Abstract

MENTAL ILLNESS & BELONGING: A PASTOR'S INQUIRY

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This project consists of qualitative research and analysis that started with the following question: What, from the perspective of people with mental illness makes a church feel welcoming and safe or otherwise? The primary sources of data are recorded and transcribed conversations with twelve people (herein referred to as "consultants"), each of whom lives with a chronic mental illness and is associated with Holy Comforter Church, a mission of the Episcopal Diocese of Atlanta, along with observations of the researcher. The project rests on the hypothesis that qualitative research into the experiences of people with mental illness can provide pastoral and theological insight to help Holy Comforter and other parishes become more physically, emotionally, socially, and spiritually accessible to people with mental illness. This paper reports key learnings from this research and explores theological and pastoral issues raised by these learnings with the goal of couching practical wisdom for achieving such inclusion within a Christian understanding of God's work in the world.

Over twenty-five years ago, Holy Comforter, a small, urban parish in Atlanta, embarked on a journey toward becoming a safe and welcoming community for people with mental illness. More than half of its regular worshippers are people with mental illness. Most subsist on a small disability check and live in group homes. Since 1997, it has operated a day program for people with mental illness, called the

Friendship Center. This program serves seventy-five to a hundred people with a variety of activities that support wellness and recovery, including gardening, studio arts, meals, clothes closet, health monitoring, music, yoga, games, and field trips. It is managed by a small professional staff, which coordinates the work of about seventy-five volunteers. The researcher has been Vicar of the parish and Director of the Friendship Center since 2006.

Analysis of the conversations reveals that the key issue for the consultants is better understood in terms of belonging, rather than welcome and safety, and prompts this restatement of the research question: *What, from the perspective of the consultants, has helped them to feel that they have, or have not, belonged in and to a particular community of faith or to feel that they have been welcome, or not welcome, to belong in a new community?*

Using primarily the words of the consultants, the report presents a thick description of how belonging or not belonging has felt to the consultants in terms of key factors that have contributed to their sense of belonging or not belonging. Framed as questions that a person with mental illness might ask concerning her relationship with a church, the following key factors affecting whether one feels belonging surface in the conversations:

1. *Participation*: Am I invited and empowered to participate fully in the life and work of the community?
2. *Regard*: How does the community regard me and my participation?
3. *Understanding*: Is the community open to understanding me and my mental illness, or does it yield to the stigma of mental illness?

The research suggests that these factors form layered supports on which a robust sense of belonging rests: (1) belonging depends upon participation in the life and work of the community, (2) but the value of participation to belonging depends upon how the community regards the participant and her participation, and (3) that regard depends on how the community understands mental illness and those affected by it.

The theological reflections explore connections of belonging and these factors that support belonging to Christian tradition and discipleship. The thread that runs through these reflections is the researcher's conviction that disciples of Christ live the Gospel by receiving others, especially others that contest their expectations, as Christ has received them.

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Mental Illness & Belonging: A Pastor's Inquiry

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CHAPTER 1: INTRODUCTION

More than twenty-five years ago, Holy Comforter Church, a small, urban parish in the Diocese of Atlanta, embarked on a journey toward becoming a safe and welcoming community for people with mental illness. This journey has become a defining feature in the life of the parish. The experience of Holy Comforter prompts this study of what it takes, from the perspective of people with mental illness, to be a safe and welcoming community and what detracts from that goal. It rests on the hypothesis that qualitative research into the experiences of people with mental illness can provide pastoral and theological insight to help Holy Comforter and other parishes become more physically, emotionally, socially, and spiritually accessible to people with mental illness. This paper reports key learnings from this research and explores theological and pastoral issues raised by these learnings with the goal of couching practical wisdom for achieving such inclusion within a Christian understanding of God's work in the world.

My Location

This investigation arises out of my experience with Holy Comforter over the last ten years, first as an aspirant for Holy Orders, then as a seminarian and deacon, and since 2006 as its Vicar. Holy Comforter has not been my only contact with

people with a mental illness, however. Three of my maternal grandfather's siblings spent significant portions of their lives in Bryce Mental Hospital in Tuscaloosa, Alabama, for illnesses that my family never understood. In the early 1970s, when I served a small Church of Christ in Tuscaloosa, I visited them. During that time, a few patients from Bryce would visit my church. As deinstitutionalization began, a man and woman who had been visiting from Bryce were discharged. They married and took up residence in Tuscaloosa, continuing as members of my church. Later, I attended law school and worked on the editorial staff of a journal devoted to the interplay of law and psychology. That work introduced me to the legal principles driving deinstitutionalization and the right to treatment. During the quarter century of corporate legal practice that followed, mental illness receded from my consciousness, even though there were plenty of opportunities to attend to it: struggles of colleagues with mental health issues, the suicide of a fellow parishioner, another's disclosure of her bipolar disorder, and occurrences of bipolar disorder, substance abuse, and depression within my family. Though I was able to ignore mental illness, it was always close at hand. Today I am dismayed by how easily I dismissed people with mental illness and how oblivious I was to their suffering. It took Holy Comforter to heighten my awareness of mental illness in our society and to provoke my curiosity about the church's role in the lives of people with mental illness and their families, for at Holy Comforter mental illness cannot be ignored. Holy Comforter has immersed me in the lives and struggles of more than 150 people living with chronic mental illness.

History of Holy Comforter

Founded in 1893, Holy Comforter has never been a large parish and has always struggled. It spent most of its life as a white church in white neighborhoods not far from downtown Atlanta. In 1956, Holy Comforter moved from Peoplestown to Ormewood Park. Within five years, the racial segregation that had preserved Holy Comforter's whiteness began to unravel. In 1961, Atlanta integrated its public schools, and the Diocese of Atlanta accepted a black boy into its summer youth camp. The ensuing years witnessed massive white flight from urban neighborhoods like Ormewood Park.

Within ten years, Ormewood Park was thoroughly integrated. Low property values had attracted young couples, black and white. Holy Comforter became an integrated church. In 1975, it received its first black vicar. Other issues compounded the stresses on this little church. So much traumatic change was in the air that in 1976 the parish was "confused and bitter" with division imminent.[1]

Still, Holy Comforter survived and in the late seventies attracted a large contingent of new members, but within two years, most of them had left for another parish. Soon the Bishop spoke openly of closing Holy Comforter. To forestall closure, the parish sought ways to address the needs of its neighborhood and considered outreach to former patients of mental hospitals living in a nearby group home. The Bishop delayed closure and, in 1983, sent a new priest, Father Stan McGraw, to see what could be done. His arrival marked a crucial shift in the parish's approach to

1. James Milton Hames, "The History of the Church of the Holy Comforter, Atlanta, Georgia," (Atlanta: Holy Comforter Church, 1994), 30.

serving its neighborhood. He encouraged the parish to welcome residents of the group home into the life of the parish and led the way in this radical hospitality toward marginalized people in the neighborhood. Father McGraw canvassed the neighborhood, inviting people to church, and people came. They were not, however, people with financial resources to support a parish. They came from nearby group homes.

Group homes are the product of another major social change of the last five decades. In the late seventies and early eighties, deinstitutionalization led to the release of thousands of people from mental institutions. Their principal concerns upon release were food and shelter. Taking advantage of this new business opportunity, private operators established group homes that offered room and board in exchange for disability checks. Many group homes located in south Atlanta, where white flight and redlining had slashed property values.

Hence, when Father McGraw walked the neighborhood inviting people to church, he found plenty of potential members in group homes around Holy Comforter: people who were extremely poor, grossly neglected, and profoundly affected by mental illness. When he invited them to church, he offered what most had long been denied, both because of the isolating effects of their illness and because of society's misconceptions and fears: love and acceptance in a community of faith. Within a couple of years, so many had come that the Bishop decided to keep Holy Comforter open, once again a mission of the Diocese. God had sent people who were sick and poor to rescue the parish.

Soon, these newcomers outnumbered the old-timers. By 1994, they comprised about eighty percent of the parish's membership. Since then, the parish has grown with worshippers from group homes and from other segments of society. Today about sixty percent of its members are people living with mental illness whose sole source of income is a small disability check. Others come from better economic circumstances, but several of these more affluent members also live with mental illness or experience it in family members. Some come because they experience the potent spiritual pull of Christian community with "the least of these."[2] One evening as the congregation sat for dinner in the parish hall, I asked a patriarch of the parish, a man retired from a career as a State employee, what had kept him at Holy Comforter for more than two decades. He said, "I looked around and figured that this is the kind of people Jesus would hang out with."

In 1996, the parish's experience of mental illness and poverty among its members led it to participate in a citywide effort to "offer support and a safe haven for people with mental illness" during the crowds and disruptions of the Atlanta Olympics.[3] Following a model developed and proven in a community in Canada, Holy Comforter and four other churches operated Friendship Centers for people with mental illness during the Olympics. In 1997, responding to continuing needs of its members and neighbors marginalized by poverty and mental illness and continuing reductions in public funding for day programs, the parish, under the

2. See Mt 25.40, 45 NRSV.

3. Barbara Mersereau and Larry Fricks, *Off the Streets: The Story of Friendship Centers* (Hamilton, Ontario, Canada: Friendship Centers Outreach Program, 1997), ix.

leadership of Father Mark Baker, restarted its Friendship Center. It has operated continuously since then, with substantial help from the Diocese, other parishes, many individuals, and local foundations. Volunteers from the parish, other churches, and the neighborhood provide the frontline staff of the Friendship Center. A small professional staff coordinates and supports these volunteers.

Today the Friendship Center provides meals, support, and enrichment activities for seventy-five to a hundred participants. Every Tuesday and Thursday morning, Holy Comforter sends its vans to group homes in neighborhoods across south Atlanta and Decatur to bring sixty to seventy-five people to the Friendship Center. Others arrive on foot or by public transportation. When they get there, they find friends gathering and breakfast with hot coffee waiting, served by a faithful corps of volunteers from across the metropolitan area and beyond. Some gather for morning prayers. By mid-morning, programs have begun. Some head to literacy, music, or yoga classes. Others gather for bingo or visit with friends. Gardeners head for the greenhouses and gardens, and artists board a bus to art studios in space rented from a neighboring Baptist church. A Certified Nursing Assistant, sometimes with volunteer nurses and nursing students, monitors blood pressure and blood sugar and administers clinics for hand and foot care. At the end of the morning, many gather for noonday prayers. All eat a hot lunch and then head home. Assisting volunteers and staff are various pastoral interns from local seminaries and short-term mission groups from across the United States. All of this effort aims for one end: that the Friendship Center be "a safe, loving, and inclusive community that promotes the mental, physical, and spiritual wellbeing of adults marginalized by

poverty and mental health challenges and of those who come . . . to volunteer, work, and learn."[4]

Since the establishment of the Friendship Center, principles of mental health recovery have played a role in its operation. The gardening and art programs especially have been recognized as potential catalysts for recovery. The value of the Friendship Center's programs for recovery has been recognized year after year by financial support from the Georgia Mental Health Consumer Network, a mental health organization whose primary mission is to promote recovery. In recent years, the program's focus on recovery has intensified with the objective being that all activities promote recovery and that the number of recovery-specific activities, such as support groups and educational programs, be increased. The parish has formalized this focus on recovery in the Friendship Center Strategic Plan, which summarizes intended outcomes, as follows:

> The Friendship Center intends that the people it serves will benefit by having the following measurable Outcomes:
>
> - A sense of safety and security
> - Optimal mental, physical and spiritual wellbeing
> - Personal growth
> - Sense of community that transcends differences
> - Sense of empowered self-worth
> - Greater control of personal lives

To strengthen its effectiveness as a vehicle for recovery, the Friendship Center has recently added a staff position to coordinate wellness and recovery programs. This

4. Friendship Center Strategic Planning Committee, "The Friendship Center at Holy Comforter Strategic Plan, September 1, 2010 - December 31, 2013" (Atlanta: Holy Comforter Church, 2010).

coordinator and another member of the staff are Certified Peer Specialists, and another is near certification. Moreover, at least four regular volunteers have this certification. Certified Peer Specialists are consumers of mental health services who are trained to assist other consumers with recovery.

Mental Illness

According to E. Fuller Torrey and Judy Miller, mental illness is an invisible epidemic, and the incidence of mental illness is increasing.[5] In 2003, the New Freedom Commission on Mental Health described the prevalence of mental illness in our society, as follows:

> Mental illnesses are shockingly common; they affect almost every American family. It can happen to a child, a brother, a grandparent, or a co-worker. It can happen to someone from any background – African American, Alaska Native, Asian American, Hispanic American, Native American, Pacific Islander, or White American. It can occur at any stage of life, from childhood to old age. No community is unaffected by mental illnesses; no school or workplace is untouched.
>
> In any given year, about 5% to 7% of adults have a serious mental illness, according to several nationally representative studies. A similar percentage of children – about 5% to 9% - have a serious emotional disturbance. These figures mean that millions of adults and children are disabled by mental illnesses every year.[6]

The numbers increase dramatically when not limited to "serious mental illness." According to the National Institute of Mental Health, "an estimated 26.2 percent of

5. E. Fuller Torrey and Judy Miller, *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present* (New Brunswick, N.J.: Rutgers University Press, 2001), 299.

6. U.S. President. New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America, Final Report,* DHHS Pub. No. SMA-03-3832 (Washington, D.C.: Government Printing Office, 2003), 2; http://purl.access.gpo.gov/GPO/LPS36928 (accessed 24 February 2013).

Americans ages 18 and older – about one in four adults – suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million people. . . . In addition, mental disorders are the leading cause of disability in the U.S. and Canada."[7] These numbers include a broad range of disorders diagnosed on the basis of criteria set forth in the *Diagnostic and Statistical Manual on Mental Disorders*,[8] including cognitive disorders (*e.g.,* dementia), substance-related disorders, psychotic disorders (*e.g.*, schizophrenia), mood disorders (*e.g.*, depression and bipolar disorder), anxiety disorders, sexual disorders, and many others. For understanding this report, diagnostic specificity is not necessary, but awareness of the prevalence of mental illness is.

Recovery

Mental health recovery does not depend on a cure, although with appropriate therapies many people with a mental illness can return to a level of functioning equal or near that experienced prior to the onset of the illness. Mark Ragins, Medical Director of MHA Village, defines recovery in terms of four stages. The first is *hope*, "a sense that things can and will get better." Belief in the possibility of recovery is the essential first step to recovery. The second is *empowerment*. "To move forward,"

7. U.S. National Institute of Mental Health, National Institutes of Health, "The Numbers Count: Mental Disorders in America" (Rockville, Md.: U.S. Department of Health and Human Services, 2013). http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#Intro (accessed 24 February 2013).

8. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR* (Washington, D.C.: American Psychiatric Association, 2000).

writes Dr. Ragins, "people need to have a sense of their own capability and their own power." The third is *self-responsibility*: "As people with mental illness move toward recovery, they realize they have to take responsibility for their own lives." The fourth is *a meaningful role in life*. Recovery demands that people "achieve some meaningful role in their lives that is separate from their illness." He distinguishes this meaningful role from the role of victim or survivor, both of which relate to the person's mental illness. "It is important," he says, "for people to join the larger community and interact with people who are unrelated to their mental illness."[9] These themes emerge repeatedly in my research.

CHAPTER 2: RESEARCH & REPORT

Judging from the long-term composition of its membership, one might conclude that Holy Comforter has become a relatively welcoming and safe place for people with mental illness. (My research supports this assessment, with emphasis on "relatively.") Thus, its members and associates, especially those with personal experiences of mental illness and of various churches, represent an important store

9. Mark Ragins, *A Road to Recovery: A Program of Mental Health America of Los Angeles* (Los Angeles: Mental Health America of Los Angeles, 2010), 10-11.

of data concerning what makes churches feel safe and welcoming to people with mental illness and how churches make people with mental illness feel unsafe or unwelcome. If we would have our churches become places that are safe and welcoming to people with mental illness, places where they feel a secure sense of belonging, we must listen to such experts.

Method

My collection and analysis of data has been informed by methods of Grounded Research, including unstructured conversations, comparative analysis, and conceptual saturation. This qualitative approach is appropriate because the data sought reside in the life experiences, feelings, and memories of the conversation partners.

The primary sources of data are voluntary conversations with twelve people who live with mental illness and who are involved with Holy Comforter. These conversations took place between October 2011 and August 2012. Additionally, one chapter is based on personal experience and observation of one particularly disruptive woman in the community and of the parish's response.

Conversation partners speak of their experiences as persons with mental illness in churches they have attended, their perceptions of how their mental illness has affected their relationship to those communities (*i.e.*, their feeling welcome or unwelcome, included or excluded, accepted or avoided, etc.), and how behaviors of other people in those communities have affected their sense of being welcome and safe in those churches.

The conversations adhered to a plan for protection of conversation partners approved by the Internal Review Board of the University of the South. Participation was voluntary and uncompensated, and confidentiality has been assured.

Conversation Partners: My Consultants

All twelve conversation partners have experienced mental illness as a chronic condition that has significantly affected the conduct of their lives. Most are officially classified as disabled and receive disability benefits (generally Supplemental Security Income). Most are regular worshippers at Holy Comforter or regular participants in the Friendship Center. All have experiences in churches other than Holy Comforter.

All but one has a high school diploma. Seven have studied beyond high school. A few have achieved college or graduate degrees and have held responsible positions in the larger economy. Two hold earned doctorates. Five identify as "white" and seven as "black." Six are men, and six are women. Seven are under fifty years of age with one in his twenties.

Seven report income of less than $1000 per month. All report past employment in a variety of jobs, but only one currently holds fulltime employment. Three are employed for a few hours each week in the Friendship Center's gardening program. Two regularly participate in its art program and receive proceeds from the sale of their works. Five regularly serve as volunteers in the Friendship Center. Nine frequently perform some lay ministry in the worship of the parish, such as acolyte, lay reader, psalmist, choir member, or oblation bearer.

Five have never been married. Six have experienced divorced. Five have had a life partner, and three currently live with one.[1] Four live in group homes. Two live independently in shared rental houses. Two live with parents or grandparents. One did not disclose living arrangements.

Eleven manifest awareness of having a mental illness and report a variety of conditions: anxiety, panic attacks, depression, bipolar disorder, borderline personality disorder, psychosis, paranoia, and trauma-induced disorder. Five report a diagnosis of schizophrenia. Four report having attempted suicide with one more reporting suicidal ideation. One expresses no awareness of being mentally ill and generally manifests no obvious symptoms, but at the end of the conversation after the recorder had been turned off, she expressed patently delusional beliefs and declined to give permission to record conversation concerning those beliefs.

These twelve conversation partners have been my teachers in this project. In this report, I refer to them as my "consultants." To safeguard their privacy, I give them fictitious names and avoid describing them in ways that would reveal their identities.

Conversations and Analysis

Length of conversations ranged from fifty to one-hundred-and-six minutes, with the average being seventy-six minutes. Each was recorded and transcribed. Analysis began as soon as the first transcript was completed and continued throughout the remaining conversations. After thorough analysis and preliminary

1. "Life partner" herein refers to a member of any long-term, committed relationship, whether traditional marriage, cohabitation, or a same-sex union.

coding of the first two conversations, concepts and themes began to emerge. As the conversations progressed, several of these proved common to many of my consultants. By the end of the twelve interviews, I deemed that I had sufficient data on key themes to proceed with final analysis and to writing this report. I summarize those themes below.[2]

Restated Research Question

My conversations and analysis indicate that belonging is an overriding concern of my consultants, while also showing that the sense of belonging is a variegated, multifaceted phenomenon that depends on various factors. This recognition of the primary importance of belonging to my consultants has led me to restate my original research question, which asks what makes churches feel welcoming and safe to people with mental illness. The term "welcoming" has proven inadequate in at least two ways:

1. It is subordinate to a broader concern of my consultants: belonging.
2. It can be construed to relate only to how churches receive newcomers who have a mental illness, whereas most of the experiences reported by my consultants occur in the context of established relations with a church, not as newcomers.

Being welcoming to newcomers is, of course, an issue, but it is secondary to the larger question of how churches treat any people with a mental illness who are

2. Analysis is based directly on data in the transcripts, but since transcripts are not publicly available due to confidentiality requirements, citations to the transcripts are omitted herein as of no use to the reader.

associated with them, whether that association is incipient or long established. Belonging, while it may seem tilted toward long-term association, also implies the apparent potential for belonging, that is, welcome. One might argue that a parish's ability to foster a sense of belonging in members with a mental illness is a *sine qua non* of its being welcoming to newcomers with mental illness.

Thus, I have restated my research question as follows: *What, from the perspective of my consultants, has helped them to feel that they have, or have not, belonged in and to a particular community of faith or to feel that they have been welcome, or not welcome, to belong in a new community?* Feeling safe is subsumed in the sense of belonging.

Organization of Report

My objective is not to build a theory in response to the research question, but to produce a rich and deep account of experiences of my consultants that can inform empathetic reflection on how to foster belonging in people with mental illness and how to help them live as full and equal members of the community of faith to which they have been called.

To this end, my report begins with a thick description of how belonging or not belonging has felt to my consultants in terms of key factors that have contributed to their sense of belonging or not belonging. Framed as questions that a person with mental illness might ask concerning her relationship with a church (or any faith community), the following key factors that affect whether one feels belonging surface in my conversations:

1. *Participation*: Am I invited and empowered to participate fully in the life and work of the community?
2. *Regard*: How does the community regard me and my participation?
3. *Understanding*: Is the community open to understanding me and my mental illness, or does it yield to the stigma of mental illness?

Although I do not propose a theory, my research suggests that these factors form layered supports on which a robust sense of belonging rests: (1) belonging depends upon participation in the life and work of the community, (2) but the value of participation to belonging depends upon how the participant and his participation are regarded by the community, and (3) that regard depends on how the community understands mental illness and those affected by it.

My description of belonging and of these supports is organized around two of my consultants, Miriam and David. Miriam's experiences provide the starting point for describing participation and regard (Chapters 5 and 6, respectively). Chapter 4 introduces Miriam and provides background for the next two chapters. The analysis of understanding (Chapter 7) starts with David, for whom openness to mental illness has played a critical role in his sense of belonging. From this multi-faceted probe of belonging, I proceed to a journal illustrating the working of what Miroslav Volf calls "the will to embrace"[3] as Holy Comforter engages one especially disruptive woman who has schizophrenia (Chapter 8). This journal manifests both the parish's

3. Miroslav Volf, *Exclusion and Embrace: A Theological Exploration of Identity, Otherness, and Reconciliation* (Nashville: Abingdon, 1996), 29.

will to include people with mental illness and some challenges it experiences in effecting the embrace.

This report does not propose a specific regimen for fostering belonging in people with mental illness, nor does it assume that this is primarily a structural or programmatic issue. Rather, it proposes that our primary task is to learn how to live together as the body of Christ, members one of another, with each and every member commissioned and equipped by the Holy Spirit to perform vital bodily functions, as each grows into the fullness of Christ and as the whole body, "joined and knit together by every ligament . . . as each part is working properly, promotes the body's growth in building itself up in love."[4] It is a matter of discovering in relationship with one another how the Spirit honors the weakness and suffering of people whom the world and the church have marginalized, using their presumed detriments to strengthen the body in mutual regard and love and, on occasion, to rescue a struggling parish from the dustbin.[5] Thus, most chapters include theological reflection prompted by what my consultants teach us therein.

4. Eph 4.15-16 NRSV.

5. See 1 Cor 12.12-27 NRSV.

CHAPTER 3: BELONGING & ITS SUPPORTS

What concerns us here is not belonging as status but belonging as feeling. Typically, the feeling of belonging does, of course, depend on some status of belonging. That status may be secured by formal procedures, or it may be the product of an informal embrace. One may, however, hold the status of belonging without experiencing emotional and psychological markers of belonging. One may belong to a family by birth or adoption but be so estranged from other members of the family as to feel no sense of belonging and to feel rather that one is an outsider or a stranger, as some of my consultants illustrate. The same is true in churches. One may be baptized and confirmed. One may be on a congregation's roster, attend its services regularly, and even engage in its programs, holding all the credentials of membership and good standing, but may feel no sense of belonging.[1]

My consultants do not often use the term "belong," but they often speak of belonging in other terms. David is one of the few who speaks explicitly of "belongingness." When he does, he contrasts it with feeling pressure to conform to the social culture of his childhood, in which his introversion and undiagnosed

1. Hereafter, I use "belonging" to mean "sense or feeling of belonging." I signify belonging as status by other terms.

depression made him uncomfortable. For him, belongingness entails feeling comfortable, as he did, for example, with the youth group at his childhood church. There, he says, “Being different didn’t matter.” He speaks also of being liked by the leader of that group, while feeling that his extroverted mother did not like him. Belonging is interwoven with one’s participation in the life and work of the church. Belonging feels like being a participant, a contributor, or even a leader. It also entails feeling that one’s participation is appreciated and valued and that one is respected as a participant and as a person. Tim, the youngest of my consultants, captures many of the various aspects of belonging in this response to a question concerning his belonging at Holy Comforter:

> I feel like I belong here because . . . they respect me for who I am, and I feel like . . . a good leader and . . . a good example, . . . and I can help others as well as they can help me, and we can relate to each other. I feel like this is the place that God wants me to be. I feel . . . at home here. I feel at peace. I feel like everybody is caring and welcoming, and they respect you for who you are.

Much of what Tim says here will be unpacked later. There are, however, a few things that will not be addressed later but that do warrant attention as elements of belonging. Not the least of these is his saying, “I just feel at home here.” Although he remembers his childhood home as a place of trauma and abuse, he still finds the term “home” a meaningful expression of his deep sense of belonging at Holy Comforter. When probed about what “home” means to him, he offers the word “haven” and then “safe haven.” As he continues, he explains feeling at home in terms of a place in which he feels the care of others, unlike what he felt as a child with his parents.

Akin to Tim's sense of home is Lisa's story of a poignant encounter with Pete, a gentle man and a remarkable artist, who has been part of the Friendship Center's art program for several years. Decades of living with paranoid schizophrenia have rendered him fragile. Lisa reports that, one day, as she and Pete were chatting about how Pete was doing and what he had been working on, Pete said, "'I'm sorry; it's a really bad day,' and he turned around and had to leave." Belonging is feeling like you are among people with whom you can be broken and to whom you can safely say, "'It's bad today. I can't do this.'"

Tim also expresses belonging as feeling that "this is the place that God wants me to be." John says something similar about a Baptist church he attended with his parents: "It was just a feeling every time I walked in there; I felt like I belonged in the church, that this is the right church for me." Miriam frames this as feeling the presence of God. Asked to relate something that has made her feel really good about church, she says, "Well, that day, a couple of months ago when I was received, I felt a little presence of God . . . more than usual. I felt it when the Bishop put his hand on my shoulder. I felt like I'm doing the right thing. This is where I need to be. I felt a little spirit there, a little surge."[2] Though one can be a member without feeling that one belongs, Miriam reminds us that the markers of membership do contribute to belonging.

2. Reception by the Bishop is a formal, liturgical rite of membership in the Episcopal Church. See Episcopal Church, *The Book of Common Prayer and Administration of the Sacraments and Other Rites and Ceremonies of the Church: Together with the Psalter or Psalms of David According to the Use of the Episcopal Church* (New York: Church Hymnal, 1979), 412-419 [hereafter "BCP"].

Joan speaks of experiencing "transformative power" in a worship service, "a meeting of the sacred and the profane" at a place "where mental illness meets incredible spirituality." Then, with some emphasis, she says, "And I'm not talking about religion; I'm talking about feeling of God's presence."

Although David says he does not know where he is "religiously and spiritually" and has "some belief in God" but does not consider himself "much of a Christian anymore," he feels comfortable acknowledging the presence of God in his experience at Holy Comforter. He recalls my statement during an annual parish meeting that "this place is doing the work of God," and then says, "It's a place where I can be comfortable with that kind of language, even if I don't consider myself a Christian. . . . The services are . . . almost always . . . a good place for me to be, can make me, when I'm not feeling good, . . . feel better."

Tim speaks of church's bringing him "closer to the Lord." Asked to elaborate, he says: "It means spiritually that I feel a connection between myself and God, and I feel like I'm serving him . . . , being here helping others, respecting others, loving others, and vice versa, when they do the same to me. I just feel like this is a place of care, respect, honor, blessing." It is interesting that, as Tim describes his sense of belonging, he speaks of his church's feeling "like home," of his feeling "closer to the Lord," and of loving and being loved, for the one who gives the new commandment to love one another "as I have loved you" says also, "'Those who love me will keep

my word, and my Father will love them, and we will come to them and make our home with them.'"[3]

These consultants remind us that, however much we talk about feeling the presence of God and thereby feeling belonging in a church, the sense of God's presence relates not only to the mystery of the sacraments and the beauty of the music and the liturgy but also to concrete human relations, to loving, caring, respecting, honoring, blessing, and vulnerability, as well as to hands on the head and other outward signs of invisible grace that say, "You belong to God. 'You are sealed by the Holy Spirit in Baptism and marked as Christ's own for ever.'"[4]

Belonging as Gift

That my consultants associate feeling the presence of God with belonging should come as no surprise. Belonging starts with God, our Maker. Daily praying of the morning invitatory inscribes belonging in our consciousness: "We are the people of his pasture, and the sheep of his hand."[5] We belong because God made us and holds us in being. We belong because God redeems us. To a people that has lost its sense of God's presence, its sense of belonging to the LORD, and whose name has become *Lo-ammi* ("not my people") comes the word of the LORD, declaring, "'You are my people.'" To this versicle, Israel responds, "'You are my God.'"[6] To those called

3. Jn 13.34; 14.23 NRSV.

4. BCP, 308.

5. BCP, 82.

6. Hos 2.23 NRSV.

"'the uncircumcision,'" who once were "without Christ, being aliens from the commonwealth of Israel, and strangers to the covenants of promise, having no hope and without God in the world," comes the gift of belonging: "but now in Christ Jesus you who once were far off have been brought near by the blood of Christ. For he is our peace."[7]

Not only does Israel sing that it belongs to God, but it sings also that the LORD is king over all the nations, judge of all the earth, and it envisions an eschatological table of the LORD at which all peoples have a place.[8] What Isaiah envisions, the church encounters head on. When Jerusalem and its environs cannot contain word of the resurrection, it overflows to others, first to Samaritans and then to Gentiles. Then begins the church's catechesis in what it means to belong to God, a discipling that still challenges us two millennia later.

However beckoning the image, a table with a place for all is, in practice, an untidy affair, for the gift of belonging collapses cherished boundaries and explodes precious distinctions. When Jews and Gentiles meet at Christ's table, enduring ethnic differences give rise to disruptive conflicts over differences in lifestyles and over whose scruples God endorses. Then come the name-calling and the demonizing of the others. Add to the thorn of divergent lifestyles, socio-economic divides, male and female, rich and poor, slave and free, toll collector and toll payer, leper and clean,

7. Eph 2.11-14 NRSV.

8. See, *e.g.*, Is 24.6-8a NRSV.

and you find that Christ sets a raucous table indeed. When the barriers come down, life gets complicated.

Indications of the stresses and strains of this untidiness appear throughout the New Testament, but Corinth seems strained to the breaking point. In addition, Paul seems concerned with how the stress of this untidiness will affect the church in Rome. In his letters to the church in Corinth, Paul rolls up his sleeves and slugs it out issue by issue, finally pointing them to the more excellent way of love.[9] In his letter to the Romans, he lays out a broad view of the full inclusion of both Jews and Gentiles in God's mercy. When he turns to what this means in the daily life of the church, he writes, "Welcome one another, therefore, just as Christ has welcomed you, for the glory of God."[10] In this short sentence, Paul grounds belonging in the incarnate faithfulness of God and outlines the shape of belonging in the church. It is pure gift, and it mirrors the shape of God, who "bears all things, believes all things, hopes all things, endures all things" for the sake of this untidy world.[11]

Mutual welcome requires putting the good of others before one's own. Paul urges, "We who are strong ought to put up with the failings of the weak, and not to please ourselves. Each of us must please our neighbor for the good purpose of building up the neighbor. For Christ did not please himself."[12] Paul resolves the untidiness of Christ's table for all in a most troublesome manner, particularly if I

9. 1 Cor 12.31-14.1 NRSV.

10. Rom 15.7 NRSV.

11. Cf. 1 Cor 13.7 NRSV.

12. Rom 15.1-3 NRSV.

come to the table just for myself. Mutual welcome demands mutual deference. If my chief concern at the table is that I be fed, you may leave hungry, and, in the greatest of ironies, I most certainly will.[13] If, however, my concern is for you (and you follow the same rule), no one leaves hungry, and God is glorified. There are echoes here of Jesus' formula for discipleship: "Those who want to save their life will lose it, and those who lose their life for my sake, and for the sake of the gospel, will save it."[14]

Mutual deference is the shape of belonging in the body of Christ. It is the natural outcome of being members one of another[15] in the body of the one who "'came, not to be served, but to serve, and to give his live a ransom for many.'"[16] Our belonging rests in Christ's service. Our experience of that belonging within our churches depends, however, on receiving each other as Christ has received us or, we might say, on making a place for each other as Christ has made a place for us, even in the greatest untidiness of all, our enmity with God.[17]

I experience belonging when I treat you and others as Christ has treated me, and you experience belonging when you treat me and others as Christ has treated you. I am fed when I feed another; you are fed when you feed another, especially another whose presence at the table you can scarcely abide. Thus, as we look at how

13. See, *e.g.*, 1 Cor 11.21-22 NRSV.

14. Mk 8.35 NRSV.

15. Rom 12.5 NRSV.

16. Mk 10.43-45 NRSV.

17. Rom 5.10 NRSV.

churches may foster belonging in people with mental illness, we shall look in the direction of mutual ministry.

CHAPTER 4: THE CHALLENGE OF BELONGING

Miriam's first church was that of her grandparents and father. Though Miriam was religious as a child, her parents were not interested in attending church. Therefore, her attendance during childhood was sporadic. It became more frequent when her mother and father divorced, after a contentious marriage that left her feeling that her "childhood was pretty bad." Miriam, her father, and her brother moved in with her grandparents and lived with them for about three years.

When Miriam was twenty-two and had been diagnosed with general anxiety disorder, her grandparents initiated picking her up at the group home where she lived and taking her to their church. A year later, she joined that church and stayed there almost twenty years before moving to her current church, Holy Comforter. During her years at her first church, her grandparents and her father died.

Miriam's roots in her family's church are deep. For her, going to that church was a "family tradition" set by her grandparents. Being there evoked memories of her grandparents and father: "I felt more connected to them even though they were dead." People would mention them by name and recall her father "when he was a

kid." "When I didn't sing [with the choir], I sat where they used to sit, and I . . . felt their presence there." Those remembrances "made me feel pretty good, like a connection." There, "I felt an anchor, . . . a kind of stability."

These strong connections to her first church highlight the significance of her leaving that parish for another. Before looking at the reasons for that departure, however, we need to attend to personality traits she identifies in order to understand how difficult it is for her to feel belonging anywhere, even in a church in which she has deep, longstanding connections.

Several times during our conversation, Miriam expresses acute awareness of her difficulties with personal relationships and implicitly with belonging, for example:

> I was always real shy, and I didn't like going new places or anything, meeting new people. That was part of my anxiety.
>
> It's . . . hard for me to make really close friends but I have a lot of people [at my first church] I still know pretty well. I guess I call them friends.
>
> I was always an outsider. I was shy. I was not assertive. I didn't . . . want to bully my way in crowds and stuff. It's not just church. Church was big part of it, because I am a believer. But . . . I felt pretty much an outsider all my life.
>
> I've always be kind of a person who had a lack of confidence.

Asked why she stayed at her first church so long in spite of dissatisfactions related in the next chapter, she answers, "Well, my anxiety about trying new things. I got kind of gradually initiated here [Holy Comforter]. . . . So, making a new start, just going somewhere I didn't know anything – it's probably not hard for you, but it's very hard for me." Explaining why she did not return to a third church where she had asked the receptionist for information, she mimics the receptionist's response

in a rude voice and then says, “It’s hard for me anyway to meet new people.” She returns to this incident later when asked about what raises her level of anxiety, saying, “If I came across a lot of crowded people . . . that makes it harder. A person like that woman that was so rude to me, bad vibes like that, makes it hard. It’s hard for me anyway. . . . I guess my mom and dad fighting all the time in my childhood, it just made me scared of people.”

Miriam encounters the church and the world with significant difficulty and with a relational fragility of which she is well aware. She is particularly sensitive to words and actions that shake her brittle self-confidence or reinforce her persistent sense of being an outsider. Consequently, it is hard for her to feel belonging, even where her roots are deep and connections well established.

Such difficulties with relationships are not unique to Miriam. Other consultants express similar difficulties with being around other people, particularly when symptoms of their illness are present.

Lisa is a couple of years younger than Miriam and has had a very different life. She holds a doctorate and has worked intensively in her field of study. Her parents are still alive and have been a steady support throughout her life and especially now as she struggles with the disabling effects of chronic depression. From a family of pastors, she has never been a stranger to church. Yet, when asked whether she has found church helpful during her experience with depression, she too reports difficulties with belonging:

> Chronic depression makes it . . . very difficult to go into any kind of new situation and feel friendly, and upbeat, and able to really sustain relationships. . . . Depression . . . takes out a lot of the pleasure and joy of

> being connected to other people. . . . My tendency is to isolate from other people rather than reach out. . . . That includes church settings. . . . It's hard to go out and find a church home, or any sort of group that I really wanted to be part of.

Lisa describes herself during one episode of depression as "somebody who had great fear of being among new people" and observes, "It's hard to nurture relationships when you're depressed. . . . When depression hits, it's very hard to be in even the most congenial congregation." She describes going to church when depressed as "very difficult," like a cold start of "something new." She continues, "Any time church is a lot of social interaction with people that are new or relatively new, that's really difficult, because it's hard to negotiate new relationships from a place of depression. It's hard to negotiate any relationship, in fact." Later, she describes her reactions to efforts of friends and acquaintances to be supportive: "In depression, it's . . . hard to receive contact from other people, even when it's very friendly and very supportive. Every message that comes in is tilted. . . . In a state of depression, . . . the friendliest gesture I would probably interpret as somewhat ambivalent, or maybe hostile, or I would misread it, or not be interested at all."

David, another consultant with significant educational and professional accomplishments, reports similar difficulties even in what he regards as a friendly environment: "Even in a place like Holy Comforter . . . I want to hide, . . . but I don't do it as much, and I just think that a church and the people in the church . . . [need to know that people withdraw] during, particularly, depression, anxiety, bipolar when you are in the depression. . . . It is really hard."

Understanding the difficulty of belonging during episodes of mental illnesses such as anxiety, depression, or paranoia adds an important dimension to our

hearing that my consultants have not felt belonging in churches. What they have found in churches may or may not have actually been exclusionary behaviors and attitudes. Sometimes the task is for churches to unlearn their fear and misunderstanding of mental illness so that they can be more open to people with a mental illness. At other times, it is to understand mental illness well enough to persist in the difficult work of embracing people who do not feel like being embraced, but who so desperately need it. The necessity for such exertion is not, however, license to ignore or exclude. The work of fostering belonging among people with mental illness is not for the fainthearted.

"Whenever I Am Weak, Then I Am Strong."

The difficulties in belonging reported by my consultants raise questions of the church's accommodation of their condition, as does the story in Chapter 8. A more formative exploration, however, might be to look at the role of weakness in the life of the church. Does weakness weaken the church?

In Romans and 1 Corinthians, Paul uses the dichotomy of "weak" and "strong" to teach mutual deference. In both, he identifies with the "strong." In Romans, he says, "We who are strong ought to put up with the failings of the weak."[1] In 1 Corinthians, he uses "weak" to describe those without knowledge, which Paul and the "strong" possess.[2] That Paul uses these terms rhetorically, even ironically, in these contexts is evident from his theological ordering of weakness and strength

1. Rom 15.1-3 NRSV.

2. See 1 Cor 8.7-12 NRSV.

early in 1 Corinthians: "God chose what is weak in the world to shame the strong; God chose what is low and despised in the world, things that are not, to reduce to nothing things that are, so that no one might boast in the presence of God."[3] It is doubtful that either side of the various quarrels in Rome or Corinth regards itself as "weak." Heedless of the salvific weakness of Christ, those on each side most likely regard themselves as "strong" and consider their strength the backbone of the church. Paul rhetorically adopts their perspective to draw them into a cruciform view of the body, in which the less honorable receive greater honor and "members have the same care for one another."[4]

In 2 Corinthians, Paul is even clearer about God's working in human weakness. "We have," he says, "this treasure [of the gospel of Christ] in clay jars, so that it may be made clear that this extraordinary power belongs to God and does not come from us." He continues: "We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that the life of Jesus may also be made visible in our bodies."[5]

Mortality and human weakness pervade Paul's consciousness in this letter. There are strengths about which he might boast, mystical experience, transport to the third heaven, vision of Paradise, and audition of kingdom secrets. Yet, lest Paul's pride prevail, God allows Satan to afflict him with "a thorn in the flesh." God's

3. 1 Cor 1.27-29 NRSV.

4. 1 Cor 12.14-26 NRSV.

5. 2 Cor 4.7-10 NRSV.

response to Paul's pleas gives him, not the relief sought, but the assurance of grace, the very grace at work on the cross: "'My grace is sufficient for you, for power is made perfect in weakness.'" Paul acquiesces: "Therefore I am content with weaknesses, insults, hardships, persecutions, and calamities for the sake of Christ; for whenever I am weak, then I am strong."[6] Can the grace of embracing people with mental illness and their presumed weakness be any less an empowering than Paul's thorn in the flesh?

6. 2 Cor 12.1-10 NRSV.

CHAPTER 5: PARTICIPATION

Participation in the life and work of a church is critical to one's belonging to that community. Participation may take a variety of forms and occur in various degrees, but in one way or another its importance is displayed by all twelve consultants. For a couple of them, participation seems limited to attendance at worship services, but in liturgical churches like Holy Comforter worship routinely entails active engagement. Most also engage in one or more forms of active lay ministry during services. Eleven participate in activities of the Friendship Center, as program participants or volunteers.

The importance of participation to my consultants is nowhere more evident than in my conversation with Miriam. Her case is especially instructive because she relates her experience of two churches, one that she attended for over two decades and one that she has now attended for almost five years. She joined both, attending regularly and becoming more and more active during her time in each. Her story provides opportunities to compare and contrast her sense of belonging at each parish and to relate the delicate dance of participation with other factors.

While Miriam never uses the term "belonging" in our conversation, she manifests a deep desire to belong and willingness to expend considerable effort to be a valued, contributing member of her church. For Miriam, belonging revolves

around participation in the life and work of the parish and in how her participation is received by fellow members and parish leaders. Her best and her worst experiences of church have arisen out of her efforts to be useful.

Miriam's participation in her first church was extensive and protracted. She joined the choir out of a love for singing and continued engagement with the choir for over fifteen years in spite of discouragements described in the next chapter. Each year, she joined in preparations for an annual church picnic. She accepted invitations to attend Christmas parties, notwithstanding an aversion to parties. She helped with Sunday school and vacation Bible schools, attended a Tuesday-night Bible class, and helped with church workdays each month. "Just about everything they had to offer, I took part in." She did all this and more in spite of living at some distance from the church and not having a car.

She continues this pattern of engagement at Holy Comforter. She attends worship and the Friendship Center regularly, sings with the choir, and participates in Bible studies. On her own initiative, she helps cleanup around the church. She is a regular participant in a core Friendship Center program and volunteers to help with meals.

Feeling Like a Leader

Because of her participation, Miriam sees herself as "being a leader" in the Friendship Center, she likes herself more, and she feels less dependent than she once felt. She attributes this improvement in her self-image to various leadership responsibilities given her by staff. By contrast, when she helped with Sunday school in her first church, she did not feel "qualified to be a leader."

As a leader, she aspires to set a good example for others, especially for other people with mental illness at Holy Comforter. She says, "I feel like . . . maybe I can set an example for them since I am pretty high functioning. I can go out . . . and work and pick up trash. Maybe one of them will . . . say, . . . 'If she can do it, I can do it. . . .' And maybe set an example, a positive example."

Feeling like a leader is important to Tim also. He connects belonging to feeling like a "good leader" and "a good example toward others." Like Miriam, Tim's sense of being a leader arises out of his being invited into the work by various parish leaders and from others' coming to him for help:

> A lot of the people who need help . . . know what I'm capable of. . . . Whether it be the staff or the participants, they can tell that I take care of myself, and they look at me as if I'm one of the staff members. . . . I'm not a staff member, but I know that I still can help because nothing is prohibiting me, nothing is stopping me, nobody is getting on to me.

Staff and volunteers have made good use of Tim's talents and readiness to help. The Certified Nursing Assistant has used him to help with the foot clinic. A program director has enlisted him as a volunteer teacher. He is often among those chosen to staff Friendship Center displays at events such as art shows and diocesan meetings. His leadership extends to parish worship. One of the parish deacons, "just pulled me up out of nowhere and said, 'If you want to [be a lay minister], you can watch, and you can [do it] once you get the hang of it.'" Being thus recruited and trained for a leadership role enhanced his belonging: "It just made me feel very welcome . . . like I was a part of the church already. . . . It made me feel like I have a place here to have a role, a calling in Christ." He sums up the effect of being invited into the work of the community, saying, "It makes me feel good. It makes me feel

worth being here, and I feel invited into serving. It makes me feel like I'm welcome here, and it also makes me feel good and confident."

Feeling Empowered

It is important to Tim that he is able "to be a leader without needing permission." His sense of usefulness and of being trusted has changed his experience of who he is and what he can do: "When I'm on those field trips, to be able to go and do what I need to do without having to have somebody watch over me, and being independent, having the responsibility and the trust levels that I've hardly ever had at other times in my life." He might well have used "empowerment" to describe this aspect of his sense of being a leader.

For all of my consultants, the experience of mental illness has entailed being considered disabled. While some can look back on times of achievement in their lives, all live under the cloud of disability, and many have experienced significant loss of control over their lives. Some have lost jobs. Some have very little say in where they live, what doctors they go to, or how they spend their days. People with chronic mental illness often experience persistent disempowerment, as Tim has.

John's schizophrenia hit after he had finished high school and had gotten a job. He not only lost his job because of safety issues related to his medications, but he also faced the prospect of life-time unemployment driven largely by a benefit system that can make the transition back into the workforce risky: "It changed my whole life. . . . I wanted to work until I was about seventy-five. Then I realized I couldn't do it. . . . The system is so strict now about working. . . . So I was scared. . . . If you make too much they'll cut it [*i.e.*, benefit check] in half." When we talked, he was

in the early stages of entering the Friendship Center's gardening program with the prospect of being employed part-time as a gardener. This return to work, even as a beginner, was already reviving his confidence in his ability to do a good day's work: "I think it's a good job. . . . It keeps me busy and my mind focused. I like getting relief out of stress. . . . Like I said, a good day working is not a hard thing."

Feeling a Calling

Tim speaks of being a good leader, a good example, and helping others in the same breath that he speaks of "a calling from God to love your neighbors and others as yourself." He shares this sense of calling with Miriam, who sees her engagement as "part of being a servant of Christ." She gives herself to work in the church out of a desire both to accomplish something and to serve Christ: "I'm very religious, and I haven't really accomplished much as far as working and stuff, and if I can help the cause of Christ out, to me, that's very, very important." Miriam feels called to make a difference in the world: "I felt . . . when you asked me to do this [*i.e.,* be a conversation partner] . . . good that I can do something to help the world, . . . help people. That's what I want to do. I want to feel needed." Miriam's desire to feel needed is a reasonable reaction to a society that often says, by word or action, "If you are mentally ill, we don't need you. Here, take this pittance, and sit on the sidelines."

Lisa, asked about her favorite memories of church, soon speaks of being drawn to the church's missional activities as she realized that there was more to church than Sunday morning, seeing in them "a philosophy of engagement that was connected to what happened in the worship service to the rest of the week." She

"enjoyed that part of their work." "It seemed," she says, "the church was providing ways to live out the creed . . . or the belief that everybody was preaching about on Sundays, which was always about loving the neighbor as well as living in a faithful relationship with God."

As she has struggled with chronic depression, this sense of call has not left Lisa. It has led her to investigate what ministry among people with mental illness might look like in her hometown. That investigation brought her to Holy Comforter as a place to learn what might be done:

> When I came to Holy Comforter, I had a strong sense of, a pull, or a tug, or a nudge, or something in the direction of working with people with mental illness at some level, and it was so unlikely that it had to come from some external source. . . . I originally thought I'm not a psychiatrist. I'm not a psychologist. I'm not a social worker. . . . I don't know anything about — and then I realized, well, I do know a lot about mental illness, because look at what I've been through. . . . No matter what you're suffering, even if it's delusions, and psychoses, and mood swings, and all sorts of anxiety attacks, and the bleakest, blackest, black dog of depression, there is a way for Christians to care for one another. . . . It is scary, obviously, but Christians are supposed to go to scary places.

Lisa expresses her sense of a particular call to serve other people with mental illness more explicitly than Miriam or Tim, but it can be seen in them also. There is in this calling to serve those who hurt as I hurt an echo of the wounded healer. It is present also in David, whose life experiences have played a determining role in his calls to ministry. During his difficult years as a teenager, he found belonging in his church's youth group. As an adult, he was drawn to a career in teaching young people and, as a church member, to working with youth, because his youth group had been such a good experience. After retirement, his years of

struggling with chronic depression led him to seek some kind of mental health ministry and finally to Holy Comforter.

For John, helping in church is "like helping God," and "that's one of the important things in life in God's eyes." It is a way of giving back to God for "all this stuff God brought me through." He seamlessly equates helping God with helping other people, his service in the church: "That's where we get the blessings from." He implicitly understands, as Howard Thurman put it, that "man's relation to man and man's relation to God are one relation."[1] To feel a sense of calling to serve God in the church arises out of one's sense of belonging to God and simultaneously affirms one's sense of belonging to the church. Thus, when asked whether it would make a difference if he were not asked to help in church, John responds without hesitation, "No, because I'd ask them."

Responsibility and Trust

Asked to name what has helped her feel like a full and equal member of a church community, Joan answers without hesitation: "Being given responsibilities within that community has been the most, being given responsibilities. . . . Being given work to do within the community. Working as a member of the team, even if it means just putting the chairs away, or setting up tables, or anything like that." Being given work is important, because "it communicates to me that I'm a contributing member of the church community." It also affects her self-esteem: "Because that

1. Howard Thurman, *Jesus and the Disinherited* (Boston: Beacon, 1996), 72.

means that I am strength-based. I'm giving of my strength and not just receiving. . . . It's a measure of trust."

Tim experienced the deep significance of genuine trust when a staff member asked him to watch her sleeping baby while she worked: "I'm like, wow, this is a great responsibility for someone to trust me this much. . . . I've never really had that much from anyone in my whole life since I was young." Other occasions of experiencing trust have followed: "My trust is building gradually here. . . . Just the other day, someone else wasn't feeling good . . . , and [the Certified Nursing Assistant] told me to sit in there with him and he left. . . . He was gone for a little bit, and came back, and he was able to trust me with someone's life."

Feeling Useful

Evident in all of these aspects of participation is the desire to feel that one is useful. Miriam candidly admits, "I want to feel needed." Usefulness is inherent in helping other people, and the objective of a calling is some kind of usefulness. There is also among my consultants the recognition that in helping others they help themselves. Feeling useful in the community and in the world enhances their self-confidence and their self-image. It serves a critical function in their recovery. This desire to feel useful is not a pathological, narcissistic impulse, but part of a struggle of people whose lives have been hijacked by mental illness and its stigma to recover an identity that is separate from their mental illness, an identity that is as complex and fully endowed as that of anyone else. (As we will see in Chapters 6 and 7, the rest of us play a role in helping people with mental illness realize the fullness of their identity, but this chapter is about what they do.)

Thus, Tim acknowledges that helping others makes him feel good about himself. He acknowledges that he anticipates "a reward in return" for helping others, but clarifies that the primary reward is "the feeling that you get when you are able to help somebody." He says, "It makes you feel at ease, like, 'Okay, somebody's being helped. They're taken care of.' Being a leader makes you feel . . . that there's one less person that has to go without. One more person that has what they need."

Once Moses joined a church, he became very active: "I did everything there was to do." What motivated his high level of activity? "I don't know, except that I loved it. I felt very close to God and wanted to do everything there was available to do with anything spiritual about it. . . . It was the first thing in my life really that made me feel good about myself, and that was a big deal."

There is, however, a shadowy side to the need to feel useful, for it may be shaped, at least in part, by a cultural tendency to define human worth largely in terms of productivity and to discount the worth of non-productive members of society. All of my consultants have seen their economic productivity diminished or even wiped out by the effects of their mental illness. Moses has felt the pursuit of productivity both as a response to expectations and as a balm for his emotional poverty: "I was so needy and needing to be judged as good and busy and productive. Productive is a big thing. If you're not productive, . . . you're not worth anything." Is the desire of my consultants to feel useful driven, in part, by assent to a culture that often has difficulty finding worth or dignity in people who are not productive? Is this why feeling useful contributes to their feeling good about themselves?

Miriam is a good enough theologian to understand that her worth and dignity as a human being are sacred worth and sacred dignity, grounded firmly in the creative and redemptive acts of God. She would have disavowed any intent to rest her dignity or worth on her works if the question had been framed theologically. Yet, in our non-theologically framed discussion of her work in the church, she refers to her sense that she has not "really accomplished much" and says, "I like to know that I can be a worthy member of society, especially the church." She found it offensive when she felt that others might be grouping her together with "street people," some of whom were not "very hard workers." She asserts, "I'm a pretty hard worker."

David is aware that much of his doing earlier in life was an attempt to overcome depression and a sense that he was "a terrible person" for treating his parents horribly and not making good grades in college as he struggled with undiagnosed depression. He says, "I tell myself if I do good enough and am good enough I won't be depressed." Looking back on his busyness as he tried to excel as parent, educator, church member, and volunteer, he is glad for all he has done, but wishes he had slowed down a bit.

We can strive to be useful in a desperate attempt to convince ourselves and others of our worth and thereby purchase a sense of dignity, or we can devote ourselves wholeheartedly to whatever work life brings our way, being useful in the world as an expression of our worth as bearers of the *imago dei*, secure in the knowledge that work, worth, and dignity are gifts of God. Few fall entirely in one camp or the other. My consultants certainly do not. If anything, because their

experiences have shown them the precariousness of productivity as a ground for worth and the pain of being excluded from work, they may be more likely to work for the joy of the working.

Feeling Enjoyment

The joy of participating in the life and work of the church is, in fact, a motivator for my consultants. In spite of discouragements that we will visit in the next chapter, Miriam sang in the choir and helped with the annual picnic at her first church because she enjoyed these activities. She helped with vacation Bible school every summer because she enjoyed doing it.

In spite of the stresses of work, travel, and depression, Lisa took a class on Christian faith that lasted several weeks because she enjoyed it, and enjoyment attracted her to Christian outreach. In the midst of a vocational discernment process that did not enhance his sense of belonging, Moses found enjoyment in playing the guitar and talking with people on his assigned visits to an alcohol and drug treatment unit. He immersed himself in the activities of his parish because, he says, "I loved it."

Tim enjoys himself and continues to expand his participation at Holy Comforter: "I like helping with worship. I like the field trips. I like the foot clinic. Basically everything that goes on here I like it. And I'm very good at all arts and crafts; so I . . . like all of them too." Anna, who is not as aggressive about getting involved in new activities as Tim, says nonetheless, "I don't like missing nothing," and "I enjoy coming. . . . I get along with everyone, and I like the bingo. I love the salads, and I like coming. I'm glad to be able to come."

Mark, another gardener, gets satisfaction out of his work. It deepens his appreciation for the world around him. Asked what he likes about gardening, he responds with a sense of deep joy in his work and in the creation:

> It's just the time and the effort that you have to put into it to get the outcome. It makes you feel good. It makes you feel . . . productive. . . . Plants aren't going to grow the exact ways you see in a book. It has its own time, and its own productivity, and its own feeding time, and what it feeds off of. . . . I grew a melon last year, and I took it home to the guys that were at [my group home], and I went over to my mom's house and came back, and it was gone!"

The Invitation to Participate

Participation, with its various sources of satisfaction and enjoyment, is critical to feeling a sense of belonging. People with greater self-confidence may offer themselves for participation in groups and activities that interest them, but people with mental illness will likely find it more difficult to self-invite. The same kinds of difficulties that inhibit a sense of belonging are also likely to make it more difficult for a person with mental illness to take the initiative to join in a new activity. Some of my consultants tell how invitations from others have helped.

Miriam says she probably would not have started coming to Holy Comforter if it had not been for two others who lived in her group home. They helped her not to feel "like such a newcomer, like a stranger." She continues, "They . . . encouraged me to come here. . . . That was pretty good. I felt good about that. It was . . . like, 'We'll show you around. We'll introduce you to people.'" John had a similar experience. A friend in his group home said, "'We go to church every week', and 'would you like to go?'" John replied, "Yeah, I'd love to go to church." With the help of this invitation and the welcome he received when he first came, John was not afraid

anymore, “When I walked in here, I wasn’t afraid no more . . . because I felt welcome again.”

Betty, who is developing a reputation as a folk artist, spent her first few years at the Friendship Center playing bingo. That all changed when she saw arts and crafts that another participant had made in the Friendship Center’s studios. She remembers seeing the other woman as she was making a bedspread and asking, “What’s that that you’re sewing?” Then she saw a painting by the same woman and said, “What a beautiful painting.” Then came the invitation: “She said, ‘I did that. You can come and go with me. . . . You can make you some money.’ I said, ‘[Girl], are you for real?’ She said, ‘Look at mine,’ and she pulled out this bag of money. I said, ‘Well, you know I didn’t come to church for that, but I’d like to do that.’”

A friendly “come-and-go-with-me” is an important bridge to participation in most contexts. For people who have been marginalized out of participation by the effects of their illness and by society’s reaction, that importance is exponentially greater.

Participating without Feeling Belonging

Though inviting people with mental illness to participate in church activities and ministries is a critical first step toward encouraging people whose illness may impede their engagement, it is just a first step toward fostering their belonging. As we have seen, mental illness can make it difficult for people to participate, and even when they do participate, as the experiences of Miriam illustrate, they may not feel that they belong. She enjoyed singing in the choir at her first church, but, as we will see, did not feel that she belonged. She enjoyed participating in its annual picnic, but

felt excluded from conversation with the other helpers. They were not rude to her, but she had a sense of "not fitting in."

Sometimes the symptoms of mental illness or the side effects of medications impede participation or detract from feeling belonging even when participating. Sometimes the insensitivity of others to the isolating effects of mental illness or to the need to be gently proactive in inviting and encouraging participation presents the chief impediment to participation. Others' passivity or apathy leaves people with mental illness where they started, feeling like outsiders. At other times, the insensitivity of others to the needs of people with mental illness manifests itself in behaviors that actively discourage participation or undermine their belonging. The next chapter explores, as a key factor on which belonging depends, feeling that one is or is not held in positive regard in his community and that his participation is or is not valued.

"O Prosper the Work of Our Hands!"[2]

For my consultants, participation bestows various benefits, from enjoyment to improvement of self-image. Occasionally, it may manifest an unhealthy need to establish worth by work, but mostly it arises in the normal course of life or out of a sense of calling. Such participation, though mostly uncompensated, is, nonetheless, work, communion in God's ordering of creation. It is not, however, solitary work. It is work in community. It is work that manifests a status of belonging and imparts a sense of belonging.

2. Ps 90.17 NRSV.

Seeing participation as *work in community* helps make theological sense of why participation is so significant to my consultants. It begins with our working God, in whose image we are made. God's work is not solitary work. That God is not alone in the work of creating is implicit in the medium of creation: God speaks, and it is made. Unless we are to take a Zen-like perspective as we read Genesis, speaking implies hearing and suggests co-workers or, at least, an audience. The communal character of creating becomes more explicit at the making of humankind, when God's "let" becomes "let us": "Let us make humankind in our image, according to our likeness."[3] It is suggested further in the creation of humankind in God's image as male and female, two complementary yet distinct humans charged with being fruitful and multiplying.[4] What the authors of Genesis meant by these hints of plurality in or around the Creator is another inquiry. For this, it is sufficient to observe that, even in creating, God does not work in solitude, but in relation to some kind of community. Do we press the point too far to detect in my consultants' yearning for participation in the life and work of the church an intimation of the image of God in them? In any case, their deep sense of calling finds roots not only in Christ's commission but also in the Creator's directive: till and keep the Garden.[5]

Working in community is inherent in the creation. Aligning human work with the "labour of seaweed" and the "industry of bees," Pierre Teilhard de Chardin sees the work of the human soul as integral, not just to human community, but to "the

3. Gn 1.26 NRSV.

4. Gn 1.27-28 NRSV.

5. Gn 2.15 NRSV.

universe into which it is born": "In each soul, God loves and partly saves the whole world which that soul sums up in an incommunicable and particular way." Human work is participation both with other humans and with God. Tilling the Garden is not just the work of our hands; it is also the work of our spirits. God put humans in the creation to join in the divine work of building the world. Of humanity, Teilhard says,

> By his fidelity he must *build* – starting with the most natural territory of his own self – a work, an *opus*, into which something enters from all the elements of the earth. *He makes his own soul* throughout all his earthly days; and at the same time he collaborates in another work, in another *opus*, which infinitely transcends, while at the same time it narrowly determines, the perspectives of his individual achievement: the completing of the world.[6]

In a similar vein, Volf argues that "God's purpose for human beings is not only for them to ensure that certain states of affairs come about (the cultivation and preservation of the Garden of Eden) but that *these states of affairs are created through human work* (tilling and keeping)" and concludes that "work . . . must be considered an aspect of the purpose of life itself."[7]

When my consultants value working, they value being human; they value being created in God's image and being placed among God's gardeners. For any human community, especially the church, to discount the capacity of any human being to participate in the building of the world on the grounds of "disability" due to mental illness or any other condition is to disregard the *imago dei* in that person and

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6. Pierre Teilhard de Chardin, *The Divine Milieu: An Essay on the Interior Life* (New York: Harper & Row, 1960), 60-61.

7. Miroslav Volf, *Work in the Spirit: Toward a Theology of Work* (Eugene, Or.:Wipf & Stock, 1991), 197.

to alienate that person from her purpose in life. Part of our work in God's Garden is to remain open to what God can do in others regardless of how blind we may be to their potential and thereby remain open to their participation.

CHAPTER 6: REGARD

Participation does not occur in a vacuum. It occurs in community with others. Miriam's experiences demonstrate how important it is to belonging that participation be enveloped in a feeling that one is well regarded by that community and that it values one's participation. She remained in her first church, that of her grandparents, for two decades and took part in almost every activity it offered, but finally left that church for another. This chapter leads with incidents that Miriam relates in explaining why she left her first church and, by implication, why she did not feel belonging there.

Miriam's sense of not fitting in with the other helpers in the annual church picnic is vague. She does not rest it on anything they did. She does, however, relate several very specific grievances against her first church. Most of the events she describes made her feel that her participation was not appreciated, even though her participation in parish workdays did garner words of appreciation from fellow laborers: "I felt them saying, 'Thanks for your help, Miriam. You helped us out a lot.'" What seems to matter most to her is to feel appreciated by parish leaders. Most of the time, she did not feel that they appreciated her, though a retired pastor did help her feelings somewhat by sending a card. Miriam had thought, "This man doesn't

appreciate me at all," but the card said "that he appreciated me more than I knew." This gesture helped Miriam feel that she might be making a difference.

Other experiences with church leaders were not so affirming. For instance, she felt mistreated by choir directors, especially the last one, who asked her to lip-synch instead of singing. In this dispute, her pastor did not take her side against the choir director, but tried to remain neutral. Miriam reports, "She kind of just lukewarm supported me." She felt that she was not being treated as others were. She complains, "I felt slighted. . . . There were people there that probably weren't great singers either . . . but he never told them. That wasn't right." I was volunteering my time, walking, riding the bus to get there and, yeah, like he was in the Mormon Tabernacle Choir or something." She recalls similar problems with previous choir directors: "The first one made me do that too. He actually had some crappy job for me to do. . . . He'd tell me to go up there in the balcony and help film the choir, and his brother-in-law was already doing that. I didn't really have much to do. At least one of the other choir directors didn't like my singing either."

Miriam relates the last choir director's treatment not only to an apparently low regard for her singing but also to his knowing that "I might have a problem and [he] could push me around." Miriam felt that the man held her in low esteem and was, therefore, willing to treat her badly. Whether the choir director actually felt that way cannot be determined, but what is important is that Miriam projects her awareness of her mental illness and her sense of vulnerability onto the choir director. She feels that he treated her with less regard because of her illness.

She lays much of the responsibility for this sense of being treated with less regard than other members on her last pastor at that church. A couple of years before Miriam left that parish, her father became very sick and died. Miriam felt that she did not receive the same level of care from the pastor as she gave to others: "The pastor there didn't really seem to comfort me . . . as much as I think she would another person's family member if a close family member was ill. . . . She didn't really ask about him much or send cards or letters like the pastor before that did for other people." This feeling of not being well regarded by her pastor is so deep that she dismisses later gestures of more positive regard: "When my dad died and when they came to the service and a couple took me out to eat, a couple of times, . . . and then the preacher and the rest of them took me out too, I felt good about that even though she really didn't appreciate me. I felt . . . she didn't care that much when he was sick."

She felt that the pastor and others "looked down" on her because, she says, "I didn't have a car. I wasn't like them. . . . Some of them knew about my anxiety and knew that I had a kind of low-paying, . . . menial type job, moved from house to house, never had my own place. . . . I felt different. I think they thought I was little different." She felt such low regard from others in the church that, when she overheard someone in the church say of someone else, "He's . . . one of those . . . street people," she felt that "they probably lumped me together with them." Since Miriam regarded most of the street people that came to that church as addicts, alcoholics, and bums, feeling associated with them hurt.

The Sense of Being Different

Miriam's sense of not being well regarded by members and leaders of her first church is directly related to her own feeling of being different because of her mental illness and its economic and social consequences. She is not the only one of my consultants to feel that such differences have made a difference in how others have regarded them. What others say and do undoubtedly contributes to the sense of being different and being treated differently, but the data does not allow us to say what others have actually said, done, or thought. The data pertains to my consultants' feeling that they have been treated differently because of their illness and its fallout. This is an exploration of their state of mind for the sake of enhancing the understanding and empathy that equips churches to foster belonging in people who are acutely aware of being different and who feel that their differences lead to lower regard by others or to their being treated differently. Recognizing that people with mental illness may come to encounters with us feeling different and poorly regarded better equips us to meet them where they are.

"Us" vs. "Them"

Some of my consultants express awareness of being treated differently as commentary on the distinctions that they see some making between "them" (*i.e.*, people with mental illness) and "us" (*i.e.*, people without a mental illness), between those who help and those who are helped, or between staff and clients. They perceive this distinction not only in churches but also in some mental health organizations.

Joan has seen it in churches with some form of ministry to people with mental illness. It bothers her to hear people say, "'I'm going to serve food for the mentally ill.'" From such talk, she infers a distinction that she finds unhelpful. She believes, "People are feeling like they're giving to a weaker element, and then the people who are receiving it are feeling like they are the weaker element." The alternative that she envisions is giving recipients of services work in providing the services and seeking their input, thus creating a "reciprocal relationship." Reciprocity, she says, is "at the core of the recovery movement. . . . Otherwise one person is a victim, and the other person is an enabler."

Joan, who is not a member of Holy Comforter, but a friend and occasional visitor at worship services, sees a different approach being practiced at Holy Comforter: "In your services sometimes, you will call on people by name, and they will get up and say their piece. Well, that's very important. That's why they keep coming back. The vans come and go, but what makes them get in the van? It's that they know that they can be respected for what they have to say."

Esther, who has spent more time at Holy Comforter than Joan, has sometimes seen a different picture. Describing her early experiences, she says: "I think the people at Holy Comforter, the administration, and staff had compassion for the mentally ill, but I don't think they thought the mentally ill were one of them. . . . It was like 'us' and 'them.' . . . It wasn't like 'we.'" It felt, she explains, "that they were treating us like we were going to break at any moment, like we couldn't handle responsibility. They had to do everything for us. That we couldn't be trusted. That they had to clean up behind us. . . . There was a staff that was mature and adult and a

client base that was a child and needed to be taken care of." She contrasts this experience with her experiences of a local mental health advocacy organization run by other consumers of mental health services, where, she says,

> it was different. . . . Anytime we engaged people in the mental health field and elsewhere, we saw ourselves as equals. We saw ourselves as people. . . . There's not a "you" and thus "us" consumers. It's just "us." And when I came here, I could see the difference. There was a staff and there was client, and they were separated. They were different.

Asked for examples, she names some names and then says: "We could be friendly to them, but we can't be their friends [or] . . . invite them over to dinner. . . . If we go anywhere with them, 'they' have to be 'client,' and 'we're' the 'in-charge people.' . . . It's like we have to be separate outside of here, but we can be friendly together here." She is convinced, however, that "they didn't believe that there was an 'us' and 'them,' but they acted like there was. . . . They were believing that it was a 'we,' but they didn't act like it. . . . It was like subversive."

She has observed the same phenomenon in some mental health organizations. She concludes this part of our conversation by returning to her assessment of Holy Comforter and suggests that such distinctions persist: "This is a loving place, very loving. . . . People here care about everybody here and are caring people, people you would like to get to know, but they don't allow you to get to know them. . . . We don't socialize. We just come here and care about each other, and then we go home, and that's it."

Moses also reports having experienced "us" versus "them" behaviors at Holy Comforter. From some clergy, he has experienced appreciation for his experience with mental illness and the insight that he has offered them, but his experience of

laity has sometimes been different: “When somebody found out that I too had depression and had a psychiatrist and was on medication, . . . then I was not one of the members but one of the participants.”

Equality of treatment is a sign of regard. Moses expresses his desire to be treated like others when asked to fill in the blanks of this statement: “I wish somebody from church would —.” He answers, “Bring me Communion on Sunday, . . . just call me up to see how I am.” He also notes that his life partner needs support during his episodes of depression: “If you make a casserole to take to somebody, . . . do it for her.” Asked what makes him feel like a full and equal member of the church, Tim responds, “Well, I’m not treated any different than anybody else.”

These observations raise the issue of mutuality. The theological term is “communion.” These consultants are calling for the church to go beyond charity and conventional hospitality in their relations to people with mental illness into true communion as fellow members of the body of Christ and fellow laborers for mental health justice, even as friends. They identify a phenomenon that occurs in various kinds of asymmetrical relationships between those with power to help and those who need help. Acting out of charitable impulses, the more affluent undertake to help the needy, or the stronger to relieve the weaker.

Robert Wuthnow identifies this issue in the context of global missions as a tension between “doing for” and “partnering with.” “Doing for” perpetuates asymmetry and leaves the recipient feeling “subservient to the caregiver.” Effective

"partnering with" involves "long-term personal relationships and shared decisions about needs and programs."[1]

Joan, Esther, and Moses, steeped in the principles of mental health recovery and Christian teaching, eschew subservience and yearn for the mutuality of partnership in ministries that are not "*for* the mentally ill" but that are "*among* and *with* people with mental illness." To enter into partnership is the epitome of regard. To perpetuate social or economic inequalities in our efforts to help people with mental illness is, as Esther observes, subversive. It subverts belonging; it subverts recovery; and it subverts justice. Yet, in any context in which some give and others receive in a static relationship, it is very difficult, if not impossible, to avoid a stagnant, disempowering asymmetrical structure. Any solution must entail both awareness of the dichotomy and intentional, even aggressive, efforts to promote participation of all in giving to and receiving from each other.

Terms of Regard

Like participation, regard is a multifaceted phenomenon. It feels different in different situations and to different people. Thus, my consultants use a variety of terms to describe their sense of how others regard them.

Appreciated

When regard pertains to the value of their participation in the life and work of the community, it manifests as feeling appreciated or unappreciated. Of all my

1. Robert Wuthnow, *Boundless Faith: The Global Outreach of American Churches* (Berkeley: University of California Press, 2009), 244-246.

consultants, Miriam is most vocal on the issue of feeling unappreciated. The incidents described above left her feeling generally unappreciated for most of her efforts at her first church.

Always theologically sensitive, she expresses some ambivalence about feeling the need for signs of appreciation: "I felt kind of unappreciated. I guess part of being a servant of Christ is not to look out for recognition, but I still felt . . . they kind of looked down on me and didn't appreciate what I did for them." Later, responding directly to the question of whether "expressions of appreciation mean something to you," she says, "Occasionally. . . . It's not like I'm fishing for compliments every day. I like to know that I can be a worthy member of society, especially the church." In her desire to have her contribution affirmed by others and in her ambivalence about that desire, she is more like others than she may realize. While her own lack of self-confidence and her deep awareness of her differences may make her more susceptible to feeling slighted or unappreciated than someone with a more robust self-image, her last few years at Holy Comforter have not seen her trolling for compliments or having her feelings hurt easily. Rather, she presents as one who is serious about what she does and about living her faith and who genuinely appreciates a place where she feels free to pursue her sense of calling into as much responsibility as she feels capable of handling.

Others also speak of feeling appreciated and of the positive effects of appreciation. Betty often sings a solo at noonday prayers. Doing so makes her "feel good." In part, that feeling comes from receiving signs of appreciation. She says that her "spirit feels stronger. I feel more relaxed like I could do this. . . . I sing, and then I

say, 'I hope it's good enough,' and you all say, 'Yeah, you sound pretty good, Betty!' and that make me feel good."

Looking back at experiences in church that positively affected his self-image, David connects appreciation to his sense of belonging, saying, "I got a lot of that from [Grace Church], I believe, because . . . the people appreciated what you did. . . . Just feeling appreciated was important. I felt a part of it. It was a community, and . . . I felt like people liked me mostly there, . . . and I was . . . an integral part of the community."

Moses still remembers a remarkable gesture of appreciation during his early years as a member of his first parish. In addition to many other activities, he taught Sunday school for several years. One year, the class was learning about saints, and each month the children selected "an ordinary saint" to be "their saint of the month." Still buoyed by their appreciation years later, he says, "They picked me out as being their saint one month, which thrilled me to death." His church activities helped his self-esteem. This honor from his Sunday school class and then appreciation from adults helped him feel that he "was pretty much okay."

Accepted

The feeling of being different comes with questions: Does my difference matter to others? Does my difference cause them to look down on me, as Miriam has felt? Will it make others less willing to be my friends or to welcome my participation in the life and work of the community? When my difference is chronic mental illness, a condition that is not only misunderstood by most people but also stigmatized, these questions are particularly poignant, for how my community answers them will

decide whether I feel accepted in that community or marginalized because of my differences. This section examines the importance of feeling accepted to my consultants. The next chapter will look at the importance of working to improve churches' understanding of mental illness so that they can resist the pervasive stigma of mental illness and accept people with mental illness as full and equal members.

One indicator of whether I with my differences will be accepted in a particular community is how that community accepts others who are different. When Miriam overhears talk about street people in her church, she may be wrong in assuming that people lump her together with them, but she may be correctly inferring negative attitudes toward such differences and may reasonably wonder whether those attitudes encompass her differences. When Tim, who is white, encounters segregated churches in his neighborhood, one for white people and one for black people, his discomfort may arise out of an aversion to racial segregation, but it may also arise out of suspicion that such churches may not readily accept his differences either. How people talk about others with mental illness affects Moses' sense of being accepted, "Any time anybody says anything that puts down anybody with mental illness, I feel unwelcome."

Joan, who lost her teaching job after being hospitalized for a psychiatric issue, contrasts the non-diverse churches of her white, middle-class, suburban origins with the diversity she encounters on the local transit system (MARTA). She says, "I've . . . lived on the edge of not having much money for a while, and so I ride MARTA a lot, and I go to places that don't cost much money, and there are a lot of

black people, gay people, people of foreign origins. Everyone is very not mainstream, white, middle class." She perceives, on the other hand, that churches are often not diverse and are not open to diversity: "To be among people who are so diverse, and to be able to look through the differences, into the commonalities, is a skill I don't see in the white Protestant church." In this context, I ask whether she thinks that a diverse church appears more welcoming than a non-diverse church. She agrees with that generalization. She has found a home in a church in which she feels that her difference in economic status is irrelevant to her acceptance.

There is an interesting tension, particularly in Joan's observations, between feeling accepted because of the broad diversity of a church and feeling accepted because there are people "like me" in the church. She has reflected more explicitly than my other consultants on the inherent value of diversity and the spiritual value of encountering the other. Still, she finds comfort in knowing that her particular differences are accepted. For instance, she has joined a small church where the members and the pastor are women about her age. One of the things that has helped her feel accepted on her visits to Holy Comforter is what she has in common with many of the other worshippers: "And I went in there, and I said, 'You know, I really relate to this fringe-of-society group of people because I feel like that.'" Miriam speaks of fitting in: "I don't feel so different, you know. People may have the same experiences I have, people with anxieties, especially."

Other consultants address the same point in different terms, helping to clarify that the acceptance needed is a very particular kind of acceptance. It is acceptance just as I am, not as others expect me to be. Growing up, David felt that he

was not accepted by his extroverted, sociable mother, because he was introverted, "not a party, outgoing person." He remembers his mother asking, "'Why don't you smile?'" He felt pressure to conform to his socio-economic status and be one of "the cool people" like his brother and sister. By contrast, he felt comfortable in his church's youth group, because the leader liked him and the other teenagers in the group "were not the cool people" and did not expect him "to act in a certain way." In the group, he felt no pressure to conform to others' expectations. It gave him a strong "sense of belongingness," because "being different didn't matter." As an adult, he felt similar pressure to meet expectations in some churches and thus felt that disclosing his struggle with depression would have been dangerous "because that doesn't meet the expectations . . . that I was healthy, that I was . . . smart, that I got things done, and having a mental illness, being depressed, certainly did not fit in with that image."

Even at Holy Comforter with its large population of people with mental illness, Moses thinks about how people will react if he comes to church during an episode of depression. He says, "I need for it to be okay . . . when I haven't slept in five days, and I might not have taken a shower in the last couple of days and probably haven't brushed my teeth."

Similarly, Tim has felt acceptance when people have treated him well "no matter what," by which he means "no matter if I had a mental illness or not." He attributes his sense of belonging at Holy Comforter to being respected for who he is. That sense of acceptance arises out of not feeling judged because of his mental illness and out of seeing that others with a mental illness are accepted. John

expresses his sense of acceptance at Holy Comforter in similar terms: "They don't judge you, and you don't judge them."

Unfortunately, the opposite is often true, reports Lisa, who has been talking to people about their experiences with church. She says, "A lot of the time I hear people say, 'I got sick and my church just put up a big barrier,' and that's not happened to me, fortunately, but when they were talking, I could just hear how painful and how insult-added-to-injury it was for them to be almost ridiculed for being sick." After John told a former church about his schizophrenia, he no longer felt welcome. He perceived a change in their attitude and behavior toward him.

Cared For

Sometimes my consultants' feeling of regard arises out of feeling cared for. Referring to assistance she has received at the Friendship Center, Betty says, "Well, when I didn't have no money, and there were things that needed to be bought, like clothes or something to eat, or you know, toiletries, and when my [blood] sugar acts ugly and all of that, when I would come here, you all would help me." She tells also of care received one time when she fell: "When I fell, nobody laughed. . . . And they tried to help me up. . . . And the guy . . . gave me a special name. He called me 'Princess.'" Recalling help received during worship, she says, "When I'm in church, if I don't remember what page we're on or how to read, there are some people to help me pronounce it."

For Joan, who grew up without parents, care looks like the support she received from pastors and youth ministers in a church during her teenage years. She says, "They parented me." It looks also like being treated with kindness by her best

friend. She remembers, "I was riding around in a car, her brother was driving, . . . and she was in the back seat with me, and I started crying uncontrollably, and I didn't even know why. And they were so kind to me. . . . She held my hand, and her brother kept driving around, . . . and I just cried."

Tim has experienced care from an art instructor who keeps others from taking advantage of his good nature. He recalls a time when someone asked, "'Can you make me something?'" The instructor stepped in and said, "'Why don't you make one for yourself?'" Afterwards the instructor told Tim, "'I just don't think it's fair that you have to make something for her when she can make it herself, and then just give it to her.'" Tim says, "It made me feel like she cared, and it made me feel worth being in the class, because it just feels good when you have somebody standing up for you." Mark feels cared for when he reflects on the time shared by volunteers at the Friendship Center: "That's really important to me, because they don't have to come here. They can go elsewhere and try to give their blessings . . . but they choose to come here."

Trusted

Miriam felt that her pastor did not really trust her with responsibility. When there was a need for someone to open the church for a new choir director, no one else was available, and Miriam was given the job and keys to the building. She let him in and showed him around. Later, Miriam found a copy of a message from the pastor to the church board saying "she wished somebody else could do this job besides Miriam." She interpreted the message to mean that the pastor did not trust her to do the job or think her qualified. By contrast, she says that the leader of her

Friendship Center program trusts her, giving her keys to a building and asking her to help lead a workshop.

When Joan speaks of the importance of being given responsibility in a community, she says that it helps her feel like a full and equal member of the community because, among other things, "it's a measure of trust. . . . Being trusted to do something is very healing, very inclusive." Esther chafes at the "us"-and-"them" perspective she sees at Holy Comforter because, among other things, this perspective manifests a failure to trust members with mental illness to handle responsibility. When a deacon recruits Tim to help and then trains him, he says, "It proves to me . . . that I can be trusted."

Known

One of Miriam's strong connections to her first church was that she was known there and known for her family connections. When Samuel explains why Holy Comforter feels like home, he remembers a former deacon who, upon learning that Samuel is fluent in French, "went to the bookstore . . . and he got me a French version of the Prayer Book." Though the book has long been lost, the deacon's gift continues to tell Samuel, "We know who you are and what you love."

Mark reveals the deep significance of feeling known. I ask him for an example of when he felt that he was really part of a church. He responds, "The benediction at the Holy Comforter. You know when you come up and shake everybody's hand at the end?" Confused, I say, "Oh, at the passing of the Peace?" "Uh-uh," Mark replies, "at the end. At the end of church when you shake everybody's hand going out the door. . . . That makes me feel like I was a member. . . . I was welcome to do anything

and everything that I needed to do." He returns to this subject near the end of our conversation when I ask what makes him feel like a full and equal member of the parish: "I've got to say it was the benediction at the end of the church." Then he says, "You know everybody's name. . . . That makes me feel welcome." It is important to Mark, not only that he is known by name, but also that everyone else is, too.

Regarded as Friend

There is a single term that captures the regard that my consultants seek. It is "friend." Esther is clearest on this point, as she sees in loving, helpful people an unintentional, yet deeply subversive, propensity to set those whom they seek to help apart from themselves, the helpers. Though they are blind to the distinctions they project, Esther yearns for simple friendship with these loving people.

Friendship implies full mutuality of regard even in the face of great differences in socio-economic status, need, role, or capacity. Friendship looks past the otherness of the other, even past the difficulties of engaging the other, to the person and likes a particular person as she is. Simone Weil classifies friendship as a variety of love that is "personal and human" and that "enshrines an intimation and a reflection of divine love." She distinguishes friendship from charity for all, because friendship discriminatorily entails a preference for a particular human being. Yet, she sees a kind of nondiscrimination, a universality, in friendship as well, for "it consists of loving a human being as we should like to be able to love each soul in particular of all those who go to make up the human race." Friendship "leaves impartiality intact" and therein intimates and reflects divine love: "It in no way prevents us from imitating the perfection of our Father in heaven who freely

distributes sunlight and rain in every place." Still, friendship is particular and affords particular regard to another. Even as it binds each soul to the other in unity, it respects the distance between them, intimating and reflecting the very ground of friendship: "Pure friendship is an image of the original and perfect friendship that belongs to the Trinity and is the very essence of God. It is impossible for two human beings to be one while scrupulously respecting the distance that separates them, unless God is present in each of them."[2]

What Weil describes resonates with what Jürgen Moltmann calls "open friendship." It entails favorable regard between particular others that transcends conventional barriers between them and honors the identity of each. Finite human beings cannot be friends with everyone, but each can be open to friendship with all without regard to the biases that shape closed societies.[3] Moltmann relates open friendship directly to the open friendship of Jesus and ultimately to the Incarnation: "the friendship of the 'Wholly Other' God which comes to meet us, makes open friendship with people who are 'other' not merely possible but also interesting, in a profoundly human sense. The others are not just 'put up with.' They are welcome."[4] Citing Paul's exhortation in Romans 15.7 ("Accept one another as Christ has accepted you."), Moltmann says,

> The basic law of the community of Christ is *acceptance of others* in their difference, for it is *this* experience of our neighbours, and only this, which is

2. Simone Weil, *Waiting for God* (New York: HarperCollins, 1951), 131, 135, 137.

3. Cf. Peter Slade, *Open Friendship in a Closed Society: Mission Mississippi and a Theology of Friendship* (New York: Oxford University Press, 2009).

4. Jürgen Moltmann, *The Spirit of Life: A Universal Affirmation* (Minneapolis: Fortress, 1992), 259.

> in line with the Christian experience of God. Here other people's difference is not defined against the yardstick of our own identity, and our prejudice about people who are not like us. The difference is experienced in the practical encounter which mutually reveals what we are and what the other is.[5]

A friend is never a category, never just one of "them," but is always an Esther, or a Mark, or a Joan.

CHAPTER 7: UNDERSTANDING

The last support on which the sense of belonging rests is how the community understands mental illness and its effects on people. As the value of participation to belonging depends greatly on the regard that one feels for her participation and her person, so also the ability of a church to hold people with mental illness in positive regard depends on a clear understanding of mental illness and its effects on people. As a recent multi-agency report states, "people's beliefs and attitudes toward mental illness set the stage for how they interact with, provide opportunities for, and help support a person with mental illness."[1] How people understand mental illness and

5. Moltmann, *The Spirit of Life,* 258.

1. U.S. Centers for Disease Control and Prevention et al., *Attitudes toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System* (Atlanta: Centers for Disease Control and Prevention, 2012), 3; http://www.cdc.gov/hrqol/Mental_Health_Reports/pdf/BRFSS_Report_Inside Pages.pdf (accessed 24 February 2013).

people affected by mental illness determines how they regard them and the degree to which they will welcome and encourage their participation in any community, religious or otherwise. Unfortunately, what people with mental illness often face in churches is what they also find in the rest of society: not merely a lack of understanding but misunderstanding and stigma.

Stigma of Mental Illness

Like other impairments, mental illness can produce disability in two ways. On the one hand, it can directly impede functioning of the persons affected, and, on the other, it often triggers prejudicial responses that produce indirect, socially constructed impediments to their functioning.[2] These prejudicial responses arise out of stigma, making stigma a potent disabler of people with mental illness. The New Freedom Commission defines stigma as "a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses."[3] These responses compound the disabling effects of the person's medical condition, further isolating them from family, friends, and the economy and often making their needs a low priority for government.[4] The New Freedom Commission summarizes the negative effects of the widespread

2. See Martin Albl, "'For Whenever I Am Weak, Then I Am Strong': Disability in Paul's Epistles," in *This Abled Body: Rethinking Disabilities in Biblical Studies*, ed. Hector Avalos, Sarah J. Melcher, and Jeremy Schipper, Semeia Studies (Atlanta: Society of Biblical Literature, 2007), 145.

3. U.S. President, 6.

4. See Ron Honberg et al., *State Mental Health Cuts: A National Crisis* (Arlington, Va.: National Alliance on Mental Illness, 2011); Laudan Aron et al., *Grading the States 2009: A Report on America's Health Care System for Adults with Serious Mental Illness* (Arlington, Va.: National Alliance on Mental Illness, 2009).

stigma in this and other Western nations: "Stigma leads others to avoid living, socializing, or working with, renting to, or employing people with mental disorders — especially severe disorders, such as schizophrenia." Stigma also adversely affects the mental health of people with mental illness: "It leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking and wanting to pay for care. Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment."[5]

Fear is a significant component of the stigma of mental illness. A federal report on homelessness and mental illness cites a 1996 survey's findings that "the public's perception of mental illnesses was frequently associated with the fear of violence" and that "selective media reporting may reinforce negative stereotypes linking mental illnesses and violence, though studies have shown that the absolute risk of violence posed by persons with mental illnesses is small."[6]

The impact of stigma on society's care for people with mental illness is so significant that the New Freedom Commission's recommendations for transforming our mental health system target reducing stigma and the long-term negative impact of stigma of mental health services: (1) "advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide

5. U.S. President, 6.

6. U.S. Substance Abuse and Mental Health Services Administration, *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders*, DHHS Pub. No. SMA-04-3870 (Washington, D.C.: Government Printing Office, 2003), 26; http://purl.access.gpo.gov/GPO/LPS80200 (accessed 24 February 2013).

prevention"; and (2) "address mental health with the same urgency as physical health."[7]

There is more, however, than fear behind stigma. It involves also the economics of disability. Our society tends to value people in terms of productivity in, as Thomas Reynolds puts it, the "economy of exchange,"[8] in which economic contribution justifies existence. This economy has no room for those whose needs outweigh their contributions. Regardless of their capabilities, people with disabilities, such as mental illness, are often presumed worthless and incapacitated.[9]

In recent years, our society has made modest progress against the stigma of various illnesses and traumatic life experiences, but progress in erasing the stigma of mental illness has been harder to achieve. In 2003, a government report found that "despite the fact that public understanding of mental illnesses has grown since the 1950's, stigma and fear have increased."[10] Stigma remains a major impediment to maximal inclusion of people with mental illness in our communities, churches, and workforce. The situation is not, however, hopeless. There are numerous public and private efforts currently at work in our society to educate people about mental

7. U.S. President, 11.

8. See Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids, Mich.: Brazos, 2008), 56-57.

9. See Sharon V. Betcher, *Spirit and the Politics of Disablement* (Minneapolis: Fortress, 2007), 108.

10. U.S. Substance Abuse and Mental Health Services Administration, 26.

illness and to advocate for better care for people with mental illness and for their inclusion and integration into society.

Churches should be at the forefront of these efforts, both as advocates and as practitioners of understanding and inclusion. As communities of love and acceptance, churches are well positioned to fight the stigma of mental illness, but often they are among its chief purveyors. They too easily baptize the values of the economies of exchange. They treat suicide as sin and not as a symptom of illness. They conspire in keeping mental illness hidden, and they are custodians of ancient texts that sanctify stigma.

Experiencing Stigma

Though they rarely use the term "stigma," my consultants have directly experienced the negative effects of stigma, both in how others have treated them and in their self-image and their attitude toward their illness. We start with David. As he is growing up, it is difficult to distinguish between the operation of stigma in his church and its operation in his family, given their high level of engagement with their parish. Though he felt alienated from both the church and the world during those years, most of his talk is about alienation from the cliquish socio-economic culture that characterized his childhood in a small Southern city in the third quarter of the twentieth century.

Because no one attributed his alienation and unhappiness to mental illness, its stigma was not an explicit issue for him in those years. Thus, he describes the operation of stigma retrospectively. His first visit to a physician for a psychological issue occurred during his sophomore year of college, after he had attempted suicide

by cutting his wrists. (When he came home for Christmas after that attempt, his family sent him to his pediatrician. He did not help.) His attempted suicide carried its own stigma and unnamed fears, quite independent of any suspicion of mental illness. He recalls, "My parents tried to keep it the biggest secret in the world." His parents made sure that his shirts covered the bandages on his wrists. "I was," he says, "supposed to go on as if nothing had happened." That same Christmas, a friend's father committed suicide. His mother did not want him to go to the funeral.

He started seeing a psychiatrist when he returned to school, but he says, "I would fight anyone who said I had depression." For the next two or three decades, he persisted in denial. During his forties, a psychiatrist told him, "'You've been depressed all your life.'" Even then, he fought the idea and wanted nothing more to do with that psychiatrist. "I was," he says, "in a conspiracy to hide it." Throughout those years, with their many episodes of deep depression and two more suicide attempts, he suffered silently, simply disappearing from his church. He feels that he inherited his penchant toward keeping his illness hidden from his parents, especially their reaction to his first suicide attempt.

When his illness necessitated retirement, he pushed past that personal disaster and decided to replace his career by working as a volunteer mental health advocate. At some point, he had overcome his impulse to hide his illness and already had some experience with a local chapter of the National Alliance on Mental Illness ("NAMI"). Though his connections with the church had become tenuous by this time, he began to look for a community that had a mental illness mission. It did not have to be a church, but that is the direction his quest took. He found a church that

included mental illness among its primary ministries and started attending there and participating in that ministry. For the first time in his life, he had found an intersection of his illness and church. There he felt free to speak of his illness and to engage in educational projects. He was disappointed to discover, however, that most of the church was not as committed to the subject as he was. He continued his search and found Holy Comforter.

Mental health issues were not addressed in the churches he had attended prior to these last two. No one had ever suggested that his church or his minister might provide guidance or comfort as he struggled with depression. As it turned out, his youth group had inadvertently been a big help during his teens because they accepted him without expecting him to fit into a particular mold, but even that help was not out of conscious attention to his mental health but out of some inherent, unspoken grace. He does not blame his previous churches for a failure, as if they did not care about his illness. Rather, he confesses that he was afraid to let anyone know what he was suffering. Still, he says, the churches did not invite openness about mental illness. They made no effort to communicate that "it's okay to be mentally ill in this place." He remembers no bad talk about people with mental illness during those years, just "silence as if it didn't exist in the world." Now, as he reflects on that silence, he wonders what difference it might have made if "there had been an openness to having a mental illness, if there had been a ministering," such as a support group.

He contrasts those years of silence in churches where no one would admit having a mental illness to his experience at Holy Comforter. Catching a slip of the

tongue as he speaks of its being difficult to be open even at Holy Comforter, he says, "I almost said, 'Holy Comfortable.'" Even in this setting, he sometimes wants to hide, but says, "I don't do it as much." He says, however, that he has felt comfortable at Holy Comforter from the first "because mental illness was out on the table. It was simply okay."

Hiding Mental Illness

Most of my consultants manifest explicit or implicit awareness of stigma. Like David, some are now quite open about their attempts to hide their illness. Joan's mental illness was not apparent to people in the churches that she used to attend or to her employers, and she was not inclined to disclose her struggles: "I knew what I was dealing with. I felt there was stigma there." She lumps the stigma of mental illness together with other biases: "I saw homophobia; I saw stigma toward mentally ill people; I saw sexism, racism. I saw all that, and it was all in Sunday school for the most part." She says, "I've seen so many people run away from the Bible because of experiences [of stigma] they've had in church, and I used to be . . . one of those." Now she loves to study the Bible and thinks that making "a connection with the Bible and a narrow-minded church community is a mistake, a big mistake that a lot of people make." On the other side of the equation, she sees stigma keeping many people from spiritually transforming encounters with people with mental illness. Keeping mental illness hidden in our churches not only deprives people of the comfort and support

of their churches, but it also deprives everyone else of the transformative potential of life together in the body of Christ.

Moses experienced the hiddenness of mental illness in his family. He says, "When my parents were alive, my mental illness was under the carpet always. You couldn't have done anything with them if you had wanted to. And my sister is still that way." He recalls the silence that met his disclosure of his depression during participation in a vocational discernment program several years ago: "I thought they hadn't heard me." When he was not allowed to go forward in the process, he attributed it to various things, but now suspects that depression was a factor.

Tim recalls that when he engaged in extreme behaviors as a child, "I did that more at home, in my own privacy, because I didn't want anybody to know." One of the themes to which Tim often returns is being respected for who he is. His mental illness is at the center of that concern. He wants to be respected as Tim, not pigeonholed because of his mental illness.

Like David, my other consultants report few, if any, experiences of hearing about mental illness in churches. Though Lisa's denomination has taken an active interest in the mental health of clergy and their families, she does not remember discussion of mental illness in Sunday worship or Sunday school, but she says, "I may not have been paying attention." She thinks "that the church doesn't talk about it very well or very easily," leaving many people struggling in churches that do not have "a way to speak to this particular hurt."

John reports a variety of experiences in churches relating to his mental illness. All of these experiences occur in the context of his own deep fear of

disclosing his schizophrenia in church or even to close friends. These experiences occur in parallel to his learning to accept and understand his illness. At first, though he clearly knows that something is wrong and wants to hide it, he says, "I felt like nothing was wrong with me. I felt like I was normal, but . . . I was also scared to tell people because of the way people would react." He continues, "I went to church and then suddenly I felt very uncomfortable. I wanted to tell the preacher but I never did because I didn't know what reaction it was going to be." He did not know how others would react but feared that "they might say, 'He's crazy! He's crazy!'" Having seen others judge people with mental illness, he feared that "they might judge me before they got to know me." He was torn between his confidence that God understood what he was going through and the fear that God's people would not understand, "because some people are afraid of the dark."

After attending a program to help him understand and cope with his illness, John finally mustered the courage to tell his pastor and found, much to his relief, that his pastor understood. He asked, "'Why didn't you tell me this before?'" John replied, "'I couldn't trust anybody.'" Then he says to me, "Who can I tell? I couldn't even make sense of . . . my disease. . . . I couldn't even trust my own self. I had to learn to trust myself again, learn to respect myself again, and respect that I was a better person."

Not only does John illustrate how stigma causes people to fear speaking of their mental illness, but he also illustrates how cautious the church must be when it attempts to break the silence. He recalls a time when some teenagers came to his church to talk about mental illness after he had told his pastor. Their presence

scared him, for he feared that they had come because someone had told them his secret and that it might become public. Even at this point in his life, including his several years at Holy Comforter where he knows he is not the only person with a mental illness, he is cautious about whom he tells. His fear maintains a barrier between him and others, including close friends, and leaves him feeling lonely, even in a crowd.

Is It Demons?

There is often in churches a manifestation of stigma that can be even more damaging than hiding mental illness. It is uncritical acceptance of the ancient notion that mental illness has a spiritual etiology, such as possession by demons or an evil spirit, or that it is divine punishment for some moral deficiency. We have sometimes encountered this notion at Holy Comforter. Once, a young woman told of her humiliation when her ex-husband took her before their church for an exorcism. More recently, a regular worshipper reported that she and others from her group home had been taken to another church where "the service lasted six hours" and "they said we have demons." Smiling broadly, she added, "I like this church better." On another occasion, a young police officer, who had come to Holy Comforter as a part of a NAMI Crisis Intervention Training Class, took me aside and asked, "Is this demon possession?" He spoke from a lifetime of hearing the Bible in our Bible-Belt metropolis. The objective of the visit was to expose those first responders to people with mental illness outside of a crisis to help them see past the stigma.

Readers who filter the Bible through a modern mindset easily forget those who hear the Bible as literal truth or regard every word as historically and

scientifically accurate. The former, even when they take the Bible seriously, dismiss references to demon possession as a peculiarity of ancient, pre-scientific cultures, which readily attributed illnesses to spirits or deities. The latter, however, may still entertain the possibility that demons are real operators today. Faced with people whose behaviors resemble those that biblical texts attribute to evil spirits from God or to demons, many ask, "Could this be demon possession?"

This perspective is not as rare as we sometimes assume. A survey by the Presbyterian Church (U.S.A.) found that, overall, twelve percent of its lay members believe that "demon possession is an important cause of mental illness." When certain sub-groups were isolated, the percentages increased significantly: "29% of those who self-identify as theologically conservative," "34% of those who believe the Bible is 'to be taken literally word for word,'" and "32% of those whose formal schooling ended with high school or earlier."[11] In addition, our complex, multicultural society includes perspectives on mental illness and divine or demonic spirits from across the world. Philip Esler reports results of a worldwide survey of theories of illness: "Of 139 cultures surveyed, . . . spirit aggression was the most common cause of disease in 78 and an important secondary cause in 40 others. . . . Belief in spirit aggression as a cause of illness is almost universal."[12]

Given this context, it is surprising how little the issue of demons or possession comes up in conversation with my consultants. Lisa briefly mentions the

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11. John P. Marcum, *Report: Mental Illness, the February 2006 Survey* (Louisville, Ky.: Research Services, Presbyterian Church (U.S.A.), 2006), 5; http://www.pcusa.org/resource/presbyterian-panel-survey-mental-illness-full-repo/ (accessed 24 February 2013).

12. Philip F. Esler, "The Madness of King Saul: A Cultural Reading of 1 Samuel 8-31," in *Biblical Studies--Cultural Studies: The Third Sheffield Colloquium*, ed. J. Cheryl Exum and Stephen D.

teaching in some churches that mental illness is "a spiritual kind of possession." John reports that a pastor in one church that he attended told him that he had "a lot of bad spirits on him" and needed to get them off him. John asked if he meant demons, and the pastor said, "'Yes, I'm thinking you've got demons inside of you.'" As the pastor was talking about demons, others walked in and looked at John "kind of funny." "I didn't like that church," he concludes. Though John did not accept the pastor's diagnosis of demons, he does, apparently on his own, feel significant shame, because he thinks that his mental illness is his fault, punishment from God for the way he treated his mother before her death.

Lack of Support in Churches

Except for their experience at Holy Comforter, my consultants have usually found little or no support in churches for people with mental illness. Occasionally what they have found is positively harmful, for example, John's experience with the pastor who said he had demons. Mostly, however, what they have found is a vacuum, silence about mental illness that leaves them unsure of how others will react if they disclose. Stigma has been at work in our churches just as surely as it has been working in the rest of society. Underlying the silence is not merely ignorance of the ubiquity of mental illness and the desperate condition of many people with

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Moore, Journal for the Study of the Old Testament Supplement Series (Sheffield, England: Sheffield Academic, 1998), 248.

mental illness, but misunderstanding of mental illness and fear. As John says, "Some people are afraid of the dark."

Lisa is particularly focused on how churches can become more helpful to people with mental illness. Besides coming to Holy Comforter to learn what it is doing, she has been talking to people closer to where she lives. She is finding that "a lot of people are scared of the topic and a lot of people are very open to the topic." She perceives people's fear of the topic in their reluctance to engage in conversation: "The reaction sometimes is that people want to change the topic and talk about something else, and other times I've had people sort of want to say that mental illness is all a part of a spiritual problem or spiritual warfare."

Addressing Stigma in Churches

Stigma is based on misunderstanding of mental illness and of people with mental illness. Thus, what churches can do to address stigma begins with promoting understanding. This can be pursued in a variety of ways and probably should not be left to a single approach. A variety of educational programs are available. There are NAMI presentations that fit in a Sunday school hour or more comprehensive programs that take days or weeks, such as NAMI's Family-to-Family and Peer-to-Peer programs, which are spread over ten weeks. There is also Mental Health First Aid, a two-day course that equips participants to recognize and respond to mental health issues. Stigma is also addressed when churches facilitate support groups for people with mental illness or their families and promote them in the same contexts in which they promote support groups related to other situations that parishioners experience, such as, cancer, divorce, parenting, substance abuse, or grief. There are a

few notable educational efforts in churches to fight stigma and to foster churches as safe and inviting communities in which people with mental illness can flourish, but substantially more are needed.[13]

God's Preferential Option for the Stigmatized

The all too common notion that mental illness is a spiritual or moral ailment, even punishment from God, is the theological cousin of the notion that poverty is a mark of God's displeasure. It is one of the means by which, sometimes out of ignorance but often out of political ambition or economic greed, our society stigmatizes both mental illness and poverty and compounds the oppression. Yet, we do need to think of poverty and mental illness together, as co-occurring conditions. There is considerable evidence of a correlation between poverty and mental illness, even that poverty can be a "gateway to mental illness."[14] The situation of most of the people of Holy Comforter with a mental illness demonstrates that mental illness is certainly a gateway to poverty. We do not, however, need to lump them together in stigmatizing people.

Given the oppression prevalent in both poverty and mental illness, our reflections turn to liberation theology's insistence on "God's preferential option for the poor" and ponder its relevance to people with mental illness. Because stigma is oppression common to both, we might well broaden this slogan to encompass both

13. See Appendix for a list of mental health resources for congregations.

14. See, *e.g.*, Gerald C. Ogbuja, "Correlation between Poverty and Mental Health: Towards a Psychiatric Evaluation," *SSRN eLibrary* (Rochester, N.Y.: Social Science Electronic Publishing, 2012); http://dx.doi.org/10.2139/ssrn.2152161 (accessed 24 February 2013).

people who are poor and those who are mentally ill and speak of "God's preferential option for the stigmatized." When we hear Jesus' enemies stigmatizing him with allegations of demon possession and see him suffer the scandal of Roman crucifixion, the aptness of this modification becomes immediately apparent. The *stigmata* consist not only of the marks of the nails in his hands and the hole in his side but also of the untruths with which his crucifiers maligned him.

For the sake of the world, Jesus bears stigma, betrayal, rejection, and even God-forsakenness. Yet, even as he is forsaken by God, Jesus reveals God as the God of sinners, criminals, and demoniacs, the God of all who are stigmatized and forsaken. Moltmann argues that

> God is only revealed as 'God' in his opposite: godlessness and abandonment by God. In concrete terms, God is revealed in the cross of Christ who was abandoned by God. His grace is revealed in sinners. His righteousness is revealed in the unrighteous and in those without rights, and his gracious election in the damned. . . . The deity of God is revealed in the paradox of the cross.[15]

If God is uniquely revealed in the abandoned, Jesus has more in common with people who bear the stigma of mental illness than with those whom society applauds. The paradox of the crucified Messiah, or the crucified God, reveals the radical embrace of the other that is the love of God.

Nancy Eiesland extends our insight into this paradox to the disabled God, impaired bodily on the cross, bearing the disfigurement of crucifixion into the resurrection and to the throne of God. The disabled God, she says, forever dispels

15. Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis:Fortress, 1991), 27.

the "conflation of sin and disability": "The disabled God repudiates the conception of disability [including mental illness] as a consequence of individual sin." Sin does envelope disability, of course, but it is the sin of injustice: "Injustice against persons with disabilities is surely sin." Disability, however, is not sin: "Our bodies . . . are not artifacts of sin, original or otherwise. Our bodies participate in the imago Dei, not in spite of our impairments and contingencies, but through them." The disfigurement of Jesus and, we might add, the stigma he bore are not marks of sin but of incarnation: "What is the significance of the resurrected Christ's display of impaired hands and feet and side? Are they the disfiguring vestiges of sin? . . . Or should the disability of Christ be understood as the truth of incarnation and the promise of resurrection? The latter interpretation fosters a reconception of wholeness."[16]

Here, then, is God's antidote for stigma, including stigma found in biblical attribution of madness or other disease to God or demons: that God joins us in our insane, impaired, and abandoned flesh. "Surely he has borne our infirmities and carried our diseases; yet we accounted him stricken, struck down by God, and afflicted."[17]

16. Nancy L. Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville: Abingdon, 1994), 101.

17. Is 53.4 NRSV.

CHAPTER 8: THE "WILL TO EMBRACE" AT WORK, A JOURNAL

In his highly regarded work, *Exclusion & Embrace*, Volf explores the practical and theological issues of embracing the troublesome other. While the particular other that prompts Volf's work is the enemy who has committed unspeakable violence, the struggle to overcome exclusion and to embrace the thorny other occurs in many contexts. In American society, we experience the struggle over the otherness of race, gender, and sexual orientation. We experience it also over issues of mental health. Sometimes the repellent otherness of a person with mental illness is the pure fabrication of stigma. Sometimes, however, it arises out of behaviors that the rest of us do not understand and are not equipped to handle.

Volf does not imagine that embracing the other who is disconcertingly different will be easy or that it will always be successful. He recognizes that it takes two to embrace. Moreover, he does not view the embrace as an alternative to the indispensable "struggle against deception, injustice, and violence." Rather, he insists, "Within social contexts, truth and justice are unavailable outside the will to embrace the other."[1]

1. Volf, *Exclusion and Embrace,* 29.

He outlines the "drama of embrace" in four structural elements: (1) "opening the arms"; (2) waiting for the other's response without coercion or manipulation; (3) reciprocal closing of the arms in the embrace, recognizing that "it takes two pairs of arms for one embrace"; and (4) "opening the arms again," for the embrace does not erase the otherness.[2] He elaborates the phenomena that comprise the first element: "opening the arms" (a) signals a "desire for the other," (b) manifests "that I have created space in myself for the other to come in and that I have made a movement out of myself so as to enter the space created by the other," (c) suggests that I have opened a fissure in the boundary of myself through which the other may enter, and (d) extends the invitation.

While the embrace cannot be unilaterally effected, the will to embrace is not premised on a reciprocal will in the other to embrace. Someone must risk the first step and then perhaps a second or a third. Here he cites Jewish ethicist and Talmudic scholar Emmanuel Lévinas:

> The knot of subjectivity consists in going to the other without concerning oneself with his movement toward me. Or, more exactly, it consists in approaching in such a way that, over and beyond all the reciprocal relations that do not fail to get set up between me and the neighbor, I have always taken one step more toward him.[3]

For Lévinas, acceptance of this non-reciprocity rests in my ethical responsibility for the other, even my responsibility for his responsibility.[4] Volf moves beyond ethics to

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2. Volf, *Exclusion and Embrace*, 140-144.

3. Volf, *Exclusion and Embrace*, 146; Emmanuel Lévinas, *Otherwise Than Being or Beyond Essence* (Pittsburgh: Duquesne University Press, 1997), 84.

4. Lévinas, 84.

God's embrace of humanity: "For the self shaped by the cross of Christ and the life of the triune God . . . embrace includes not just the other who is a friend but also the other who is the enemy . . . even when the other holds a sword. . . . Yet even the struggle over the sword will be undergirded by the will to embrace the other and be embraced in return."[5] This will to embrace, Volf admits, is risky. In it, "I can become a savior or a victim – possibly both." Then he says, in part quoting Lewis Smedes, "Embrace is grace, and 'grace is gamble, always.'"[6]

This dip into *Exclusion & Embrace* is prologue for what follows, my truncated journal of Holy Comforter's engagement over several years with a particularly disruptive woman with schizophrenia, whom I call "Toni." It puts flesh on the will to embrace in one particular case of a person with mental illness.

> It is a hot and steamy Wednesday in late spring, and it is past time for our evening service of anointing and Eucharist to begin. Outside at the picnic tables, a dozen smokers suck on the last half inch of their cigarettes. I walk down from the church to urge them in.
>
> The last of the stragglers is Toni, a slight, white female with short, strawberry blonde hair, probably in her forties. She manifests her nicotine addiction more vocally than anyone else at Holy Comforter, often demanding loudly that others give her a cigarette. She is rarely still or quiet. She paces around the smoking area, her arms wrapped tightly about her frail body. When

5. Volf, *Exclusion and Embrace*, 146.

6. Volf, *Exclusion and Embrace*, 147.

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 offer anointing and prayers for healing, she asks for healing of her schizophrenia. Once, as she leaves the prayer bench, she exclaims for all to hear, “She prayed for me!”

Most of the time, however, getting Toni into the services 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. Good bye.” She repeats her “Good-bye” several times, each time with an air of finality.

Such is often her response when we try to get her into church. Different strategies work for different people and at different times. Some threaten to tell her boyfriend, James. Others threaten to tell Ms. Jones, the owner of the group home where Toni lives. James threatens to tell her mother. I can sometimes coax her to cooperate by gently saying, “Toni, come pray with us. Walk with me.” Even when she relents, she may enter the nave 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 here. Exasperated, I finally 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.” (We eat dinner after Eucharist, provided and served each week by one of about twenty participating

parishes.) I say, “If you don’t come, I will have Ms. Jones take you home before dinner.” She says, “Good bye.” Two women from the parish serving dinner this evening pass on their way into the church and say, “Well, you tried.”

I dash into the church, find a staff member, and, in a more directive tone than normal, say, “Call, Ms. Jones, and tell her to come get Toni now, and tell her not to send her anymore.” The staff person makes the call, asking Ms. Jones to come and telling her that Wednesdays are not working for Toni. Ms. Jones promises to come right away, but does not come until after dinner. The staff person spends the time during worship sitting outside with Toni and emails the following report the next day:

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

(I speak with Ms. Jones the next day, and she advises me that Toni is on the nicotine patch, but that she takes it off when Ms. Jones is not around. She thinks that the absence of the patch makes Toni feel hungry when she is not. She agrees to try giving her a snack before sending her to church.)

While the staff member deals with Toni, I begin the service, which includes anointing about twenty people and praying for their consolation and healing, presiding at Eucharist, and administering Holy Communion to about seventy-five. I do not see Toni again that evening, but the next morning, she comes for Friendship Center.

When I first came to Holy Comforter as a student, Toni was not there, but James, her boyfriend, was. Most often, James, a black male, came dressed in

women's clothes, looking quite forlorn. When I returned after a summer away, Toni was among the new faces, and she and James were a couple. James was transformed and soon satisfied our gardening program director that he could keep the discipline of a gardener. He worked successfully in the gardens for about two years. I have not seen James in drag since he and Toni became friends. Until recently, he usually wore a big smile.

His way with Toni has been amazing. He treats her gently and can usually elicit her cooperation when the rest of us fail, though his strength for this task has flagged of late. Some observers report exchanges between them that reflect a negotiated relationship. Once, James asked her to play dress-up with him. She replied, "If you do that, you can't be my boyfriend." On another occasion, he observed her offering kisses for cigarettes. He said, "If you do that, you can't be my girlfriend." When her parents objected to her having a black boyfriend, she insisted that she also had the right to have someone to love. The parents adapted.

Over the last several months, all of this has begun to unravel. James has lost a lot of weight. He readily admits to using crack again. He failed to maintain the gardening discipline, and the program dropped him. He often seems sick and in pain. His influence with Toni has waned, and dealing with her seems stressful to him. They remain a couple, however. They have been going to our art program. James usually sleeps on a couch, and Toni paces about asking whether he is okay.

Throughout my experience with Toni, her behavior has resembled that of a spoiled child. Initially, I assume that it is beyond her control and tolerate it, even when it disrupts worship. Some insist that I take a firmer hand with her. Then, James tells us that she behaves badly because she gets away with it. After that, I become less tolerant. During times of unrelenting disruptive behavior, I tell Ms. Jones that Toni cannot come to church for a while. Once allowed to return, her behavior is less disruptive for a while, giving some credibility to James' advice. Often, as she leaves church, she will say, "Father Mike, I was good today. Wasn't I?" Sometimes, I have to agree.

It is another Wednesday, and Toni again resists coming into the church. Tonight her mantra is "Shut up!" She repeats it loudly all the way up the sidewalk and once with a bit 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 softly say, "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 whisper throughout the service, "Hurry up, Father Mike."

A couple of weeks later, outside before Sunday Eucharist, Toni tells me that she has schizophrenia and asks me what it is. I ask her to tell me. "I hear voices," she says. During the service, I hardly notice her. After the service, however, someone who sat near Toni says, "It took five of us to control Toni today. She just needs to be banned from worship." I listen. Later, another person

who sat close to Toni tells me of her anger at having the peace of her worship disrupted by Toni. Another sitting nearby tells me later that she heard nothing from Toni until she noticed others trying to get Toni to be quiet and that she sometimes finds other people's reactions more disruptive than Toni's behavior. I ponder our commitment to inclusion of marginalized and excluded people. I consider an open email to the parish inviting a conversation on how we deal with disruptive behavior.

The following Wednesday, Toni comes into the church without resistance. I have asked James to sit near the front with her, thinking that her vocalizations will be less disruptive to those already 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 was a big distraction to her 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 don't 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 vestry. She says it is not vestry business, but Friendship Center business. I say, "It's the church." She leaves, still unhappy.

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

The following Sunday, Toni and James again sit near the front. Before the service, Toni is already 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 singing and liturgical responses, I can hear her voice over the others, but cannot make out what she is saying. During my homily, she repeats her mantra, but I am able to ignore it. Once, the senior warden, who is sitting behind her, is able to quiet her.

After the service, I pass the sacristy and greet a member of the altar guild. She sits at the back and has previously told me that Toni distracts her and destroys her peace during worship. As we talk, a small crowd gathers outside and begins to discuss what to do about Toni. Someone says that we need to suspend Toni for a while because Toni is driving her husband 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 we assign a parishioner to sit with her during the service, someone who can invite her to step outside for a few

minutes when she seems most 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? The junior warden agrees to coordinate a small group of parishioners to take turns tending her during the service. One or two others volunteer to help. I say I will talk to Ms. Jones and will ask that Toni not attend church or the Friendship Center for couple of weeks. This time-out may get Toni's attention so that we can talk to her, but may also help calm some frazzled nerves among the rest of the parishioners. Nonetheless, I have mixed feelings. I say that I will send an email to the parish outlining our plan and asking for help.

Toni grew up in an affluent suburb of Atlanta and, before the onset of her schizophrenia, was a teacher. Education and affluence notwithstanding, her illness seems less controlled than that of others, even in a context in which all receive inadequate attention to their physical and mental healthcare needs. For most, this neglect arises from poverty and the large gaps in our social systems for addressing the healthcare needs of poor people. The inadequacy of our social systems for treating mental illness and supporting families of mentally ill people, however, transcends most differences in economic and social class. Only those wealthy enough to pay the high costs of treating chronic mental illness can be assured of adequate care and then only if their families can muster the fortitude to stick with them.

It is now fall, and we have been trying to give Toni choices. If someone can sit outside with her during services, we give her the choice of sitting outside or coming in. Sometimes she chooses one, sometimes the other. When there is

no one to stay outside with her, I have been letting her choose to come in or to be taken home. Once, given this choice, she comes in, but is so disruptive that our senior warden, who is her assigned friend for the day, takes her outside for the remainder of the service. The next Sunday, she chooses to get on the van and return home. The following week, at our monthly Saturday evening of songs and food, I give her the same choice, and she comes in. As she walks up the sidewalk, she shouts, "Bastard!" This shouting continues inside, but is drowned out by the singing. She sits between a woman with the volunteers who provide the music and the meal and a woman who lives in the same group home. The volunteer is very solicitous, often rubbing Toni's back to calm her. It does not work. Her housemate, trying to help, leans over, says something to her, and hugs her neck. Others try to help, but to no avail. Toward the end of the service, 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 finally decide to honor Toni's protests about coming to church. Our van no longer picks her up on Sundays, but the approach on Wednesday evening is quite different, because she wants to come on Wednesdays for dinner. During these several years of struggle, Cindy, a cradle Episcopalian who lives in the neighborhood, shows up at Holy Comforter for the first time and becomes a regular at our Wednesday evening services. As she observes our struggles to include Toni, she says, "I will sit outside with her during the service." For more than two years, that has been her faithful practice. When Toni is willing, she brings her inside in time for Communion or anointing.

Mostly, she sits outside with Toni at a picnic table in the smoking area. Toni's mantra before the service has changed. It is now, "Where's Cindy?" Without fail, Cindy soon whips her little sports car into a parking space and strides across the lawn to spend the evening with her unlikely friend.

CONCLUSION

One of the risks of this report is that it might appear to hold Holy Comforter up is a model for how churches can effectively foster belonging in people with mental illness. Though the people of Holy Comforter have done important and remarkable work among and with people with mental illness over the last twenty-five years and though the rest of the church can learn much from Holy Comforter's experience, it should not be seen as a model for the rest of the church. It is rather a fallback for when the rest of the church is not effectively incorporating people with mental illness into local congregations. (Our vans pass dozens of churches as they crisscross south Atlanta collecting people for worship or the Friendship Center.) To use Holy Comforter as a model would relegate ministry with and among people with mental illness to ecclesial islands in the great ocean of the church.

Though mental illness is widespread in our society, affecting every community, every family, and every church, most churches go about their business oblivious to mental illness and to the alienation and suffering from mental illness on their doorstep and in their pews. It may well be that, because of the relationship of poverty and racial discrimination to mental illness, parishes in affluent suburbs do not experience the concentration of mental illness seen in poorer urban neighborhoods, but it is there. It is everywhere. The solution is not to create more

congregations in which the majority of worshippers have a mental illness. It is to cultivate in every congregation a welcoming and safe environment that fosters belonging in people with mental illness and their families.

Reading this report from back to front suggests a road forward that every congregation can follow:

1. Pray for the "will to embrace" all, especially people marginalized and stigmatized for their mental illness
2. From the many helpful resources available, educate clergy, staff, lay leaders, and then other members about mental illness to increase understanding of mental illness, its effects on people, and the principles of recovery and to eliminate stigma and allay unfounded fears of people with mental illness. A few of those resources are listed in the Appendix to this report. Be thoughtful and gentle in this process, remembering that many people live in fear that their illness (or that of a loved one) will be disclosed, resulting in loss of friends, loss of regard in the community, or loss of employment.
3. Regard people for who they are and whose they are, not for the illness they have or for the disadvantages that illness has worked in their lives. Recognize, however, that mental illness can affect functioning and learn how to accommodate the special needs that mental illness might bring. Accommodation for people with mental illness is very much a person-by-person undertaking, because it can entail emotional, cognitive, spiritual, and social, as well as physical effects.

4. Invite and encourage full participation of people with mental illness in the life and work of the parish. Any limitations imposed on participation should be based, not on the fact of mental illness, but on actual incapacity to perform that cannot be accommodated, ideally in forthright consultation with the person who is seeking to participate. Focus on the person's gifts and abilities, not on her limitations.
5. Prepare for church to become an experience that shatters and surpasses your expectations, and accept the church God gives you, not the one you thought you wanted.

Finally, enjoy friendship and fellowship in your church with people who, among the many other qualities of their lives, have a mental illness, and be transformed as your openness to them lays you open to the Spirit of Life. The space we open in our hearts for our sisters and brothers, especially for our marginalized and neglected sisters and brothers, becomes in our hearts a sanctuary for God. The place we sanctify in our churches for marginalized brothers and sisters becomes in our churches a temple for the Holy Spirit. Doors open to all God's children are open to God's only begotten Son, who for our sakes bore the stigma of madness and crucifixion.

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APPENDIX: MENTAL HEALTH RESOURCES FOR CONGREGATIONS

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