

Healing:
The Religious Community, Spirituality,
And
Mental Illness

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Thank you...thank you for this opportunity to learn and to share.

My topic is listed as “spirituality” I will indeed have a few remarks about spirituality, but I shall, in the main, take a *holistic* perspective and speak about that community where spirituality is commonly nurtured – that is, the local church, temple, or mosque. We shall then take a “neighborly” approach and look at congregations working together, and then with other agencies in the local community. Finally, we shall look at cooperation on the national level.

I take a holistic approach to treatment and support – first the whole person - body, mind and spirit. Secondly, the local community as a whole.

Local congregations in that they exist by the thousands (almost as conveniently located as Walgreens, or Starbucks) offer a great potential to be a part of a holistic approach. It is recognized, that even in the religious community there is stigma, and that too often leaders lack training.

For some, spirituality is seen as the direct personal experience with the transcendent, with God, if you will.¹

Harold Koenig offers this definition: “Spirituality is the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may ... lead to or arise from the development of religious rituals and the formation of community”. (Koenig, p. 286)

In the Jewish tradition: “...we ask not only for a *r’fuat haguf*, a healing of the body, but also for a *r’fuat hanefesh*, a healing of the spirit. For the Rabis, just as for us today, the mind and the body were inextricably linked; in order to achieve wholeness, both must be healthy. (Address, p. vii)

However, let’s not to continue the Cartesian separation of Science and Spirituality

“There is a new common ground that is beginning to unite the fields of science and religion, or more aptly, science and spirituality under the premise of quantum physics and the concepts of light. **Still the bridge across the abyss created over three hundred years ago is unstable A common language and vernacular is still being created. (Seaward)**

As an effort to build that bridge, the June 2007 issue of the Southern Medical Journal has an annotated bibliography of 27 articles and books on Spirituality and Mental Health as part of the *Spirituality/Medicine Interface Project*.

¹ The terms religion and spirituality do not admit to singular nor precise definition. We tend to use them as though the meaning is self-evident. A thoughtful discussion by one who is both pastor and mental health counselor will be found in: *Souls in the hands of a Tender God*, Rev. Craig Rennebohm with David Paul, Beacon Press, Boston, to be published in 2008.

RELIGIOUS PRACTISES CAN BE HELPFUL

Sensitive people who work on a daily basis in the hospital setting with those experiencing a mental illness have discovered practices which nourish that spirit life.

Chaplain Jack Evert has worked out an appropriate handbook incorporating daily meditation and individual spiritual exercises.

Chaplain Craig Rennebohm and colleagues have put together carefully selected Biblical excerpts under the title, *The Gentle Bible*, a reminder that the great story is one of creativity. It is a story of stumbling and falling, yes, but at its deepest level, it is about healing and strengthening, about tender and gracious care. When we are wounded, when we are hurt and fragile, we need good news; we need love and kindness to help us through our suffering". (Rennebohm, p. 22)

From within the Roman Catholic tradition, Connie Rakitan has put together a modification of the liturgy appropriate to those living together in a transition house.

Appropriate is the key. Recently, I read of a mother who experienced rejection at a worship service. It was a very stimulating style of worship and it over-stimulated her daughter. As Chaplain Everett has come to know even those ill enough to be hospitalized are nourished by worship when it is sensitive and appropriate.

The key is sensitive and appropriate

Chaplain Rennebohm offers this insight about the ministry of presence, a key to ministry with those experiencing a mental illness: "...sharing the journey with another, the way of companionship is guided by faith by openness to the movement of the spirit." (Rennebohm, *vii*).

Craig tells the following story which will also be in his forthcoming book, *Souls in the Hands of a Tender God*:

"Walter, a patient I was visiting in the hospital, suffered from wild mood swings. He would bounce from deep depression to times of tremendous energy and euphoria in which he felt a sense of special mission. With the help of the hospital staff and through medications, he had begun to stabilize. He was able to leave the hospital during afternoons for a walk, and on one such occasion he and I went to the nearby Frye Art Museum.

"As we passed through one gallery, Walter stopped in front of a painting and studied it carefully. He was quiet for some time. Then he pointed out to me what it was about the painting that struck him. The picture showed a stone courtyard, in front of a castle wall and toward one corner was a woman crawling on the stone floor, obviously in pain and sorrow.

“How empty the courtyard is,” Walter said. “Silent stones, gray sky above.” He said he could feel what that woman was feeling—the loneliness, isolation, and despair.

“As we continued to meditate on the painting together, something interesting happened. Walter pointed to one corner of the painting, where there was a small doorway that led out of the courtyard, out of the castle and into the world, and I noticed a sudden shift in the way Walter was processing his experience. I thought he was going to talk about what it might mean for the woman in the painting to walk out through the doorway and find some new world. But that’s not what he was thinking.

“He turned to me and said, “You and I could enter through that gate and bring something to that woman. I could do it; I could offer her something.”

“Walter than started talking about how he might us this experience; what he could do after he left the hospital, how he might reach out to others. He might be able to share something of his story.

Craig concludes this is “...a powerful expression of meditation.” (Rennebohm, pp. 27f

Art has long been a significant experience for many. “*Awakenings*”, is an annual art show in Illinois, and NARSAD has an outstanding program for those who practice their art despite their mental illness.

NOW WE CAN SPEAK OF RECOVERY –

These illustrations point to the fact that today we can speak of Recovery. One of our colleagues, Susan Gregg-Schroeder has recovered to a different place. Previously a pastor, she now heads Mental Health Ministries, and has produced several helpful audio-visual resources, and a Web site.

Our son, Rob, while still facing obstacles, has recovered to a “different place” with his own fencing company, a house – and a divorce leaving him with three sons (plus grandparents). That’s the collateral damage when mental illness contributes to a dysfunctional family. I will hasten to add that very recently we had good news from each of the three grandsons – including the one in prison.

THE INDIVIDUAL AND THE FAITH GROUP/COMMUNITY – FRIENDLY NEIGHBORS.

Swinton speaks of “creating a context that will nurture relational development and enable people to find wholeness in the midst of their brokenness” (Swinton, p. 37)

What happens to us and with whom is part of our spiritual experience as well as the so-called inner person and our relationship with the transcendent.

So, I will speak about ‘community’ in terms both of a local faith group (church, temple, or mosque) – and community in terms of the town or city where one lives, work, plays – or doesn’t have housing, doesn’t have family, or where one seeks treatment, but often doesn’t receive it. Today, we would need to add a draconian example of community: Prison, since so many persons experiencing a MI are ‘housed’ there. (*Crazy: A Fathers’ Search Through America’s Mental Health Madness*, Pete Earley, Putnam, 2006)

Hospitality is central to all three Abrahamic faith traditions

STORY: Nancy Lee Head (had been a member of a Presbyterian church here in D.C., and, in her remarks some years back at the opening of the “Brain Matters” exhibit, 1995: One particular gift stands out in my mind. Two elderly women sent me a box of birthday, get and anniversary cards, along with a book of stamps. This was very important to me. With that gift they said to me, “Nancy Lee, we know that you are a loving, giving person. We want to help you to continue to be that person even when you are in the hospital battling mental illness’. Their gesture strengthened me immeasurably. It is an example of not only of receiving but also of being enabled to contribute in a way that is possible for the person, even when he or she is very ill.”. (Shifrin , p. 14)

Other examples are: the phone buddy - a weekly short check-in (supports healthy habits), Transportation help to appointments – even a drop in center

Other examples can be seen on the Pathways Web site under Models of Care

THE UNFRIENDLY NEIGHBORHOOD - countering stigma

John Swinton – speaks about, not only enabling “ people to find wholeness in the midst of their brokenness, but also in actively countering the wider interpersonal and social forces that act to stigmatize, alienate, oppress, and exclude many people with mental health problems from full social inclusion.” (Swinton, p. 37)

Social dimension: A very simple, practical, yet important example: Sitting with Rob in the stark waiting room, helping him to figure out the intricate maze of state regulations so he can qualify for health insurance. Craig Rennebohm has an amazing story of being a companion to a man who finally had to visit 23 offices to get back on his medications. That would be hard on any of us!

DRUGS, DUAL DIAGNOSIS, AND BERT PEPPER

Although treatment for substance abuse has increasing acceptance (even a celebrity status), I strongly feel that dual diagnosis is not sufficiently recognized. Let me spend a minute here – with help from old friend, Dr. Bert Pepper:

“Why focus upon dual disorders?”

- Because the commonest cause of psychiatric relapse is substance use/abuse
AND –
- The commonest cause of relapse to drugs and alcohol is untreated depression, mood disorder, panic/anxiety, and psychosis (Pepper, p. 19)

“Between 8-11 million have at least 1 mental health and 1 substance-related disorder
89% developed mental illness first. 9% developed substance abuse first

Median age of onset:

Mental Illness – 11

Substance Abuse – 17-21” (p 39)

Dr. Pepper goes on to say,
“There is a Window of Opportunity – for preventing substance abuse, by focusing on a high risk group: kids with anxiety, depression, ADHD, and conduct disorder.

But, if we don’t help them as children, we will meet them in jail as adolescents with co-occurring disorders”. (Pepper, p. 40)

NOTE: Dr. Pepper says, “Integrated treatment – Best!”, and I would define integrated treatment as to include all facets of the community including faith groups. The NASMHPD Concept Paper mentions ‘modifiable risk factors’. Local faith groups/congregations – and especially if we include their pre-school centers – can be, and should be, instrumental in helping with early detection, and helping in accessing treatment, and finding support. They can indeed help modify the risk!

SUICIDE –

My first experience with someone with a mental illness was in 1958 when I received word that my brother-in-law, Kelly Hansen, had taken his life. Kelly was being treated for depression. “Suicide is the leading cause of premature death in those diagnosed with schizophrenia”. (National Strategy for Suicide Prevention; SAMHSA, et al) We must consider suicide as a major factor in pre-mature death among those experiencing a mental illness.

Because I come from Montana, and served parishes there, I want to put in a special plug for suicide prevention in our rural areas. Yes, there are now programs teaching about suicide prevention and referral – but to whom does one refer a person in an area grossly underserved by any medical service, much less mental health! When we count in the factors of poverty and ethnicity (think American Indian), suicide prevention is a Sisyphus hill.

THE REST OF THE NIGHBORHOOD -

GEEL is a model community in Belgium where the whole town is a healing community, where those released from in-patient care live with families as part of their recovery. We hope you will read about it.

PLYMOUTH CHURCH – House of Healing, Seattle Washington, where people volunteer for a year to be a companion to people transitioning out of the hospital. More about it on www.mentalhealthchaplaincy.org..

HESED HOUSE, Aurora, - will soon house many services in a building across the street from the homeless shelter. (I'm checking to see if churches are involved.)

TEN CHURCH PROJECT – DuPage County, IL – under the sponsorship of Advocate Health Care, leaders from ten congregations committed to two years of support and training in developing a mental illness ministry in their congregations. Here is an example of what a group of congregations can do.

An example of a county wide context: In Illinois, where DuPage NAMI, the DuPage County Mental Health Board, the County Board, and social agencies as well as faith groups worked together getting the community to accept group homes, for example. Only this past week one of the groups homes was damaged in a fire, but the County Health Department affirmed that the residents “were our first concern”.

NATIONAL NEIGHBORHOOD

Today, we have many examples of regional and national organizations which are an inspiration and a resource to local congregations:

FAITHNET NAMI – a religious outreach supported by NAMI
Virginia Interfaith Commission on Mental Illness, Virginia - VICOMIM
MENTAL HEALTH MINISTRIES in California.

PATHWAYS TO PROMISE

Under a grant from the American Psychiatric Association, and nine national faith groups, Pathways has recently concluded the distribution of 26,000 poster packets. These included information about mental illnesses, and where to get more help.

The full report is a fascinating insight into an evidence based project for churches.

“However, the interviews (in Pathways Poster Project) do reveal that there are many congregations around the United States who are hungry for resources to help them better support people in their communities with mental illnesses, as well as the family members who often suffer along with them. Moreover, the interviews reveal that, when stimulation by an appealing set of resources, many congregations will respond in creative and assertive ways to the issue of mental illness. (Pathways to Promise, *Poster Project Final Report*, p. 8)

Pathways has helped in the creation of mental illness networks in several faith groups. Its Web is itself a pathway to information about mental illnesses, making referrals, annotated resource lists, and the manuals and other printed materials.

We are collaborating with Faith and Values Media and Mennonite Media – they doing the producing, and we helping with promotion of several TV programs. For example: *Embracing Aging*, will commence broadcasting on January 8th, on ABC. Check local stations.

So it is that, we see Spirituality in a broader context than just the inner person. Fundamental is the affirmation that the person is a Child of God and person of worth. This affirms a Holistic approach to treatment and support in the widest sense. Explicit is a challenge to local and national faith groups to practice hospitality. Examples now abound to show us the way.

Thank you for your kind attention.

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www.mentalhealthministries.org - Mental Health Ministries; Rev. Susan Gregg-Schroeder

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www.faithstreams.com - Faith & Values Media

www.pathways2promise.org - Pathways to Promise – Ministry and Mental Illness

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