LEADER GUIDE

Let's Talk!

Breaking the Silence around Mental Illness in Our Communities of Faith

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Session 1
Why Is Mental Illness So Hard to Talk About?

Introduction
Thank you for agreeing to become a facilitator for this group study. Remember that you are not alone, that the Lord will guide you. It might be a good idea to have a co-facilitator so that you have someone who could support your efforts in leading the group and sharing ideas or filling in when you might not be able to attend.

Effective group leaders are facilitators, they are not lecturers, nor do they have all the answers, so relax—you don't need to know everything there is to know about the topic. As a facilitator, your primary job is to get group members to interact with each other.

Here are a few suggested guidelines that could help you:

1. *Come prepared.* Do the study yourself prior to leading the group. Read the lesson material, the leader's guide, and answer the questions so that you have time to process them before leading the group. Ask God to help you understand the material as it relates to your own life.

2. *Pray for your group members,* asking the Holy Spirit to work in their hearts before, during, and after the study.

3. *Begin and end on time.* This will encourage everyone to be on time.

4. *Encourage personal discussion.* People are generally willing to help others; however, when the tables turn and we need help ourselves, we often feel too vulnerable, too scared, too weak, or too unworthy to ask for it. These fears are no different for people with mental illnesses. We hope the group will relate to the difficulty of speaking up and asking for help, and in turn empathize with those who experience mental illnesses. A person experiencing depression, for example, may not only feel all of the above, but also may not have the energy or concentration to even ask for help.

Study Question Notes
1. See the sermon below, "Not, 'Whose Fault Is It?'" by Rev. Saburo Masada, for added information. It can be found online with a concluding prayer at http://tinyurl.com/29sxszh.

"Not, 'Whose Fault Is It?'"
By Rev. Saburo Masada
John 9:1-5

Today's sermon is on mental illness, not a common topic for a sermon, but very important and needed in our churches, and a subject very close to Marion's heart and mine.

Our Scripture lesson comes from the Gospel of John, 9:1-5. Jesus and his disciples come upon a man who was born blind. His disciples use this opportunity to raise the age-old question that humans down through the ages have asked when seeing human suffering: "Master, whose sin caused this man to be born blind—his parents' sin or his own?"

I call this the "blame-game."

Jesus tells his disciples that they are asking the wrong question [in] trying to find out whose fault it is that this man was born blind. Jesus says to them, "His blindness has nothing to do with his sins or the sins of his parents, but [it's] that the power of God might be seen at work in him."

Jesus is not saying at all that God caused this man's blindness. Rather, given the fact that there is a blind man in our midst, Jesus' focus is on making sure that God's power might be seen in helping this blind man, and that God wants us to work earnestly toward that end while we have the time. You see, Jesus is telling the disciples that we are asking the wrong question when we want to figure out who is at fault when a person is born blind. Jesus is more concerned about how God wants to help us to help a person who is blind.

When our eldest daughter, Charise, became mentally ill in 1975, it was the same kind of blame-game attitude many of our well-meaning friends and others expressed to us. I know they meant well, but they were not helpful.

- Some said, "Charise is having problems because she is so smart and thinks too much."
- One person said, "But, Reverend, you're a minister. You shouldn't have problems like that!"
- Some Christians implied, "A real Christian wouldn't get sick like this, and if Charise had real faith, she could avoid or overcome this kind of a problem."
- Others wondered, "Maybe it's God's punishment."
- Some tried to comfort us, saying, "Maybe it is God's way of making you grow in your faith."
- One person said, "You should just kick Charise out of the house. That will straighten her out."
- One psychiatrist told us, "Your daughter simply has 'school phobia.' I had that when I was a student, but I got over it."
- Some devout Christians advised us, "It's Satan attacking her. We have to cast Satan and his demons out of Charise."

Some of those comments may sound very familiar to you. The assumption was that the question needing an answer was, "Whose fault was it?" Charise's? Her parents'? God's? Satan's? Whose?

If Jesus and his disciples had come across a man who was mentally ill instead of a man blind from birth, the disciples would have asked the same wrong question that we usually ask, "Master, whose fault was it that this man is mentally ill?" And Jesus would have answered, "You're asking the wrong question. It is neither the fault of this man, nor of his parents, but he has a mental illness so that the power of God might be seen at work in him." That is, given the fact that a person is experiencing mental illness, God wants his power to be seen working to help that person, and God wants his disciples to help him in this ministry.

I'm sure that [among] the most important work God is doing in the area of mental illness today, revealing God's power and purpose, is the wonderful and amazing progress in research and public awareness, and, by the grace of God, the growing number of persons recovering from mental illness. [God is] also helping the public to be a part of the solution and not a part of the problem.

In the midst of Charise's pain and agony, she is a continual inspiration to Marion and me, and to many whose lives are touched by her. It's all by the grace of God. We don't understand it, but we are witnesses to God's power working out God's perfect will in Charise's life and in ours as well. *[Note: One portion of the sermon omitted here describes the illness and significant recovery of Rev. and Mrs. Saburo Masada's daughter, Charise.]*

The question is not, "Whose fault is it—who's to blame?" but, rather, "What does God want me to do in order that his power and purpose can be seen working in our lives?" I pray that whenever you have the opportunity, God will help you to become a part of God's purpose in ministering to the needs of those suffering brain disorders (© Pathways to Promise, used by permission).

2. Promote an open discussion on the words and images that come to mind when you think of mental illness. This could be done using a flip chart or white board. You may need to help get the group started by suggesting a few words or images, such as *scary, nut case,* or *crazy.*

3. The early-memories exercise is intended to help group members become more familiar with their own assumptions and thinking. It may give each group member a better understanding of why they think the way they do and where it may have come from. Only then can we challenge our own assumptions for greater truth.

4. Ask each person in the group why it might be difficult for him or her to help or talk to someone who has a mental illness. You might find it helpful to share your own thoughts and feelings about this first. The quote by Henri Nouwen explains that when we help others it touches our own pain at times, which in turn makes it difficult for us to help others. In helping others it is important to learn to empathize while remembering that others' pain is not our own pain.

5. It is often easier to support others than to receive support ourselves or ask for support when we are in need. Caregivers in general have this difficulty. Help the group understand that, for a person or family who deals with mental illness, it is very difficult to ask for help. Perhaps the person who has mental illness is normally a very active person in the community and is a caregiver himself or herself. We oftentimes hear, "But so-and-so doesn't seem to want my help." Again, remember how hard it is to ask for help, and rather than condemn we must empathize.

6. Proceed with caution! The purpose of this question is to help group members get the sense of how difficult it is to tell others something that we may feel very vulnerable about revealing. Remember, you are not a counselor, nor do you need to pretend you have all the answers. This is simply a question about family secrets. People may not want to share their family secret, and that's OK. This

is not a “tell all” session. It’s meant for us to experience the sense of vulnerability a person may feel in sharing about a mental illness.

7. Consider Job . Job’s friends gave advice rather than listened. They were more supportive when they sat with him in silence. Our tendency is to try to “fix” people’s problems, give advice or reasons for their suffering, or assign blame for it. Rather, we need to believe that God will give a person the answers and the grace to work out his or her problems. Learn to stop yourself from advice giving and, instead, learn to ask questions about what the person is experiencing. Talk less and listen more. The grace of God helps us live through the mystery of suffering , then suffering no longer is a problem to be solved. In the same way healing is also a mystery, and we don’t need to try to have an answer to all the questions. It becomes very freeing.

8. This quote is simply for discussion purposes. How might this quote be applicable in your church/ situation?

9. For further discussion, do the “Safe Church Assessment” below. How does your church rate? Where do you think improvement needs to be made? Steer the group away from complaining about their church; instead, use this question and church assessment to talk about what improvements may be needed.

Session 2
Breaking the Silence

Study Question Notes

1. You may want to refer to the entire speech below for further background for this question, or view it online at http://tinyurl.com/27xyd96.

Stigma of Mental Illness
The Role of the Faith Community

Presented at the 2003 NAMI Oregon Convention by Gunnar E. Christiansen, M.D.

I always listen closely to the introduction to see if I hear any new information about myself. What defines us? Are we what we have done, or what we have not done? Are we what we were, or what we hope to be? Are we what others think we are? Are we what we do, or are we the reason that we do something? Are we who we are in spite of, or because of someone or something? Are we a "work in progress"? Who are we anyway?

One thing for sure, if we are afflicted by an illness or disorder, we are not the defect. Whether we are tall, short, or medium; whether we are black, white, or in between; whether we are shapely or pleasantly plump, we are all persons. We are all an equal part of God's creation.

God has allowed mental illness to exist in our world, but defining someone by the fact that he or she has developed such a disorder is a creation of man, not God. Scripture tells us that God created us in his image. It does not say that he created "schizophrenics" and "manic-depressives." These unfortunate terms used for descriptive purposes are marks of stigma that lead to discrimination.

"To make a difference in treatment or favor on a basis other than individual merit" is one of the definitions for discrimination given in *Webster's* dictionary. Unfortunately this is what is happening more often than not in our nation and world today.

Those of us in this room appreciate that each of us has unique talents, regardless of whether or not we have a mental illness. Unfortunately, however, far too many of those outside of this room seem oblivious to this fact. This lack of understanding leads to a situation in which everyone loses. Those with a mental illness are robbed of an opportunity to have an environment that encourages their participation, and society is robbed of the opportunity to fully benefit from the talents of those with these "no-fault disorders."

> However, I am reluctant to throw too many stones at others. Prior to our son becoming ill with paranoid schizophrenia, neither my eyes nor my heart were open. I did not fully appreciate the challenges faced by those with a mental illness. I believe I had sympathy, but my lack of understanding prevented me from having empathy, which is necessary before a

meaningful response will happen. My lack of action played a role in the continuation of the stigma and discrimination of mental illness.

Should the faith community be involved in the fight against stigma? If so, what role should it play? I suggest to you that it should play the leading role, but does it have the will to do so?

The answer to this last question can be influenced significantly by us, especially the vast majority of us who are part of the faith community. We are at least partially responsible for whatever actions and lack of actions that we attribute to it.

In order for the faith community to assume a significant role, a paradigm shift is needed. It appears that this change of focus will not occur, however, until those of us that are affected by mental illness become the catalyst for this change. Our combined advocacy has the potential of getting the faith community, as a whole, to accept ministry to, with, and from those with a mental illness as a central part rather than just a peripheral part of its mission.

Don't be discouraged if, at times, it seems that your advocacy in your place of worship is not particularly successful. When I get that feeling, I refer to a quote by Robert Louis Stevenson that I saw on the packaging of a loaf of bread: "Don't judge your day by the harvest you reap, but by the seeds you plant."

So what should we attempt to do as one person among many? How can we influence our fellow Christians, Muslims, Jews, Buddhists, Sikhs, and those of other faiths? What is the first step?

In my advocacy, I find that looking for direction in Scripture is basic to the development of an effective response. I believe God has a significant message for us in the book of Joshua 6:13, 20:

The seven priests carrying the seven trumpets went forward, marching before the ark of the LORD. . . . *When the trumpets sounded, the people shouted, and at the sound of the trumpet, when the people gave a loud shout, the wall collapsed* (NIV).

"The Walls Came Tumbling Down"

It is time for us to convince the faith community that it should join us in leading all of society on a march. It is time for us to shout and blow our horns. The wall of stigma of mental illness must come down.

For the 90 percent of us who do not have a serious mental illness, the wall is invisible. But those with one of these disorders can see it clearly.

A proper response by our nation to the challenges faced by those affected by mental illness involves more than just what happens in our legislature and in our medical research laboratories. Even if we are successful in passing every law that we feel is indicated and develop the very best possible medications, we will still have the significant challenge of stigma.

Society places a great deal of emphasis on the importance of giving medication to those with hallucinations and delusions in order to return them to reality, but gives little consideration to the world of stigma and discrimination to which they are returned. Perhaps rather than

having the question, “Doesn’t God care?” it would be more fitting to have the question, “Don’t we care?”

Webster’s dictionary defines *stigma* as a mark or brand indicating shame or discredit. The stigma of mental illness makes an invisible mark, but it goes much deeper than any brand with even the hottest of irons.

No one jokes about someone having cancer or any other illness. Why do we persistently see it happening to those with a mental illness?

Why is it so rare to see someone with a mental illness portrayed as a hero and/or recognized for positive contributions to society in movies, television shows, or novels? Is there really only John Nash who deserves recognition?

We are faced with a formidable struggle. Our opponent is ubiquitous. It seems to be everywhere all at the same time. It is clever. It gets people to expand its effect without their even realizing that they are doing it.

It’s ingenious. It affects people’s ability to make an accurate assessment of others. As mentioned, instead of judging others by who they are and what they are doing, they judge on the basis of what illness or disability that they might have.

It influences people in such a way that they become insensitive to the effect that their comments and actions might have on others. It deceives people into feeling that they somehow elevate themselves by belittling others.

It effectively puts glasses on people that distort their vision. It prevents them from seeing that we are all created equal and that we all have the right for the pursuit of happiness.

It utilizes fear to further its cause.

Regardless of how daunting our opponent appears to be, we have good reason to believe that we can be victorious. Our opponent is evil and can be defeated.

We are not alone in the battle. We have an ally, and we could not have a better one. With God’s help, we can cause the wall of stigma to come tumbling down.

We are also huge in numbers. The faith community’s troops are widespread. We are everywhere. We can be clever and ingenious as well.

We can provide glasses for others that will clear their vision and enable them to see that each person is considered special by God.

We can defeat unwarranted fear through education. Attitudes can be changed. Perceptions can be cleared up.

But to win the battle, we must do more than just talk. We must march, blow our trumpets, and march again.

As we prepare for this battle, as we focus on possible solutions to our challenge, we must first carefully assess if we are part of the problem. I believe that Jesus’ admonition to us in Luke

6:41 is worthy our attention: "Why do you look at the speck of sawdust in your brother's eye and pay no attention to the log in in your own?"

An area that demands our immediate attention is the problem of silence. I would like to share with you a poem that I received from Louise G. Fisher of Raleigh, North Carolina, which speaks to this issue. (See "The Hush of Mental Illness," Session 2 Study Guide. Used with permission from Pathways to Promise.)

2. The purpose of this discussion is to encourage the group to understand that the words we say are powerful and can be used to bless or to maim. Has anyone in the group been the victim of name calling? What was that like? The words we use to describe people who experience a mental illness are important. We need to remember that the person we are describing with hurtful words could be our sibling, parent, or child.

3. The purpose of this discussion is to help each one of us understand that we, too, have been part of the problem. Have there been times in our lives when we've bullied or called someone names?

4. Luke 6:41 says, "Why do you look at the speck of sawdust in your brother's eye and pay no attention to the plank in your own eye?" Just as we experience stigma because we may have freckles, a speech impediment, or a learning disability, we, too, may have stigmatized others. Stigma can be felt whenever someone is judged by others as different. Jesus uses a figure of speech in Luke 6 to emphasize how hypocritical it is for us to criticize others for a fault while we ourselves have considerable faults.

For the next four questions please refer to the workshop "Breaking Down the Barrier of Stigma," below:

5. Refer to section 1 of the "Breaking the Barrier" workshop below. Facilitate a discussion regarding the differences between the definitions of *stigma, prejudice* and *discrimination.* Note that stigma is the only one that indicates shame. Shame is what makes stigma so difficult to deal with. As a leader you do not need to have answers; rather, encourage conversation.

   Stigma: A mark or brand indicating shame or discredit.

   Prejudice: A negative or unfavorable attitude that is resistant to change.

   Discrimination: Unfair treatment, abuse, and denial of a person's legal rights or social entitlements at the interpersonal or social structural levels.

6. It would be helpful to if you had access to a Bristol board, a flip chart, or whiteboard. Draw a door on the board and someone (stickperson) peering from behind the door. Ask the group to call out some of the words we might use to describe a person dealing with a mental illness. Some of these words might include *loony, crazy, nuts, nutso, psycho, mental case,* etc. Try to fill the "door," and then ask the group why it might be difficult for the person to come out from behind the door while people are calling him or her such names or secretly thinking of that person that way.

7. Refer to section 2 in the "Breaking the Barrier" workshop. One major reason that stigma exists is lack of awareness and understanding about mental illnesses. Just as there are differences between

the common flu and pneumonia or cancer, there are differences between mental health problems and mental illnesses. When it comes to mental illnesses, we seem to underestimate the disabling nature of severe illnesses and their effects on families. Promote an open discussion regarding these differences.

8. To promote further information and discussion, see section 3 of the "Breaking the Barrier" workshop. You may also refer back to the names the group listed on "the door" in question 6 and then ask the group if that gives them a better understanding of why it might be difficult for the person to come out from behind the door? Often people who are hurt by the words of others put up a wall to protect themselves from further hurt. As communities of faith or circles of friends, we add to the problem when we subtly send the "problem person" away, encouraging that person to remain silent.

9. Read Isaiah 61 and Luke 4:18-19. Clearly in both the Old and New Testaments, God calls us to care for the oppressed, the brokenhearted, and those who mourn. He cares deeply for those who have mental illnesses. Refer to sections 4 and 5 in the "Breaking the Barrier" workshop for examples of how we might begin breaking the silence and challenging the effects of stigma.

"HELPING OUR COMMUNITY OF FAITH

SERVE THOSE WITH MENTAL ILLNESS"

BREAKING DOWN THE BARRIER OF STIGMA

MARCH 4, 2006

CLASSIS QUINTE

DAY OF ENCOURAGEMENT

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Introduction

"In advocacy, looking for direction in Scripture is basic to the development of an effective response. God has a significant message for us in the book of Joshua 6:13, 20: *The seven priests carrying the seven trumpets went forward, marching before the ark of the Lord. . . . When the trumpets sounded, the people shouted, and at the sound of the trumpet, when the people gave a loud shout, the wall collapsed* (NIV).

"The Walls Came Tumbling Down

"It is time for us to convince the faith community that it should join us in leading all of society in a march. It is time for us to shout and blow our horns. The wall of stigma of mental illness must come down. . . . For [most of us], the wall is invisible. But those with one of these disorders can see it clearly"

(Gunnar E. Christiansen, co-chair NAMI FaithNet, "Stigma of Mental Illness: The Role of the Faith Community," address to 2003 NAMI Convention, Oregon).

Section 1: What Is Stigma?

- *Webster's* definition: a mark or brand indicating shame or discredit.
- "The stigma of mental illness makes an invisible mark, but it goes much deeper than any brand with even the hottest of irons." —Gunnar Christiansen
- Stigma has four components:
    1. Labeling someone with a condition.
    2. Stereotyping people who have that condition.
    3. Creating a division – a superior "us" group and a devalued "them" group, resulting in loss of status in the community.
    4. Discriminating against someone on the basis of their label.
- For many people, being diagnosed with a mental illness is like wearing a scarlet letter, an invitation for scorn and disdain.
- Stigma is a prejudice, just as social prejudice is – it is based on fear, and the fear is based on ignorance.

Section 2: Where Does Stigma Come From?

- Stigma has long been a part of our culture. It seems to be part of our nature to separate "us" from "them" when individuals appear different.
- Media, especially television, have done much to create and sustain a distorted view of mental illness. Characters are usually portrayed as aggressive, dangerous, and unpredictable. "For example, The National Mental Health Association reported that, according to a survey for the Screen Actor's Guild, characters in prime time television portrayed as having a mental illness are depicted as the most dangerous of all demographic groups; 60 percent were shown to be

involved in crime or violence (three times the average rate)." ("Understanding Mental Illness: Factsheet," www.samhsa.gov.)

- Mental illness is also portrayed as comical. No one jokes about someone having cancer or any other illness. Why do we persistently see it happening to those with mental illness?

- People continually use words like *crazy, psycho, schizo,* and *nuts* without thinking of how they offend or belittle people with mental illness and perpetuate the stigma.

- The term "mental illness" itself implies a distinction from "physical illness" and suggests not a legitimate medical condition but something that results from a person's own doing and choices—a condition that is "all in your head." But mental illness is not voluntary— individuals do not choose to have mental illness.

Section 3: What Are the Effects of Stigma?

- Stigma is not just something that is around us. It can be internalized and over time accepted as the truth, leading to shame, secrecy, and silence.

- Individuals lose their self-esteem and have difficulty making friends.

- Individuals with a mental illness and their relatives report increased isolation and loneliness. They find themselves facing a constant sense of rejection and exclusion.

- Some have been denied adequate housing, loans, health care, health insurance, and jobs due to a history of mental illness.

- Everyone loses. Those with a mental illness are robbed of an environment that encourages their participation, and society is robbed of benefiting from their gifts and talents.

- Negative and false portrayals of people with mental illnesses fuel fear and mistrust and reinforce distorted perceptions, leading to even more stigma.

- The stigma can be more destructive than the illness itself. The most damaging effect of stigma is the unwillingness of people to seek help. Stigma therefore becomes a barrier keeping people from becoming all that God has meant for them to be.

Section 4: Why Is Stigma So Important to Talk About?

- Mental illness is common. "An estimated 26.2 percent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year." ("The Numbers count: Mental Disorders in America," www.nimh.nih.gov.) "Twenty percent of Canadians will personally experience a mental illness during their lifetime." ("Mental Illnesses in Canada: An overview," www.phac-aspc.gc.ca)

- Effective treatment exists for almost all mental illnesses, yet many people hesitate to get help or even talk about it for fear of being looked down upon.

- As Christians we know that God created us in his image and that all are equal and precious in his eyes. We know God cares. The question that may be more fitting is "Do we care?"

- As the body of Christ we have a responsibility to our fellow believers and are responsible for whatever actions or lack of actions we take.
- Our silence, lack of understanding, and lack of action play a role in the continuation of the stigma of mental illness.
- Talking about mental illness decreases shame and increases truth and hope.
- We need to recognize the stigma of mental illness as the opponent that it is to the body of believers.

Section 5: What Can We Do to Break Down the Barrier of Stigma in our Community of Faith?

- Break the silence – talk about mental illness together, listen to personal stories.
- Welcome those with mental illness to participate – to share their experiences and gifts. Get to know people with mental illness beyond their illness.
- Be a friend or support to those with mental illness – a relationship will give you the most understanding.
- Learn the facts – educate yourself and your church family.
- Advocate for more education and support within your own church family. Ask your church leaders for more training and support.
- Be careful about your own choice of words – be a role model.
- Influence others by sharing information – help others understand more about mental illnesses.
- Pray for those with mental illness and their families.
- Connect with resources in your community.
- Challenge the media – call or write to help them realize the effect of their words and stories.
- Advocate on all levels against discrimination and unjust treatment of those who have a mental illness. (See James 2.)
- Refuse to let stigma silence or defeat us. Refuse to do nothing! We must fight back!
- Christ never stigmatized those with brokenness. Rather, he said, “Blessed are the poor in spirit, for theirs is the kingdom of heaven” (Matt. 5:3).

May we be honoring to Jesus’ words in our battle against stigma.

Conclusion

“Regardless of how daunting our opponent appears to be, we have good reason to believe that we can be victorious. Our opponent is evil and can be defeated. We are not alone in the battle. We have an ally, and we could not have a better one. With God’s help, we can cause the wall of stigma to come tumbling down” (Christiansen).

Session 3
So Let's Talk About It!

This may be a heavy session that could take longer, so please keep your group on track as much as possible.

Study Question Notes

1. After reading Psalm 88, have the group note the descriptions on mental illness within this Psalm. These could be listed on a flip chart as the group calls them out. Refer to the sermon below by Rev. Cindy Holtrop: Psalm 88, Calvin Christian Reformed Church, Grand Rapids, Mich.; April 25, 2010; used by permission. (You will find the sermon also at www.faithand hopeministries.net or www.crcna.org/disabilities).

Psalm 88

Who is your closest friend? Who would you tell first if you discovered you were pregnant? If you had a car accident? If your life was falling apart? Who could you call at 2 a.m. if you had an emergency? Who is your closest friend?

Psalm 88 ends with this haunting line: "Darkness is my closest friend." Imagine being alone in your car on a rural road on a dark, cloudy night. No radio. No cell phone. Only the darkness. Its cold impersonal cloak envelops you and threatens to smother you.

Psalm 88 is a lament; the poet's deeply honest and open complaint before God about his situation in life and above all—God's absence. All the other Psalms of lament begin with complaint and wind their way to praise. But this Psalm begins with the darkness of complaint and ends with resignation and a heavy sigh: "Darkness is my closest friend."

This Psalm is for realists and not optimists. If you are uncomfortable with anger, pain, complaining to God, and taking the sugar coating off your faith, you will not likely mark this Psalm in your Bible. But if you have experienced some of the harsh realities in life, if you have ever felt abandoned by God and by friends, you will understand the pain of this Psalm. [*Slow.*] You will understand the real tension between heartache and hope, between pain and piety, between futility and faith.

Through the lens of Psalm 88, this morning we will grow in our understanding of what it means to struggle with mental health, what it means to walk alongside of those who have a brain disease or mental illness, and what it means to wrestle with God in these situations. We can't accomplish that in great depth, but perhaps we can build awareness, affirm faith in the midst of suffering, and give permission to speak about mental illness without shameful whispering and the pain of silence. Let me say first, that a psychiatric illness is not always disabling. It may be something like dealing with arthritis or diabetes. Sometimes it may be temporarily disabling, and for some it may profoundly impact their daily life.

First, let's think about mental health on a continuum. Just as some people are more physically healthy than others, some people are blessed with mental health—perhaps all their lives. But just as a young athlete can be struck with leukemia, a young person or an adult could suddenly develop schizophrenia, bipolar disorder, depression, or any of a number of psychiatric illnesses. Perhaps a crisis happens, and suddenly a person experiences long-term grief and depression.

Psalm 88 could be sung by many people who struggle with mental illness because so often they feel desperately alone. People who are depressed especially understand the complaint of this Psalm. They feel abandoned by God and by friends. They feel different than other people. They're misunderstood by others. They may feel near death itself. The poet of Psalm 88 groans, "You have caused my companions to shun me; you have made me a thing of horror to them. I am shut in so that I cannot escape" (v. 8, NRSV).

Mental illness is not out there. People with mental illness sit in our congregations. Today if there are 15 people in your row, three people may have some form of psychiatric illness in their lifetime. The person may be a child with low-grade depression, a teenager with suicidal thoughts or anorexia nervosa, an adult with agoraphobia or dementia.

Some of you know one or more of these issues intimately because you live with it yourself or because you know someone who does. Any physical or mental illness or disability can be isolating. If you struggle with mental health, perhaps you don't have the energy to be around people. You feel different. *What will people think of me if they knew about my illness?* You fear the stigma and the whispers of shame. . . .

Friends in Christ, let's not keep the suffering of mental illness in the closet. Let's welcome and walk with people and families as a community of faith.

Throughout my life I have experienced bouts of depression. I have said, "Darkness is my closest friend." The most recent depression lasted for three years and took one year for me to recover. I felt abandoned by God, isolated, without hope, and without a sense of the future. I wondered if I would ever get well. I wondered if I would ever preach again. I slowly did recover, and I am deeply grateful. But the reality is that because of my brain chemistry, I may experience times of depression in the future.

Psalm 88 is for anyone who's experienced the darkness of depression or other isolating events. But it is not the final answer.

Remember being alone in the dark in the car? You think you're all alone. The dome light comes on and you're aware of a presence. Christ is sitting beside you. Though you may not see him or feel him in the darkness, Christ is present with you. Jesus in his humanity understands. He was abandoned. He was rejected. He cried out, "My God, my God, why have you forsaken me?" *Jesus is our closest friend when we are in the darkness.* You can carry your experience of the darkness, the craziness, the fragility of mental health, and of life, to Jesus.

At times, when the sun shone through the darkness, what comforted me and gave me strength was grabbing hold of this one certain thing: there is someone who understands the darkness; there is someone who is present in the darkness.

That is the truth. But here is the tension: *even though Jesus is our closest friend, the one who knows and understands, there are times when I don't believe or understand or feel any of that.* I want to affirm the reality of that perception and those feelings. Sometimes God does seem and feel absent.

My family, friends, and my faith family and I prayed for three years that my depression would lift. But God seemed silent. I often cried out, "Lord, how long? Lord, please heal me!"

Kathryn Greene-McCreight, an Episcopal priest and a professor at Yale, writes about her wrestling with God and bipolar disorder in her book *Darkness Is My Only Companion: A Christian Response to Mental Illness.* She speaks of this as "the hiddenness of God." Sunsets, mountains, and newborn babies reveal something of the love and grandeur of God. But our suffering sometimes hides the face of God, and we don't feel him or experience him with us. . . . But even the hiddenness of God reveals something about him. Though I cannot see him or feel him, my faith tells me that God is still present. And sometimes, the faith of others needs to carry those experiencing the darkness.

As a hospital chaplain I see a great deal of pain and tragedy. People often ask, "Why is God doing this to me? Is God trying to punish me? What is God trying to tell me?" A pastor once told me, "When people ask me about the *why* of suffering, I will not and cannot try to explain it." The psalmists often struggled with similar questions and accusations. While suffering continues to remain a mystery, as New Testament believers we read these Old Testament passages with Easter eyes: Jesus drank the cup of wrath empty on the cross and declared, "It is finished." And so God may disciple the believer in suffering, but he does not punish us.

That does not negate our need to complain to God. One-third of the Psalms are laments. Crying out to God with your complaints in difficult times is *evidence of faith,* not a lack of faith. I picture a toddler in God's arms, wrestling, struggling, and complaining—all the while being held. "God, I don't like this. I don't understand why. When will my life move forward again?" Because God holds me, loves me, and will not let me go, I can be brutally honest with God. . . .

We can be honest with God, but now, can we be honest with one another? Do we need to appear to be a heroic Christian who triumphs over and in every adversity*? If I only try a little harder, have a little more faith, then I won't be depressed, I won't hear voices, I won't forget things.* People with mental illness can torture themselves with such "heroic Christian" thoughts. And sometimes well-meaning people inflict the pain. They say things like, "Just keep praying. God doesn't give you more than you can handle. I was depressed once and I eventually got over it." I am suspicious of their understanding and their faith. We wouldn't say the same thing to a diabetic, someone with cancer, or heart disease. If a person's kidney can be ill, a person's brain can also be ill or have a disorder that affects his thinking, her mood, behavior, and personality.

If we are friends of Jesus, then how can we be friends with people who experience mental illness and friends with people who love someone with a mental illness? Remember these three words: *listen, accept,* and *pray.*

Henry Nouwen says we need "poverty of heart" and "poverty of mind." Rather than assuming I am rich with insight to offer and the ability to fix things, I must assume that I am poor. Instead of being a teacher when I help, I am the student. This will help us deeply listen.

I often pray for elephant ears and use these three words: "*Help me understand.* Help me understand what it is like to have a child in the hospital. What is it like to know you have cancer? What is it like to lose a spouse?" Even though I know what it is like to lose a father, I don't know what it is like for this person to lose her father, or his spouse.

What can [people] experiencing mental illness teach us so that we can understand and love them more profoundly? Let them tell their story. Gently ask questions because you love them, have a relationship

with them, and want to understand—not because you are nosy. Ask, "What can I do that would be helpful or supportive?" Let them be the expert. And if you are the one with the illness, find someone you trust and feel safe with. That can transform your experience of the illness.

Secondly, accept them. Mental illness still bears a stigma in our society and in the Christian community. Accept the person and where he is at. Don't define her by her illness. He or she is a person with schizophrenia, with Alzheimer's or autism, but they are not their disease. Celebrate and use their gifts and strengths. Catch yourself when you have a thought that stigmatizes someone who has a mental illness or any disability. God's name is on them.

People with a chronic mental illness often lose contact with friends and family. And sometimes family and friends abandon the person. It is difficult sometimes to be in relationship with a person with mental illness. Sometime ago I performed a memorial service for a woman who lived in an adult foster care facility for persons with mental illnesses. Her illness began while she was in college. She had a Dutch name. As we gathered at Zaagmans, only staff and residents remembered her. There were no family, no friends, no church family present. How might the family and church family have empowered one another to be an abiding presence throughout this woman's life?

The temptation is to be judgmental, critical, and impatient. *If only they tried harder, if only they didn't think this way, then they'd be normal.* Psychiatric illnesses are complex and not easy to treat, and they're not easy to cope with.

Listen to us. Accept us. And, finally, pray for us. Even though I was an elder in the church, a leader in a ministry organization, I did not hide my illness of depression. It might have been more comfortable, but it only would have increased my isolation and eventually the shame. It humbled me to ask my church family to pray for me. Many people prayed for me daily. They prayed for me when I could not pray. Never underestimate the power of a card, a prayer, a phone call or visit. The impulse you feel may be God's perfect timing.

When you pray with someone, a powerful way to be with them is to lament. "God, we don't understand why my friend hears voices and struggles with harmful thoughts. She is in such agony, and we cry out to you for her health and well-being. Hear our prayer, O God, hear us."

When I could not pray, I used the Psalms of lament and songs. Psalm 30, which we sang earlier, gave voice to my deepest despair and my trust in God. One friend said to me when I was in deep despair, "Cindy, we will carry the hope for you." That is the power of living in Christian community. We live in relationship with Jesus Christ, and through Christ, we live in relationship with one another.

Dear friends, the suffering of mental illness and other tragedies is real. But Jesus is our friend, and he is present in the darkness. As friends of Jesus, we are called to be present with others, and we are called to carry them to Jesus.

2. Facilitate an open discussion on these questions. The purpose is again to try to understand what it might feel like for someone with mental illness to feel abandoned or misunderstood—to walk in his or her shoes. Use Psalm 88 as background or a springboard for this discussion.

3. Psalm 42 is only one example of someone suffering and calling out to God in distress. See the background talk on Psalm 42 below, by June Zwier, to further promote discussion on these questions. (It is also posted at www.faithandhopeministries.net.)

Psalm 42

Why are you downcast, O my soul? Why so disturbed within me? Put your hope in God, for I will yet praise him, my Savior and my God. —Psalm 42:5, 11

Did you hear that?! Did you really hear that?!! The writer of this Psalm was clearly questioning God. Not only was he questioning God—he was questioning God about his feelings. He was feeling downcast, disquieted, disturbed, sad (depending on the translation) and freely expressing this to God. Listen to how he describes his intense feelings: day and night he has only tears for food, his heart is breaking, he feels the tumult of the raging sea as the waves and surging tides sweep over him. He longs to be close to God but is feeling distant. The psalmist knows (in his head) that his hope is in God; however, his feelings are that God is far away.

The book of Psalms is the hymnal or prayer book of the Israelites in which they shared their lament/suffering as well as their joy. They came to God as they were and not as they thought they should be. They knew that sharing their emotions with others and calling out to God in their distress was what they needed to do. The leaders of the Israelites did not shy away from expressing their emotions, either. David, their great king and a "man after God's own heart," wrote many of the Psalms and freely expresses what he is feeling from intense joy to deep sorrow and even anger.

Today, what do we do with our emotions or feelings? Many of us cover them up—we try to hide them from others and sometimes even ourselves. We may have been taught not to pay attention to them—after all, they are not facts, only feelings. Or we may allow ourselves to express certain feelings but not others. For example, joy is OK but not sadness or anger.

God gives us our emotions like a compass or GPS inside us to guide and direct us. How many of you have used a GPS? It tells us which way to go, when to signal, when to change lanes, or even when to change our direction altogether. It is the same way with our emotions. They are a signal, often from the Holy Spirit, to motivate us for change or to encourage us or to put an end to something that is detrimental. God is saying, "Look to me!" Often God is actually protecting us through our suffering! Let me repeat that. . . .

God uses our struggles and our questions because ONLY IN A STORM WILL YOU KNOW YOUR NEED FOR AN ANCHOR!

In my work as a Christian counselor, I see many people struggling with this very issue. They may display it differently. For example, WOMEN who are trying to hold up the world around their families, working so hard to please and nurture everyone that they are falling apart themselves, yet they are so lonely and don't want to burden anyone with their struggles. I see MEN struggling who try to distract themselves with work (even ministry work) or use alcohol to numb their feelings or hide behind their anger. I see YOUTH withdraw or isolate themselves or act out in rebellion and do self-harm even to suicide. And Christian counselors and other leaders are not exempt from these struggles.

Sometimes these struggles can lead to clinical depression. In this case, with depression, we need to be reminded that our brain is an organ of our body just like our heart, lungs, or liver, and it can become

broken and diseased. One in five of us will experience mental illness at some point in our lifetime. Look around you –count the people in your row or in your bench at church. Depression and anxiety is the most common. So when depression takes over we need to make sure that people are not missing out on important medical treatment as well as mental and spiritual support.

Just like the psalmist, we will question our faith as believers. We don't want to feel this way, especially the feeling of being so far away from God and each other (FEELING ALL ALONE.) Yet God is telling us he is OK with our feelings and our questions and he is in the struggle. Like the psalmist, we know God is there even though it feels differently. He wants us to call out to him and to connect with someone we can trust. Reaching out to God and to someone with skin on is what we need to do.

This is when we need to be there for each other. As Scripture says in I Corinthians 12, we are the body of Christ . . . and if one part suffers, every part suffers with it. We are in fact commanded to be there for each other. It is not because we have it all together that we can help others. NO, NONE of us has it altogether. We are all broken. In fact, 2 Corinthians 1 tells us that it is because we have been comforted by God in our troubles that we can comfort others in their trouble.

There will be times when you are called to be the hands and feet of Jesus to someone. You will be called on to help them stay connected and to be their connection to God. We can do this just by listening, encouraging, and serving. What does that look like? Listening is silent; it sounds quiet. Encouraging is also listening and offering help and hope (not false hopes or quick solutions—genuine hope); and serving many do well already (always asking what the person might need or how we can be the most helpful).

We don't need to be afraid to connect. God will use us. You can start by simply asking someone, "How are you doing, REALLY?" Someone you have noticed a change in or an absence of from usual activities. "How are you doing, REALLY?" and then LISTEN.

You won't be able to fix it. We are not called to fix it—but to SUFFER WITH AND JOURNEY ALONGSIDE each other. Only God is the Great Healer, but your contribution to healing will be to journey alongside someone.

Like the psalmist who says, "Put your hope in God, for I will yet praise him," we need to remind each other our hope is in God and I will YET praise Him or I WILL praise Him AGAIN . . . or I will STILL praise him in spite of the struggles.

And we need to help each other to do just that.

(From a talk given by June Zwier at an ecumenical worship service, June 13, 2010, Bowmanville, Ontario. Used by permission.)

4. Read *I Am Toxic* to the group. This will give the group members an idea about the experience of someone facing mental illness in our churches today. What is the group's reaction to this reading? Refer to the metaphors—cloud, dry ice, fog, paper shredder, virus that might affect others, for example. What does this feel like to you?

5. Review the quiz answers and additional information. Ask the group to discuss each question, and then ensure correct information is reviewed together, as seen below.

Quiz on Mental Illness

1. Mental illness is a single, rare disorder and doesn't affect the average person.

   True **False**

   There are many forms of mental illnesses just as there are physical illnesses. They differ in symptoms and degree of severity. One in five people will experience a mental illness in their lifetime.

2. Most of the people who struggle with mental illness live on the streets or in mental hospitals.

   True **False**

   In fact two-thirds of people who experience mental illness live in the community. Most live with their families.

3. A person can recover from mental illness through prayer and by working on positive thoughts and a positive outlook.

   True **False**

   People cannot "think" themselves well. Recovery is possible with appropriate treatment such as medication, therapy, and supportive services. Prayer is vital; however, it may be difficult for some people, as concentration and focus during mental illness are difficult.

4. Medication is a useful treatment for most forms of mental illness.

   True False

   It is not the only treatment, but often it is needed to reduce symptoms. Studies show that a combination of medication and some other forms of treatment, such as talk therapy, is most effective.

5. People often won't talk about mental illness because it is viewed as a weakness or personality fault.

   True False

   Mental illness still carries a stigma, which can be more destructive than the illness itself since it prevents many from getting help. Stigma also causes shame, fear of being looked down upon, judged, and not being accepted. Mental illness is not a character flaw!

6. People with mental illness are poor and/or less intelligent.

   True **False**

   Studies show people with mental illnesses have average or above-average intelligence. Many have had high-functioning jobs and high education. Most are very creative. Mental illness is no respecter of persons. Unfortunately, long-term effects of mental illness can lead to poverty due to loss of jobs, support, and housing, and to poor financial assistance.

7. People with mental illness are not likely to be violent and dangerous.

True False

They are no more violent than any other group. In fact, they are more likely to be victims of violence. Unfortunately, violence sells news, so the media use it. People experiencing mental illnesses often respond out of fear and therefore might be in a position of wanting to protect themselves, which may appear to others as being violent.

8. Christians experience mental illnesses at the same rate as non-Christians.

True False

Mental illness can affect anyone, regardless of race, religion, or economic status. It is an illness of the brain just like heart disease is an illness of the heart.

9. Only professionals can help someone who has a mental illness.

True **False**

We all can help in different ways. Society (including the church) has specialized and professionalized the support of those experiencing mental illness too much; therefore, we have rid ourselves of our responsibility toward each other as Christ mandated. People experiencing mental illness *do* need the specialists, but they also need friends, family, and community support just like we all do.

10. There is little we can do as churches to help support people with mental illness and their families.

True **False**

There is so much we can do, and some are already doing it. We can learn from each other, help stop the stigma, and provide support, friendship, and so much more.

6. (a) For more details on the difference between the blues and depression see below:

WHO SUFFERS FROM DEPRESSION?

(Compiled from Canadian Mental Health Association website, cmha.ca)

- At any given time almost 3 million Canadians have serious depression.
- Fewer than one-third of persons suffering from depression seek treatment.
- About 1 out of every 5 adults experiences depression at least once in a lifetime.
- Twice as many women experience depression, but women and men are equally at risk for manic-depression, which is also known as "bi-polar disorder."

HOW DOES CLINICAL DEPRESSION DIFFER FROM THE BLUES?

(Chart from Wyoming Behavioral Institute presentation, "Women and Depression," Nov. 13, 2006.)

	Clinical Depression	**Sadness or the Blues**
Essential Distinction:	An Illness	A normal reaction to life situations
Symptoms:	Multiple: mood, thoughts, bodily functions	Single: mainly sad mood
Duration:	Persists	Brief
Suicide Potential:	Can result in suicide	Rarely produces suicidal thoughts
Treatment:	Responds to specific medication and/ or psychotherapy	Responds to a good listener and/or time to heal

6. (b) The discussion on the difference between developmental delay/cognitive impairments (what used to be called mental retardation) is very important, as many people do not know the difference and believe that Friendship Group is appropriate for people with mental illnesses, which it is not. For more background for this discussion, see the workshop on cognitive disabilities at: *http://tinyurl.com/23te84u.*

   Depending where you live, Americans and Canadians use different terminology—i*ntellectual, cognitive,* or *developmental disabilities* or *impairments* are different words used for people who have Down syndrome, for example. *Dual diagnosis* and *concurrent disorders* describe the fact that people who have developmental and/or intellectual impairments can also have a mental illness such as bipolar disorder or depression.

7. Use the overview below for discussion on major mental illnesses and what we need to know about them. (Statistics about "Schizophrenia," "Mood Disorders," and "Anxiety Disorders," below were compiled from the Canadian Mental Health Assocation website, cmha.ca)

Schizophrenia

- A group of serious mental disorders
- Affects about 1% of the population

- Is *not* a "split personality"
- Causes severe disturbance in thought processes:
    - Distorted sense of reality
    - Delusions (false or irrational beliefs)
    - Hallucinations (seeing or hearing things not there)
- Bizarre behavior

Mood Disorders
- (Depression and Bipolar)
- Affects more than 10% of the population
- "Common cold" of mental illnesses
- Affects thoughts, feelings, and behavior
- Bipolar disorder alternates between extreme "highs" and "lows"

Anxiety Disorders
- Affects about 12% of the population
- Generalized Anxiety Disorder
- Phobias (unreasonable fear of objects or situations)
- Panic disorder (intense episodes of sudden fear with physical symptoms)
- Obsessive-compulsive disorder (unable to control repetition of unwanted thoughts or actions)
- Post-traumatic Stress Disorder (PTSD)

Eating Disorders
- anorexia and bulimia nervosa

Personality Disorders
- Borderline personality disorder

Dementia
- Includes Alzheimer's disease, Senile dementia, and Vascular dementia

What You Need to Know About Mental Illness
(Information in this section and in "Does Your Pastor Know. . ." was compiled by Rev. Susan Gregg-Schroeder, Coordinator of Mental Health Ministries, *www.MentalHealthMinistries.net*

- According to the U.S. Surgeon General, 1 in every 5 Americans experiences a mental disorder in any given year. [The same is true for Canadians according to the Canadian Mental Health Association.]

- Half of all Americans have such disorders at some time in their lives.

- These illnesses of the brain can affect anyone, regardless of age, gender, economic status, or ethnicity.

- About 1 person in 17 lives with a serious mental illness such as schizophrenia, major depression, or bipolar disorder.

- 1 in 5 U.S. service members who served in Iraq or Afghanistan suffers from major depression or combat stress (PTSD). [The same is true for Canadian members of the military.]

- 1 in 10 children and youths has a serious mental illness.
- About half of students with a serious mental illness in special education drop out of high school—the highest dropout rate of any disability group.
- Fewer than one-third of adults and one-half of children who live with mental-health needs receive any level of treatment.
- In any one year, only 1 in 3 adults who live with a serious mental illness is employed, even though most want to work.
- 26% of the homeless population lives with a severe mental illness.
- 1 out of every 5 community hospital stays involves a primary or secondary diagnosis of mental illness.
- About 20-25% of jail and prison inmates and youths involved with juvenile justice live with a serious mental illness.
- We lose one life to suicide every 15.8 minutes. The suicide rate for older adults is 50% higher than the national rate as a whole.

Does Your Pastor Know . . .

- 1 in 4 persons sitting in church has a family member who struggles with mental-health issues.
- 60% of individuals with a mental-health issue go **first** to a spiritual leader for help.
- Studies show that clergy are the **least** effective in providing appropriate support and referral information.
- Our faith communities **can** be caring congregations for persons living with a mental illness and their family members.
- People with mental-health problems are our neighbors. They are members of our congregations, members of our families; they are everywhere. If we ignore their cries for help, we will continue to participate in the anguish from which those cries for help come. A problem of this magnitude will not go away. Because it will not go away, and because of our spiritual commitments, we are compelled to take action. (Rosalynn Carter)

8. Promote an open discussion and if possible think about the specific needs in your congregation. If you do not know the needs in your congregation, how could you find out discretely and confidentially?
9. **Do not skip over this question.** Because family members/caregivers are so in need, this may be an important place to start within your church. You may have family members/caregivers in your group who are willing to share, but this must be voluntary. Once more, the goal is to better understand what it is like for families so that we can be the most helpful.

EFFECTS ON FAMILY MEMBERS/CAREGIVERS

- Similar to the experience of a catastrophe, major accident, or debilitating illness
- Reactions are varied
- Respond as in grief, experiencing a major loss
- Become overly preoccupied with the person who has mental illness
- Stress, strain, emotional exhaustion
- Chronic fatigue
- Lack of interest in life
- Loss of empathy for the person with mental illness
- May suffer from headaches, insomnia, drug or alcohol abuse, depression and/or other stress related illnesses
- Financial strain if only one member of the family is able to work consistently

FEELINGS/EMOTIONS OF FAMILY MEMBERS

- Sorrow – "We feel like we lost a child."
- Anxiety – "We're afraid to leave him alone or hurt his feelings."
- Fear – "Will we be safe from physical harm? Will the ill person harm himself or herself?"
- Shame and guilt – "Are we to blame? What will people think?"
- Feelings of isolation – "No one can understand."
- Bitterness – "Why did this happen to us?"
- Ambivalence toward the afflicted person – "We love him a great deal, but when his disability causes him to be cruel, we also wish he'd go away."
- Anger and jealousy – "Siblings resent the attention given to the ill family member."
- Depression – "We can't talk without crying."
- Complete denial of the illness – "This can't happen in our family."
- Denial of the severity of the illness – "This is only a phase that will pass."
- Blaming each other – "If you had been a better parent . . ."
- Inability to think or talk about anything but the illness – "All our lives were bent around the problem."
- Marital discord – "My relationship with my husband became cold. I seemed dead inside."
- Divorce – "It tears a family apart."
- Preoccupation with moving away – "Maybe if we lived somewhere else, things would be better."
- Sleeplessness – "I aged double time in the last seven years."
- Weight loss – "We have been through the mill, and it shows in our health."
- Withdrawal from social activities – "We don't attend family get-togethers."
- Excessive searching of the past for possible explanations – "Was it something we did to him?"
- Increased drinking/use of tranquillizers – "Our evening drink turned into three or four."
- Concern for the future – "What's going to happen after we're gone? Who will take care of the ill person?"

(excerpted from *Rays of Hope* by the Schizophrenia Society of Canada)

TIPS FROM FAMILIES TO FAMILIES TO AVOID BURNOUT

- Become as educated as possible.
- Aim for teamwork in your family.
- Try not to neglect the other relationships in your family.
- Maintain reasonable expectations for healing or recovery.
- Recognize the need for ongoing support by several caregivers/programs/professionals.
- Take care of your own health.
- Take regular time out/off for breaks, relaxation, and vacation.
- Avoid the blame game and self-criticism.
- Keep up your own hobbies, interests, and friendships.
- Keep your sense of humor.
- Share your grief and burdens with supportive people and the Lord.
- Let others know how they can help.

Have someone read 2 Corinthians 1:3-7. Finish with a discussion of this passage, which will provide an excellent introduction to the next session, *What Can You Do? What Can We Do?*

Session 4
What Can You Do? What Can We Do?

Study Question Notes

1. Review 2 Corinthians 1:3-7 from Session 3, question 9. It is more heartfelt when we've received comfort ourselves and then extend the same comfort back to others. Although we may have had similar experiences, it is important that we never suggest that we know what others are feeling or going through because we've been through what we might think are similar situations. Everyone has a unique experience.

2. For background on Psalm 137: 1-6 and to promote further discussion, one writer for NAMI FaithNet writes: "Mental illness is an experience of exile made more unbearable by others' ignorance of what they are going through. Like the ancients in Babylon, those who discover they have a mental illness are now in a strange new land where they feel cut off, both from home and from God. They must adapt to a new way of life and challenges they never thought were possible, and for many the only song is filled with anger, bitterness, homesickness, and denial. Though they are among us and part of our faith community, they inhabit a land to which others of us are strangers."

3. Discuss the need for safety, good listening skills, validation of what people are going through, and nonjudgmental attitudes. Encourage people to participate in groups or worship services in whatever capacity they feel they can contribute. Don't decide for them. Ask them. Then have the group think of how this might apply to family members, spouses, siblings, parents, and caregivers of people who experience mental illness.

4. This is an actual letter sent to a church community from someone who experiences depression from time to time. Encourage discussion. Take note of the suggestions the person gives to her church family.

5. To help with this discussion, ask the group how they might support people with physical illnesses, such as someone with cancer or heart disease, someone who has just given birth or undergone surgery, etc. See the chart below, which you may wish to share with the group for further discussion.

TELL ME IT'S CANCER, *THAT* I CAN HANDLE
How you can help:

If they have cancer:

- Visit them in the hospital or at home.
- Offer prayers for them at services.
- Send cards or letters to keep in touch.
- Listen and give moral support.
- Encourage sharing.
- Make periodic phone calls.
- Help with special housing or job needs.
- Offer to shop with or for them.
- Take them a meal.
- Offer transportation for doctor visits or medication pick up.
- Invite them to return to worship services, and sit with them.
- Offer help with child care.
- Learn more about the illness so you can be a more informed caregiver.
- Encourage networking with a community support group.
- Encourage continuing interests and activities.

If they have a mental illness:

Faith communities are generally good at responding with compassion to people facing catastrophic physical illnesses and their families. Take a moment to consider ways your congregation offers care to people who are ill and their families. Use the chart to help with the discussion. We need to remember that mental illnesses are also physical in that our brain as an organ of our body is affected and not working properly. We need to provide the same sort of support and care to those with mental illnesses as we do for those with physical concerns.

6. Romans 12:3-13 suggests ideas about how our beliefs and attitudes affect our support of others. For example, if a compassionate caregiver believes that medication is not a suitable treatment, how might that influence your ability to provide helpful support?

For further awareness see below:

*What we **believe** will affect our ability to visit . . .*

We are all broken and have received forgiveness, grace, mercy, acceptance, second chances and new beginnings from our Lord.

Therefore we are released to accept others and extend the hands and feet of Jesus to others. At the foot of the cross we all stand on even ground. No one is better than another.

*What we **know** will affect how we visit . . .*

Knowledge reduces attitude (stigma).
Knowledge reduces fear.
Knowledge increases understanding.
Knowledge increases our resources (get to know your community resources).

*What we **say** affects our visit . . .*

Words are powerful.

"Words kill, words give life; they're either poison or fruit—you choose" (Prov. 18:21, *The Message*).

Words have the power to hurt or to give life! Jesus words live inside you. Use them to build up the Body.

*What we **do** will affect our visit . . .*

Use a gentle approach (listen more, talk less).
Keep your visit short.
Support proper treatment.
Engage in random acts of kindness.
Do the same things you would do for someone with a physical illness.

7. To generate discussion, think of the groups and programs your church already has in place, such as women's ministry, youth groups, pastoral care, men's ministry, children's groups, small-group ministry, and various committees such as missions, worship, etc. How do your groups support people with mental illnesses, and what could still be done? See "Rate Your Church" below. You can use these questions for further discussion if time allows.

RATE YOUR CHURCH

Is Your Faith Community Responsive to Persons with Mental Illnesses?

(1) Does your congregation make a deliberate attempt to welcome and integrate persons with mental illness and their families into the total life and work of the church (without being obvious and setting them apart) by

- being accepting, friendly, understanding, and genuine?
- praying for those who experience a mental illness just as you would for other illnesses?
- visiting and calling on the individual experiencing mental illness and by offering to help in little ways (remembering to follow through with commitment)?
- offering support and love to the parents or family of the individual by inquiring about their family member's health as one would for anyone who is ill?
- listening and talking with the individual experiencing mental illness?

(2) Does your congregation use every opportunity to educate themselves and others about mental illness by

- encouraging clergy, lay staff, and congregational members to learn about mental illness?
- raising awareness of mental illness in sermons, bulletins, and newsletters?
- adding informative books and other publications to the congregation's library?
- becoming familiar with local mental-health services and support groups?

(3) Does your congregation offer its facilities and/or resources to individuals experiencing mental illness and their families by

- hosting a group of people from a local residential facility?
- sponsoring support groups for individuals experiencing mental illness and/or their families?
- offering employment opportunities?

(4) Does your congregation advocate for people experiencing mental illness, by

- working with other churches and organizations, such as the Mental Health Association and the National Alliance for the Mentally Ill?
- supporting efforts to obtain appropriate housing and jobs?
- not letting false, stigmatizing, and discriminatory statements about mental illness go unchallenged?
- supporting adequate national, provincial, and local budgets for mental-health services?
- giving money for research into the causes and cures for mental illness?

(5) Does your congregation undertake a ministry to, ministry with, and ministry by persons experiencing mental illness and their families? Are they invited to serve as office-bearers and on committees?

(Taken from The Episcopal Mental Illness Network website, www.eminnews.org, which is now defunct.)

Suggestions of what might be done include education and awareness; it could mean developing a support group, providing circles of support, or simply including people with mental illness in the worship teams or Scripture reading or sharing of testimony. Get your group to brainstorm.

8. As a group, develop a list of your community resources, such as Community Mental Health Services, Crisis, Canadian Mental Health Association, various self-help/support groups, hospitals, Christian counselors who deal with mental illnesses, and more. Have a group member type this up and give it to the church office as a resource that can continue to be added to.

9. It might be helpful to complete this study with a simple plan for the next steps in your congregation for supporting individuals and their families who experience mental illnesses.

10. Your group does not need to develop a major overhaul of your church's ministry; rather, it is best to start with small steps and then ask yourselves how you will keep the momentum going both individually and collectively. How will you implement these small steps or ideas? Who will lead?

11. Please ask people in your group to complete the feedback form so that we can improve the next study.

Feedback Form

Please tell us your experience with this series.

1. What did you enjoy about the study?

2. How was it helpful?

3. How could it be improved?

4. What suggestions do you have for further study on mental illness or related issues?

Please send to Rev. Mark Stephenson, 2850 Kalamazoo Ave. SE, Grand Rapids, MI 49560, USA; or email Disability Concerns at disabilityconcerns@crcna.org.