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Salina Mennonite Church
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Scripture: Psalm 88

Mind Talk

My mother received her nurse's training at La Junta, Colorado. On multiple occasions she told me that the hardest rotation for her was in the psych ward. She never felt very comfortable or confident when asked to provide care for someone with mental illness. Mom never directly admitted it, but I think some of her discomfort came from experiences in her family. As far as I know, her mother, my grandmother, was never diagnosed, but I suspect she experienced some kind of anxiety disorder. There was at least one instance in my mother's grade school years when my grandfather told her that my grandmother might need to go away to an institution for a while. Of course, that was quite traumatic for my mom.

As I look at my family tree, I find mental illness on both sides: a great-great grandfather who was an alcoholic; a great aunt who was diagnosed with bipolar disorder; an aunt with major depression and paranoia; a cousin who completed suicide while in college. And, of course, there are relatives, including me, who have never received a diagnosis but have likely experienced mental illness at some time in our lives.

This is the fourth Sunday in a series based on a resource titled *Stewards of Grace*.[1] Last week we began talking about *health*. We looked at a wellness wheel, focusing a bit on the body, on physical and nutritional health. Today we focus on the mind, on psychological and emotional health. Our speaker next week will add to the conversation as she shares from her experience and a book she has written on worthiness.

As I noted last week, we tend to talk openly about most physical illnesses and injuries. Attitudes have been changing – and I appreciate the openness I've witnessed in this congregation – but for most of us it's still easier to talk about physical illness than about mental illness. That needs to continue changing because 1 in 5 adults in America experience a mental illness at least one time during their lifetime.[2] One in 25 live with a serious mental illness. One in 5 children ages 13-18 have, or will have a serious mental illness. Half of all chronic mental illness begins by the age of 14; three quarters by the age of 24. The average delay between onset of symptoms and intervention is 8-10 years.

Mental illness plays a role in many adverse childhood experiences or ACES. ACES are potentially traumatic events that occur in a child's life.[3] The more ACES a child experiences, the higher the risk for negative health, behavior, and life potential outcomes.[4]

The impact of mental illness in youth is staggering. Approximately 50% of students age 14 or older with mental illness will drop out of high school. 70% of youth in the juvenile justice system have a mental illness. Suicide is the 3rd leading cause of death in youth ages 10-24.

The impact continues on into adulthood. Around 10.2 million adults have both mental health and addiction disorders. About 26% of homeless adults staying in shelters live with serious mental illness. Approximately 24% of state prisoners have a recent history of a mental health condition. Depression is the leading cause of disability worldwide. Serious mental illness costs America $193.2 billion in lost earning every year. Suicide is the 10th leading cause of death in the US. 90% of those who die by suicide have an underlying mental illness.

Mental illness touches all of us. Current or former members of this congregation have lived with each of the most common ones – anxiety disorders, depression, bi-polar disorder, and schizophrenia. Many of us have shared our stories of living with these. And it's stories, not statistics, which help us the most. This morning I'll tell several stories. These stories come from a series of pamphlets produced by Faith and Life Resources, a division of MennoMedia.[5] These pamphlets are available to download, for free, from the MennoMedia website.

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[1] https://www.everence.com/resources/stewardship-education
[2] Unless otherwise noted, the following statistics found at https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers
[3] https://americanspcc.org/adverse-childhood-experiences/
[4] https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/
[5] http://www.faithandliferesources.org/supplies/closetohome/

Tim's Story: After Tim's heart surgery, he struggled with many conflicting feelings.[6] He knew he would need to change his diet, do cardiac rehabilitation, and take several medications indefinitely. He wanted to "get back to normal." Yet, try as he might, he still felt extremely tired and blue—as if he was going through life in a fog.

Tim's young adult daughter, living with his ex-wife in a different city, had stayed with him for a week after the surgery and would phone occasionally, but she seemed far off. Old friends called and asked him to lunch, but he said he was "catching up." Tim often went to sleep watching television. When he went to bed, he tossed and turned for hours, feeling hopeless and unsettled, and he couldn't figure out why.

One day at work, Tim's computer locked up during a complicated accounting process. When he called Alice, the office manager, she was out. Tim unleased an angry tirade on her voice mail, then immediately felt guilty—but it was too late to take his words back.

Later, after she'd unlocked his computer, Alice sat down opposite him and said, "Tim, I'm worried about you. That phone message was not like you. What's going on?"

"Aw, nothing," Tim replied. "I've just been having trouble sleeping. Sorry, that was out of line."

"Can you talk about what's bothering you? I know it must be hard to come back right at the start of tax season. Is that it?" Alice asked.

"No, it's just that … nothing seems right since … I feel so alone and restless, and …" Tim couldn't continue. Alice suggested that he might be depressed.

A few weeks later Tim decided to talk to his pastor. "I shouldn't be depressed," he said. "I was lucky to make it through the surgery. But here I am six weeks later, yet nothing seems the same. Even at church, I don't feel I fit in anymore. I don't even feel like I'm a Christian anymore."

Tim's pastor listened as he spoke of the isolation and anger he'd felt since the heart surgery. He reassured Tim of God's care, suggested some Psalms he might read, and prayed with him. He also recommended several professionals who could help him work toward emotional health.

On his next checkup, Tim's cardiologist told him that depression was common after heart surgery and urged him to follow his diet and exercise regimen even if he might not feel like it. He also affirmed Tim's decision to take therapy. For several months, Tim met regularly with a therapist.

At first, Tim had to push himself to attend church, but eventually he came to find meaning in the fellowship he experiences there. A member of his small group started meeting with him weekly for breakfast. Tim's continued conversations with his pastor have given him extra support. These conversations have also helped the pastor learn more about meeting the spiritual needs of people with depression.

Depression is a mood disorder that causes a person to feel sad or hopeless for an extended time. It can occur in anyone – men, women, teens, children, and the elderly. Many people who experience depression have excessive feelings of guilt and shame. They may feel flawed or worthless, rejected even by God. Or they may think they are lazy when they experience low motivation. Others feel strong negative feeling such as anger, fear, and loathing.

Depression involves a chemical imbalance in the brain. For some, depression runs in the family, while for others depression is triggered by difficult life events, including medical incidents.

Depression appears in the Bible. Hagar, Moses, David, and the woman who touched the hem of Jesus' cloak show symptoms of depression. Elijah and Jonah, immediately after they had done important work for God, were so low emotionally that they prayed that God would end their lives.

Laments are included in the Bible. More than a third of the Psalms complain about difficult life circumstances, or about a sense that God doesn't care. While many of these laments eventually give way to words of assurance and hope, the expressions of loneliness, anger, sadness, and hurt are raw. An exception is the psalm we read today, Psalm 88. This psalm does not end with assurance and hope. The psalmist never finds relief. Some friends of mine who have experienced depression have expressed an appreciation for the stark honesty of this psalm. The presence of these voices gives us permission to express our own feelings.

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[6] *Close to Home: Dealing with Depression*, Faith and Life Resources, 2008.

Psalm 88 is a reminder that despite a sense of abandonment, prayer remains an option. Even when we don't feel God's presence, we can cry out to God.

Marty's Story: From the beginning of his life, the world was a difficult place for Marty.[7] When he was in the womb he had a rapid heartbeat and was extremely active. As an infant, he was very colicky. When his mother picked him up from preschool, he asked her secret questions every day to make sure she wasn't a kidnapper wearing a mommy-mask. His early years were filled with worry despite his mother's consistent attention and care. He was very sensitive to hot and cold, and to physical pain. Anxiety, at least partially, came from his genetic makeup.

Marty's anxiety also came from several environmental factors. His mother was quite anxious herself. They often spoke together about their anxieties but rather than soothing his fears, their conversations made Marty more worried.

Marty's religious upbringing may have played a role in his anxiety. He grew up in a strongly religious home and went to a high school run by his denomination. In church and at home, Marty was taught about a powerful God who was waiting to punish anyone who went astray. He came to believe that suffering was the punishment for human sin. The emphasis was on fear of God rather than the love of God.

As Marty entered college he learned more about suffering in the world particularly in Africa, in inner cities, and also in personal situations involving family and friends. Marty tried to make sense of this in his worldview where suffering was a result of God's punishment. He became overwhelmed with the power human beings have. He felt that God's grace was severely limited by sin. Marty was filled with anxiety about avoiding God's punishment, and he doubted God's ability to save him in the everyday situations of a sinful world. This caused Marty to feel responsible for control and safety of his environment. He was left feeling helpless and despairing.

As an adult, Marty realized that he had a problem with anxiety. He compared himself to his friends, who had worries of their own, but were not consumed by them. Marty's anxieties were limiting his ability to try new things and enjoy life fully. He decided to go to a therapist who helped him identify current and childhood patterns of relating to others that increased his anxiety.

Over the years Marty has seen a number of different therapists who helped him focus on the thoughts and beliefs underlying his anxiety. He came to a greater understanding of why he was anxious, and it helped him cope with his anxiety, but it never disappeared.

Psychiatrists prescribed medications of various kinds to help Marty. Some drugs decreased his anxiety, but they also caused weight gain and decreased energy, spiritual connection, and sexual desire. Other medications were ineffective or even increased his anxiety. Still others helped him achieve a measure of balance.

Marty still lives with anxiety and struggles to find the best strategies for living with it. But he also notices that, with his heightened sensitivity, he can better understand the suffering of others. In fact, this gift of empathy has influenced his calling to work among others with special needs.

Some level of anxiety is a normal part of everyday life for us all. But when someone has a consistent inability to relax, irrational fear, irritability, muscle aches, repeated uncontrolled thoughts, inability to sleep, or worry for no apparent reason – then he or she may have what is known as an anxiety disorder. Their anxiety feels overwhelming and beyond their control. People experience anxiety disorders in a variety of ways. The most common are panic attack, phobia, obsessive-compulsive disorder, post-traumatic stress disorder, and generalized anxiety disorder.

In some circles it might be thought that people with anxiety problems are mentally weak and lack faith. This is not true. An anxiety disorder is not a character weakness. It is a psychological condition that can be treated. Many dedicated and faithful Christians have an anxiety disorder.

The Bible makes it clear that God wants us to experience safety and security. "Do not be afraid" is a common phrase in the Bible. On the eve of his crucifixion, Jesus tells his disciples, "Peace I leave with you." In Matthew, he says, "Just as God cares for the sparrows and the lilies, God will care for human creatures too."

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[7] *Close to Home: Dealing with Extreme Anxiety*, Faith and Life Resources, 2008.

But we know that anxiety continues, even for Christians. While a person can learn to find comfort and strength through faith, complete relief isn't guaranteed by having enough faith, praying consistently, or reading Scripture. As in so many areas of our lives, the promises of God need to be worked out slowly, with personal discipleship and mentorship from others, including the help of professionals.

Ingrid's Story: Every morning Ingrid looks in the mirror and does not know who might be looking back. She wonders what the day will hold. Will it be a day of relative calm? Or will it be a day when her voice becomes higher-pitched, and her speech speeds up, gushing out in staccato fashion while her mind tries to keep up with the ideas that come rushing in? Will she balance her checkbook, or will she shop until she drops? Will it be a day of tears, or a day of rage? Will it be a day when Ingrid re-reads a sentence countless times because she can't remember what she has read, or a day of brilliant insight? Will she spend the day napping because exhaustion overtakes her, or will she need to go to the ER at 3:00 a.m. to get drugs to put her to sleep?

Whenever Ingrid is overcome by a bottomless abyss of sadness or crazed by a rage that respects no boundaries, she clutches to, or grasps for, the message, "Choose life."

Ingrid had her first bipolar episode 18 years ago—a mixed episode in which her mood alternated between depression and mania on a daily basis for over a month. She was diagnosed with depression 13 years ago and with bipolar affective disorder seven years ago. After her diagnosis of bipolar, it took her three-and-a-half years to stabilize. Since she was diagnosed and entered treatment, the duration, frequency, and severity of the episodes have all decreased.

Ingrid misses the intensity of emotion—joy was more intense, sadness was more intense, rage was more intense, the feeling of injustice was more intense. Life now seems muted by comparison, but she choose meds because of the people around her. Her children have been the worst casualties of the disorder, but the church has provided them with models of stable families. They have welcomed her children into their homes, Sunday school, summer camp, youth groups, and programs.

For Ingrid, the church has been somewhat less hospitable. Some members of the church are leery of a person whose mood is so unpredictable and, at times, quite destructive. She understands their apprehension. Perhaps the person most frightened by the tempest of her disorder is Ingrid herself.

Some church members, however, see Ingrid through the lens of her abilities, not her disorder, and have supported and befriended her. Her nearest and dearest friend is a model of Christian charity, loving her unconditionally and meeting her weekly regardless of her inclination. Ingrid's psychiatrist is a Christian who understands the importance of faith in the process of healing. Most importantly, God chooses life for her—blessing her with children and a grandchild. Her children also choose life for her—forgiving Ingrid her transgressions.

Bipolar disorder, also known as manic-depressive illness, is a name given to a group of conditions in which people experience frenzied bursts of energy and periods of depression. In many cases, they swing wildly between the two. For some, these mood swings can be mild, but for others they can be very severe. They affect not only the person's mood but also the way they think, behave, and function. Episodes usually last a week or longer.

Bipolar disorder has strong biological roots, but it is also influenced by what is happening in a person's life. If it is not treated properly, it can seriously harm a person's ability to function and diminish their quality of life. Consistent medical treatment can bring improvement. People with bipolar disorder can manage their disease and lead productive lives.

A story found in John 9 provides helpful lessons when thinking about bipolar disorder and other mental illnesses. In the first part of the story, the disciples miss the point. When they see a man born blind, they veer off into a debate about sin and who is responsible for the blindness, the man or his parents.

When someone experiences the symptoms of a mental illness, we might be tempted to talk for a long time about the causes. Why is this happening? Whose fault is it? Like the disciples in the story, we might want to label the illness as sin.

But Jesus gets right to the bottom line. He talks about how change can happen and how God can be honored through the situation. Like Jesus, we can address each other and ourselves in a calm and hopeful way.

We can offer the light of God and expect to see God working in each person and each situation. We can resist the impulse to blame someone for their illness. Instead we can offer hope and rejoice in healing. We as a congregation can be a stable, loving, patient presence for each other as we experience illness of any kind.

Each week *The Mennonite* magazine publishes a blog called Friday Roundup.[8] They invite someone to list five things worth paying attention to this week. This week's author, Jennie Wintermote from Newton, listed five things related to mental health. Jennie writes: "If our churches (and our homes) are truly going to be places of healing and hope, we need to be a place for those with mental health challenges and their families to belong and gain the support they need."

One of the books she recommended was *The Turning Point: How Persons of Conscience Brought About Major Change in the Care of America's Mentally Ill* by Alex Sareyan. During World War II, the US government allowed mental health services to be an acceptable alternative service for conscientious objectors. Many Mennonites volunteered for service in America's mental hospitals and state institutions for the developmentally disabled during that time. This Civilian Public Service mental hospital experience triggered one of the most significant crusades on behalf of the mentally ill that has occurred in this country. This tradition of caring for mental health continues through facilities such as Prairie View in Newton, Kansas.

As you consider mental health, reflect on these questions. How do your mental and physical health affect each other? What do need for peace of mind? How do you offer healing and hope to someone experiencing mental illness?

May you feel the loving presence of the one who created during your time of reflection.

[8] https://themennonite.org/friday-roundup-five-things-worth-paying-attention-week-14-48/