

Community Heals: “The Will to Embrace”

My topic is “Community Heals.” This is not a universal truth, for sometimes communities heal, and sometimes they hurt. Usually, it is some of both. My topic expresses an aspiration. I yearn for communities that are physically, emotionally, socially, and psychologically accessible to people affected by mental health conditions, including effects of trauma. Such communities foster healing and recovery and nourish resilience.

I am not a mental health professional. My primary qualification for being with you today comes from a decade with a small faith community on the south side of Atlanta, called Holy Comforter, mostly as its pastor.

By 2003, when I first experience Holy Comforter, it has been welcoming and caring for neighbors with mental illness for over 25 years. Most come from group homes. Most are indigent and severely affected by their illnesses. Many have been released from mental hospitals. In 1997, the congregation establishes a day program with meals, art, gardening, music, and transportation, called the Friendship Center. By 2003, more than half of the congregation come from group homes, and the day program serves about 100 two days a week.

Before Holy Comforter, mental illness is not on my radar. I know about deinstitutionalization and the turn to community-based care, though I am not aware of its failures. I do not yet see mental health as an issue that should concern me or communities of faith.

Holy Comforter changes my thinking. As I focus on the mundane issue of fundraising, I ask, “What good do we do here? Why should people give money or volunteer to support this work? We don’t provide treatment. We don’t lift anyone out of poverty.” I look around, and the answer is obvious: We offer community to people whom other communities rarely embrace.

Later, I ask, “Why is mental illness largely invisible in churches? Given the statistics, there are certainly more than a few affected by mental illness in every faith community. Why don’t we know who they are? Why don’t we talk about mental illness? Why isn’t it a pastoral priority?”

As I learn more, I realize that our society is not a safe and welcoming place for people with mental illness because the idea of mental illness and the prospect of encountering someone with mental illness scare us. Faith communities are as ignorant and fearful as society at large. This realization prompts a research project, in which I interview 12 people, all profoundly affected by chronic mental illness and all with life-long experience in faith communities. I want to learn what, in their experience, has made faith communities feel safe and welcoming or otherwise. My slides have more information about this research.

For the rest of our time, I want to describe Holy Comforter’s struggle to embrace one particularly disruptive member. I will paint a word picture of the challenges that even a community like Holy Comforter faces when trying to be a safe and welcoming place for people with mental illness. I hope this narrative will stir your thinking about how our communities might step up to this challenge.

Close your eyes as I read. Find yourself in this story.

It is a hot and steamy Wednesday in late spring. It is past time to begin evening worship. Outside a dozen smokers draw on the last half inch of their cigarettes. I walk down from the church to urge them in.

The last to come is Toni, a slight, female with short, strawberry blonde hair, in her forties. She manifests her nicotine addiction more vocally than anyone else, often demanding that others give her a cigarette. She is rarely still or quiet. She paces the smoking area, her arms wrapped tightly about her frail body. When she sees me, she may head my way, saying, "Father Mike, I have schizophrenia. What is schizophrenia?" Sometimes I respond, "You tell me," to which she replies, "Schizophrenia is hearing voices. It is a mental illness. It hurts." Sometimes she comes close and says, "I'm afraid. Pray for me." When we prayer for healing, she asks for her schizophrenia to be healed. Once, as she leaves the prayer bench, she exclaims, "She prayed for me!"

Getting Toni into the services often is difficult. On this Wednesday evening, I say, "Come on, Toni, it's time for church." She responds loudly, "Leave me alone. I don't want to go. Goodbye." She repeats her "Goodbye" several times, each with an air of finality.

She often responds this way. Different strategies work for different people and vary from one time to the next. Some threaten to tell her boyfriend, James. Others threaten to tell Ms. Jones, owner of the group home where Toni lives. James threatens to tell her mother. I sometimes coax her, saying, "Toni, come pray with us. Walk with me." Even when she relents, she may enter the church saying, "I hate church. I don't want to go to no damn church." Yet, she rarely fails to present herself for Communion or anointing.

This evening, nothing works, and it is past time to start. James is not there. Exasperated, I say, "If you don't come now, we will call Ms. Jones to take you home." She replies, "I want to eat. I am hungry." (After the service, we eat dinner, prepared and served each week by one of 20 participating congregations.) I say, "If you don't come, I will have Ms. Jones take you home before dinner." She says, "Goodbye."

I dash into the church, find a staff member, and officiously declare, "Call, Ms. Jones, and tell her to come get Toni now. Tell her not to send her anymore." The staff person makes the call, telling her that Wednesdays are not working for Toni.

The staff person spends the worship hour outside with Toni. She emails this report the next day:

When I was sitting downstairs with Toni, she repeated the following 4 phrases over and over ...: 'Father Mike hurt my feelings.' 'Pray for me.' 'Where's James ...?' 'What's for lunch?' It made me wonder how much her being hungry ... played into her behavior.

The next day, I speak with Ms. Jones, and she says Toni is on the nicotine patch but takes it off when she is not around. The absence of the patch may make Toni feel hungry when she is not. She agrees to give her a snack before church.

I first come to Holy Comforter as a student. Toni is not there, but James, her boyfriend, is. Most often, he comes dressed in women's clothes, looking quite forlorn. After my summer

away, Toni is there. She and James are a couple. James is transformed and soon convinces our gardening director to let him try the gardening program. He works successfully for about two years. I do not see James in drag after he and Toni become friends. He usually wears a big smile.

His way with Toni is amazing. He treats her gently and can usually elicit her cooperation when others fail. Exchanges between them reflect a negotiated relationship. Once, James asks her to play dress-up with him. She replies, "If you do that, you can't be my boyfriend." On another occasion, he observes her offering kisses for cigarettes. He says, "If you do that, you can't be my girlfriend." When her parents object to her having a black boyfriend, she insists that she also has the right to have someone to love. Her parents adapt.

A time comes when James seems to unravel. He loses weight and readily admits to using crack again. He fails to maintain the gardening discipline, and the program drops him. He often seems sick and in pain. His influence with Toni wanes, and dealing with her seems stressful. They remain a couple, however. They go to our art program. James usually sleeps on a couch, and Toni paces asking whether he is okay.

Throughout my experience with Toni, her behavior resembles that of a spoiled child. I assume it is beyond her control and tolerate it, even when it disrupts worship. Some insist that I take a firmer hand. James tells us that she behaves badly because she gets away with it. I become less tolerant. During times of unrelenting disruptive behavior, I tell Ms. Jones that Toni needs to take a break from church and the day program. When she returns, she is less disruptive for a while, giving some credibility to James' assessment. As she leaves church, she may say, "Father Mike, I was good today. Wasn't I?" Sometimes, I agree.

It is another Wednesday, and Toni again resists coming into the service. Tonight, her mantra is "Shut up!" She repeats it loudly all the way up the sidewalk and once with less volume after entering the church. A few minutes later, Charlie comes to me and whispers, "Toni is saying, 'I hate Father Mike,' and won't stop." Just before the service, I slip into the pew next to Toni and whisper, "Toni, I hear that you hate me." She turns and abruptly says, "I love you, Father Mike." Those nearby hear and laugh. I say, "I love you, too, Toni," and ask her to be quiet during the service. She is, though I hear her faint chant throughout, "Hurry up, Father Mike."

A couple of weeks later, during a Sunday service, I hardly notice her. Afterwards, however, one who sat near Toni says, "It took five of us to control Toni. She needs to be banned from worship." I listen. Later, another expresses her anger at having the peace of her worship disrupted. Another sitting nearby tells me that she heard nothing from Toni until she noticed others trying to quieten her and that she sometimes finds people's reactions more disruptive than Toni's behavior. I ponder our commitment to inclusion of marginalized and excluded people. I consider an email to the parish inviting a conversation on how we deal with disruptive behavior.

The following Wednesday, Toni comes in without resistance. I ask James to sit near the front with her, thinking her vocalizations may be less disruptive to those sensitized to her if she is farther from them. During the service, Toni repeats, "Hurry up, Father Mike." It is not

very loud, but it is noticeable. At the end of my homily, my nerves a bit frayed, I blurt out, "I am hurrying, Toni."

After the service, one who has previously complained approaches me and says, with considerable emotion, "Mike, if you are not going to suspend people, you need to give your staff the authority to." I say, "That's not going to happen." She says that Toni is a big distraction and that I am not respecting Toni's dignity because I am not suspending her for this misbehavior but am letting people laugh at her. I say that I do not think suspension is the right solution, that it is inconsistent with our values, and that I am working with Toni. She is not satisfied and says, "If you're not going to suspend Toni, maybe I should quit." I invite her to bring her concerns to the church board. She says it is not their business, but Friendship Center business. I say, "It's the church." She leaves, still unhappy.

At dinner, I ask those sitting around what they think I should do about Toni. Betty says, "Give her a verse to read." That suggestion parallels thoughts that I have of finding a role in the service for Toni, but it is risky. Anna suggests peppermint candies to keep her mouth busy.

The following Sunday, Toni and James sit near the front. Before the service, Toni is saying, "Leave me alone," so that all can hear. I sit next to her for a moment and ask her to be quieter. She says, "Leave me alone." During the service, she says, "Hurry up," often but not continuously. During my homily, she repeats her mantra. I ignore it. A person sitting behind her quiets her for a little.

After the service, I greet another member in the hallway, the one who has previously told me that Toni destroys her peace during worship. We talk. A small group gathers and discusses what to do about Toni. Someone says we need to suspend her for a while because Toni is driving her husband, who lives with depression, crazy. Another questions where we draw the line if we start excluding people for annoying behaviors and wonders how such an approach squares with the ethos of Holy Comforter.

The discussion turns to how we can help Toni. Can we talk to her caregiver regarding her medications? Can someone sit with her and invite her outside when she is agitated? Has anyone ever asked Toni why she wants us to hurry? Is she hungry? Is her behavior the result of smoking while on the patch? One agrees to coordinate a group to take turns sitting with her. Some offer to help. I say I will talk to Ms. Jones and ask that Toni not attend church or the Friendship Center for couple of weeks. This time-out may get Toni's attention, and it may calm frazzled nerves. I will inform the parish of our plan and ask for help. I leave with mixed feelings.

Toni grew up in an affluent suburb. Before onset of schizophrenia, she was a teacher. Education and affluence notwithstanding, her illness seems less controlled than that of others, even though none receive adequate mental healthcare. For most, this neglect arises from poverty and the large gaps in our social systems for addressing healthcare needs of poor people. The inadequacy of our systems for addressing mental illness, however, transcends differences in economic and social status. Only the very wealthy can afford the prohibitive costs of adequate mental healthcare.

It is now Fall, and we are giving Toni choices. If someone can sit outside with her, we ask her to choose whether to stay outside or come in. Sometimes she chooses one, sometimes the other. When there is no one to stay outside with her, we ask her to choose whether to come in or be taken home. Once, given this choice, she comes in but is so disruptive that her companion for the day takes her outside. The next Sunday, she chooses to get on the van and return home.

The following week, at our monthly Saturday evening with songs and a meal, I give her that choice, and she comes. As she walks up the sidewalk, she shouts, "Bastard!" Her shouting continues, but the singing drowns it out. She sits between a woman who is a volunteer and one who lives in her group home. The volunteer is solicitous, often rubbing Toni's back to calm her. It does not work. Her housemate, leans over, says something, and hugs her neck. Others try to help, but to no avail. Toward the end, she says, "Father Mike pissed me off." I sit in the back and watch, amazed and inspired by these attempts to love Toni out of her agitation.

In the following two years, we learn to honor Toni's protests about coming to church. Our van no longer picks her up on Sundays. On Wednesday's, however, she comes for dinner.

During these several years of struggle, Cindy, who lives in the neighborhood, shows up at Holy Comforter for the first time and becomes a regular at our Wednesday services. As she observes our struggles to include Toni, she says, "I will sit outside with her." When Toni is willing, Cindy brings her inside in time for Communion or anointing. Mostly, she sits outside with Toni at a picnic table. Toni's mantra before the service has changed. It is now, "Where's Cindy?" Without fail, Cindy soon whips her sports car into a parking space and strides across the lawn to spend the evening with her unlikely friend.

I end my presentation with two observations:

-Inclusion of people whose illness causes disruption is hard. To include them in a loving, supportive community starts with what theologian Miroslav Volf calls "the will to embrace."

-Inclusion is hard, but it is worth the effort. It is healing both for those who are included and for those who include.

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