

EDITOR'S NOTE

Long before on-demand streaming, some of us had to plan our television viewing by knowing what day and time our favorite programs aired. When my sons were young, we kept Friday evenings free so we could all watch “The Incredible Hulk” each week. Every episode, the good Dr. David Banner helplessly transformed into an angry, often self-destructive monster after some moral outrage or cruel goading unleashed his uncontrollable fury. Banner lived with terrible shame about his alter ego’s explosive temperament and freakish appearance.



MARY ANN
STEINER

You can find the Hulk’s prototype in chapter 5 of Mark’s Gospel. Jesus had just quelled the storm he and his apostles encountered while crossing the Sea of Galilee. Barely does Jesus step ashore when he is confronted by a deranged young man living among the tombs. The man is so strong that he broke through the shackles meant to restrain him; so wild that he hurls himself against the stone tombs; so unstable that he is sure the demons that possess him are Legion.

What was it that possessed him? It might have been demonic creatures dispatched by Satan to take residence in the unfortunate young man and claim him for the forces of evil. Maybe he suffered from what we now call PTSD after being forced to participate in an early Middle Eastern conflict like the ones we still witness several millennia later. Perhaps he had been abused or abandoned as a child, labeled a loser nobody wanted around. It could be that addictions and self-loathing had him in a grip so tight he was driven out of “normal” society and into hiding. Possibly he suffered from bipolar disorder.

We’ll never know. But what we do know is that Jesus battled the young man’s possession with fierce persistence even as he engaged the young man with great compassion. He did not confuse the illness with the person — didn’t identify the patient with the diagnosis. And in an unexpected conclusion to the tale, Jesus rejected the young man’s request to join his followers. Instead Jesus sent him off — healed and restored to himself — back to his family and friends to restore those relationships.

That is an important message in many of the articles that follow. Whether we are talking about people who suffer from eating disorders or personality disorders, alcoholism or Alzheimer’s, it is part of the mission of Catholic health care to uphold the dignity of the person and persevere against these cunning, demoralizing and life-threatening diseases. The stigmas and isolation that people with mental illness often endure are contrary to the kind of pledge we make in most of our mission statements.

Another important message that runs throughout the issue is that separating behavioral health from other health fields is outmoded. As we pursue the health of the whole person by integrating the physical, mental, emotional and spiritual at every point on the continuum of care — mental health will be folded into assessment and care of young children, new mothers, critical care patients and frail seniors.

We appreciate this company of authors for clarifying the complex language of behavioral disorders, raising ethical concerns with diagnoses and treatments and sharing best practices.

Since 2006, Ed Giganti’s name has held the top billing on the masthead for this magazine. As vice-president, communications and marketing, Ed has guided this and so many publications, communication strategies and marketing initiatives with a steady hand and remarkable vision. Ed retires at the end of 2017, and so we want to thank him for all the ways he made everything we did better. All our hats off, Ed.

Thank you, good readers, from your friends at *Health Progress*. We wish you all the blessings the new year can hold.

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