Community Heals

By the time I was installed as Vicar of Holy Comforter, Atlanta, I had been a regular participant in that community for three years, mostly due to having been placed there as part of my seminary's contextual education program. I enjoyed being there and learned a lot, but I didn't ask many questions about Holy Comforter. I just basked in its embrace. Once I became its Vicar, however, my perspective changed. The root of that change was my new responsibility to raise funds for Holy Comforter's day program, the Friendship Center. The cost of that operation was multiples of the cost of the parish itself. The Diocese covered my salary and benefits and provided the largest single contribution to annual operating costs, but we still needed hundreds of thousands more each year.

As soon as I bore the burden of fundraising, I began to ask myself, "What good does Holy Comforter do? Why should anyone allocate charitable contributions to it when there are so many worthy causes? What good is our art program or our gardening program? Do our meals really make a difference? We don't provide treatment. We don't enable our members to rise out of their poverty. We offer no cures. Why does what we do matter?"

The answer came quickly. What was Holy Comforter providing that no public agency and few, if any, other charities were offering? I had been around Holy Comforter long enough to know the answer. It was providing community.

Community is often not available to people with mental illness. Often they are alienated from family and friends. They often lack the community of the workplace. In most churches, they are invisible, when they risk attending at all.

Their alienation arises from a deadly combination of factors. The illness itself may cause withdrawal from others. We who have loved someone who is depressed have witnessed such withdrawal, but anxiety and paranoia can have similar effects. Behaviors associated with mental illnesses may appear odd or even disturbing. Such behavior may be little more that the distance of withdrawal, or it may be distractedness due to hearing voices or experiencing hallucinations. It may be the wariness of paranoia or social awkwardness. Without education about mental illnesses and their manifestations, most of us will give wide berth to people behaving in ways we don't understand. We become uncomfortable and, even, worse fearful or antagonistic. We compound our ignorance with culturally sustained lies about mental illness. We blame people for their illness or for not getting better, or we regard them as more violent than the rest of us. The net effect of these compounding factors is to deny community to people with mental illness.

What Holy Comforter did then and still does is offer community to people otherwise denied it. It provides a safer and more welcoming space than people with mental illness find elsewhere. It provides a place where people can feel that they belong. It provides community, and, as we who experience community know, community heals. It's not just a Band-Aid. It's a balm for society's most persistent ills and surely for the ills of alienation and marginalization.

What better place to offer community to people marginalized and stigmatized by mental illness can there be than in the community called together by its marginalized and stigmatized Savior? What more faithfully manifests the heart of God to the world that a beloved community of misfits?

The last question, much to our discomfort, raises harder questions: Given the prevalence of mental illness in our society, why aren't people with mental illness more evident in our churches? When a member of the community attempts or completes suicide, why are we silent? Why instead aren't we saying, "She died of a mental illness, not of a sin"? What are we doing to help people with mental illness feel safe, welcome, and stigma-free in our churches? What can we do? These are questions worthy of communal exploration.