

Hope in the Midst of Mental Illness

Today we are finishing our Hope in the Midst of...series where we've tried to remove the stigma around things like grief, addiction, and trauma. Today we end the series by talking about mental health challenges. This was really the topic that first got our attention in terms of thinking about doing a series like this. As I've said each week, coming out of our visioning process, one thing we heard over and over again is how pervasive mental health challenges are in Milton right now. And we are not the exception. While we've lived through the COVID pandemic, there's been another, more silent pandemic, but, in some ways, just as damaging, and that is the sheer number of people experiencing anxiety, depression, and a host of other mental health challenges. In fact, depression is the leading cause of disability in people ages 15-44 years old. Perhaps most alarming of all was the Milton Coalition's community survey where they found that ½ of all the students at Milton High School reported experiencing extreme anxiety or depression and ¼ of all the students at Pierce Middle School reported committing an act of self-harm.

Let me say that again – ½ of all high school students here in town reported experiencing anxiety or depression. And ¼ of all middle school students reported committing an act of self-harm.

Something is going on and yet it is rarely talked about...or at least not talked about enough. That's why our mental health team thought that it was time for us, as a church, to break our silence on these challenges, to do everything in our power to create a shame-free community where it's ok to not be ok, and to imagine what role we, as a church, might be able to foster hope and healing.

Now, with that being said, we are not psychological professionals, though we do have psychologists and psychiatric nurse practitioners in our congregation. In fact, Andrea Butterfield, who is a psychologist and therapist, read all of my sermons ahead of time to make sure I'm not saying anything clinically incorrect. But our role is not the same as that of medical professionals. We can't treat mental illnesses. Instead what we can do is everything possible to say to those who are suffering: 1) you are not alone 2) you belong here in whatever emotional space you find yourself 3) in this place you will find a community of support, love, and friendship, and 4) more than anything, you will not be judged or shamed.

And while those words sound well and good, what matters is that we, as a church, move beyond words. We demonstrate by our love and our actions that we mean what we say when we claim to be a place that will not judge you for grief, or addiction, or your experience of trauma, or mental health challenges. And one of the most powerful ways we've been able to do that is through the courageous sharing of testimonies from people in our community. Today, Betsy Disharoon is going to share with us a little of her experience of living with bipolar disorder.

HOPE IN THE MIDST OF MENTAL ILLNESS

by Betsy Disharoon

I LIVE with bipolar 2 disorder, formerly known as manic-depression. I could put it another way and say "I SUFFER from bipolar 2" but I am fortunate and haven't truly suffered with it for over

20 years. I could also say “I AM bipolar 2” but I am much more than my disordered brain chemicals. So I choose to say I LIVE with bipolar 2.

My earliest symptoms began during my teen years when I would work day and night on a project with great passion and commitment and then sleep for days. I was fortunate during my 20's and 30's to have mild symptoms. Then in my 40's when I was becoming peri-menopausal my symptoms became quite severe. The mania was minor and work related. The depression was debilitating. My sense of self would feel like I was in a deep hole and couldn't get out. My mind would feel foreign like I was someone else. Heavy were the sense of uselessness, sadness and not being able to make decisions. Choosing what to wear in the mornings would almost bring me to tears. One morning I started crying on the way to work and couldn't stop once I got there. I was fortunate to have an understanding staff who knew I needed professional help. Even after the help from a psychiatrist the suicidal thoughts prevailed for a while. Then the symptoms waxed and waned. Another phase was entered when I wanted to hurt myself with cutting. After the one time I did cut myself I called a friend for help and she was wise enough to tell me she could listen to me but again I needed professional help.

Bipolar disorder is a disease that needs professional treatment. Friends and family are important, even critical, but they can't be the only support one receives. The brain chemicals are imbalanced and need to be brought back to health with medication and therapy. I am fortunate that I found wonderful therapists and psychopharmacologists along the way. I was even able to go off medication and counseling for several years. But like Mary Paige told us last week, the wounds don't go away. Like many others, stresses of the pandemic and other life challenges that continued whether the pandemic was happening or not brought on symptoms again. Today I am infinitely grateful for medications that help me lead a productive life.

To most people this news about me is a surprise. My symptoms during the last 20 years have not been severe so it was not a subject that came up. Was that circumstantial or out of shame? Probably a bit of both. But having this opportunity to share with you in this space we are creating as shame free is very liberating.

Our society has looked upon mental illness as a weakness, not a disease. In my twenties my favorite aunt took her own life. Jody was not religious but my grandmother was so she arranged for her minister to conduct the funeral during which he preached that Jody was going to hell because she chose suicide. This was very influential in my attitude toward depression. Even though I knew in my heart it was not only false, but very cruel, it made a deep impression on me. So when I was diagnosed I wondered if I too would be led to taking my own life. It was through therapy that I was reassured that was NOT my destiny. This sustained the hope. My hope began when my staff and family surrounded me with love and support during hard times. I had to live for them. More hope came from the miracle of medications and improvements in those are happening all the time. Another area in which I am fortunate is my side effects from my medications are minor. I have developed a tremor in my right hand recently but I can live with that.

So please open your heart to yourself and those around you who suffer from mental illness. Compassion is critical here as well as patience and understanding. Even if you can't understand

what is happening know that we are all doing the best we can and we can do even better when we do it together with compassion.

I want to begin by telling you about a time when I got it wrong when it came to preaching a message of hope for those who had been stigmatized by society. Now, I certainly didn't do what the preacher in Betsy's testimony did – the sheer cruelty of saying that someone who died by suicide was going to hell. My mistake was much more subtle, and, yet, was still harmful nonetheless.

For a long time, one of my favorite stories in the Bible is the story of Jesus healing the man with the withered hand that we read earlier today. You see, I had always interpreted this Scripture as a message of Jesus' radical inclusiveness.

To have a withered hand meant that you were considered unclean...it was thought that the reason you had a withered hand, or really any other disability, was because God was punishing you. And it was thought that not only was God punishing that person, but you were to avoid that person at all cost lest their defilement rub off on you and you became unclean also.

So, the man with the withered hand would have been cut off from his community and then Jesus does the unthinkable. Jesus stands in front of the whole crowd and seeing the man with the withered hand, says, "Come up here in front of everybody." Jesus is refusing to accept the notion that the man with the withered hand must stay in his place off to the side. He is making the point that this man should be just as welcome in the house of God as anyone else. And Jesus believed that everyone else needed to be confronted with the one they had excluded. So Jesus calls him up front and center and then says, "Stretch out your hand." In other words, "Stretch out the very thing that is the source of your exclusion."

Jesus was forcing the congregation to confront the very thing they hate about the man. Jesus is saying to the man with the withered hand you don't have to hide who you are. And then Jesus healed him.

So that's basically the sermon I preached.

After that sermon, a young woman asked to meet with me. She suffered from extreme social anxiety where even having a conversation with someone was incredibly difficult for her. I can't imagine how hard it was to even meet with me. With her voice shaking, she said this to me: "Why did the man with the withered hand have to be healed? He wasn't the one with the problem." She went on, "I don't like the healing stories because I have something that can't be healed if healing means that I will not have to live with anxiety. My biggest problem is not that I have anxiety. My biggest problem is too many people want me to live and act like I don't have anxiety."

Did you hear what she said:

“My biggest problem is not that I have anxiety. My biggest problem is too many people want me to live and act like I don’t have anxiety.”

Her words hit me like a ton of bricks. You see, I had always heard this story as Jesus challenging the norms of his day in a bold and beautiful way and that’s certainly part of the story. But for her, she heard the story as the man with the withered hand needed to change in order to be accepted. For her, that was not good news.

So let me press pause in this story and talk about a time when someone was not healed. In the 2nd letter to the Corinthians, Paul talks about what he calls “a thorn in the flesh.” We don’t know what it is. People have assumed all sorts of things, but there’s no way to know. What we can say is that there was something about Paul that he thought made him less than, or something that he thought needed to be removed. So he asked God to heal him. But instead of healing him, God told Paul, “My grace is sufficient for you.” In other words, the message Paul received was “you’re ok as who you are. This thing that you think makes you less than doesn’t. My grace is sufficient for you.”

Friends, the truth of the matter is that the man with the withered hand did not need his withered hand to be healed in order to belong, or at least he shouldn’t have to. He always belonged to God. It’s just the people in his community didn’t know it. The most important healing that needed to take place was not that the man was able to use his hand again, but the community needed healing from the assumption that people with withered hands, or any disability for that matter, were less than.

Friends, because of the incredible advances of medication, talk therapy, and a host of other treatments, many people who have mental health challenges, like Betsy, spend most of their time with their mental health challenges in remission. And psychiatrists are hopeful that with more and more advances in understanding brain chemistry, even more people will experience the gift of remission. But for some, they don’t. Hope in the midst of mental illness has to include the possibility of remission but it also has to be deeper than that. There has to be a way for those who experience mental illness and those who care for people who have mental illness – there has to be a way for them to find hope even if the symptoms never go into remission. And I think part of what that hope could be is for us as a community to be healed of the notion that those with mental health challenges are expected to live as if they don’t have them.

Think about it like this:

We’d never say to someone with a gluten allergy – “you need to get over it and eat like the rest of us.” No, we make sure our Communion bread is gluten free.

We’d never say to someone in a wheelchair, “why don’t you try harder to walk.” No, we make sure there’s a ramp by the door.

The same must be true for those who experience mental health challenges. We can’t ask people who are sick to act like they’re not sick – that’s not belonging. Instead, what we can do, is to say that in this place, you will be loved, supported, and affirmed for exactly who you are and we will

do whatever work we need to do as a community to make sure we know how to extend that welcome in a way that is authentic and meaningful. That is the hope in the midst of mental illness that I believe we can offer if we're willing to do the work.

So whether you are grieving, or battling addiction, or carrying the wounds of trauma, living with mental illness, or carrying any other heavy burden, please hear me clearly when I say this:

- 1) You are worthy of love and acceptance.
- 2) You are not alone.
- 3) And we want to support you and if we don't know how to do that, we will do all we can to learn.

This is what hope in the midst of any of these challenges might look like. And my prayer is that we as a church will do everything we can to offer this hope to each other and to the wider community. And I believe with God's help we can and we will.

Amen.