

“I Am With You Always”: Fraternal Life, Human Dignity, and Mental Health

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I am pleased to welcome you to the Diocese of Phoenix. Your presence here is a gift to our local Church, and I am grateful for the opportunity to reflect with you on fraternal life, human dignity, and mental health.

I do so with a certain humility. You know religious life from within. You know its grace and its demands, its joys and its tensions, the gift of a shared charism and the very human realities of life together. As major superiors, you also carry responsibilities that a diocesan bishop should be careful not to presume he fully understands. My hope, therefore, is not to speak to you as though I were explaining community life, but to place alongside your own experience a few reflections drawn from Christian anthropology, our work in mental health ministry here in Phoenix, and my own experience of suicide and grief.

The 20th Century French Christian existentialist Gabriel Marcel expressed an insight that has increasingly shaped my own thinking: “To be is to be with.” For Marcel, the human person is not an isolated individual, nor a problem to be analyzed and managed. The person is a mystery encountered through presence, fidelity, availability, and communion. We become more fully ourselves through relationships in which another is not reduced to a function, a diagnosis, or a difficulty.

For Christians, this insight reaches still deeper. The One we confess is Emmanuel, God with us. In Jesus Christ, God does not save humanity from a distance. The Word becomes flesh and dwells among us. Christ enters our history, shares our suffering, gathers a people, gives himself at a Table, and promises at the close of Matthew’s Gospel, “I am with you always, until the end of the age.”

There is, if I may put it this way, a divine witness at the heart of the Christian faith. And because we are created in the image and likeness of God, there is meant to be a *witness* about us as well. We are not made for radical self-sufficiency. To bear God’s image is, among other things, to be capable of receiving another and of giving ourselves in return.

As you know far better than I, this has particular significance for religious life. Community is not simply a matter of sharing a residence, a rule, a superior, or an apostolate. At its best, religious life becomes a visible witness to this divine witness. You are created for relationship, baptized into a Body, gathered at a Table, and then called by Christ into a particular form of belonging through profession and charism. Religious life makes visible the truth that life is not a private project. Of course, I know well that the ideals of communities have, in many ways, are a thing of the past for a number of your congregations. Nevertheless, it is an ideal and a hope.

And, as you will know from your own life in communities of men, this is both beautiful and demanding. The men with whom we share life are not abstractions. They come with histories, temperaments, gifts, wounds, habits, enthusiasms, anxieties, and ways of loading a dishwasher that may test the outer limits of Christian charity. Community life has a way of making theology concrete.

It is within this very human context that I would like to reflect on mental health. I do so not simply as a bishop concerned with a growing pastoral need, but as someone for whom suicide and its aftermath have been part of my own family story. I lost a brother, a sister and her husband, and later another sister to suicide. More recently, my family experienced such a loss again with the death of a nephew. These deaths occurred at different times and under different circumstances, but each left behind questions that do not yield easily to answers.

They also taught me something about the reach of grief. Suicide does not affect only the person who dies. It alters a network of relationships. Parents, siblings, friends, coworkers, and communities of faith carry the loss forward, often in very different ways.

Many of you will know this reality within religious life. I have heard from provincials and other superiors following the death by suicide of a confrère. I would never presume to tell you what such a loss means within a religious community. You know the bonds of profession, formation, common prayer, shared ministry, and decades of life together. But from the conversations I have had, I have come to appreciate something of the particular burden a superior may carry after such a death.

Alongside sorrow come questions: What did we miss? Was there something more we could have done? Did an assignment contribute to his distress? Was a request for help misunderstood?

Others may carry questions of their own: the man who lived across the hall, the younger member who admired him, the priest who shared ministry with him. You know from within that when one member suffers, the effects are rarely confined to one room in the house. A community itself may be wounded and may need care.

Those of us formed in clerical and religious cultures can sometimes move quickly toward explanation. We celebrate the funeral, proclaim the Resurrection, commend our brother to God, and continue the work entrusted to us. All of this is necessary and belongs to the heart of our faith. But the proclamation of resurrection should never become a means of avoiding the wounds carried by those who remain. Grace does not require us to deny grief.

Here Marcel's distinction between a problem and a mystery is helpful. A problem stands before me as something to be analyzed and solved. A mystery is a reality in which I myself am involved. Suffering, grief, fraternity, and the human person belong to this second category. When someone in a community suffers, the rest of us do not stand entirely outside that suffering. His life touches ours; his absence changes us.

This is why I have often said in our local Church that isolation kills, communion heals. I do not mean that as a slogan, nor do I suggest that community life replaces competent psychological or psychiatric care. Rather, communion belongs to the conditions in which human beings can flourish. If Marcel is right that "to be is to be with," then isolation is more than an unpleasant experience. It can become a profound wound to the person.

I am especially conscious of this when I think of those entrusted with leadership. Again, you know these burdens from within. A provincial, abbot, guardian, rector, or superior may find himself carrying knowledge that cannot easily be shared: the illness of one member, the conflict of another, an accusation, a financial concern, a difficult assignment, the uncertainty surrounding a vocation, the needs of aging men, or decisions that will inevitably disappoint someone.

A diocesan bishop knows something of this, though the structures are different. There are days when one becomes the place where many other people deposit their anxiety. And the danger is that the leader begins to assume that because he is responsible for the well-being of others, he no longer has permission to acknowledge his own limits.

The provincial has a soul too. The abbot has a nervous system. The man who receives everyone else's crisis may eventually discover that he has nowhere to place his own.

Care for oneself, therefore, should not be confused with self-absorption. Within Christian leadership, it is a form of stewardship. Prayer, friendship, spiritual direction, appropriate professional care, rest, and honest relationships outside the immediate chain of governance may be necessary conditions for sustained and healthy service.

Pope Leo XIV offers a particularly helpful theological framework for this conversation. In his apostolic exhortation *Dilexi te*, he places alongside one another two sayings of Jesus: “The poor you will always have with you” and “I am with you always.” The connection is striking. The poor remain with us, and Christ remains with us. The Church encounters the abiding presence of the Lord in her attention to those who are vulnerable, wounded, overlooked, or without power.

I wonder whether religious communities might hear these two sayings in a particularly intimate way. The person in need may already be within the house. He may wear the same habit, bear the same initials after his name, or stand beside us at the altar. He may have served faithfully for decades and now find himself unable to function as he once did. He may be accomplished, admired, and deeply unwell. He may even be the provincial himself.

Poverty takes many forms. Alongside material poverty there can be the poverty of depression, panic, addiction, trauma, obsessive thoughts, mania, or profound loneliness. As you will know from life in community, common residence does not automatically produce communion. A man can be surrounded by confrères and still experience deep isolation.

The Church’s reflection on four dimensions of human dignity—ontological, moral, social, and existential—provides, I believe, a valuable framework for considering mental health. I offer it not as a formula for religious life, but as a lens that may help us see more clearly what is already before us.

Ontological dignity belongs to every human person simply because he exists as one created in the image and likeness of God. It is not earned through accomplishment, intelligence, office, productivity, or usefulness, nor is it lost through illness. A person experiencing severe depression remains the image of God. So does the priest living with bipolar disorder, the man tormented by obsessive-compulsive disorder, and the confrère carrying trauma or addiction.

For Christians, this truth is deepened through baptism. We have been born again in Christ, incorporated into his Body, and made children of God. Mental illness does not undo baptism. A psychiatric diagnosis does not erase religious profession.

Depression does not annul the grace of ordination. Even when a man can no longer recognize his own worth, his dignity remains.

You will know better than I how easily usefulness can become a quiet measure within any apostolic community. Who can pastor a large parish? Who can teach? Who can raise funds, attract vocations, administer an institution, learn another language, or accept a difficult assignment? These are genuine gifts. Yet the Gospel also asks how we regard the man who can no longer do what he once did.

This is a question for dioceses as much as religious institutes. We bishops can make the same mistake. We can begin, often without realizing it, to see a priest primarily through the lens of what he can do for us. A community—or a diocese—reveals something essential about itself by the way it regards a member whose capacities have diminished. If a man's place among us depends principally upon his usefulness, we have moved from communion toward utility.

Moral dignity concerns freedom, responsibility, and the human capacity to choose the good. Mental health requires particular care here because illness can affect judgment and freedom. Severe depression may distort a person's perception of himself and of the future. Mania can alter judgment and decision-making. Compulsion may narrow the experience of choice. Trauma can shape reactions that are not easily understood from the outside.

This does not mean that accountability disappears, nor that every harmful action should be excused by a diagnosis. The challenge is to avoid two inadequate responses. The first moralizes symptoms, assuming that a struggling man simply needs more prayer, discipline, obedience, or generosity. The second removes agency altogether, as though a diagnosis eliminates responsibility or the possibility of growth.

Genuine accompaniment asks a more demanding question: What freedom does this person possess at this moment, and how can we help that freedom mature?

Social dignity concerns the way a person is regarded and treated by others. Here, I suspect, life in community gives you insights that no outside observer can fully possess. You know how a culture develops within a house or province: the stories repeated over many years, the reputations that settle around certain members, the affectionate humor that sometimes ceases to be entirely affectionate.

A man may possess full ontological dignity and yet experience the erosion of his social dignity. This rarely occurs through explicit cruelty. More often it happens through small gestures: a joke repeated too often, an eye roll during a meeting, a conversation that changes when someone enters the room, the familiar remark,

“You know how he is,” or the quiet assumption that because a man once struggled, he can never again be trusted.

A person can be tolerated without being welcomed. He can be housed without belonging. He can remain in the directory while slowly disappearing from the fraternity. A diagnosis may become the lens through which every action is interpreted, until the complexity of a human life is reduced to one breakdown, one relapse, or one difficult period.

Here “to be is to be with” becomes an examination of conscience for all of us. Is this man truly with us? Does he experience himself as belonging? Is he known beyond his assignment? Does anyone notice when he begins to withdraw? Can he speak honestly without fearing that every vulnerability will become part of an administrative calculation about his future?

Finally, there is existential dignity, which concerns the lived experience of meaning and worth. A person may know intellectually that he is created in the image of God and still wake in the morning wishing he had not awakened. A priest may preach hope while experiencing none himself. A brother may recite the Psalms faithfully and feel only emptiness. A superior may lead others in trust while privately wondering how much longer he can continue.

The question is not whether such a person possesses dignity; ontologically, he does. The question is whether he can still experience his life as meaningful, connected, bearable, and worth living.

In such moments, fraternity becomes a form of fidelity. Marcel understood fidelity not simply as keeping an external commitment, but as enduring availability to another. There are times when a person cannot hold hope for himself and others must, in some sense, hold hope with him. There are times when he cannot imagine a future and needs people who will remain present without demanding that he immediately feel better.

Christ’s promise is not that every mystery will be explained, but that he will remain with us: “I am with you always.” A person who cannot pray may need someone to pray beside him rather than instruct him about prayer. A man in depression may need competent treatment, but he also needs to know that seeking treatment has not placed him outside the fraternity. An exhausted superior may need to admit that he is exhausted without fearing that honesty will be interpreted as failure.

Here in the Diocese of Phoenix, we are attempting to plant seeds through our Office of Mental Health Ministry and through our collaboration with the

Association of Catholic Mental Health Ministers. We make no claim to have solved the mental health crisis. We are simply trying to do our part. Our work is organized around three commitments: education, accompaniment, and advocacy.

Education helps clergy, religious, lay leaders, families, and communities recognize mental health realities without fear or stigma. It includes learning the appropriate distinctions among spiritual direction, pastoral care, psychological therapy, and psychiatric treatment. There are times when a person needs a retreat and times when he needs a psychiatrist; pastoral wisdom includes knowing that these are not competing realities.

Accompaniment seeks to ensure that people do not suffer alone. This includes those living with mental illness, but also families, friends, parishes, and communities affected by it. In religious life, as you know, when one person is struggling, others may also need support. When a confrère dies by suicide, the surviving community should not be expected simply to celebrate the funeral and resume its schedule.

Advocacy addresses the structures and cultures that shape mental well-being: access to appropriate care, responsible policies, informed leadership, and the reduction of stigma. It also requires the Church to speak clearly about the dignity of those living with mental illness and to foster conditions in which people can seek help without unnecessary fear.

These commitments are not directed only toward those who have received a diagnosis. Mental health ministry concerns the well-being of the whole community, including the dependable priest, the brother who never complains, and the leader to whom everyone else turns. At times, the person who appears to need nothing may be the one whose isolation has gone unnoticed.

As you continue your time here in Phoenix, I would simply offer a few questions for reflection—not because you have not asked them yourselves, but because they are questions I increasingly ask within my own life and ministry. Does every man among us have someone with whom he can speak honestly? Can a person say, “I am not doing well,” without immediately fearing for his assignment, reputation, or future? Do those of us in leadership have relationships in which we can be vulnerable? Following a psychiatric crisis or a suicide, do we attend adequately to the community itself?

Perhaps another question is even more fundamental: Who among us is becoming invisible?

The person most at risk may not be the loudest or most obviously distressed. He may be the man who has gradually stopped entering the common room, who increasingly eats alone, or who continues to celebrate Mass and attend meetings while withdrawing from meaningful relationships. His distress may remain hidden precisely because he continues to function.

Religious life has an extraordinary gift to offer a lonely world. You bear witness to the conviction that life is not a private project. The evangelical counsels are not only forms of renunciation; they proclaim that another way of being human is possible, one in which we belong to Christ and, in Christ, to one another.

Perhaps this is where Gabriel Marcel and the Gospel converge. Marcel reminds us that to be is to be with. The Gospel reveals the deepest source of that truth: Christ is Emmanuel, God with us. The Christian life is founded upon a God who does not save from a distance and who promises, “I am with you always.”

If we are created in the image and likeness of this God, then there must be a witness about us as well. Religious life offers the Church and the world a particular witness to that truth—not simply by placing people under the same roof, but by learning to remain present to one another, especially when a brother is suffering, diminished, difficult to understand, or unable to recognize his own worth.

The renewal of fraternal life may therefore begin with a renewed capacity to see: to see the person beyond his usefulness, beyond his diagnosis, beyond the period in which he struggled, and beyond the role he performs. It is to recognize the image of God, the grace of baptism, the bond of profession, and the presence of Christ.

In the end, community is not created simply by living under the same roof. It is renewed when we learn again to remain with one another. The most important promise a community can make to a brother, especially in a season of suffering, may simply be an echo of the promise Christ makes to all of us:

I am with you.

Because you are my brother. Because you bear the image of God. Because you have been born again in Christ. Because you belong to this body.

And because the Lord who called us into communion has promised to remain with us always, even to the end of the age.