely were raised in these meetings and there was seldom public debate or expressed strong disagreements. Yet she discovered when she had private personal conversations that many administrators and faculty were sitting on accumulated simmering resentments and injuries and a whole history of unexpressed anger. She also did not understand why, for example, a proposal for a policy and a pamphlet on sexual harassment could not get approval. Whenever she raised the idea, it was met with the objection, in the words of one administrator, “If we put that out people might think that there are persons in our community who are experiencing sexual harassment”. My colleague offered her Monica McGoldricks’ chapter on Irish Families and a week later this administrator wrote him, “Thank you, now I understand.”

McGoldrick argues that the pattern from the time of the ancient Celts was to be belligerent, bellicose, and verbally aggressive to one’s designated enemies. Think of Notre Dame’s “Fighting Irish”. But within the family or friendship circle direct aggression, unless dis-inhibited by alcohol, and certainly public disagreement, was strongly repressed. Recall the vigorous, theatrical, high decibel but ultimately bonding arguments in Italian Catholic film families: from Cher in *Moonstruck* to Robert DeNiro more recently in *Silver Linings Playbook*. Then see if you can find an Irish American equivalent in contemporary cinema or plays. By contrast to the straight-forward style of family argumentation in Italian and Jewish households, among Irish Americans, McGoldrick observes: “*Except under the guise of wit, ridicule, sarcasm and other indirect humorous expression, hostility in the family is generally dealt with by a silent building up of resentments, culminating in a cutting off of relationship, often without a*

word – a form of social excommunication for interpersonal wrong doing” (McGoldrick, 316).

The prohibition on the expression of feelings within the family presents a particular challenge in treatment of the Irish Catholic American family. Irish Catholic family members typically may treat the therapist with deference and be outwardly compliant. However, if the therapist is used to working with Jewish or Latino or Italian families where there is likely to be a greater emotional availability and interaction, the therapist may feel like a failure in the treatment when efforts to get family members to connect affectively with one another and with the therapist are fended off by the use of wit and humor or met with silent resistance. What the therapist needs to recognize and take encouragement from is the fact that even coming to treatment is a huge step. It requires overcoming the deep-rooted cultural prohibition against exposing the family to any scrutiny that might damage their efforts to appear respectable and without blemish.

One of the enduring impacts on the Irish character of the penal laws that aimed to subjugate and control the Irish people - alongside a carking sense of resentment and repressed sense of cultural inferiority - is an almost desperate longing for respectability, hence a great emphasis on appearances and an aversion to any evidence of social deviance. McGoldrick quotes from John Corry’s book *The Golden Clan*.

One can never underestimate the way the American Irish shunned anything improper. Propriety has been the curse of the Irish since coming to America, building respectability layer on layer. [They] often fight so hard to be accepted that they can never be themselves at all (McGoldrick 317).

It is that need to keep up appearances that made the effort to get a policy and publish a pamphlet on sexual harassment so protracted, and why at many Catholic universities with an Irish tradition, there is a quiet resistance to participating in that portion of the national college student health surveys that gathers information on student sexual behavior and sexual orientation. This concern about respectability also means that in Irish Catholic homes a child’s rebelliousness and disobedience, or any behaviors that would draw negative attention to the family, are the most likely reason for self-referral for therapeutic help. This is in contrast to other families where a child’s failure to do well academically or their private eating disorder might be the precipitant.

These observations bring me to the problem of suffering the human condition which drives many, if not most, of our clients to seek treatment, but which paradoxically keeps many Irish Americans away. My late brother in law Noam Pitlik, was a Jewish comedic television director in Hollywood who felt a special affection and affinity for Ireland and the Irish. He said it was because they understood in their bones the Yiddish term *Kina*

Hara (it even sounds a little Gaelic)- a traditional charm against the evil eye but more generally pronounced particularly when things are going well because there is a lurking sense that suffering, loss and tragedy might be just around the corner. Noam might have paraphrased Patrick Moynihan, “I don’t think there is any point in being Jewish if you don’t know that the world is going to break your heart someday.” But I think that Noam missed a critical difference between the typical Irish and the more characteristic approach of the Jewish people to a history that for both of them has been marked by oppression and trauma. For Jewish families, a history of suffering becomes a rallying point for solidarity and even- sometimes problematically- a part of a shared identity. In Judaism one also has permission to protest to God. Think of the character Tevye in *Fiddler on the Roof* who remonstrates the Holy One: “I know we are the chosen people, but couldn’t you choose someone else for a change.”

Less high-brow, one comes across popular riffs on the bumper sticker “Shit Happens”. A tongue in cheek humorist I once heard suggested that Jewish version might read “Shit happens, but why does it always happen to us?” By contrast he proposed that the Irish Catholic version would read “Shit Happens, and you deserve it.” Because of the particular vulnerability to a sense of guilt for sin, a common Irish Catholic response to misfortune and suffering is to understand it as merited punishment for sin and to make a virtue and an act of sanctification to bear it silently and stoically. Jews *kvetch*- Irish Catholics don’t. Rather, they admonish one another that whatever has gone wrong, it always could be worse, and in any case presents a spiritual opportunity to offer it up, to unite their private sufferings with the greater suffering of God in Jesus for the sake of the redemption of the world.

The New Jersey born Irish Catholic poet Joyce Kilmer, best known for his paean to trees and a rest stop on the New Jersey turnpike, wrote a poem analogizing his particular physical suffering as a soldier in France in World War I with the details of the passion of Christ. It was another one of those poems that were required to be memorized in Catholic grade school. It begins with the line *I march with feet that burn and smart, tread holy feet upon my heart* and memorably concludes with the line:

Lord thou did suffer more for me, than all the hosts of land and sea
So let me render back again, one millionth of thy gift, Amen.

That narrative can provide a lot of meaning and a foundation for endurance. Kilmer’s poem got me through some tough afternoons in boot camp. But there are clinically relevant consequences that are found independent of the religious surround (McGoldrick, 320):

- The Irish have a much higher toleration for physical pain than other cultural groups.
- The Irish tend towards confusion and inaccuracy in describing their pain and they are silent and uncomplaining about their suffering even to close family members.
- They do not seek suffering, but because they do expect it, they are less likely than other ethnic groups to seek a remedy.

One implication of this is that an Irish Catholic client who does find their way to treatment needs to be taken seriously- the pain must have finally become intolerable. It is also frequently the case that they are perhaps more likely to hang in with the work if it is framed not in terms of helping them find some relief from their own suffering but as something they undergo for the sake of those they love- importantly their children, but also perhaps their parents or the persons who they serve in their vocational lives. Here is where the genuine selflessness and good heartedness of the Irish client can be indirectly mobilized on their own behalf.

The recent Pew Foundations Survey of Religious Affiliation found that the fastest growing denomination in the U.S. is former Roman Catholics. In fact, if it were not for the demographic bump provided by Latino Catholics, the Catholic church in the U.S. would be registering a net decrease in membership.¹¹ Many of those former Roman Catholics who may now refer to themselves as Spiritual But Not Religious are Irish in background. It may very well come up in a therapy that is sensitive and open to the spiritual dimension of the client's life that they face a particularly painful dilemma around which you as the therapist may be invited to accompany them. Where most Protestants disenchanted with their religious community of origin can migrate unproblematically to another denomination or worshipping community, for Irish Catholics given the history of religious oppression I have just sketched, joining a more progressive and theologically or socially welcoming community can feel like a betrayal of their families and history. I once was in conversation with the prominent journalist and writer Andrew Sullivan, British born, Oxford and Harvard educated Irish Catholic political conservative, who has written extensively on the situation of being a gay man and a practicing Catholic. I asked him if his discouraging response from the Catholic hierarchy to his writings appealing for a more welcoming stance towards gay and lesbian Catholics ever made him consider a lateral transfer to another Eucharistic tradition, say the Anglican or Episcopal corner of the Christian tent. It was about as culturally insensitive a

¹¹ See <http://religions.pewforum.org/reports> " While those Americans who are unaffiliated with any particular religion have seen the greatest growth in numbers as a result of changes in affiliation, Catholicism has experienced the greatest net losses as a result of affiliation changes. While nearly one-in-three Americans (31%) were raised in the Catholic faith, today fewer than one-in-four (24%) describe themselves as Catholic. These losses would have been even more pronounced were it not for the offsetting impact of immigration."

question as I have ever asked. His response was immediate and angry “that would be absolutely unthinkable – you don’t sleep with the enemy.”

While other SBNR American Irish Catholics may not be as fierce in rejecting an alternative Christian religious option – I have found that many of them, particularly those who have directly or indirectly been impacted by religious sexual abuse – find themselves wandering in a painfully liminal space. They cannot walk in the door of the church that had been home for them without betraying themselves but, though they miss the sense of community, the feeling of communion with the divine and the structure of the liturgical year, they cannot imagine a religious alternative. They are not unlike the older Irish woman in whose home one of my students lived while studying in Galway. The woman made it clear she was not a practicing Catholic and my student heard her make very critical comments about the local pastor. The student questioned her one day, however, after she had angrily thrown two visiting Jehovah Witnesses off her front porch. “Mrs. Gallagher, why were you so offended by those folks, I thought you didn’t care about religion?” “Why should I listen to them?” she replied, “I don’t believe in my own faith and it’s the one true one!” That is the dilemma right there.

I have found in counseling persons in that space between a no longer and a not yet, that it is helpful to appeal to what does endure from their Irish Catholic heritage and that is, as we discussed it, the analogical imagination. I have directed them to such writers as the former priest, poet, and spiritual writer John O’Donohoe whose book *Anam Cara* is a beautiful evocation of a Celtic Christian spiritual vision, or to other communities that combined ritual prayer and meditative practice but that carry less problematic historical baggage. (O’Donohoe, 1997). There is, of course, another place an Irish Catholic can go to find spiritual solace, and that, I have to say, is alcohol. I would be participating in my own form of denial if I did not conclude my contribution to this conversation without an acknowledgement of what the Irish sometimes call a “good man’s weakness”.

My resource here is Dr. Garrett O’Connor, an Irish born psychiatrist, who by his admission drank his way for 25 years through multiple medical positions and two marriages until he entered into his current 35 years of sobriety during which he has served as the medical director of the Professional Recovery Program at the Betty Ford Center from which he has recently retired. He points out that in Ireland, the Irish drunk is not a negative cultural stereotype but tragically a feature of Irish society and has been for over four hundred years for reasons very much related to the poverty and shame I have discussed. “In 2009 the Irish Health Board reported a study that showed that 54 percent (about 2.14 million adults out of an Irish population of 4.2 million) engaged in harmful or risky drinking each year, as opposed to a European average of 28%.” (O’Connor, 2012). The title of his article “Breaking the Code” of silence suggests that honest conversations about alcohol use and abuse are difficult to have for the same

reasons that shame around any sort of perceived deficiency or weakness are guarded from public view, and likely to be concealed from a mental health professional.

What is interesting and relevant to this talk is that discussions about alcohol among the Irish very quickly become conversations about spirituality. Perhaps this is why O'Connor quotes the controversial Irish journalist John Waters (not to be confused with the controversial Baltimore film maker by the same name). What Waters writes about the situation in Ireland feels equally salient to the Irish diaspora. "Drinking in Ireland is not simply a convivial pastime; it is a ritualistic alternative to real life; a spiritual placebo, a fumble for eternity, a longing for heaven, a thirst for return to the embrace of the Almighty...Irish drinking patterns are evidence of a deep hole in the Irish psyche only alcohol can fill."

To the extent this is true, a path to recovery might well follow Carl Jung's aphorism that with respect to alcohol the principled needed to be "Spiritus contra spiritum" - the Spirit set against spirits - in other words, drinking behavior could only yield to what Alcoholics Anonymous speaks about as a deep spiritual transformation. Because drinking in Irish culture, especially Irish male culture, is a social and communal event it would argue for treatment that supplied that same kind of sense of community that can supply an alternative way of finding fellowship, affiliation and the overcoming of shame. In O'Connors own experience, it was the community of Alcoholics Anonymous that supplied that alternative fellowship that enabled him to maintain his sobriety.

One of McGoldrick's observations is that, frequently, the Irish client in therapy will make the changes that in fact create hopeful new possibilities in the family system, but will not see these changes as something they were themselves responsible for. The change is attributed to answered prayer and interventions from beyond. She cites as an example Mrs. O'Brien, Irish Catholic mother in family therapy who successfully managed to change her own behavior and change the dynamics in her family. In reviewing the success of the work at termination, however, the client concluded, "Well, all in all, it was just God's will. My Joey was just different, and now God has answered my prayers and straightened him out." (Goldrick, p. 326). McGoldrick then concludes:

Mrs. O'Brien reflected a typical Irish attitude about therapy. She was as loyal and responsive as she could be, but there were many levels on which therapy had not touched her. She had her religious dreams, hopes, and prayers and made no attempt to integrate them into therapy, although she had learned a new 'therapeutic reality.'

Such an integration as McGoldrick hopes for, I would suggest in conclusion, has to be one that deeply honors that distinctive Irish spiritual sensibility that on the one hand hopes for everything, and sees the world as a force field of energies and possibilities

beyond our imagining, and on the other hand is resigned and accepting. Perhaps this is where the therapist may need to take instruction from the poet. The late, beloved Irish poet Seamus Heaney captures the way in which he, like Mrs. O'Brien, lives in the territory of this paradox and he respects its strength. At the same time, he is subtly inviting fellow inhabitants to make room within spiritual vision for personal agency.

“Human beings suffer,
They torture one another,
They get hurt and get hard.
No poem or play or song
Can fully right a wrong
Inflicted and endured.
The innocent in goals
Beat on their bars together.
A hunger-striker's father
Stands in the graveyard dumb.
The police widow in veils
Faints at the funeral home.
History says, don't hope
On this side of the grave.
But then, once in a lifetime
The longed-for tidal wave
Of justice can rise up,
And hope and history rhyme.
So hope for a great sea-change
On the far side of revenge.
Believe that further shore
Is reachable from here.
Believe in miracle
And cures and healing wells.
Call miracle self-healing:
The utter, self-revealing
Double-take of feeling.
If there's fire on the mountain
Or lightning and storm
And a god speaks from the sky
That means someone is hearing

The outcry and the birth-cry
Of new life at its term.”

This oft-quoted section from Heaney’s “The Cure at Troy” begins with a recital of the horrors of history and the limitations of poetry or art to make it right. The second stanza is a recognizable and unromantic reference to the conflict in Northern Ireland: the assassinations carried out against Protestant constabulary by Irish Catholics and the hunger strikes carried to death by ten imprisoned IRA members in 1981. But then the poem evokes a different almost eschatological hope that something might in fact change and be different. Heaney evokes the “analogical imagination” that Greeley and Groome found characterized an Irish Catholic world view:

Believe in miracle
And cures and healing wells.

Then Heaney introduces a subtle reframing that invites his hearers to consider that the real miracle is an interior one. It involves a shift of perspective, an ownership of a now fully disclosed, self-appropriation of personal feeling that looks at the world in a new way.

Call miracle self-healing:
The utter, self-revealing
Double-take of feeling.

The poem presents something of a model for the therapist of an Irish Catholic client suggesting how to avoid the dichotomous either/or formulation. The choice is not between *either* a belief in a high power beyond oneself *or* a belief in one’s own individual capacity to make necessary changes happen. Both possibilities co-exist and are honored by Heaney, embraced in an imaginative interpretive frame work that holds them together.

If there's fire on the mountain
Or lightning and storm
And a god speaks from the sky
That means someone is hearing
The outcry and the birth-cry
Of new life at its term.

That “someone” in this last stanza remains helpfully ambiguous. It can be both the “Someone” that is the sacred ground of change, and it can refer to the individual – the client in therapy and perhaps also the therapist who empathically attends to Mrs. O’Brian’s account of answered prayer and recognizes it as evidence of something new coming to birth in her life and in her family.

Discussion

Mari Carmen Bennasar:

What I found interesting- and I will just make a comment because I would love to ask the audience what struck them as interesting or what was curious about any of the talks- but what strikes *me* as interesting is that not only the commonalities about ethnicities or things like that, but we found commonalities with race, country, religion. I think a lot of the overlaps we were looking at, like Catholicism, and Latinos- I mean obviously because a lot of Latinos are Catholic- but the guilt, the shame, even when we are not Catholic. I think a lot overlaps with that. I will just leave it at that, but I think what I always say is unique characteristics always, always subsume any commonalities in the therapeutic world.

John McDargh:

I am feeling like we put out a lot.

Mari Carmen Bennasar:

Yeah.

John McDargh:

I would just love to hear, you know, as the Quakers say, what was laid to your heart, as you listened.

Mari Carmen Bennasar:

Reactions, questions, yes.

Audience Member:

From listening to all three speakers, I'm getting the impression the general idea is not that you said, do not pathologize what is not. Well, once you've then determined that the person in front of you is not pathology, but in fact is just uncomfortable, why should not you just send them on their way and go see a social worker? Are you saying that we *should* be in the business of making people comfortable?

Audience Member:

You are saying they came to you because they were not fitting. The Salvador boy was not fitting. He's not mentally ill. You all made the point that we're supposed to identify what is not mental illness, but these people would not have shown up in your office if they weren't desperately uncomfortable or someone else felt they were being a pain in the butt. So what is your role then as the psychologist? Do you say, "You're good to go!"

Well, they are not good to go. You may have made them feel better about not being crazy, but they really do not know a whole lot more than they did besides feeling validated. So take it from there. Are you going to do therapy, or are you going to just talk to the teacher and say get with the program?

Mari Carmen Bennasar:

Good comment. I do not think if I said or communicated that I am saying, “You’re good to go and can go.” For example, to use the case, it is a fourteen-year-old that is referred to the therapist for aggression, and is being sent to be fixed. When we are talking about understanding and not pathologizing, it is not the symptomatology. We *all* have issues, and if you do not think you do, that’s your first issue. (laughter) So we do all have issues; some of us have issues that are more fixable, and some of us have issues that are more biological also. Some are issues that are so complex, trauma that are very difficult. I mean, we humans are very resilient. Sometimes I have patients in front of me. How in the world are you getting up and doing whatever, fixing breakfast for your son or doing whatever they need to do? Resilience.

So I’m not saying don’t pathologize in terms of whatever your presentation. What I am saying is, if I am in your office because I am terribly depressed and I have had a horrible death in my family, someone that is very close. I am very traumatized; I have lost a son, and I am there, and I make a connection with you and the first time I see you I give you a hug, and I said, “Wow, your office is so nice, I would love for you to come to my house.” I do not want you to define those behaviors as crossing bounds because we are missing the point; you are going to miss my pain if we focus on those behaviors. I do not know if that makes sense, so there’re two separate things. It’s the dynamics that we present in the office and in the classroom if you are a teacher. Many of the things that I use sometimes, that I hear sometimes from students is, “I can’t believe my professor said this!” or “when I share this case, my professor has no clue!” So it is not even in the therapy room.

How do we not pathologize the day-to-day cultural nuances, behaviors, how we communicate? If my communication is getting very close to you, you may be very uncomfortable. Like what I said, it is not like you have to change, and start touching. No! You are who you are, but it’s understanding that you are not going to put in your notes right away, “This woman has lack of boundaries and inappropriate touching, and is very invasive. No wonder she’s having troubles in blah blah blah.” You have missed completely the point. If you read that case that I gave you as an example, one of the things it said is that kid was very bright. It said in the protective factor, socially very adapt. He had a lot of the things that look to be successful, but he was in a role such that the stereotypes and his behaviors were pathologized, so he was in a cycle that was very

difficult, and they missed what they needed to help him with. I would have loved to have that kid in my office to help him with his pain, his pain of his father. I would like to have that kid in the room to help him succeed in school and help his self-esteem and find himself. That is the part that I was talking about. I think that kid is *very* much in need of help.

Audience Member:

Why would you want to have the boy in your room, not the teacher?

Mari Carmen Bennasar:

Oh, well if you see the comments of the therapist, absolutely! You go to the teachers, I mean, talking about context. That's what we are encouraging, I think, in some ways. It's about addressing the community. A lot of the things that I talk about in my class, it's like, how do we address the community? If I see that kid one to one, am I going to see the mother? Am I going to go to the school? If you read the comments, the therapist *is* going to the school, and I'm sorry, that's actually how she learns a lot, and hopefully, creates interventions to help the teachers to understand the context and reframe. I am sorry if I was not clear about that, but it is about the nuances of the dynamics of the behaviors so we can make a connection and find the real pain. You have a good point.

Audience Member:

I would just expand a little bit more on your question, and the pathologizing issue. I really love that the three of you present such a great lecture because it shows me that it's more important to be bicultural, more than being bilingual.

Audience Member:

You know, the 3 of you had a lot of things that really struck me, but for example you said something about putting your listening ears on, in the sense that what might be true for an Anglo might not be true for a Latino or a Muslim. Pathologizing, for example, what you said about how Muslims grieve. If we would have a Muslim grieving the way you presented it, we right away would get our DSM and diagnose them with a bereavement disorder. And a lot of the Latinos, the way they present grief, we would easily diagnose them with psychosis. I am an adult psychiatrist, and a lot of Latinos present with psychotic symptoms when they have anxiety, but they're not psychotic. You know they might see somebody—their grandmother who's dead. They might actually see them at night, or have a visual or an auditory hallucination in regards to that. You know, once the anxiety or the depression is treated and that subsides, the psychosis usually subsides.

If you are not culturally sensitive, which is something that I actually also got from this panel, you would miss that and you would be put on Haldol or you would be put on lithium because you would be in such an agitated state. Latinos are very expressive, and they have high expressed emotions. I happen to have a lot of Latinos diagnosed by Anglos with bipolar disorder when they come to me; they're not bipolar. That's just the way they express themselves, and I take them off the lithium; I take them off the Klonopins; I take them off all these things. I just really enjoyed how you guys presented this stuff. 80 percent of my clients are Latinos and I see how much they appreciate one being culturally sensitive. It goes without saying, just being bilingual is not enough, being bicultural is really what gets them coming back, and at best, you will get half of them coming back because they are very relaxed with their no shows and all that, and that puts a strain on my productivity.

Mari Carmen Bennasar:

The realities of the world!

Audience Member:

Yeah, and that is the other thing. I like what you said about their warmth. I mean, it is like if it is an Anglo therapist or clinician, they would have all these boundary issues. You know the way they are trained, how we are all trained in this country with all those boundaries, but if you're sensitive to Latinos who actually appreciate respect and they feel that you care, if you are warm back to them, you know, they will respond better to treatment and to your interventions and to taking their meds and have good patient alliance and all that, much better than if you had a very stoic, distant demeanor.

John McDargh:

What is wonderful about what I am thinking about is the other side of that. I love the fact that Latinos are paired with or in contrast to Irish Catholics. If your main population has been Latino or Italians, and you're used to families that argue like in *Silver Lining Playbook* or *Moonstruck* and you get an Irish family in there and they fend everything off with humor and sarcasm, you may feel like I'm failing without recognizing that just the family being in the room has already moved against a gradient of shame for exposing the damage in their family. You can feel like a failure because there's not more emotionality and affective exchanging, and if you try to do that, they are going to flee. So it is trying to understand and respect the fact that in that culture, less is more.

Khawla Abu-Baker:

I worked in Florida with families and I had a woman and her 17-year-old daughter who came to therapy two weeks after the death of the son in a car accident. And when

she was asked why she was there, she said that because she was very sad and she wept all the time, so I did not see that as a problem. I saw that as a natural behavior. The death of a 15-year-old only son, that's natural. I asked her about the support system. She said that the funeral took place a week after the death and that's it. At that time they had a lot of people and that's it; then everyone went to their daily life, and she is supposed to be alone. So again, I think that she came to therapy just to talk because she wanted to share. She was in pain; she was not in pathology. It was a very natural reaction for her. So again, if I compare her situation with women back home or for all families for the three religions, the community will not leave that family for more than two months. So then the amount of people who will visit the family will be less each week, but still they will have at least ten people coming each day after three months, so they will continue talking, and it's very important to think that in community in collective societies, society, the immediate community is the therapist, and when you don't have the ability to share, you create people, you pay them in order to share your pain so I won't pathologize.

I mean I sat there and I said ok, talk. And she talked and she cried. And that's the only thing; I listened. Again here you create theories like the Rogerian theory for people who are not in pathology but they are lonely. They need others to listen to them.

Audience Member:

Well what happens a lot of time, society creates the pathology. The patient has to meet expectations from society.

Khawla Abu-Baker:

And then psychotherapy becomes a resource of having money, then you have to recreate pathology.

Audience Member:

Well this society values a strong work ethic, and they value work and being functional in society as one of its main things. If there's a Muslim who is grieving and not going back to work in two or three months, that's looked upon as a weakness. That society might pathologize that person, and that person when they didn't have issues might then start getting issues, being depressed because they feel rejected by this culture. And that's an acculturation thing, it also happens with Latinos. I am Latino, Catholic Latino with Arab ancestry, so I think you got it covered!

Khawla Abu-Baker:

What I want to say is that in a collectivist society, they believe that traumas will happen to everyone. If at this home today they are not able to provide for their living and others are providing, then the next month it will happen somewhere else, and this family

will be providing and supporting other families. One other thing that I wanted to comment on was your term bicultural. You can have two cultures or three cultures, four, five, but still not be sensitive to any of them. So it's not bicultural or a monoculture; it is the way that you train yourself to accept that you have your own culture. Sometimes you know it, and sometimes you don't know it, but of course, you have to let others introduce you to their cultures. You should not take the stance of the person who is expert. Yes, sensitivity is the most important thing. Having cultural sensitivity is a must. Everything falls into place if you if you approach it with that lens.

David Satin:

What do you all suggest we do about this? You suggest that these are important issues. What should clinicians or interested caring people do about sensitivity and understanding of culture? "So what?" is the question.

Khawla Abu-Baker:

Immerse yourself in other peoples' lives, be curious, ask questions.

John McDargh:

I think about that as playing God.

Khawla Abu-Baker:

Make your mistakes.

John McDargh:

Yeah, and you really put it quite nicely. Do you have to know everything about this particular religious culture? No, you just have to know that you don't know, and then you can ask, help me understand. So you grew up Irish Catholic. What was that like? Help me understand that role? How do you relate to it now? It's asking a lot of questions.

Mari Carmen Bennasar:

In conclusion, I think it is exactly that. It is impossible to know. It is impossible to know about each cultural region. I mean we started mixing again, like, we have the Latinos in this country, Latinos that are Jews, Latinos that are Muslim, Latinos that are Catholic. I mean, generations. There is so much. The point is, are we open to looking at our own biases, our own stereotypes? I grew up thinking like, "Jews are, like, whatever, I have a Jew friend." Whatever my thinking, whatever my assumptions, can I challenge my assumptions? So I will repeat what I said before. It is a lens; it is a process; it is an ongoing process of inclusion, openness, so it is a process. It is not like learning about your clients as they come individually and looking at, you know, if I have someone of an

African country that I know nothing about. Believe me, google! (laughter) Seriously, it is not just the person that you have in front. It is where is the political context? Do I learn something about the culture? That puts me in a big context of where that person perhaps is coming from because it gives me mainly an idea of learning about the culture, and then the rest, it is that openness and interactions of not assuming that something means something. That is what we mean by not pathologizing, not assuming that something means something. That kid would have been treated for aggression when that not's what he needs to be treated for.

Kawla Abu-Baker:

I introduced the term anthrotherapist, so you will always assume that you have to learn as a new anthropologist into the person's life. Learn and then suggest therapy.

Audience Member:

A great point to start with Dr. Satin's question would be Dr. McDargh. You had a great place to start with sensitivity, something you put on there, where it says, "How am I like all people, how am I like some other people, and how am I like no other people?" That if you asked those questions to the client, that is a good place to start to get to know the patient. Those are three very important.

John McDargh:

It was Erikson's brilliance, I just channeled it.

Audience Member:

It was beautiful.

David Satin:

I think as in many Lindemann Lectures, the discussion is just started, and I hope that you will go home and think about it and talk with each other about it and talk with our speakers about more information and more ideas. I think, to answer my own question, I think students in mental health related topics need to be reminded, need to be introduced to this concept of cultural enrichment, cultural specificity of problems and of help. And the other is I like the idea of asking the patient. I have done that when I was in the military, and there were wives from all over the world there. I knew nothing about Shinto Japanese; I knew nothing about lots of things, and to *ask* the person, "Tell me, what does that mean? Why is this a problem? Do I understand you?" helps me to understand, but it also makes a bond with the person. He cares! I can be an authority, and a contributor and not only a passive recipient of what's going on. It makes and a common effort, a common project out of it.

I am glad that you all came to hear and to share your thoughts or, in some people, your words, and I hope you will return to the Thirty-Seventh Annual Lindemann Lecture, whatever that is. Suggestions are needed. If you come up with ideas, let us know, and we'll get the best, most creative people to do their thinking out loud here. (applause).