

Mental Health – Let Us Be Aware

Mental Health Awareness Sunday

Luke 8:26-39 Galatians 3:23-29
College Hill Presbyterian Church, Tulsa

Rev. Todd B. Freeman
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Mary Clare Edwards was a faithful member of Bethany Presbyterian Church in Dallas, where I served as their pastor for nine years. She lived in an apartment next door to the church and was one of the most regular-attending members of the congregation. During Sunday services we always had a time of sharing Joys and Concerns. Given the small size of that community of faith, they were shared aloud instead of written down on paper as we do here. Never did a Sunday go by when Mary Clare didn't ask for prayers for those suffering from mental illnesses. If, perchance, on the rare occasion that she was absent one Sunday, someone else in worship that day would invariably ask, on Mary Clare's behalf, that we remember and pray for those challenged by any number of mental health concerns. It was very important to that community of faith to keep this issue always before them.

Mary Clare, herself, suffered with paranoid schizophrenia. Notice that I did not phrase this as, Mary Clare was a paranoid schizophrenic. Do you see the difference? **We are people first and our problems second. They are part of us, not us.** For example, there is a deep-seated difference between calling someone an alcoholic and identifying that person as someone who suffers from the disease of alcoholism. This is much more than just trying to be PC, politically correct.

People want to be seen, heard, and valued. We do not want to be seen as depressed, heard as a worrier, or valued as a substance abuser. All of us want to be seen as a beloved child of God, a person that deserves love in spite of our mood, anxieties, or addictions. **Well-chosen words, therefore, communicate respect, compassion, and affirmation of one's personhood, rather than perpetuating negative stereotypes.**

People-first language puts the emphasis on the person rather than the disability. So as another example, instead of referring to "that emotionally disturbed person" or "mentally ill" person, say "a person who has a mental health condition" or "a person who suffers with mental illness."

Back in the 1980s, Presbyterian minister in the Nashville area, John Lewis's oldest son died of hypothermia after running away from the hospital where he was being treated for schizophrenia. As a pastor, Lewis asked, **"Here's the thing that mental illness does to you: it makes you ask, 'What does my faith say about this?' I thought that the church should at least try to help reduce the stigma of mental illness."** At the time, few resources addressed mental health issues from a faith perspective. So as a concerned Presbyterian, Lewis wrote an overture regarding issues of mental illness that his presbytery sent to the 199th Presbyterian Church General Assembly (1987). That overture led to the adoption of a major report and resolution the next year at the 1988 General Assembly entitled, **The Church and Serious Mental Illness.** It also led to the formation of

the Presbyterian Serious Mental Illness Network (PSMIN), connecting people like Lewis with other Presbyterians across the country to share resources and support. This set the stage, twenty years later, for the 2008 General Assembly to approve an updated major policy statement on serious mental illness entitled, **Comfort My People**. I have a copy of both reports if you are interested in reading them in their entirety.

In any given year, it is predicted that one in five people, perhaps up to one in four, will experience a mental health challenge, some minor, some major. That's at least 44 million folks. There are more than 200 classified forms of mental illness. Some of the more common disorders are: clinical depression, bipolar disorder, a variety of anxiety disorders, schizophrenia, narcissistic personality disorder and other personality disorders, dementia and other cognitive disorders, Autism spectrum disorder (ASD) and other developmental disorders, addiction disorders, attention deficit hyperactivity disorder (ADHD), obsessive compulsive disorder (OCD), post-traumatic stress disorders (PTSD), among many others.

Warning signs and symptoms vary, often including excessive fears and worries, social withdrawal, substance abuse, dramatic changes in eating or sleeping habits, outbursts of anger or aggression, extreme mood swings, suicidal thoughts, hyperactivity, problems concentrating, and inability to cope with problems and daily activities.

It is important for all of us to recognize that mental illness does not discriminate. The emotional pain and suffering that accompanies these disorders can touch anyone – including children. Statistics show that 50% of all serious mental illnesses are diagnosed by the age of 14, 75% by the age of 24. Yet as a society, mental health is still not a subject we are completely open about. We feel afraid, either to talk about our own mental health conditions (for fear of how people will react or judge us), or to talk to someone we know has been affected by it (maybe for fear of having an awkward conversation, or of not knowing quite the right thing to say). This fear means we are mostly silent about mental health issues. We walk on eggshells and decide it's less awkward just not to say anything. This **silence fuels the stigma** – which in turn makes it even harder for those with mental health challenges to open up about it.

Florence Kraft, the Presbyterian elder and author of that 1988 General Assembly report addresses the hopes of how the church should respond. She writes:

We need to talk about mental illness to heighten our awareness of its nature and scope; to enable ourselves to reach out, without fear, to become instruments of grace and peace for those who suffer; to recognize that we are talking about ourselves, our families, our congregation, not some mythical "others" in the house or church down the street.

We know that with the proper medical treatment for mental illnesses, functioning frequently improves and some people seem to recover completely. But medicine and technology cannot heal socially inflicted wounds. Pills cannot overcome social ostracism, stereotyping, and stigmatizing.

Only open dialog and the attitude of inclusiveness can reconcile the fear, uncertainty, even repugnance felt by "normal" persons in the presence of those recovering from mental illnesses - and the degradation, fear, hesitancy, doubt, and anger felt by those who have suffered psychiatric labeling.

In the inclusive view of a community of faith, the church must provide a safe and understanding space of mutual trust and respect necessary for open and frank dialog.

As people of faith, we need to talk about mental health conditions out of our belief that God's design is for all humans to be born equal in dignity and rights, free to lead lives of wholeness and fullness.

You are probably familiar with today's Epistle Reading from Galatians, written by the apostle Paul, who reminds us that in the eyes of God, "There is no longer Jew or Greek, there is no longer slave or free, there is no longer male and female" (Gal. 3:28). Within the context of the ministry of this congregation we have added, there is no longer straight or gay. And we can add, there is no longer mentally healthy or mentally ill. That does not mean there are no longer distinctions, it's just that from a Christian point of view those **distinctions must play no part in how we include and love others. Radical hospitality, patience, understanding, and forgiveness must be extended to all.**

Our Gospel Reading for today from Luke 8 sheds some more light on all this. In this story, known as the Gerasene Demoniac, Jesus has traveled to the country of swine keepers. It was an unclean profession in an unclean Gentile land. The man who Jesus meets represents a case of violent insanity. He was too dangerous to live amongst other people. This man is dehumanized in a number of ways. He is not clothed; he is isolated because he does not fit in human society; he keeps company not with the living, but the dead; and perhaps most importantly, he has lost his own identity and personhood. As an aside, at a certain level, this is reflected in the plight of many who find themselves **homeless** in our day and age, **many of whom suffer from untreated mental illnesses.**

Calm and unafraid, Jesus approaches this unpredictable man and speaks with the demons tormenting him. When Jesus asks the demon his name, he answers, "Legion," which is a number, not a name. A Roman legion was a regiment of five or six thousand soldiers. It implies that the man was being tormented by a multitude of demons. Now, while some choose to interpret this language literally, choosing to believe in literal demon-possession, more of us now interpret this metaphorically, thus referring to serious mental illness.

It is out of genuine compassion that Jesus heals this tormented man. Finally, in this story, the man whose very identity, personhood, and humanity is restored asks to go with Jesus and become a disciple. Instead, Jesus commissions him to go back to his own home to be a witness where he lives, now that he has been restored to the full membership of his own community. We learn the importance of being a constant witness where we live. We're even provided with the message we should speak. Jesus tells the man, and us, to "declare how much God has done for you."

So, what can we do as a community of faith? By God's grace let us continue to grow into our congregation's *Mission Statement* that declares our intention to be an **inclusive** community of faith in which love, acceptance, encouragement, forgiveness,

and compassion work together to foster emotional and spiritual growth, support, healing and wholeness.

We can also **advocate for social issues and legislation** affecting those who suffer from mental health conditions.

We can work to **eliminate the stigma** associated with mental illness. Seeking professional help is not a sign of weakness, but a sign of strength. Younger generations understand this better than those of us who are Baby Boomers and older.

We can **educate ourselves so that we can be a safe and supportive community**, including to the persons and their families struggling with these issues, whether young or old.

Speaking of children and youth, as Presbyterians, often known as God's frozen chosen given our denominational tradition of keeping things basically silent and orderly during a service of worship, perhaps we need to lighten up a bit and simply take a deep breath when an outburst occurs. **There is often something much deeper going on than what we've been taught to think is a simple discipline or parenting issue.** That's why I posted an article on our church Facebook page this week addressing this. Author Barbie Perks writes:

Frequently, the reality is that congregants don't want to be disturbed by children and often, especially the older generation, send "looks" to wherever the disturbance is coming from. Mothers feel unaccepted and often choose to opt out of going to church so that their child doesn't disturb others. I think Jesus's words are healing balm to these mothers – let the children come to me! I think Jesus was saying in a roundabout way, "Let the mothers come to me with their children – do not hinder them!" Can we not, when we see a mother or father struggling with their child, approach with a heart of compassion and patience, to bless and pray with and for them?

Our goal is to be a community of faith where everyone is valued for who they are – a place where each person is welcome to participate, including individuals with mental health challenges – for they do indeed bring their own unique God-given gifts to share.

And by the way, **when I say "they" and "them," I'm referring to "us." More specifically, in having to deal with clinical depression and anxiety issues for a majority of my own life, I certainly include myself.**

There are a million more things to say about all this, including the difficulties and challenges (as well as joys) inherent in this kind of outreach ministry. This is just a beginning. May our welcome and our hospitality be extended equally and fully to all persons.

Amen.

Resources:

Comfort My People: A Policy Statement on Serious Mental Illness ~18th General Assembly (2008) of the Presbyterian Church (U.S.A.).

Report and Resolution on *The Church and Serious Mental Illness* approved by the 200th General Assembly (1988).

Erin Dunigan, *The Spiritual Challenge of Mental Illness*, Presbyterian Today, Oct. 2012.

Kenneth Phelps, *Mental Illness and the Church: Stopping the Continuum Climb*, Presbyterian Outlook, May 23, 2016.