

St. Francis And Mental Health Challenges: From Stigmatization To Stigmata, Exclusion To Exaltation

By Ed Curran

How does a person go from stigmatization to stigmata? St Francis of Assisi was once a person who was excluded, ostracized, and ridiculed. Eventually this turned to exaltation, glorification, and canonization. Today he is one of the most popular saints among all Catholics. Despite his troubled beginning, Francis is an icon to Christians and non-Christians alike. Richard Rohr tells us that Francis “has the longest single entry of any one person in the Library of Congress”.¹ *Time* magazine listed Francis, along with others like Albert Einstein, Thomas Jefferson, and William Shakespeare, as one of the ten top contributors to the second millennium.²

Francis moved from failure to fame. Ironically, the one Francis followed moved in the opposite direction. Within one week, Jesus of Nazareth went from exaltation and glorification on Palm Sunday to crucifixion and execution on Good Friday. Today, both Jesus and Francis are revered by Christians and non-Christians throughout the world as models of holiness. What is the meaning of Francis’ transformation?

Patron Saint for Mental Health?

When it comes to superstars and famous people, we are aware of them in glory. We know them after they have achieved success. In this way, we generally have only a romanticized version of the struggles they had to endure to attain their fame. This same assessment applies to Francis. We think of him as founder and saint and yet he was a man who struggled and suffered. Because he rose to “stardom” and “saint-dom” over the course of eight hundred years, it is best to evaluate him retrospectively.

Francis has name recognition. Except for those in the Franciscan community and those who do scholarly research, most people only know Francis for his great feats. There is another side and dimension to Francis.

We know that Francis was severely criticized and much abused along the way of his conversion. As a young adult just home from war, Francis was locked up at home in a basement prison by his father in an attempt to control and reform Francis.³ Francis then hid from his father in a cave for a month. As one studies the early conversion pe-

¹ Richard Rohr, *Eager to Love: The Alternative Way of Francis of Assisi*. (Cincinnati, OH: Franciscan Media, 2014), xv.

² Time Staff, “Millennium Top Ten.” *Time*, Vol. 140, No. 27, 15 October 1992.

³ Donald Spoto, *Reluctant Saint: The Life of St. Francis of Assisi*. (New York, NY: Penguin Compass, 2003), 52.



riod of Francis’ life, one recognizes that he often exhibited many behaviors for which others are also ostracized. Francis’ comportment appears at times as mental illness or mental distress rather than mental wellness. Something is breaking down in him and others notice. He is the subject of much name calling. This type of victimization parallels what many today with mental health challenges experience. It leads me to wonder whether St. Francis might also be added with St. Dymphna, as a patron saint of mental health.

Despite a connection with mental distress and illness, Francis distinguishes himself. He is a testament to the proposition that mental illness or mental distress is not an impediment to saintliness. Francis’ transition from exclusion

to exaltation also involves disturbing behaviors. Perhaps if we list these disturbances and not suppress them as we tell the life of this saint, we can learn more about the way that those with mental health challenges live their lives and we can continue to help them with proper treatment.

Francis and Mental Health Challenges

Thomas Merton tells us that “very holy men have been exasperating people and are tiresome to live with.”⁴ The early biographies by Thomas Celano and St. Bonaventure provide examples of how exasperating and disturbing Francis could be. For example, Francis goes AWOL from military service because he heard a voice telling him “you cannot serve two masters”⁵. He hears a crucifix telling him to “rebuild my church.” He goes out to collect stones to begin a building project.⁶ Today some might become concerned about this apparently rash behavior and could question whether Francis was having some sort of command hallucinations.

There are other disturbing public behaviors. Francis removes all his clothes and stands naked in the town square in front of the bishop and others as he disowns and rejects his biological father.⁷ On another occasion, Francis commanded one of his Friars to disassociate himself from money by picking up a coin in his teeth and going outside and placing the coin in cow dung.⁸ At another time, Francis instructed a Friar to tie a rope with a bell around his neck while another Friar dragged him through the streets shouting at Francis that he was a sinner.⁹ Francis once ordered a Friar to preach in his breeches. Then, Francis followed the Friar into the church, also in his breeches.¹⁰ Odd behaviors! Once, Brother Bernard was instructed, while Francis was lying on his back, to put his foot on Francis’ throat and mouth, stepping back and forth three times, all the while mocking Francis.¹¹

Neglected Hygiene and Improper Nutrition

The mentally ill are sometimes depicted as those who are homeless, on the streets looking disheveled, haggard, and refusing shelter. We know that Francis left a financially secure family environment to go begging on the streets. He only allowed himself one piece of clothing and it was tattered. If he received something new, he put tatters on

the outside of it.¹² His nutrition was minimal. Francis refused food at times, and he would often sprinkle dirt on his food to spoil the taste.¹³

We know that Francis had dirty fingers and allowed blood from his fingers to drip on his food.¹⁴ Once when his clothes caught fire, Francis refused to allow his brothers to extinguish it, causing him to sustain burn marks.¹⁵ On another occasion, in the town of Spoleto, Francis kissed a man on the lips who had a disease eating away his lips and cheek.¹⁶

Incarceration and Mental Illness

The American Psychological Association reminds us that a person with a mental health diagnosis is three times more likely than the general population to be incarcerated and that 45% of the prison population have mental health symptoms.¹⁷ Other than his being a POW and being locked up in his own home, there does not appear to be any record of Francis’ imprisonment for his behavior. However, there is a record of Francis’ troubling behavior that could have had legal consequences. When he gave away his father’s clothing and sold a horse without permission, his father had grounds to prosecute. Once Francis took money from his father’s business and gave the money to the parish priest for the repair of his church. The priest, suspecting something unusual, saved the money, which prevented charges being brought against Francis by his father.¹⁸ There was another incident where Francis climbed a roof and was tearing shingles from the building because he didn’t want Friars to own property.¹⁹ And then, on another occasion, Francis refused to allow a building aflame to be extinguished, which frightened his Friars.²⁰ Despite the fact that his positive motives in all these instances were in keeping with the Lord, possible theft, destruction of property, and obstructing firefighting are “chargeable offenses” for which he appears to have been guilty.

Diagnosis

The *Diagnostic and Statistical Manual 5*, or *DSM 5*, is the manual or scientific tool that Psychiatrists, Psychologists, and other Mental Health Professionals use to diagnose and

⁴ Thomas Merton, *New Seeds of Contemplation*. (New York, NY: New Directions Publishing Corp., 2007), 59.

⁵ St. Bonaventure, “Lives of St Francis,” in Marion Habig, O.F.M., ed., *St. Francis of Assisi: Omnibus of Sources* (Cincinnati, OH: Franciscan Herald Press, 1973), 637.

⁶ Thomas Celano, *St. Francis of Assisi: Omnibus of Sources*, 70.

⁷ Donald Spoto, *Reluctant Saint: The Life of St. Francis of Assisi*, 52.

⁸ Legend of the Three Companions, *St. Francis of Assisi: Omnibus of Sources*, 923.

⁹ Thomas Celano, *St. Francis of Assisi: Omnibus of Sources*, 366.

¹⁰ Thomas Celano, *St. Francis of Assisi: Omnibus of Sources*, 418.

¹¹ The Little Flowers of St Francis, *St. Francis of Assisi: Omnibus of Sources*, 1307.

¹² St Bonaventure, *St. Francis of Assisi: Omnibus of Sources*, 847.

¹³ St Bonaventure, *St. Francis of Assisi: Omnibus of Sources*, 805.

¹⁴ Legend of the Three Companions, *St. Francis of Assisi: Omnibus of Sources*, 999.

¹⁵ Legend of Perugia, *St. Francis of Assisi: Omnibus of Sources*, 1028.

¹⁶ St Bonaventure, *St. Francis of Assisi: Omnibus of Sources*, 644.

¹⁷ Doris J. James and Lauren E. Glaze, “Mental Health Problems of Prison and Jail Inmates.” *U.S. Department of Justice Bureau of Justice Statistics Special Report*, September 2006.

¹⁸ St Bonaventure, *St. Francis of Assisi: Omnibus of Sources*, 796.

¹⁹ Legend of the Three Companions, *St. Francis of Assisi: Omnibus of Sources*, 987.

²⁰ Legend of Perugia, *St. Francis of Assisi: Omnibus of Sources*, 1028.

treat patients.²¹ To receive a proper diagnosis, an individual is reviewed across many categories over statistically proven periods of time.

It is tempting to match the behaviors of Francis, as these are recounted in the biographies of Francis, over against symptoms related in the diagnostic manuals today. One must be extremely cautious in this exercise, however. The biographies were written in a style and for a purpose that defies this type of symptomatological analysis. The biographies are hagiographical, that is, they use standard tropes found in the literature of the saints, often with exaggerated stories, events reminiscent of biblical stories, and other tales from ancient literature that recount stories in certain lights and in exaggerated forms for the purpose of accentuating a distance from the “ways of the world” or an attitude focused on heavenly values.

Attempts have been made and suggestions drawn that Francis may have suffered from a bipolar disorder, with manic and depressive symptoms, or that Francis might have suffered from post-traumatic stress disorder. We do not know and we cannot speculate, since the biographical data is an unreliable source for this kind of psychological or psychiatric speculation.

What we do know is that Francis’ behaviors were often disturbing and distressing. Francis’ conversion from adolescent party-boy to saint involved a severe break not from reality but, one might say, into the reality of greed and violence from which his society suffered. To those of his time and to many in our time, it looked like a mental and spiritual breakdown. From another point of view, it might appear as a mental and spiritual breakthrough. Whether breakdown or breakthrough, Francis suffers emotionally and this pain is exhibited in behaviors that are difficult and distressing. In this way, he shares a companionship with those today who suffer from mental illness.

So What?

In a discussion with a physician friend with a bipolar diagnosis and other clinician friends about the question of whether Francis suffered from a mental illness, the general reaction was, “So what?” These professionals reminded me of other major contributing figures to society such as Abraham Lincoln, Judy Collins, Michelangelo, Jane Pauley, Winston Churchill, and many more, who also appeared to suffer with mental health difficulties. Despite their challenges and their distress, they went on to serve humanity with distinction.

Francis exhibited many distressing behaviors. He was thoughtful and introspective about them. He probably asked himself many questions about his behaviors and his feelings. These incidents bonded him with others in distress

²¹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. (Arlington, VA: American Psychiatric Association, 2013)

in his world. The question for us is this – can we make the connection between the Francis who suffered physically, emotionally, and spiritually and those in the mental health population who suffer stigma, isolation, misunderstanding, and rejection? Can our admiration for Francis turn to advocacy for those who suffer with mental illness?

Hopelessness Needing Acceptance

In talking with friends and other consumers who carry mental illness labels, shame and embarrassment are the emotions most frequently conveyed by them. These same feelings are also identified in the literature.²² We can’t know for sure what Francis felt, but we do know he was called different names: “lunatic, crazy, foolish, drunkard, stupid.”²³ Francis was mocked, jeered, and insulted. People laughed at him as he was begging for food. People spat on him and threw food when he walked the streets.²⁴ He was disconnected and isolated from his family of origin.

It hurts to feel stigmatized. This feeling of difference contributes to a poor self-image and reinforces self-repulsion. We know Francis put his trust in the Lord as he dealt with ridicule. What does a sufferer of mental illness do who is lonely and experiencing ostracism on a daily basis? What can others do who don’t have Francis’ faith and spirituality? Whether one has faith or not, constant reminders of one’s stigma wears one down. It can even cause the person to question if God even exists.

During our last presidential campaign, one candidate made mocking gestures of the disenfranchised while the audience laughed and cheered him on. Which is worse, the gesturer or the one cheering it on? These responses about our disenfranchised population can only stigmatize them further. I point this out not to claim superiority but to indicate that all of us, probably at some point, have been an initiator of jeering and/or spurred it on. We deride others because we are afraid and want to protect ourselves. During his young debauchery playboy days, Francis probably participated in this type behavior. We know Francis disdained lepers, when he was an adolescent. After his conversion, however, Francis became a strong advocate for others with differences. Francis felt it was his responsibility to strengthen the weak. We can only hope that all will someday have a conversion like Francis and be respectful and accepting of anyone who is less fortunate, becoming what Ilea Delio calls “compassion living in the spirit of St. Francis.”²⁵

²² S. Clement, O. Schauman, T. Graham, F. Maggioni, S. Evans-Lacko, N. Bezborodovs, C. Morgan, N. Rusch, J.S.L. Brown and G. Thornicroft, “What Is the Impact of Mental Health-Related Stigma on Help Seeking? A Systematic Review of Quantitative and Qualitative Studies.” *Psychological Medicine*, Vol. 45, No. 1, January 2015.

²³ Donald Spoto, *Reluctant Saint: The Life of St. Francis of Assisi*, 73.

²⁴ St Bonaventure, *St. Francis of Assisi: Omnibus of Sources*, 849.

²⁵ Ilea Delio, OSF, *Compassion Living in the Spirit of St Francis*. (Cincinnati, OH: Franciscan Media, 2011), 86.



To Do List

Each of us has had encounters in various settings such as home, work and within the community with someone with mental health challenges. What can we do? To begin, we must treat everyone with dignity and respect. To me, that involves a communication style modeled on non-judgment, reflective listening and not trying to change the other person.

A recent PBS Newshour episode had different consumers in the mental health community educating others on how they want to be treated. They spoke of wanting eye contact while in conversation. They also mentioned the importance of body language that shows engagement and acceptance. One person interviewed related a story about how some people would throw money at him showing their abhorrence and need to get away from him as quickly as possible. Those suffering from mental health challenges need and expect ordinary forms of closeness, warmth and understanding.

In our jails, 64% of the population have some form of mental illness.²⁶ Early preventive treatment could reduce our prison population significantly. Obtaining parity with behavioral health services and other medical conditions is imperative. Without it, there is a reluctance to pursue treatment due to prohibitive costs.

²⁶ Doris J. James and Lauren E. Glaze, "Mental Health Problems of Prison and Jail Inmates," September 2006.

All of us have had "bad days" at times. We may feel support when someone asks, "Having a bad day?" This is not what those suffering from mental illness are asked. Instead the mental health-challenged are asked, "Have you taken your meds?" Obviously, medications may be a necessary treatment for some individuals and these cannot be neglected. However, medications also have side effects, of which we should be knowledgeable and sympathetic. The use of psychotropic medications is a delicate, but necessary, balancing act of chemical reaction and responses. We should always be sympathetic to the difficulties of adjustment and sometimes to the tedium of side effects and the occasional forgetfulness that plague those who have suffered for many years. The mentally ill deserve our empathy and our respect.

Most, if not all of us, have had some street experience with a transient requesting alms. Clearly safety and security have to be concerns. Avoidance of enabling behavior for alcohol and other drugs is also a concern. What then are some options? A gentle word, a kind smile, looking the individual in the eye are always welcomed. One person told me that when time allows, he invites the requestor to a diner for a cup of coffee or a bite to eat. He remarked on how much he learns during the conversation that unfolds. He said when you meet one transient, you meet one transient because each is different.

When Pope Francis was asked about transients begging on the street, he said not to judge or analyze but give to them anyway.²⁷ Asked if he was concerned that the individual may use the money for alcohol, Pope Francis said this may be his only pleasure in life and do we deny him that opportunity.

St Francis never refused a beggar. St Francis literally lived the cliché "giving the shirt off his back." One time he ran after a thief who stole from the Friars to give him more because Francis said to his brothers that "he [the thief] needs it more than us."²⁸

Would that we could all be like the Pope and St Francis and be able to continually see Christ in others, especially in our interactions with the mental health challenged. Nevertheless, we could try to take a humanitarian approach. By that I mean we can, like Atticus Finch said in *To Kill a Mockingbird*, "put ourselves in that other person's shoes." This approach might guide us to treat others as we would like to be treated. We may even find that the individual responds back.

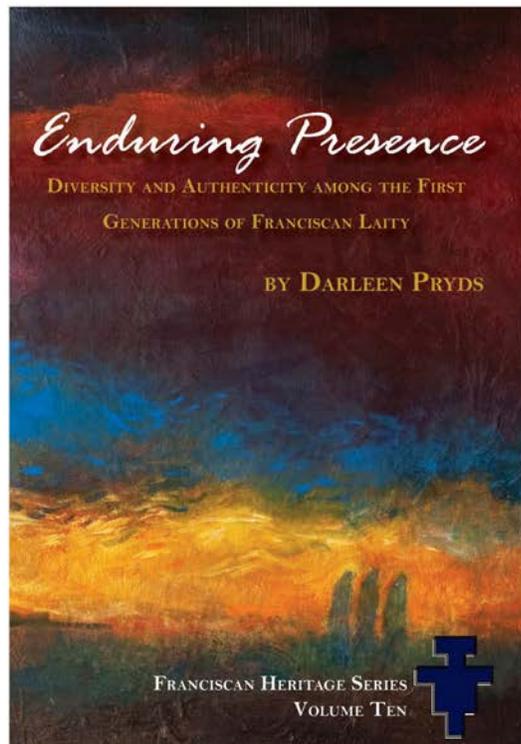
Conclusion

When Francis went to La Verna, he had a mystical experience we call the Stigmata. It is a long way from the

²⁷ Michael J. O'Loughlin, "Pope Francis Says Give to the Homeless, Don't Worry About How They Spend It." *America: The Jesuit Review*, published online at www.americamagazine.org, 28 February 2017.

²⁸ Legend of the Three Companions, *St. Francis of Assisi: Omnibus of Sources*, 912.

Enduring Presence: Diversity and Authenticity Among the First Generations of Lay Franciscans by Darleen Pryds



Written as a companion volume to *Women of the Streets: Early Franciscan Women and their Mendicant Vocation* (Franciscan Institute Publications, 2010), *Enduring Presence* offers more gritty stories of the faith journeys of lay men and lay women who helped create the Franciscan charism in the first generations of the Franciscan movement. Their unique contributions as “somatic theologians” or people who contributed to the Franciscan intellectual tradition by how they lived out the theology and spirituality are mapped out here in this volume and include work, marriage, hospitality, and service as spiritual practice.

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period of stigma that was his early conversion years. Two letters differentiate stigma and stigmata. Just as exclusion and exaltation begin and end with the same couple of letters, all of us begin and end life with the same nakedness. In between our nakedness, we need others. When Francis reached his exalted status with the stigmata, his need for others became more pronounced as he had to rely on his fellow friars for his basic needs. Our challenged mental health population needs our support, if they are going to reach their full potential.

Thomas Merton describes Francis as “mysterious and contemplative.” He also said “we come to know ourselves in God when we have the freedom to be ourselves without guile. We seek the self that God continues to create, the self that is of God and belongs to God.”²⁹

Many in the mental health population are contemplative as they walk alone with God. Oblivious at times to the nuances of life and sometimes struggling with life’s modern complexities and rush, they reflect on the simple meaning of life like Francis did. Can we model this contemplative behavior to gain inner peace and mental wellness?

The strange behaviors and disturbing rituals of Francis give me much inspiration. In showing some of his human

shortcomings, Francis raises his status rather than detracts. Just as St. Bonaventure talks about Jesus descending before ascending³⁰, Francis has to be human with faults before he can rise and be saintly with Christian greatness. It indicates to all of us, and especially to the challenged mental health community and other disenfranchised, that we can aspire to greater things. Francis is a true peacemaker and by identifying distressing behaviors in his life, we may forgive ourselves and learn how to be at peace internally. We can remove shame and embarrassment with Francis. Having faith with Francis, rather than doubt and despair, we can embrace hope within us. Who knows, we may discover that there are others among us like Francis.



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²⁹ Iliia Delio, OSF, *Compassion Living in the Spirit of St Francis*, 31.

³⁰ St. Bonaventure, *Saint Bonaventure Collection*. (Aeterna Press, 2016).