

“Mental Health and the Spiritual Community”
by the Rev. Scott Gerard Prinster
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Reading “Prisoner of Cool” by Meg Barnhouse, adapted

I had a crisis of coolness while standing in line at the post office. I was waiting to mail a package, minding my own business, when I heard a bird in the room. A big bird, tweeting and chirping, sounding like it was coming from the ceiling.

Here’s where my mind started tripping over itself. If some *human being* were making that sound, it would be uncool to look around, craning my neck to see the birds in the ceiling. That person would be chirping to make me look for the bird, so they could be amused at how gullible and goofy I was.

On the other hand, I refuse to be a fearful person. I don’t want to turn into someone who can stand in line right under a huge chirping bird and not even glance around for fear of looking like an idiot. That would make me a prisoner of cool.

I have known prisoners of cool. They can’t have much fun. They don’t let themselves laugh loudly in the movies; they can’t be thrilled by a beautiful sight or delighted by an ordinary moment. A prisoner of cool would never crane her neck in the post office to look for a big bird. In making the decision to look or not to look, which took about ten seconds in actual post office time, I asked myself two questions: “What do you *want* to do?” and “What would the woman *you want to become* do?”

I want to become an old woman who would crane her neck looking for that bird. So that’s what I did. There wasn’t a bird. The man behind the desk noticed me looking around and said in a bored voice, “That guy comes in here and does that all the time.”

In back of me was a round man with slick black hair who looked energetically innocent. The bird-call man. He was good. I felt dumb, which annoyed me. What a geeky joke.

That’s just my youth talking, though. The old woman I am going to become would throw back her head and laugh. She might compliment the man on his bird-call prowess. Maybe even ask for a lesson. Now *that’s* a cool old lady.

Reflections

Let us, above all, be true to ourselves.

But what *vision of humanity* is it that we’re being true to? So much of our modern understanding of who humanity is and how we conduct our lives is grounded in the conviction that we’re inherently rational beings who are able to control our choices and actions. The very idea of democracy, for example, is rooted in the belief that every one of us can use reason to make sensible decisions and to choose constructive responses. Unitarian Universalism in particular places deep faith in the human person as rational agent. But what if these assumptions were not always true? What if we *could not* assume that the person sitting next to us would consistently respond in ways similar to our own? What if we could not assume that *our own* responses would follow a reasonable and reliable pattern, perhaps not even seeming to obey our commands over them? How would we treat those who are an exception to our assumptions about reasonable, consistent thought and deed? How would we be true to ourselves when some of these basic assumptions no longer hold true?

When I preached about “Holy Play” a couple of weeks ago, I jokingly referred to Unitarian Universalists as “the frozen chosen”. Our congregations tend to attract people accustomed to feeling mostly in control of our lives: we engage in the intentional cultivation and nurture of the self, we strive for respectful behavior and cherish the idea of civilized society. Many of us are especially frightened by the loss of self-control and, when we see others apparently losing control, it is tempting to withdraw in our fear into the emotional equivalent of gated communities. I would like for us to spend our time together today considering the possibility that we might *let go* of some of this armor and these expectations of control, that we might extend a new depth of welcome to some of the most vulnerable among us. I am going to encourage us to let our hearts lead us in considering the kind of people we would like to become, and how those people would respond in the face of an emotionally challenging issue like mental illness.

I recently returned from our District’s Annual Assembly in the Chicago area, where I spent two days with my colleagues from around the Midwest to discuss and strengthen the work we do as Unitarian Universalist ministers. The program for our time together was facilitated by the Rev. Jody Whelden, a former member of this congregation and now Contract Minister with the Free Congregation of Sauk County. Jody has a long former career as a psychotherapist, and she helped us explore how our spiritual communities might better address the needs of those among us affected by mental illness. The National Alliance for the Mentally Ill, or NAMI, estimates that more than one in four people will experience a clinically diagnosable mental health condition in any given year. That means that at least one of the people sitting next to you right now has likely been experiencing some degree of mental illness this year. These estimates are made with no simple guideline for what *is* mental illness and what is *not*. Although the worlds of medicine and medical insurance do try to create definitions for their own purposes, we all fall somewhere on a continuum of mental health and illness, with some experiencing more maladjustment than others. It’s generally when our mental functions persistently interfere with the typical demands of our lives -- work, play, socializing, self-care -- that we find it useful to consider it an illness. Of course, it’s not just the person with mental illness who is affected in these circumstances -- our partners or spouses, our children, our parents, our siblings, our friends and co-workers are all affected when any of us experiences mental illness. Jody quoted psychiatrist William Menninger in saying, “Mental health problems do not affect three or four out of every five persons but one out of one.” All of us are affected by the repercussions of mental illness, not only in the pain, lost quality of life, and lost productivity of those experiencing it, but also in the consequences of our own often-unhelpful responses to such a complicated and baffling issue. It is easy to misunderstand someone suffering depression as simply being sad, or someone with bipolar disorder as being moody, but depression resembles sadness only in the way the Sahara Desert resembles a sandbox, and bipolar disorder resembles moodiness as much as a storm-tossed ocean resembles a kiddie pool. To someone not experiencing mental illness in the moment, it’s difficult to explain what a powerful trap it is -- how our usual instincts for self-care disappear or find puzzling new expressions, how demoralizing it can be to have an illness that attacks our very sense of self. It’s not surprising that this misunderstanding leads others to avoid addressing mental illness, but I believe that our inclination to draw a neat line dividing “us” from “them” is hurtful not only to those experiencing it, but ultimately also harms those of us who are momentarily unaffected by it. I fear that our culture is becoming increasingly sanitized in significant ways, and that our inability

to reach out to people with mental illness is leading us all to a troubling emotional and spiritual sterility.

Although mental illness is more common than cancer and heart disease combined, my colleague the Rev. Marilyn Sewell notes that it continues to be the great unmentionable in our circles. Unitarian Universalists have reached an impressive level of comfort in discussing once-forbidden topics like sexuality, and we've made progress in our willingness to talk frankly about money in our congregations, but a serious conversation about mental illness continues to be taboo. My colleagues noted in our meetings this week that any one of us hospitalized with an injury or heart attack or even cancer would find an outpouring of support and concern from our families and friends, but those who are being treated or even hospitalized for serious mental illness find themselves shunned -- generally out of discomfort rather than malice, of course -- but shunned nonetheless. Because most of us think of our social behavior and inner life as something we generally have rational control over, it's easy to be filled with shame when we find our control slipping, and for others to conclude that we're just being difficult or lazy. This is one of the cruelest ironies about mental illness: how often its expressions look like what we label "bad behavior". In place of serious conversation, then, we joke about crazy people and padded rooms, one way of whistling past this particular graveyard. Our careless jokes about eccentricity are a public way of keeping "those people" at arm's length and reassuring others that it's something that other people deal with, not *us*. And so, almost without exception, the members and friends of this congregation suffer their depression, their addiction, their dementia, their anxiety, silently and in isolation. Even in a community that prides itself on being frank and rational about all topics, mental illness generally continues to draw a resounding and awkward silence.

The complexity and individuality of mental illness is part of the problem. Although there are broad patterns of diagnosis, each person's symptoms and treatment are unique and usually somewhat of an ongoing experiment to maintain the right balance of brain chemicals that will help us enjoy lives that include friendships and community, a reasonable balance of joy and sorrow, and the satisfaction of being productive and engaged. What I am most interested in discussing today is our identity as relational beings and the importance to our personhood of being welcomed into a web of relationships that helps us maintain our mental and spiritual health.

I ask myself, what is real and true about human beings that is relevant to this topic? Given a practically infinite number of combinations of genetic inheritance, life circumstances and brain chemistry, what kind of people are we called to become? The answer I come to again and again is our relatedness; one lovely expression of this is the Rev. Lynn Ungar's poem "Salvation":

By what are you saved, and how?

Saved like a bit of string, tucked away in a drawer?

Saved like a child rushed from a burning building, already singed and coughing smoke?

Or are you salvaged like a car part -- the one good door when the rest is wrecked?

Do you believe me when I say you are neither salvaged nor saved,

but salved, anointed by gentle hands where you are most tender?

Haven't you seen the way snow curls down like a fresh sheet,

how it covers everything, makes everything beautiful, without exception?

I believe that we are not saved by being shut away from others, and I believe that the world is not saved by shutting us away. I know that we are not saved by intellectually dividing the world into “us” and “them,” and that thinking of people with mental illness as essentially “other” from the rest of us. I recognize that salvation by medication is a problematic issue, and I know from experience that “better living through chemistry” is much more complicated than advertisements would lead us to believe. And I am convinced that we are most definitely not going to be saved by thinking of mental illness as a problem that can be “fixed”. Whatever medical strides we make, we are not going to be able to tweak humanity to appear as if our marvelously complex brains, with their ability to imagine and interpret, do not occasionally act in puzzling and destructive ways.

When deciding whether this would be a good topic for our worship services, it was not enough for me that mental illness is a widespread medical and social issue -- any public health lecture could address that point. I’m happy to be sharing information about the extent of mental illness and the possibilities for greater mental health. I’m glad to help educate others that mental illness is not something that we can overcome by willpower or virtue. And I willing to help spread the message that mental illness is something that we will all be called to face in one way or another. What made me seriously consider this as a worship topic was how deeply it touches on some fundamental truths about what kind of beings we are, what kind of world we live in, and what becomes possible when we come together in a community of well-informed, respectful, compassionate people.

I want to confess that I’ve been unusually anxious about delivering this sermon. My apprehension is partly a holdover of how personally frightening I used to find mental illness. When I was a teenager, I used to have vivid dreams about having a mental breakdown and having to be institutionalized. I’ve always identified strongly with my ability to think and reason, and I was even more over-identified with thinking back then, so it’s not surprising that the thought of losing this control would be especially threatening to me. But I think that my anxiety this weekend has been mostly about how urgent it feels that I do a good job on this sermon, because our society’s silence and clumsiness toward mental illness causes a lot of suffering, and I could imagine a bad sermon being more destructive than helpful. Some services feel like they have more at stake than others, and this has been one of them.

When we ask ourselves what the response of this and other communities should be to our and others’ mental illness, Lynn offers in her poem the image of salvation as salve: as tenderness, as kindness, as touching gently the places where we are most raw. Again, for a people with a high expectation about self-control, it’s no small challenge to offer to witness to other people’s tender spots, and to offer up our own vulnerability as well. These raw places frighten many of us, and our sanitized culture gives us ample opportunities and permission to avert our gaze from other people’s vulnerability. Many of us could count ourselves among the Prisoners of Cool.

The importance of this community cannot be overstated in its potential for nurturing mental health in all of us, although we struggle with what exactly our role should be. Your three ministers are trained in providing basic pastoral counseling support to members and friends, but I try to be clear about how different a therapy relationship and pastoral counseling are. Therapist-centered counseling involves someone who is a *mental health expert*, and ministers do not

usually have adequate training or the credentials to fill that role. I see my role as encouraging and facilitating a community-centered response instead: referring people to professionals when they need more extensive help, and helping them to make use of the caring and kindness of this congregation as part of their self-care. I don't believe that religion or spirituality can be a "cure" for mental illness, but I do believe that communities like ours are invaluable in addressing the isolation, the shame, the helplessness and the hopelessness that often accompany mental illness. In short, one of the most precious gifts we have to offer is the spirit of welcome, and the determination not to turn away when others are suffering. And we can put our shared values to good use in demanding a society that treats mental illnesses with more kindness and wisdom and justice. As important as the treatment of individual patients can be, the individualized view is never the whole picture; a place for us to live out our innate relatedness is also critical to mental health.

We have something valuable to offer one another in this place. The experience of illness, whether physical or mental, threatens to overwhelm those whose lives are impacted by it. When those we love are feeling hopelessness, the larger community is one important source of reassurance. When those we love are withdrawing into isolation, the larger community can hold them gently and remind them of the web of life we all occupy. When those we love suffer the threat of meaninglessness, the larger community continues to preserve the possibility that our lives might be filled with meaning and purpose, even in the midst of pain.

I don't want us to be naïve about the intractability of mental illness. Our love is not going to "cure" people in the sense that antibiotics can cure an infection. What I learned in work as an AIDS chaplain is that chronic diseases require us to redefine what we think of as "healing". In this lesson of tenderness and compassionate welcome, it may not be the people with mental illness who are changed, but us. We are called to throw off the identity of the Prisoner of Cool, because although its armor promises to protect us, the result is that it actually imprisons us. When we exchange some of our love for control for a small measure of vulnerability, we touch the tender spots that we all share, and we see mental health as something that we are all pursuing. May this community become one place where every one of us may trust that their vulnerability will be answered with the gentle, respectful touch of compassion. May the saving message of our community be extended to all who need it, and offer a new vision to a world that is desperate for new sources of hope. May it be so.

Benediction

What kind of person do you most want to become? May this community hold you in its gentle embrace that you might grow to be that person.

What kind of world do you want that person to live in? May an open heart guide you to envision a world more beautiful and compassionate.

What sort of spiritual community do you want that person to help create? May the love of life inspire you to share your gifts in abundance.

The strength of the heart and mind move us to open ourselves to one another, to share with the world our rawness and to embrace its own tender places, that even the most vulnerable among us find a place at the table. May we all find wholeness in this community's embrace.