

Kathleen J. Greider

USA, 2001

“Much madness is divinest sense”

Meaning and ministry in mental illness

topics:

- *mental illness and dignity*
- *mental illness, religiosity, and art*
- *report about an art-project in a psychiatric clinic in London*
- *enhancing human dignity through pastoral care*

source: *Intercultural Pastoral Care and Counselling* No 8, 2001; pp 13-21

Prelude

Persons with psychiatric disabilities experience the violation of their dignity commonly, publicly, and profoundly. Yes, there are a few cultures around the globe where psychiatric illness and the persons who suffer it are unabashedly respected. Significantly, though, the greater a culture's respect for so-called “mental” illness, the more likely that culture is to be denigrated as “primitive” by other cultures that pridefully consider themselves civilized.

“Dignity” – which is defined as worth, honor, nobility, or excellence¹ – has at least two critical dimensions when considered from a pastoral theological point of view: dignity can be both *inherent* and *ascribed*. Ascribed dignity is socially attributed when others recognize a being's or groups' worth, honor, nobility, or excellence. Because of the predominance of both their existential suffering and the social stigma levied against them, persons with psychiatric illnesses rarely have any experience of ascribed dignity; the majority rarely bestows on them worth, honor, nobility or excellence. In contrast, inherent dignity is, theologically, a godly gift to all humanity through creation: though their illnesses inflict upon them suffering that is often undignified, the inherent dignity of persons with psychiatric illnesses is a given, essential, irrevocable part of their human nature.

This is the finding of my research that constitutes this paper's thesis: *though because of stigma and suffering it is constantly under siege, the inherent dignity of persons with psychiatric illnesses is all but indefatigable* and in it can be discerned a pastoral theological heuristic through which the resilience and cultivation of human dignity in general can be better understood. Thus, my presentation shifts the focus to “listening to the dignity in the voices of those who have been violated.”

¹ *The Compact Edition of the Oxford English Dictionary*, 1971 ed., s.v. “dignity.”

In some cases, psychiatric illnesses themselves violate inherent human dignity by eroding essential human capacities for relationship and meaning making. Historically, the inherent dignity of persons with psychiatric illnesses has been violated by inhumane treatment: warehousing and unregulated research experimentation, for example. In the United States (U.S.), the inherent dignity and rights of the disabled have been advanced recently by the Americans with Disabilities Act (ADA), but it is crucial to note that, in practice, the ADA provides more protection to the physically disabled than to the psychiatrically disabled. Inequities regarding psychiatric illnesses in insurance coverage, research funding, and ADA compliance are widespread and legal. Like society at large, religious communities and professionals in the U.S. are similarly guilty of violating the inherent dignity of persons with psychiatric illness. There are notable exceptions, but for the most part, institutional religions, theologians, and pastoral caregivers in the U.S. have tended, at best, to ignore the psychiatrically disabled and their loved ones or, at worst, to punish and shun them with theological moralization. The suffering, stigmatization, and neglect of the psychiatrically ill is not an isolated problem: statistics suggest that one in 7-10 persons suffer at some time in their lives from diagnosable psychiatric illness and that 1 in 4-5 families has at least one member with a psychiatric illness.

Both the ignorance and the moralization are mainly attributable to dynamics Ann Belford Ulanov discusses under the rubric of “the Christian fear of the psyche.” Though she is focused on the effects of this fear in Christian life, Ulanov’s description of it allows that persons of other religions might also be vulnerable to this compromising fear of the psyche.

Christians, deeply aware of the goodness of which men and women are capable, the possible moral stature, but also aware of the sacrifices involved, the dedication, the lonely struggle, fear the psyche. They sense in the psyche’s life and its disclosures to them something almost impossibly alive and demanding, existing in us but different from us, which, if paid proper attention, will summon our conscious selves to submit to a greater allegiance than mere inner or outer comfort, to wholeness and to the presence that ordains wholeness. When we feel the commanding strength of the psyche we see through its several layers the burning light of a presence that is not only not ego but is also more than human.

In short, religious people fear the psyche because it starkly evidences one of the most poignant existential paradoxes: the simultaneity of our perpetual desire for God and our ultimately insurmountable distance from God. It is tempting to moderate Ulanov’s scathing generalization. After all, many Christians have invested countless hours in our own therapy and healing confronting this natural fear of the psyche so that we are not dominated by it.

However, Ulanov’s argument is significantly bolstered by the indisputable fact that, at least in the U.S., fear of mental illness and fear of those who suffer illnesses of the psyche are epidemic in religious communities and among religious professionals. Indeed, it can be argued that churches and the theological academy, through silence, ignorance, and moralization, have enabled and provided rationalization for the social shunning carried out by society at large. The heyday of liberation theology has come and gone in the U.S., and there have been a few prophetic voices crying in the wilderness on behalf of this oppressed group. But though there is a burgeoning liberation movement underway among persons whose dignity has been violated by psychiatric illnesses and prejudices against them, neither church and nor theological academy have added much to it.

Even in the disciplines of pastoral theology, care, and counseling (PTC&C), there has been relative silence about psychiatric illness and those degraded by our fears of them. This is especially dishonorable, since one of PTC&C's esteemed founders, Anton Boisen, who taught us to value the text of the living human document, was himself a courageous survivor of psychiatric illness. There are notable exceptions in contemporary English-language literature in PTC&C: Joseph Ciarocchi, John Foskett, Wayne Oates, Stephen Pattison, Jennifer Shifrin, and others.² However, despite Boisen's example of leadership in the spiritual care of persons with psychiatric illnesses, especially so that their religious experience be respected and utilized for their healing, severe and persistent mental illness, and the people who live with it, have gotten little attention in the literature of our discipline.

I hasten to confess that I would doubtless be among the silent ones except that mental illness has struck my family several times, most dramatically in an uncle and one of my parents. Before I was 10 years old, I had experienced severe psychospiritual suffering and the disregard of church and other dimensions of culture toward it. Stung by both silence and rebuke by my religious community, I fought to retain my respect for my parent and other sufferers, my self, and my religion. I fought to make spiritual sense out of the suffering and stigma. Hearing weekly in worship the affirmation that "the earth is the LORD'S and the fullness thereof," I came to believe that severe psychospiritual suffering might be part of the "fullness" that belongs to YHWH. Indeed, I came to believe that it is my vocation, in part, to search for what might be learned about holiness and justice from human experience of, and resistance to, madness. The poet Emily Dickinson articulates the theology, psychology, and politics of madness that guide my work.

*Much madness is divinest sense
To a discerning eye;
Much sense the starkest madness.
'Tis the majority
In this, as all, prevails.
Assent, and you are sane;
Demur--you're straightway dangerous,
And handled with a chain.³*

"Divinest sense" cannot be made of all madness, of course. Some madness is so destructive that it is senseless. Neither do I argue that where there is divinest sense, there is no madness. Divinest sense and madness can co-exist. However, from theological arguments regarding the sacrality of creation, the immanence of God, and the transformative potential of Incarnation, it follows that there is in some madness some divinest sense. Moreover, because of the suffering and stigma, and the resulting need for care, I take it as a pastoral imperative to seek and make more accessible what bits of holiness are embedded in madness. Given

² Joseph W. Ciarocchi, *A Minister's Handbook of Mental Disorders* (New York: Paulist Press, Integration Books, 1993); John Foskett, *Meaning in Madness: The Pastor and the Mentally Ill* (London: SPCK, 1984); Wayne E. Oates, *The Religious Care of the Psychiatric Patient* (Philadelphia: The Westminster Press, 1978); Wayne E. Oates, *Behind the Masks: Personality Disorders in Religious Behaviors* (Philadelphia: The Westminster Press, 1987); Stephen Pattison, *Pastoral Care and Liberation Theology* (London: SPCK, 1994); Jennifer Shifrin, *Pathways to Understanding: A Manual on Ministry and Mental Illness* (St. Louis: Pathways to Promise, 1995).

³ Emily Dickinson, "Much Madness is Divinest Sense," *Emily Dickinson* (New York: Dell, 1960), 53.

the worth, honor, nobility, and excellence that is both inherent in and ascribed to the divine, it follows that whatever divinest sense we find in madness will provide clues to the nature and care of dignity.

For all these reasons, I am researching narratives produced by persons and families suffering from psychiatric illnesses and other forms of severe psychospiritual suffering. While today their experiences tend to be understood primarily as mental illness, their texts regularly nuance a more complex reality, what ancients referred to as the “dark night of the soul.” Unfortunately, superstitious and racist connotations still attributed to darkness obscure its value to the soul, and contemporary people tend to see in severe psychospiritual suffering little more than unnecessary and treatable pain. In contrast, first-person narratives of severe psychospiritual suffering make clear that nights of the soul are comprised not only of pain but of kairotic moments of insight and joy, moments craved and yet seldom known by the psychiatrically healthy majority. First-person narratives of severe psychospiritual suffering and healing offer intriguing and largely unexplored insights for theological discourse, religious communities, and spiritual maturity. I utilize three primary methodological approaches common to pastoral theology, care, and counseling: clinical case study; feminist and other liberation theological method; and, narrative theological methodology.

In my presentation we will explore the features, fruits, and facilitation of human dignity as revealed in one therapeutic program and one person coping with psychiatric illness. From among the many dignified texts in the literature of severe psychospiritual suffering we could study, I have chosen this text for two main reasons. First, this text is especially rich and nuanced. Second, I have chosen this text because both the program and the patient are extraordinary. This would be a strange quality to seek in data if I were a scientist: in scientific method, commonality and replicability have significant value. But in pastoral theological research, uniqueness and unpredictability in data is quite desirable, insofar as they mirror and thus might suggest the extra-ordinary presence of the holy.

The text offers two excerpts from a 90-minute documentary filmed at Creedmoor Psychiatric Center, in the Queens section of New York City. Creedmoor is in most ways like other state mental hospitals, except that in the mid-1980s, two iconoclastic clinicians who had gone to art school together began a remarkable program in the arts that has come to be called The Living Museum. They turned a crumbling warehouse space on the grounds of the hospital into a 20,000 square-foot art studio and exhibition space. In 1999, Academy Award-winning director Jessica Yu spent a year shooting film at the Living Museum.⁴ The patients and staff viewed the film before it was completed and gave their approval to the final product.

In the opening minutes of the film, Dr. Janos Marton, one of the founders and current manager, describes the Living Museum:

“It is a place where people come and create art, and the people happen to be people with mental illness... It is an oasis where it is alright that you have symptoms of disturbances... That gives great comfort. Also, there are no rules here. Modern art is about breaking the code. And that is a fertile ground for creating new and interesting work... This is just straight-up art. And the trick to it is that if you produce art here, it becomes therapeutic in that you change your identity from that of

⁴ Dawn Parouse, prod., Jessica Yu, director, *The Living Museum* (Filmworks, 1999). Except for minor editing to translate conversation to the printed word, quotations and excerpts are verbatim.

the mental patient who is hospitalized, locked up, to that of an artist. And very few therapies can claim such a tremendous leap towards health... Whoever comes is accepted as a friend and colleague... The mentally ill have only one advantage, as far as I can see, and that is they are extremely *blessed* with creative potential... Anybody who has a mental breakdown, psychotic experience, comes out of it and creates great work [sic] of art. One of the reasons is that when you have a psychotic breakdown, you communicate with the powers that artists are striving for, the powers out there somewhere in the universe. And the second reason is the pain that people go through – it is a very fertile ground for creativity. Of course you don't want to romanticize mental illness. You have to acknowledge that it is the most horrifying experience a person can go through. Everyone here has very severe illness... The people who come here to visit – I want them to appreciate the *artwork*. I want them to have the same experience as when they go to the Museum of Modern Art or the Whitney or whatever. And I don't even think that there is a difference, except that we are better, because we are more honest. You won't find one artist here is pretentious, and I couldn't say the same thing about the Whitney.”⁵

The film introduces viewers to six of the artists who work regularly at the Living Museum. The excerpt I will document for you is most of the interview of David Waldorf, a long-time patient at Creedmoor. Waldorf's narrative is incredibly stimulating, so I suggest that you prepare yourself to receive it like a dry sponge soaks up water. Try to soak up as much as you can of the dignity found in the words.

David Waldorf: “enchanted” by life ⁶

David Waldorf:

As a kid, I was kind of like the class clown. If anybody were to tell me I would suffer from severe depression and become suicidal, I never would have believed it. I grew up in Howard Beach. There were two brothers, my mother and father, and we were a beautiful family. We really got along. It was really a time of beauty.

I always drew, but I never took it seriously. Somehow about 18 years old I started doing sculpture – realistic sculpture. And I was actually fairly good at it, I think.

It began, my illness, about the age of 25. I think what really brought about my illness was my father being diagnosed as having cancer. It seemed to be the first real tragedy I had to deal with. I guess I always thought of life, life, life and I didn't think of death at all. And when my father was...dying, that's when I started dying, too, mentally.

Also I think it's a result of posttraumatic syndrome. That's another symptom I suffer from. Which is... I was attacked physically, I was raped I guess, about the age of 23 at gunpoint by... some kind of lunatic. It was kind of nightmarish because... it was... really my first physical contact. With my fathers dying, and the rape, and that I faced death at gunpoint, I felt this great blackness, this great void, take a bite out of me.

⁵ Janos Marton, excerpt from *The Living Museum*.

⁶ David Waldorf, excerpt from *The Living Museum*.

I went to these friends' house and they were doing LSD. The numbers hit me, all kinds of things hit me, and I was completely gone for about ten years.

I was first hospitalized in 1977. I was *severely* psychotic. I mean, I believed I was god himself. Right after I was hospitalized, the depressive side came back. I used to stand on the end of the train tracks every morning, and I would try to have the strength to throw myself in front of the train. What would give me the strength to *not* do it was the thought that my mother was still alive and that she would miss me. And there were many times that I had a great hatred for my mother, simply because she was the impetus to my living.

I have suffered through every single aspect of mental illness. That's why it's very hard to diagnose me. I've been through *everything* – psychosomatic, suicide, manic-depressive, schizophrenic – every single aspect of mental illness, I've been there.

The symptoms of my schizo-affective, bipolar, or schizophrenia or whatever they want to call it, is *extreme* metaphor, that's all I can describe it, that everything seems to be a great metaphor for something else. There are great allegories running through my mind. Like I saw great movements of history. And I felt that I am involved in some kind of historical drama on a spiritual level, and that I could change it. When I am not in an episode I view it from a detachment and I realize that it is ridiculous. But while it's happening – that seems to be the distinguishing point between madness and sanity, is that I believe in the fantasy – and it's a real thing to me. There is a great euphoria to these episodes that makes them so *hard* to give up. I used to tell my mother that I felt like I woke up today and someone poured a bottle of whiskey down my throat, because I'm flying high on all this stuff – these great movements of humanity, somehow I feel the very flight of life itself. I think that's the allure of madness, that it's very hard to resist.

I definitely see art as *the* bridge between mental illness and the rest of the world. I think a place like the Living Museum is a mediator where our creativity, or our heightened creativity, can be put to some purpose. Riding that edge of creativity, with all its dangers and this deathly, ghost-like madness that goes with creativity, it helps produce it and I don't think art will ever be produced away from madness. I think all the great artists will always be mad. Beethoven, they say, was mad.

I got into classical music in a big way during my illness. I had nothing to do most of the time during the day but face this dull consciousness of pain that was my life. And...Beethoven somehow became a very noble figure to me, his suffering, the fact that he had deafness and could still write the greatest music that anybody has ever written (as far as I'm concerned), somehow it gave me courage to go on.

Sometimes I'll imagine Beethoven's Quartet Opus 135. A certain movement in there that's just so beautiful. It reminds me of ... heaven – it's the only way you can describe it, that he has captured heaven down on music. And I ... I still think of that piece some days...

Art is very prayer-like for me. I see no difference in praying and art because I try to celebrate life with prayer. I mean I was an extremely suicidal person. Every moment of life is a potential well of divinity to me. I mean it's just so beautiful to me that I didn't give in. I could be dead in the bottom of some lake somewhere, I mean, who knows? What changed all that was that I heard a TV preacher – I was switching the channels around – and he said, "before you give into despair, thank God for every little thing." So I began to thank him for cigarettes, and for coffee, and small things like that, and it really helped.

We talk about art because with just the illness as a bedmate life is pretty horrendous. To be able to think about beautiful art is a true gift. I think a person talking about a ballgame to another person is expressing a great art. The abstraction in order to get his points across is a beautiful work of art. I think all an artist does is show us that. I think that's all that art does. It reminds us that our lives are beautiful, that our lives are spiritual, that our lives have meaning. I think that's what art is all about. I think its just about living.

Art helps me to see the trial and error of living, the trial and error of spirituality. In art there is trial and error. It's the whole process of making something out of nothing, or good from evil. My artwork is an attempt to show the beautifulness of ugliness. I try to get a raw edge and yet I try to somehow make an aesthetic of beauty out of it.

Beauty is always involved with ugliness, and life is always involved with death. We have to find out the harmony and the balance to make it ... artful. The ugly poor person, the old ragged woman, is really a beautiful thing. There is good from evil. The sinner should be forgiven.

I view my illness, rightly or wrongly, as a punishment for things that I did wrong. Like, I used to *beg*, on every conceivable ground, to know the truth of existence. And I think my illness was my first step toward learning the truth of existence, that I was punished for my wrongdoing. It was something that I didn't do to myself. I didn't fast. I didn't go to church. I didn't practice any form of worship. I wasn't thankful. All I wanted was to *know* God, I didn't want to serve God. And I think my illness was the first step in teaching me: if you want to know these things, you have to pay the price. If you really want to know the truth you really gotta pay some dues. And I think I've started. I don't know whether I'll be able to finish that path. But I've taken some humble tuna [sic] with me.

I don't know if I'll ever find god. I really don't know. I mean, I've been searching for so long. And there's an old saying that if you drop a ring in the water in a pond if you go scurrying about you're just going to dirty up the water and you'll never find the ring. So sometimes you gotta let the water settle and that's something I never seem to be able to do. So I don't know if I'll ever find God.

I finally decided there's going to be no miraculous cures, and that I'm always going to have a mental illness till I die but that life is still worth living even with it. I've never really loved life as much as since I've been ill, since I've been hanging on by my thumbs. Though it's a hell, I appreciate life so much more. All I have to do is listen to a bird or look at the trees blow in a summer breeze. I feel all souls passing across those trees.

Art, to me, is an exploration of these processes of living and in many ways life is heaven and we just have to awake ourselves to it.

One of the fantasies I had regarding Beethoven was that if an angel came up to Beethoven at the height of his deafness and said "Beethoven, I have good news: you can be cured of deafness but you can never write such beautiful music again, you can never again fly." And I think if an angel came up to me and said, "David, you can be healed of mental illness, but you'll never again know the worth of life again like you did when you were ill," I think I'd have to pick the mental illness. 'Cause that's just how I feel, that it does show me a beautiful, enchanting side of life that I never saw before.

Dignity contextualized by psychiatric illness: an analysis of the text

The violations of David Waldorf's dignity revealed in this text are instructive regarding the range of indignities human beings typically experience. At the age of 23, he endures violence intentionally imposed on him by a fellow human being, a kind of degradation that, according to many theologies ought to be preventable and, yet, is all too typical. The mortification of rape brutally destroys this religious young man's virginity. The humiliation of rape brusquely deadens the privilege to which a young white man is at least unconsciously accustomed. Rape would be trauma enough, especially in the country that teaches its schoolchildren that it is the "land of the free and the brave", but the attacker also holds David Waldorf's life in his hands with one of the countless guns made easily available in the U.S. by law. Especially when considered from the perspective of the study of dignity, "stress" is a ludicrously mild word to use to describe post-traumatic anguish and its assaults.

Remarkably, Waldorf dates the emergence of his psychiatric illness not to rape at gunpoint but to an even more common, existential degradation: untimely and incurable illness. David assesses that his father's ultimately failed battle with cancer was the "first real tragedy" with which he had to deal. David's hierarchy of values exposes that, especially where confidence in modern medicine is high, the indignities of terminal illnesses can be even greater than those of interpersonal violence. How can this be? Cancer, like other untimely, terminal illnesses, toys with human illusions that we can predict and control the span of our lives; cancer's prevalence shadows our very personal dying with ordinariness; even where physicians successfully treat cancer, it not infrequently kills relationships; in David Waldorf's case, his youthful sense of immortality—"life, life, life"—probably exacerbated by modern and middle-class optimism, is shattered. A death-denying culture has groomed a 25 year-old man to be shocked by his father's dying, and David Waldorf "started to die mentally." The indignity of human arrogance costs us emotional lives.

With the combination of these three indignities – his father's death, being raped, and facing his own death at the point of a gun – David recounts that "a great void (took) a bite out of (him)." Note the paradox in David's experience of indignity: the tormenting substantiality of trauma coexists with a "great void" – nothingness. If we can imagine even an echo of such suffering, our compassion is likely for the next step David reports: seeking to be among friends, he joins in their use of LSD. While clinicians might characterize this behavior as "self-medication," David is more focused on its untherapeutic effects: "All kinds of things hit me, and I was completely gone for about ten years" – completely gone, ten years.

The majority of David Waldorf's narrative, however, is directed to the exploration, not of these violences, these indignities, but to exploring the interplay between his art and his illness. Throughout that exploration, I will argue, viewers are treated to a demonstration of remarkable dignity. Indeed, in my view, the most informative and challenging aspect of Waldorf's narrative is that this man who has suffered all his adult life from a disabling psychiatric disorder requiring hospitalization is himself, at the same time, so very dignified. Not only does he seem not to view either his long illness or his treatment as a source of indignity, it can be argued that he has constructed a remarkably dignified self. Whether he is speaking of the indignities that preceded the emergence of his illness, the illness itself, or the interplay of his illness and his art, he is all at once understated and

yet thoughtful, circumspect and still radiating authentic presence. Perhaps with me you wrestle with the temptation to dismiss the importance of this narrative: David is atypically functional; the therapeutic model used is anarchic, or utopian; the benefits anecdotal and impractical. But as I implied earlier, pastoral theological method that turns away from the atypical, anarchic, utopian, or impractical risks turning away from transcendence. If we allow this narrative to instruct us in the matter of human dignity from within the context of psychiatric illness, what is revealed?

Perhaps most stunningly, David's dignity is composed in part by his cultivated, respectful awareness of both the restrictions and the benefits of his illness. On the one hand, he is articulate about his suffering: "this dull consciousness of pain that was my life." "With just the illness as a bedmate, life is pretty horrendous." In a word, David describes his illness as "hell," as does nearly every other narrative of psychiatric illness I have studied. It is tempting to defuse this common characterization by treating it as merely metaphorical. To do so is theological folly, though, since these narratives of psychiatric illness relentlessly enumerate evidence that the concept of hell may indeed name an actual dimension of human suffering and not either a mere metaphor or a future threat. In the experience of severe psycho-spiritual suffering, "hell" is less a place of the soul's possible punishment after death and more the everyday and endless pain of a psycho-spiritually sick soul with no hope that suffering will ever end *except*, ironically, in death.

On the other hand, another aspect of David's dignity is his mature capacity to acknowledge the "allure" of madness and other benefits of his illness. For example, David unabashedly discusses how hard it is to give up the experiences of euphoria – "flying high," he calls it – that are one aspect of his illness. Indeed, the capacity to feel "the very flight of life itself" could be argued to be an advanced and sought-after goal of spiritual practice that none of us would give up, if only we could achieve it. On a mundane level, David's *candor* about the pleasures of getting high is in remarkable contrast to the psychiatrically healthy majority, who use not just whiskey but all manner of dangerous pursuits in our more or less *surreptitious* efforts to get high. Moreover, because his illness sometimes reduces him to despair, his appreciation of the rudiments of life has increased. Many ostensibly more dignified religious people might rush by the TV evangelist with disdain. But David takes a few words from the preacher – "thank God for the small things before you give in to despair" – and uses them to reverse the direction of his suicidality: "I've never really loved life as much as since I've been ill, since I've been hanging on by my thumbs." Precisely because he is "hanging on by his thumbs," the life-saving potential of little things – thumbs, cigarettes, coffee, birds, breezes – is made more compelling. He is even allured simply by his survival: "I was an extremely suicidal person... I mean, it's just so beautiful to me, that I didn't give in." Most psychiatrically healthy people are oblivious to the everyday miracle of human dignity that manifests as simple persistence.

David Waldorf's dignity is deeply rooted as well by his refusal to remain only a victim of violation and illness. He is acted upon by circumstances but also rallies personal agency amid the hell of tragedy, violence, and illness and insists that, under specific circumstances, he would *choose* his illness over healing.

I think if an angel came up to me and said, "David, you can be healed of mental illness, but you'll never again know the worth of life like you did when you were ill," I think I'd have to pick the mental illness. 'Cause that's just how I feel, that it does show me a beautiful, enchanting side of life that I never saw before.

Akin to the distinction made between being a victim and being a survivor of interpersonal violence, David Waldorf is not simply a victim of mental illness but is a survivor. But he is not only a survivor, either. His astonishing assertion that he would pass up a cure if it meant that he would never again know the worth of life is credible only because, in his illness, he has found a way to not just to survive but to thrive. He would choose his illness, but only because through his illness he sees the worth of life. He would choose his illness because in it he has both been given and ascribed to himself the inherent dignity of understanding the *full* value of life – euphoria and hell inextricably entwined.

David Waldorf's dignity seems augmented as well by a now-mature realism regarding the costs of wisdom to human ease. The Genesis narrative reminds us that this is an ancient human dilemma: Eve and Adam are like delighted adolescents when they claim their freedom to eat from the tree of knowledge but, like most teenagers, they are stunned by, and somewhat under-prepared to pay, the huge price of freedom and wisdom: the loss of the Garden of Eden and all its naïveté. Many healthy humans court the truths of existence, only to become petulant about or overwhelmed by the responsibilities of the knowledge we gain. As pastoral caregivers we may cringe to hear David say, "I view my illness, rightly or wrongly, as a punishment for things that I did wrong."⁷ Yet, David seems to be wrestling with the ancient human tendency to pray for things we can't handle when they come:

I used to *beg*, on *every* conceivable ground, to know the truth of existence... didn't fast. I didn't go to church. I didn't practice any form of worship. I wasn't thankful. All I wanted was to *know* God – I didn't want to *serve* God. And I think my illness was the first step in teaching me: if you want to know these things, you have to pay the price. If you really want to know the truth you really gotta pay some dues.

We will not comprehend Waldorf's dignity if we sidestep his honest and discomfiting self-assessment. It is important to note the self-compassion in Waldorf's voice even as he seeks to articulate a deeply felt awareness of, and sense of responsibility for, his youthful hubris. This self-scrutiny requires our respect and close consideration, however, because it is a variation of an assertion found in most first-person narratives of severe psycho-spiritual suffering: seeing too much of life's complexity overwhelms the average human psyche. People with mental illnesses are stereotyped as being "out of it" or stupid, but the opposite is more often true: in part, many people get emotionally sick because they understand too much, too well. People considered psychically healthy have more developed defense mechanisms from which come the capacities to filter out excessive, toxic, and destructive psychic stimulation. Significantly, though, whether healthy or ill, most persons confronted with the high cost of wisdom often don't turn back but rather intentionally cull from their inner storms a sense of perspective and even gentle, wry humor that spurs them forward toward the holy. David puts it this way, and many religious professionals can probably identify with his words:

⁷ Moral pastoral care practice requires that Christian caregivers not simply refute his interpretation – it is, after all, an entirely orthodox position taught him by the tradition we have vowed to represent. Someone as dignified as David doubtless would not accept such cheap grace anyway, knows well the commonness of his human fallibility, and desires a discerning ministry of presence that will facilitate heartfelt confession.

“I think I’ve started [on the path to knowing God]. I don’t know whether I’ll be able to finish that path. But I’ve taken some humble tuna [sic] with me. ... There’s an old saying that if you drop a ring in the water in a pond, if you go scurrying about, you’re just going to dirty up the water, and you’ll never find the ring. So sometimes you gotta let the water settle, and that’s something I never seem to be able to do. So I don’t know if I’ll ever find God.”

Finally and most obviously, David Waldorf’s dignity is rooted in an extremely high valuation of the aesthetic. This valuation was not always a part of his life: “I always drew,” David says in describing his earliest years, but “I never took it seriously.” But all that changed at a state psychiatric hospital in Queens, New York – a most unexpected place for encountering the transfiguring power of the aesthetic. Early in the documentary, Janos Marton zeroes in on the enormous benefit to the patients of the change of identity offered to patients working at the Museum: “if you ... produce art here, it becomes therapeutic in that you change your identity ... from that of the mental patient who is hospitalized, locked up, to that of an artist.” The artwork on display at the Museum is ample testimony that this is, indeed, a “tremendous leap towards health.”

However, in the dominant culture of the U.S. and perhaps generally, a person who identifies as an artist is considered only slightly less mad than a so-called mental patient and only slightly more capable of dignity or worthy of respect. We can only conclude that the therapeutic value of art, and its contribution to human dignity, is something more, maybe even more important than, a shift in identity. This “something more” is referenced linguistically by the differences between “art” and “the aesthetic.”

Dictionary definitions condense but also abridge the transfiguring power of the “aesthetic”: certainly, aesthetics has to do with “beauty” and that which is “pleasurable to the senses.” However, because of common romanticization of beauty, pleasure, and the artistic process, our examination of the role of the aesthetic in Waldorf’s dignity rightly begins with his articulation of its dangers.

I definitely see art as *the* bridge between mental illness and the rest of the world... Riding that edge of creativity, with all its dangers and this deathly, ghost-like madness that goes with creativity, it helps produce it and I don’t think art will ever be produced away from madness.

But neither is the dignity in aestheticism rightly understood if we are intimidated by it. Listen to Waldorf:

“Art helps me to see the trial and error of living, the trial and error of spirituality. In art there is trial and error. It’s the whole process of making something out of nothing... My artwork is an attempt to show the beautifulness of ugliness. I try to get a raw edge, and yet I try to somehow make an aesthetic of beauty out of it.”

Though art is to many of us intimidating, the dignity gestating in the aesthetic has humble beginnings: “trial and error,” making “something” from “nothing,” upholding the “beautifulness of ugliness.” His words remind me of my grade school art projects which were, without a doubt, ugly. Though I am surprised that words from an artist like David Waldorf should evoke my memories of those embarrassing efforts, it is right that we be prodded to regard all aesthetic efforts—including our own—with less intimidation and judgment. Through David, I can see that, though they were not art—as I have always known too well—my grade school efforts were aesthetic and, therefore, inherently dignified: creative, growth-enhancing, nourishing. If words from mad artists like David had been accessible

earlier to me and to others, perhaps aesthetic creativity would not be so intimidating to so many adults. If words from mad artists like David were more accessible, perhaps the average adult who feels awkward when invited to dance, or draw a picture, or sing, or play with children would not feel so undignified.

Intimidated by art, many of us belittle aesthetics in everyday life, calling it, for example, a waste of time. The valuation of the busyness of contemporary life over aesthetics can be understood as one of the reasons that much of the spiritual, theological, and religious significance in contemporary everyday life is simply overlooked. We can speculate that if we are intimidated by art, it is likely that we will also be intimidated by spirituality. “Art is very prayer-like for me,” Waldorf tells us, and his words suggest that to the degree we are intimidated by art, our experience of prayer might be compromised. Waldorf’s openness to the aesthetic seems closely related to his apparent lack of intimidation in regard to spirituality:

“I think a person talking about a ballgame to another person is expressing a great art. The abstraction in order to get his points across is a beautiful work of art. I think all an artist does is show us that. I think that’s all that art does. It reminds us that our lives are beautiful, that our lives are spiritual, that our lives have meaning. I think that’s what art is all about. I think its just about living.”

The more we are intimidated by art and larger spiritual, theological, and religious meanings, the more likely we are to approach artwork plaintively asking “But what’s it about?” For Waldorf, the aesthetic is about adventure, not answers. As an artist, he tries to lure viewers into adventures within:

“I try to make my drawings mysterious. I try to make them so that you are drawn in, like you’re not sure what you see, and you have to search further. And the further you search you realize its really nothing but your own mind that’s being worked upon, that it’s a free-floating kind of infinite thing that just goes on forever from clue to clue, from metaphor to metaphor, and from puzzle to puzzle.”

David Waldorf makes plain that there is much complexity in the relationship between illness, art, and the aesthetic. How does he maintain his dignity while standing on such constantly shifting ground? While his life story makes clear that there is no easy answer to this question, either, he seems to seek a path sought by countless other human seekers of meaning through the ages, the path of balance.

“Beauty is always involved with ugliness, and life is always involved with death. We have to find out the harmony and the balance to make it ... artful ... Beethoven, they say, was mad ... Beethoven somehow became a very noble figure to me, his suffering, the fact that he had deafness and could still write the greatest music that anybody has ever written (as far as I’m concerned), somehow it gave me courage to go on.”

Beethoven, who “captured heaven down on music”, is a soulmate for Waldorf not because Beethoven rose above his deafness but because in his maddening deafness Beethoven “[found] out the harmony and the balance to make it artful”, aesthetic. For Waldorf, Beethoven’s nobility and Waldorf’s own dignified courage to go on, are both found in fighting for equilibrium amid waves of ugliness and beauty, in the tensions between heaven on earth and hell on earth, maintaining a life worth living. Inherent dignity is rooted in spiritual poise on the common human journey between birth and death.

**Beyond madness:
enhancing human dignity in other contexts through pastoral care**

As concluding remarks, I offer a few questions and observations that might aid our efforts to build bridges in theory and praxis between the world of madness and the nature and cultivation, in other contexts, of human dignity. If the distinction between inherent and ascribed dignity is theologically accurate, what theologies and practices of care most empower humans to refuse to be victims only, to be thriving, dignified, survivors? If human dignity is rooted in a capacity to embrace the unavoidable ambiguity of life – as Beethoven created music in silence and Waldorf creates an aesthetic of beauty out of the raw edge of his madness – what theologies and practices of care are needed to sustain, guide and reconcile humans beings to ambiguity? If aesthetics is an integral part of healing and human dignity, what theories and practices of pastoral theology and care can help us build on our expertise in the aesthetics of language to include of other aesthetics that nourish the soul, for example, visual aesthetics, tactile aesthetics, or kinesthetic aesthetics? Finally, if there is ever any dignity in madness, what theories and practices of pastoral theology and care might most help us not to romanticize but to dignify everyday human madness? Anton Boisen, whom pastoral caregivers willingly claim as intellectual ancestor, devoted his life to this question. In his autobiography, he offers us a guideline and a challenge:

Sanity in itself is not an end in life. The end of life is to solve important problems and to contribute in some way to human welfare, and if there is even a chance that such an end could best be accomplished by going through Hell for a while, no man worthy of the name would hesitate for an instant.⁸

“The end of life” – its purpose and goal – is not the hell of insanity, but neither is it sanity. Rather, the purpose and goal of life is the solving of important problems and making a contribution to the common good. Boisen asserted a radical value: “If there is even a chance” that the common good might be served by going through the hell of insanity for a while, the person worthy of being called human does not cling to sanity. Without the encouragement of a Janos Marton, or Living Museum, or David Waldorf, Boisen dignified psychiatric suffering by exploring how insanity can be a pathway to such problem-solving and human welfare. In order genuinely to dignify the “living human document”, pastoral theologians and caregivers will have to find our own way to do the same.

⁸ Anton Boisen, *Out of the Depths: An Autobiographical Study of Mental Disorders and Religious Experience*. New York: Harper and Row, Publishers, 1960.