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## Moments of Revelation on the Spiritan Journey

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## MOMENTS OF REVELATION ON THE SPIRITAN JOURNEY

### Fintan Sheerin

Fintan Sheerin is a lecturer in intellectual disability nursing at Trinity College Dublin where he teaches primarily on the subject of rights and social justice. He joined the Spiritans as a novice in 1982 but left after a year, and eventually became involved in service provision for people with intellectual disabilities. He was one of the original Spiritan Associates in Ireland and remains closely linked to the Congregation.

*'They will be the advocates, the supporters and defenders of the weak and the little ones' (Provisional Rule)*

### Introduction

From its outset, the Spiritan mission has been marked by an ethos of service to the poor and marginalised in society. In the case of the Founders, the recognition and embracement of this mission was associated with *metanoia* events, moments of revelation. Thus des Places, with a promising legal career set out before him, opted instead to enter the priesthood. Furthermore, he rejected the comfortable path and chose to associate with the poorest and most needy clerical students. Libermann too experienced several well documented moments of revelation and change in his life. Key among these was his option for the poor:

*To preach the good news to the poor, that is our general goal...in the missions we have chosen the most wretched and abandoned souls*

(N.D., XIII, 170).

Whilst these long preceded the Church's formal adoption of its *preferential option for the poor*, they were, in reality, lived instances of Jesus' own 'coming-of-age' during the period in the desert, which led to his statement of priorities in the Beatitudes:

*How happy are the poor in spirit...the gentle... those who mourn...those who hunger and thirst for what is right...the merciful...the pure in heart... the peacemakers...those who are persecuted in the cause of right.*

(Matthew 5:3-10)

Spiritan spirituality embodies these priorities by having as its core, mission to service of the poor and marginalised, grounded in a practical union with God that is lived and fostered in and through community (Congregation of the Holy Spirit 2004, Kilcrann 2007). Historically, the Congregation found a focus for its mission, often in distant lands and with people who had yet to hear the message of Jesus (Van Kaam 1959). More recently though, this focus has broadened to include: re-evangelisation at home, as well as ministry to refugees, displaced peoples and asylum seekers (Spiritan Life 2008). Moments of revelation occur in everyone's lives and often challenge us to choose an

alternative road to that which was planned. In this article, I will recount some such moments in my life which have significantly challenged me to examine my role and direction in the light of the Gospels and of the Spiritan charism, leading me to a ministry with individuals who have been marginalised in Ireland and many of whom have experienced social devaluation, involuntary material poverty, social and physical discontinuity, brutalisation, segregation and life-wasting (Wolfensberger 1995, 2000).

### **Background**

*...faith and social awareness  
had become intertwined...*

When I joined the novitiate in the Irish Province in 1982, I was young and driven by a sense of idealism, justice and right. During my teenage years faith and social awareness had become intertwined through my involvement in the Special Religious Development (SPRED) ministry to people with intellectual disabilities, wherein a friend with disability would share with me in my life of faith. Religious life was, however, not my road at that time and, after leaving in late 1983, I found myself with no direction in life and drifted somewhat aimlessly into 'mental handicap nursing' – then a backwater of the nursing profession in Ireland. Like many of my colleagues though, I entered nursing - similarly to many who entered religious life – to do something that served a greater good. Happily, much of my idealism remained intact through the early years and I frequently found myself in conflict with managers and employers when I perceived that the ideals were not being lived up to. Thus, I refused to engage in activities that I considered inhumane or cruel and advocated for individuals' rights. Interestingly, I often found myself at odds with the ethos of many services which were run by Roman Catholic religious congregations, and which were largely custodial and segregating in nature. For many years, I had tried to understand this and questioned my own stance, which I felt was grounded in Jesus' teaching:

*For many years, I had tried  
to understand this and  
questioned my own stance...*

*You must love the Lord your God with all your  
heart, with all your soul, and with all your  
mind... You must love your neighbour as yourself.*  
(Matthew 22:37, 39)

I have worked in the practice of nursing and in the education and training of specialist intellectual disability nurses for approximately 25 years, and throughout that time, have provided what I consider to be quality education and care grounded in evidence-based practice and research. It is easy, however, to become comfortable and complacent in one's role while insidiously losing something of the idealistic zeal with which one started!

### **Moments of Revelation**

In 2007, over a short space of time, I was confronted by two events which challenged me immensely in my role as a nurse and an educator. I received a phone call from a student who was on the verge of leaving nursing. She cried openly as she recounted the indignity suffered by people with intellectual disabilities that she witnessed whilst on her placement; the verbal abuse, the lack of basic requirements, such as personal underwear and sanitary materials. This resonated with similar experiences which I had during my career some 15 year earlier. I was horrified to hear that they were still happening but advised her that, as a student nurse, all she could do was to ensure that the care she provided was of a high quality, that her contacts with service users could be moments of light in their lives, and that her sphere of influence would grow as her career progressed. I was conscious though that many students seemed to lose their idealism during second or third year, as they became socialised to the profession and accepting of the *status quo*. In short, they became unquestioning and uncritical, believing that they could not change anything. A few days later, when I was teaching a class on the emergence of humanist philosophies in intellectual disability services following the 1960's rights' movement in the USA, I was confronted by a first year student who asked me "*what are you doing for the rights of people with intellectual disability in Ireland*"! I was not able to answer him and the question continued to bother me long after the class, leaving me with the realisation that I too had succumbed to the comfort of my situation and, although able to teach the theory, I was not awake to the reality. I too had lost my idealism. Whatever direction I felt I had was lost and my sense of surety was gone. But the Spirit has ways of bringing clarity where there is chaos! A chance visit to a bookshop led me to purchase two books: Sobrino's *The Eye of the Needle* and Freire's *Pedagogy of the Oppressed*. These I read with great interest; but not a small amount of discomfort!

*I was conscious though that many students seemed to lose their idealism...*

*...the question continued to bother me long after the class...*

### **People with Intellectual Disabilities**

The care of persons with intellectual disability has, throughout the centuries, been marked by societal fear and prejudice. Elsewhere I have suggested that such fear and prejudice may be seen at all levels of society, often resulting in the evolution of over-generalised, learned attitudes towards individuals, who do not conform to 'the societal norm' (Sheerin 1999). Typically, these attitudes are directed at any 'societal deviants' on the grounds of race, religion, sex, gender-identity and orientation, role, physical disability, physical disfigurement, behaviour, ethnicity, weight, area of residence, employment status, class, amongst many others.

*...the problem may be more pervasive and may be a throwback to attitudes and ideas of the past...*

This stereotyping of individuals often manifests itself in them being treated unequally, solely on account of their membership of that ‘deviant’ group. The experience of being treated in this way was expressed by disabled individuals who made submissions to the Commission on the Status of People with Disabilities (Government of Ireland 1996). Many felt that they ‘were being either kept at, or pushed to, the margins of society...not being allowed to realise their potential or to participate as fully as they are entitled to in everyday life’ (p.5). The ability of such individuals to highlight and challenge their situation has led to improvements and to the publication of the Disability Act (Government of Ireland 2004), which advocates an agenda of enablement and equality for persons with disability in Ireland. Those who do not have the ability to make their voices heard, however, have been at a distinct disadvantage, for as a *powerless* group, people with intellectual disabilities have been reliant on service providers, family members and advocates to speak on their behalf. This has not been effective for, at every juncture, the State and its agencies seek to block real change. The inability of people with intellectual disabilities, their advocates, services and others to obtain equality for persons with intellectual disabilities suggests that the problem may be more pervasive and may be a throwback to attitudes and ideas of the past which have provided a basis for current approaches. Freire and Sobrino offer important perspectives which may be relevant here.

### **Poverty and Intellectual Disability**

The colloquial use of the term ‘*the Poor*’ usually relates to material poverty and is defined in the Irish National Action Plan for Social Inclusion 2007-2016 as:

*people ‘whose income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and other resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society’*

(Government of Ireland 2007:20)

It is clear from this description that poverty is defined within the context of contemporary Irish societal standards of living. What can we say about the characteristics of ‘*the Poor*’? Key among these characteristics are: inadequacy of resources; unacceptable standard of living; exclusion; and marginalisation. Such have been

the ambit of 'the Poor' for centuries as exemplified in the history of services for people with intellectual disabilities (interestingly, the *Action Plan* identifies people with disabilities as being at risk of poverty).

*...material want is only one aspect of poverty...*

Sobrinho (2008) posits though that material want is only one aspect of poverty and that other types of poverty exist. He identifies four other types. Some are *dialectically poor*, due to impoverishment and oppression, 'deprived of the fruits of their labour and, increasingly, they are deprived of work itself...they are deprived of social and political power by those who have enriched themselves by plunder...they are scorned and ignored' (p.57). It has been alleged that this is, has been, and continues to be the experience of people with intellectual disabilities in some Irish sheltered workshops, where they are 'doing real work, but are not even being paid the minimum wage and do not have employment rights' (Inclusion Ireland 2008). Furthermore, it has been suggested that some workshops are making profit based on the work of these people.

*...participants spoke eloquently and forcibly of their dissatisfaction with being treated differently to others in society.*

Sobrinho (2008) further describes those who are *consciously poor* and who have realised the reality and causes of their poverty. Whereas such insight is infrequently associated with people who have intellectual disabilities, this is changing. I had the privilege of attending an inclusive research workshop in Galway last June, where participants spoke eloquently and forcibly of their dissatisfaction with being treated differently to others in society.

The *freedom-seeking poor* seek solidarity with others in similar situations and try to build on their conscientization (Freire 1996) through 'grassroots organisation' (Sobrinho 2008:58). The self-advocacy movement has seen such developments in Ireland but many advocacy groups have been set up within, or exist in association with, service providers. As will be discussed anon, this may be a source of conflict hindering the cause of liberation for these people, for 'no-one can be the servant of two masters' (Matthew 6:24); s/he must be willing to selflessly speak and act on the other's behalf, that is, on behalf of Jesus who is within each person (Matthew 10:37-39).

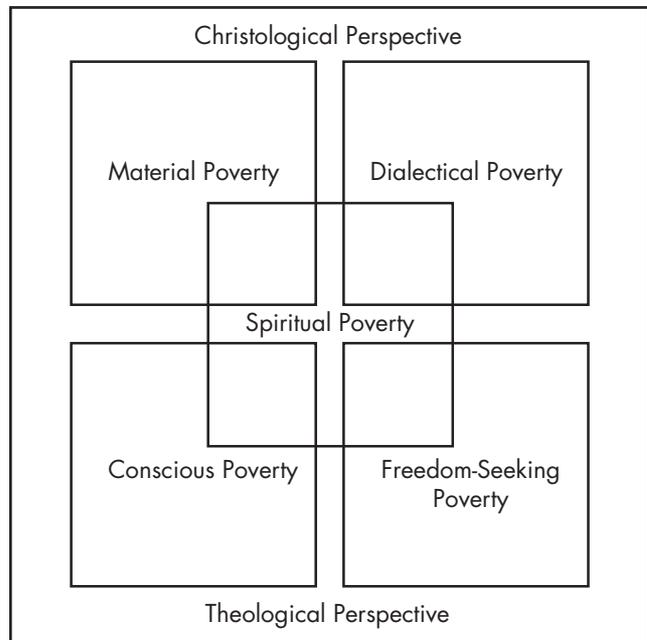
Finally, Sobrinho describes those who are *spiritually poor*: 'steadfast under persecution, they act with love...living the spirit of the Beatitudes' (p.58). That such people fall within the focus of the Spiritan mission is evidenced in the annals of the Congregation as well as in the minutes of the Torre d'Aguilha General Chapter (Congregation of the Holy Spirit 2004), where 'poverty suffered'

was firmly and clearly placed within the focus of our work for justice and peace and integrity of creation. This further resonates with Sobrino’s contextualisation, for he describes Jesus’ preference for and presence in the poor (Figure 1), sentiments echoing the words of Isaiah:

*The Spirit of God has been given to me, for Yahweh has anointed me.  
He has sent me to bring good news to the poor, to bind up hearts that are broken.*

(Isaiah 61:1)

Indeed, as Jean Vanier says, ‘Jesus tells us that he is hidden in the face of the poor, that he is in fact the poor’ (Vanier 1989:95). Thus, as we receive Jesus as our source of life and communion, so we are similarly called to receive the poor and in doing so all are liberated; all are evangelised.



*Figure 1: A Christian Contextualisation of Poverty (Sobrino 2008)*

**Poverty Grounded in Oppression**

Wolfensberger (1995, 2000) has written extensively regarding the wounds of people with intellectual disabilities. These wounds are summarised in Figure 2. He goes further to suggest that service providers collude, albeit unwittingly, in the wounding of service recipients. The reader will understand how challenging this view is to a health care professional who has dedicated many years to

*...by dehumanising others,  
the oppressors themselves  
become dehumanised.*

intellectual disability service. My despair was not allayed by Freire’s discussion of oppression in education, for he suggests that, by dehumanising others, the oppressors themselves become dehumanised. Such a position is also put forward by Sobrino (1993) in discussing the Biblical Scribes and Pharisees as enactors of ‘the ultimate evil’ – oppression (p.175).

Freire’s thesis offers an interesting and radical perspective on intellectual disability in Ireland. It has been noted above that people with intellectual disabilities have, through various mechanisms, become entangled in a state of marginalisation and oppression. This injustice was originally grounded in the institutionalisation, segregation and control of people who were perceived to be disordered. Whilst Eugenics is strongly implicated in this injustice, religion has also played a role, whether through literal interpretation of scriptures, with demonic possession being variably ascribed to mental illness, epilepsy and intellectual disability (see Miles 2001) or through the support of the sexual control of such people that was central to the Eugenic stance (see Baldacci 1997).

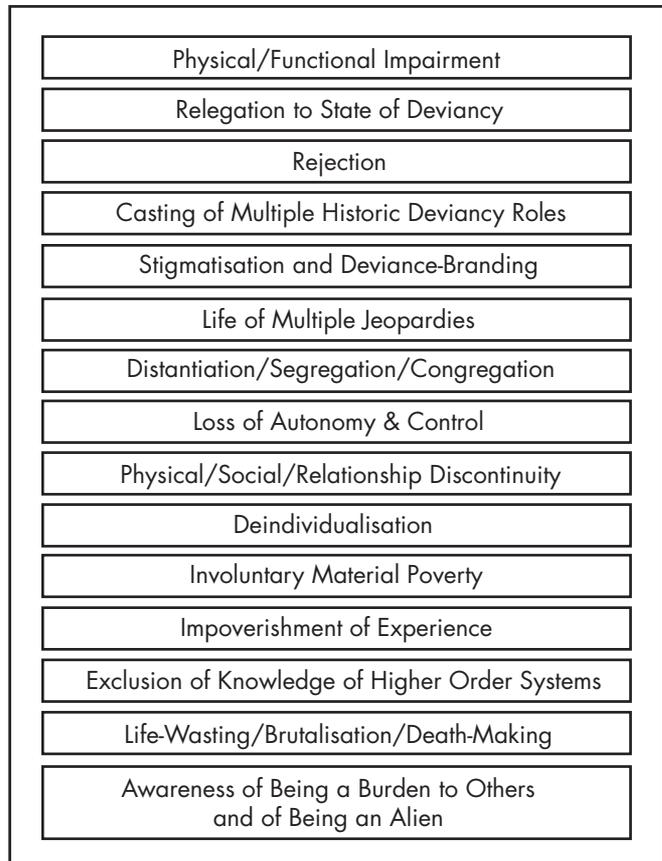


Figure 2: *The Wounds of the Disabled* (Wolfensberger 1995)

*...it served to continue the custodial approach to caring for people with intellectual disability*

The provision of intellectual disability care in Ireland has been hugely inconsistent, with the State absenting itself from this activity until the late 1980s. Prior to this, formalised approaches were provided by religious and voluntary bodies, as well as by parents and friends groups. The general custodial approach to care mirrored that evidenced in other countries, with institutionalisation, sexual segregation and repression (Finnane 1981; Robins 1986, 1992). By the late 1800s, the paradigm of care was medically focused on account of the Lunatics Act of 1845 and the transfer of Poor Law Institutions to medical governance (Finnane 1981; Chung and Nolan 1994). It was, therefore, within the context of the psychiatric medical model that Irish intellectual disability care developed. Although specialised nurses were first introduced to Irish services in the 1960s, general and mental health nurses had been working for many years in the institutions and the introduction of the 'mental handicap nurse' was not characterised by revolutionary change in service provision. Conceptually, it served to continue the custodial approach to caring for people with intellectual disability that had its roots in the scientific, positivistic, custodial and segregating approaches of the 19<sup>th</sup> century. Despite attempts to redress this problem, traditional intellectual disability and many more recent services continue along variations of the above approach. Notable exceptions to this are the l'Arche and Camphill communities, which are grounded in lay Christian and humanistic values respectively.

*Such an approach may be considered to be oppressive in its nature...*

Having considered the situation of people with intellectual disabilities in Ireland from the alternative Freirean perspective, it may be posited that the current social approach to such people, formalised in the state and state-funded (including voluntary and religious) services is actually grounded in and a continuation of that which developed in the late 19<sup>th</sup> and 20<sup>th</sup> centuries based on a positivistic perspective which essentially reduced the person with intellectual disability to a mentally disabled/handicapped/retarded/subnormal/defective person (Yong 2007). It may be argued that, in a similar way, the use of terminology such as 'person with intellectual disability' promulgates the concept of difference and alteration from normality. Such an approach may be considered to be oppressive in its nature and, through the tendency of the idea of normality to control, segregate and to marginalise people both physically and socially, constitutes a form of violence. The result of such violence is disempowerment and dehumanisation as witnessed by the aforementioned student nurse, and by me during my career.

The responses of the oppressed may be twofold. The first, withdrawal, is discussed by former residents on the Scottish NHS video *Just Ordinary People* (NHS Scotland 2002) who noted that, in order to avoid trouble in the institution, they stayed quiet – ‘you keep your mouth shut to have a peaceful life’. The second response may be to fight back against the perceived injustice. Such a response may be considered by oppressors to be unprovoked and meaningless violence (Freire 1996). When such a reaction is seen in a person with intellectual disability, it is often considered to be some form of *challenging behaviour* which warrants intervention, whether behavioural or medicinal. The outcome of intervention is a quiet and cooperative service user; one who conforms to the requirements of the oppressive society. The expectations of society regarding people with intellectual disability are therefore mediated through the health system and its body of frontline carers and other professionals, who are prepared for their task through a process of education, training and socialisation.

*...with students considering that educators are out of touch and that practice can never be changed.*

Thus, registered intellectual disability nurses, like myself, are formed through programmes which must conform to the syllabus of training and education set out by the Irish Nursing Board (An Bord Altranais). This dictates what is taught, while the students’ placements ensure that they learn how things are done in practice. Despite efforts on the part of educators to develop questioning nurses, there are invariably complaints regarding the gap between theory and practice, with students considering that educators are out of touch and that practice can never be changed. This system ensures that the *status quo* remains unchanged and that well-meaning, caring individuals unwittingly participate in what is an oppressive regime (Freire 1996).

*...the oppressors will always serve themselves.*

The revelation of my potential role as an oppressor was very painful and I despaired of the impact and meaning of my 25 years of nursing and education. I was left with a number of choices: to ignore this new understanding and carry on; to walk away from this career; or to become involved in a campaign of liberation and conscientisation. After some discernment in the light of the decisions of des Places and Libermann, I opted for the last choice and set about bringing together groups such as Amnesty International, Inclusion Ireland, self-advocating people with intellectual disabilities and others to discuss a way forward. I was conscious, however, of Freire’s and Sobrino’s rejection of the notion that liberation can come from the oppressors, as they will continue using controlling and oppressive means, even if these appear to be deeds of generosity; the oppressors will always serve themselves. Hence the adage *extra pauperes*

*...for such a process to be true it must start with and not for people with intellectual disabilities.*

*nulla salus* (Sobrino 2008) for *theirs is the Kingdom of Heaven* (Luke 6:20). On reflection, therefore, it seemed that for such a process to be true it must start *with* and not *for* people with intellectual disabilities. Furthermore, it should be led *by* people with intellectual disabilities. At our initial meeting we all sat together and discussed what was important and how to move the process forward. This was the first time that I ever sat and talked with people with intellectual disabilities who were not recipients of my service, but, rather, equal members of society; it was truly liberating. In September 2009, a gathering of over 120 people with intellectual disabilities and their advocates took place in Trinity College Dublin. At this meeting, priorities for human rights were identified by the participants, priorities that will guide the development of this group into the future.

### Reflection

As I write this article, I am becoming increasingly aware of the fact that a number of strands of my life have been drawing together over the past two years. Since becoming a Lay Spiritan, some years ago, I had felt called to mission but could not find any clarity in this regard. I had almost despaired that no such focus would emerge and my commitment to Spiritan ideals was waning. The revelation inherent in the above events has given understanding to the dissonance that has existed in me throughout much of my career, a feeling that something was just not right. It was this perspective that led me to write several papers on marginalisation. The idealism that led me into religious life and then into nursing has been renewed and my energy has been replenished. It is, I believe, the unity of these aspects of my life through the direction of the Spirit that is guiding me forward. It is my prayer that I can remain true to this mission of service to these oppressed poor.

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