

# Hope and Mental Health-Recovery and the Congregation

**Sermon 10-8-08 – JULIA MCKAY, MA, M Div., Intern Minister**  
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First – I want to acknowledge the *COURAGE* that it takes to tell these personal stories and to live lives of such integrity and openness. Thank you.

## ***You may be asking yourself. Why do we do such things?***

Why do we take time to tell the stories of our lives that are full of such pain?  
Why would any of us put ourselves in such a seemingly precarious and vulnerable position in front of others?

And, furthermore, why is it important to talk about this in church?

Actually, the conversation about doing this service began the morning that I spoke to this congregation on LGBT Pride Day.

I spoke about Coming Out –

Which was ultimately this process of breaking through the homophobia that had been thrust on me by my family and my church for years.

It was a long and arduous process of accepting myself just as I was, regardless.

Regardless of the family rejection and societal stigma that being a lesbian carried 25 years ago.

In that sermon, I talked to you about finding love for the first time.

And, then I talked about the sense of shame that had been paired with my loving as I took that first kiss so long ago.

I remember telling you my thoughts as a young adult.

“I didn’t even really know what was wrong or why it was wrong.

I just knew that others thought it was wrong and that they thought *I* was wrong.”

The condemnation from my family and my church resulted in my separation from them.

And, this began a painful lifelong habit of separation from others, and from myself, that I would have to face and reconcile years later.

Ultimately, Coming Out was a process of coming out of shame.

At the end of that Pride Day worship service there was a long line of folks waiting to talk with me afterwards.

I heard stories . . . *your* stories.

Many stories of coming out of shame.

The circumstances were different, but the feeling of shame was the same.

You might not be gay, but you understood how the fear of stigma works.

That day, several of you talked to me about the shame that results from the stigma surrounding mental illness and addiction. And, that is what led us here today.

Historically, mental illness has been seen as something of the mind, something we should be able to think ourselves out of.

Or something of the character –

if we only had more discipline or self-control . . .

Or, we think it is the circumstances we are in . . .

If we can just change our situation the depression or, the anxiety, or the compulsions will go away.

But, mental health is more complicated than that.

There is a continuum and a vast variety of how folks experience mental disorders.

Most people get into life situations that depress them.

We move back and forth on the continuum, in and out of mental health for a time.

Some of us, however, drift outside the bounds of mental health and don't drift back.

NAMI- The National Alliance on Mental Illness states that mental disorders impair about one in four adults in any given year.

One in seventeen adults live with a serious and chronic mental illness.

And, one in ten children have a serious mental or emotional disorder.

Now, I don't know how many total people we have in this room,

but as you can see these statistics indicate that many of us here are struggling or have struggled with mental illness at one or more times in our lives.

One in four of *us*. Not someone else, somewhere else.

But, most of us will never know this about one another.

Because, even with all that we know about the causes of mental disorders and substance abuse, many of us still experience stigma. And, stigma is fear.

### ***And, why are we afraid?***

Because mental illness is not something we can control.

Even though we know more about it in the last decade than we ever have before,

we still do not fully understand why mental illness occurs,

and we can't predict *when* it might happen, and to whom.

This makes it incredibly frightening.

And, out of our own fear comes stigma.

And in turn, that stigma creates more fear.

It is hard to believe that there are still many folks out there who still believe that mental illness is the result of a person being morally deficient, lazy, or having a character flaw.

Some believe that mental disorders are evidence of God's judgment for sinful behavior.

One woman is told all the time that her child's hyperactivity is caused by her poor parenting, despite the fact that her *other* child is not hyperactive.

Some people just simply "Don't believe in" mental illness.

Unfortunately, our need to feel in control comes at a terrible price.

Seeking help is viewed as a sign of weakness.

We are embarrassed that we are sick.

(Who knows what kind of stigma the mother in our children's story today was fighting.)

Many do not get the help they need for fear of exposure,

And fear of the very real losses that might actually occur -

Not the least of which might be fear of losing health insurance benefits.

What kind of message is sent when many health insurance policies will not take you on because of a pre-existing diagnosis?

What kind of message is sent when health insurance companies only pay for 50% of mental health costs, but 80-100% for physical health expenses?

The truth is, knowledge about mental health is growing daily, and many treatments *are* very successful.

We now know that mental illness is often a result of a complex combination of many factors including imbalanced brain chemistry and inherited genetics, as well as, social influences and family circumstances. Some mental illness is triggered by prescription drugs, substance abuse, or by some past or present trauma.

But, we also now know that most mental disorders respond to clinical treatment, which shoots down another popular myth, that mental disorders are not curable. In fact, as many as 80% of people suffering from a bout of mental illness can effectively return to healthy, productive lives . . .

And, many with chronic disorders can have their suffering significantly reduced . . . *if they get the treatment and support they need.*

### **I want to tell you a story:**

Judith Herman is a feminist psychologist and author of a groundbreaking book entitled, *Trauma and Recovery*.

Ms. Herman substantiated the effects of trauma on the human psyche and the significant role that trauma plays in some mental disorders – in particular the trauma that soldiers of war and female sexual abuse survivors experience.

Herman was one of the first to really open a more expansive and more accurate window of understanding about PTSD - Post-Traumatic Stress Disorder.

PTSD is a psychological disorder that can include recurrent and persistent thoughts, dreams, or images that go beyond what we might think of as just having difficult memories.

There can be abnormal impulses and a hyper-vigilance in avoiding anything that reminds one of the trauma, which can lead to serious detachment and estrangement from others, and impaired relationships.

Symptoms can also include angry outbursts, a serious loss of hope in any future, and significant confusion.

The interesting thing is that Herman's study also reveals something else . . .

She tells the story of the thousands of Vietnamese women widowed, homeless, and childless, and desperate as a result of the Vietnam war.

Surrounded by memories of their devastating losses, many of these women were failing to thrive, and in fact felt they had no real reason to live.

The world as they has known it had been completely destroyed.

So, these women began to sit around in sewing circles.

For days, weeks, and months they created new clothes handstitch by handstitch for themselves and other war victims.

This act of creating new clothes helped some of these women reconnect with a sense of purpose.

But, most notable, Herman discovered that it was not so much the simple act of sewing that helped these women –

But, as they worked together day in and day out,

they also began to tell their stories. . . (pause)

stories of loss . . .

stories about how their souls felt ripped from their bodies as their children were stolen from them,

stories of the brokenness of heart as their husbands were killed, maimed, and fragmented, stories about the splintered lives of their friends and loved ones . . .

stories about the mental confusion, fog, and despair that they were left with seemed to go on and on and on and on . . .

But after months - and sometimes years - of telling these stories in community with one another,

eventually,

something turned.

Something happened to the inner life of these trauma-stricken women.

The connection to one another and the witness that they provided for each other began to heal their shattered souls.

Bringing voice to their stories of shame and loss had returned access to a vitality they had all thought was lost forever.

This witness in community was their chance to explore the awful mysteries that they each were grappling and living with now.

And, I say that

this is the life of the soul.

And this –

is how recovery happens.

And as I see it,

this is the primary role of spiritual community –

to attend to our souls.

to attend to the souls of others,

And to attend to a Spiritual source that is much larger than our circumstances.

*This* is why we must talk about these issues in church!

And, this is why it is important for UUs to spread the word about our generous faith that proclaims loud and clear the historic Universalist gospel of God's love for *all* people.

We have only just begun to *imagine* the fullness of this message.

We have only just begun to *live into* this message.

We have only just begun to *be* this message.

I believe that this is why we tell our stories of recovery to one another *this* morning.

We share our experience, strength, and hope so that others might find that same strength and hope, too.

Because, there is more than shame to the story.

The other side of telling one's truth is that it frees the soul.

Ironically, often the grave losses that we experience often become openings to deeper learnings.

When we let go of pain and trauma that weigh us down,  
We often find that its 'silver lining' is our increased strength.

It seems that eventually,  
something happens in each of our lives which causes us to question our current experience of reality.

Something causes us to fall apart, to lose all hope.

But, the way out of that pain often means that we must attend to the ways in which we have become cut off from our deepest selves,

Our pain often forces us to face life as it is –  
not as we *wish* it would be.

Ironically, it is often at this point when we receive the greatest gifts of our lives.

Most spiritual traditions have some form of this paradoxical but hopeful wisdom in them.

We emerge from our brokenness with a greater sense of faith and trust.

We gain the knowledge that we are held in some fashion,

That there is always a tomorrow,

A next season,

A time when things look better than they do in the midst of darkness.

We gain humility, authenticity, patience, hope, creativity, increased compassion for others, and greater depth of character.

We become whole *because* of our brokenness as well as our health.

### **So a word today for those who suffer is:**

Turn and embrace your life as it is – This is exactly when the healing can begin.

Stigma is fear of another upon you. Do not stay hidden.

Get help. Cry out your need to the universe – and someone or something will arrive.

As Rumi says in his poem:

“Crying out loud and weeping are great resources.

A nursing mother, all she does is wait to hear her child.

Just a little beginning-whimper, and she's there.

God created the child, that is, your wanting,

so that it might cry out, so that milk might come.”

A safe place, a form of creative expression, a good therapist and/or psychiatrist, a good psycho-active drug, a friend to walk with you, a spiritual community, your own spiritual strength. These things will come.

People with mental disorders *do* find ways of living that are positive, fulfilling and productive in the world.

In fact, it is known that many people who suffer with mental illness are often folks with high levels of creativity and deep spirituality.

Some of the world's greatest artists and poets have suffered from mental disorders. Georgia O'Keefe and Vincent Van Gogh, William Blake, Virginia Woolf, Emily Dickenson, John Keats, Edgar Allen Poe, Walt Whitman, Ralph Waldo Emerson . . . to name a few.

Think of these contributions. Surely, we are all of inherent worth and dignity.

**And, for those who suffer along with another who is suffering,  
I have another story: The definition of compassion is 'to suffer with' another.**

Parker Palmer, a contemporary teacher known for his innovation in educational theory, tells his story of depression.

As he dwelt in depression's dark wood, he had difficulty engaging with the world for weeks, for months.

All of his friends would come to visit.

Of-course the well intentioned ones would suggest that he just snap out of it",

"just think a good thought, Parker" or

"If you would just get out more, take a class, try harder . . . you would be fine".

Anyone drowning the inexplicable agony of depression knows that if you could just "pull yourself up by the bootstraps", you would.

Parker tells that his return from the abyss came as one friend just simply sat with him for a time each day.

Day after day, rubbing his feet, not saying a word for weeks, maybe months.

His friend's simple accompaniment is what helped the most.

His presence helped Parker to hold on to the fact that there was life beyond his depression, and that he was not alone.

Reassuring someone of these two things can save as life:

1. It will not be this way forever, and
2. You are not alone – you are loved.

There are those who help each of us survive,

Those who stick by us when we have a difficult story to tell,

Those who remain faithful companions while we seek treatment.

Without that kind of love, many of our stories would have very different endings.

**And finally, what can a congregation do –**

- Education, education, education. I urge you to take up the challenge to learn more . . . to challenge your assumptions about mental illness.

- Become a ‘Caring Congregation’ – we can study the curriculum that UU minister, This curriculum is an interactive education educates about the symptoms, diagnoses, and treatment of mental disorders, the ways that different disorders affect different populations, how they are viewed by different cultures, and the role of the church as a source of support. Rev. Barbara Meyers has written *called* the Caring Congregation. Rev. Meyers knows this path intimately as she has walked her own mental health journey.
- Become more intentionally inclusive and supportive towards people with mental disorders and their families.
- To learn more about ourselves and our attitudes and assumptions regarding mental disorders as well as, reduce prejudice by increasing understanding and acceptance among people who have mental disorders, giving ideas for specific supportive actions that can be undertaken.
- To provide a safe place for people with mental disorders and their families to grow spiritually.
- Intentionally honor the spiritual component in caring for mental disorders, thus building a community that will become a source of caring for those with mental disorders.
- Advocate for fair and equitable health care – Most health insurance covers 50% of mental health costs vs. 80-100 coverage for physical health costs. This sends a message that mental illness is somehow less legitimate illness. Unitarians and Universalists have been prominent in the history of treating mental disorders, so *this advocacy work follows in a long-standing Unitarian and Universalist tradition*. Dorthea Dix mental health reform began this nation’s first proper facilities and treatment centers in the mid-1800’s.

## **Witness:**

Before we end I would like to ask you to participate in an act of witness, and I need to sit down to do this. I’d like to ask, right now, if you would please stand up, or raise up your hand if you don’t wish to stand, if you or someone you care about is affected by a mental disorder. Look around you.

Please remain standing as I read the words of our guest speaker today, Chris Acker:  
We gather in this place consistently made sacred by echoing concern and luminous action.

We gather, as always, bearing gifts and needs.

Today we also carry shadows:  
Voices, relentless in their chatter;  
Impulses, tantalizing and ferocious;  
Sometimes, loneliness unmeasured.

Bring a loving light to shine on mental illness  
And you see it wears a face:  
A father, a mother, a brother or sister,  
A self.  
But, Lighting our way with hope,  
We move from stigma into strength,  
From isolation into community,  
From despair into peace,  
From fear into hope.

We belong to  
And we are  
You.

*“You will know the truth, and the truth will make you free. “ - John 8:32*

P.S. In her curriculum, Reverend Meyers uses definitions of these terms from the Executive Summary of the Surgeon General’s Report on Mental Health from 1999.

**Mental health** is defined in this report as “The successful performance of mental functions, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”

**Mental disorders** are most simply defined as health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning.

### **What does it mean to be a Caring Congregation? By Barbara Meyers**

Congregations who publicly and successfully welcome people with mental disorders and their families into the congregation:

- Include and address the needs of people with mental disorders to the best of their capability at every level of congregational life—in worship, in programs, in social occasions, for children, youth and adults—welcoming not only their presence, but the gifts of their lives as well.
- Assumes the presence of people with mental disorders, learns to support them, and, with their permission, includes their stories in worship, religious education and other programs.
- Encourages development of spiritual resources – exploration of a personal sense of truth and meaning in a place of safety and acceptance – to aid in caring for those with mental disorders and

their families

- Provides pastoral care for people with mental disorders and their families, as is done for people with other kinds of situations of need.
- Includes a nondiscrimination clause in by-laws and other official documents affecting congregational life.
- Engages in outreach to those with mental disorders in its advertising and by actively supporting groups that address mental health, both secular and sacred.
- Is aware of resources to address mental health issues in their community and provides referrals for people with mental disorders and their families
- Keeps track of legislative developments and works to promote justice, freedom, and equality in the larger society.
- Encourages and provides support groups for people with mental disorders and their families.
- Speaks out when the rights of people with mental disorders and their families are at stake.