

From the Pulpit

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“Touch My Wounds”

John 20:19-31

April 27, 2014

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The Rev. Sarah Reed

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On this first Sunday after Easter, our scripture tells of the appearance of the resurrected Jesus to his disciples. The focus of this passage is often on Thomas and having the faith to believe. My focus is on Jesus telling them to come close, “put your finger here and see my wounds.” He didn’t say, “Look from over there.” He said get close; touch my wounds, be in relationship. In history, it was only a week and a half ago at their Passover supper that Jesus commanded his disciples to “love one another.” I know from personal experience that love from afar is very challenging. Being close, in relationship, and touching are all essential to loving one another. This morning I’ve taken on the difficult task of applying Jesus’ message to come close and touch his wounds to a message about the needs of those who struggle with mental illnesses. In two weeks, BREAD (Building Responsibility Equality and Dignity) members from across the city will rally for supportive action for mental healthcare.

I begin with a story about sitting with the friends and classmates of a young man who had taken his own life just hours before. As I moved among the small groups where there were concerned looks and little talk, I said, “I didn’t know your friend, would you tell me about him? Do you remember the first time you met? Please tell me what you liked to do together. Because we are all human, I sometimes asked if they had ever gotten angry with him. Sometimes, I asked what gift he gave them. Everyone said what a great guy he was – lots of fun, always helping others, never without a smile, outstanding baseball player. They said, “Everybody liked him. He knew how to make friends.” “I’ve known him since kindergarten.” One added, “Sometimes he would get down on himself.” Then, they lamented, “I never expected this.” “Why would he do this?” Already, they were trying to make sense of what seemed beyond all of our imagining. They stayed by each other’s side, not saying very much, sometimes holding one another, mostly they had come close. I wondered to myself how this young man had been hurting and if only he could have been helped.

My second story is about Alice who endured her teen years like any adolescent might. She went to college, worked, got married and had a baby. Not long after the baby’s birth, depression took on new dimensions, punctuated by periods of high energy. Because of her illness, she made the difficult decision to turn her baby over to family members for adoption. She couldn’t work and attending to her needs for food and shelter was a daily challenge. She became estranged from her husband and family. They just did not know how to cope with her symptoms. She was in and out of psychiatric hospitals many times until she received guidance, resources and medicines that helped her to feel like herself. She was able to work part-time, live independently and return to college and graduate. Two decades later she was again in the hospital because the medicine that worked so well to manage her symptoms devastated her physically. Today Alice struggles mentally, physically, emotionally, and spiritually.

And then there is Tanya who feared becoming her mother. For much of her growing up, this girl-woman had taken care of her mother or watched as her mother was taken off to a hospital. Despite medicines and extraordinary efforts, her mother's bipolar disorder controlled their lives. Heredity caught up with her at age fifteen, when Tanya was diagnosed with the same mental illness as her mother. Her fear and anger probably compounded her challenges. The good news is that she received support and today she no longer fears becoming her mother.

Because there are so many stories like these, BREAD has voted to address injustices in mental health services. In Franklin County, more than 54,000 people have severe and persistent mental illness and the number of people seeking inpatient psychiatric care has doubled in the last four years. Researchers for BREAD found that the mental health system in Franklin County relies heavily on its crisis and emergency care services and that there are not enough inpatient hospital beds. People with severe mental illness die 27 years early from untreated physical health problems, and they are more likely to become isolated, be on disability, live in poverty and end up homeless or in jail. Because there are so few inpatient beds, mental health crisis centers get jammed up and those who do get seen end up back in the hospital because they cannot access care in the community. This is a costly way to provide care.¹

In the Bible, mental illness was thought to be a curse and/or the work of the devil. Holy spirits and the devil vied for souls. Jesus and other men of God drove them out. Then and now, people with mental illness become marginalized by society. There is a whole lot of shame associated with mental illness, mostly because we've been afraid to get close and touch.

Even though many people struggle with mental illnesses, you often will only know it if they tell you directly. Unlike a broken arm or leg, it's difficult to understand what that person may be going through and how you can help. Sometimes their illness will make them act in unusual ways, which may feel uncomfortable. When we feel uncomfortable we often treat others differently, whether we do it consciously or unconsciously.

When we treat someone different, we stigmatize them. We treat them based on our own limited knowledge of mental illness which often comes from inaccurate news reports or over dramatized movies and television programs. This stigma often deters those with mental illness from accessing services or maximizing their potential. Consider these commonly held myths about mental illness²:

- *Mental illnesses don't affect me.* The truth is that 1 in 5 American adults experience a mental health issue. 1 in 10 youth experience a major depression. 1 in 20 adults live with a serious mental illness. In the United States the economic cost of untreated mental illness is more than 100 billion dollars a year.
- *Children don't experience mental health illness.* 22% of teens grapple with some psychiatric illness, suicide is the third largest cause of teen death, 30-50% of adults receiving mental health services had their first psychiatric events as teens.

¹ Facts from "Care, not Crisis," Mental Healthcare Summary, BREAD, April, 2014.

² NAMI, www.nami.org.

- *People with mental health problems are violent and unpredictable.* The truth is the vast majority of people with mental health problems are no more likely to be violent than anyone else. 3-5% of violent acts can be attributed to individuals living with a serious mental illness.
- *Persons with mental illness never recover or mental illness is simply a character weakness.* The fact is that biology, genetics, physical illness, injury all contribute to mental illness. It's true that people with mental illness sometimes turn to alcohol and drugs to manage their symptoms. Studies show that people with mental illness can recover and resume normal activities. With treatment, 70-90% of individuals have significant reduction of symptoms and improved quality of life.
- *I can't do anything for a person with a mental health illness.* The truth is that friends, loved ones, and you and I can make a difference. Only 38% of adults and less than 20% of children and adolescents receive needed treatment. You and I can become better informed as we consider what we can do. Mental Health America, the National Alliance on Mental Illness and the ADAMH board are all places to learn more.

The behavioral health program at Nationwide Children's Hospital is embarking on the largest joint program in this country, but according to the hospital's Chief of Psychiatry, it's not large enough to serve the needs of our community. The hospital is addressing the problem in three ways: a youth crisis stabilization unit has already opened; in development is a Parent Partner Program in which parents with experience with a troubled teen is trained and partnered with a parent of a newly diagnosed troubled teen; efforts are being made for continued contact, using off-site clinics, homes, schools and juvenile justice systems. This is not enough. There are especially needs for additional services for acute (suicidal, violent) behavioral health patients.

BREAD initiatives can help. And you know what happens to BREAD. BREAD rises. When we attend the rally on May 12th, we make BREAD rise.

In the words of Pope John Paul II, persons with mental illness "have the inalienable right to be considered as an image of God and therefore as a person, but also to be treated as one." As we understand what Jesus did with and for those first disciples, we also find truths that can be applied to this challenge. Jesus said "put your finger here; come and see my wounds."

This morning's scripture begins with an event that happened on the evening of Jesus' resurrection. Locked in their room afraid and uncertain, they feared for their lives. Not unlike the people who fear being found out because they know their emotional world is out of sync, the disciples were uncertain and afraid. Perhaps they thought others would question what they experienced, and think they were demon possessed. They felt safe inside their locked room. Going beyond it was something that none of them could imagine doing. Like Tanya, kids with mental illness are often uncertain and afraid. They feel out of control because their illness controls their thoughts or behavior. What a terrible feeling to fear yourself because you cannot control intrusive thoughts or behaviors!

William Sloane Coffin, a great theologian of the United Church of Christ, once said: "As I see it, the primary religious task these days is to try to think straight....You can't think straight with a heart full of fear, for fear seeks safety, not truth. If your heart's a stone, you can't have decent thoughts - either about personal relations or about international ones. A heart full of

love, on the other hand, has a limbering effect on the mind."

As those disciples hid in that locked room, they saw nothing but fear and impossibility. They couldn't think straight about what they were going to do - all they were thinking about was safety and survival. When Jesus came, he broke them out of that box - he gave them a vision. He took away the fear and replaced it with possibility. He stood before them, showed them his hands and his side and said, "No fear!" "Don't be afraid, I'm alive - I am with you". And he did something amazing - he breathed on them. Like God breathed life into the first human, Jesus breathed new life into those who had gathered. Just as Jesus was able to break the disciples out of the box they had locked themselves within, we need to break viable mental healthcare out of its box.

You and I do not have the privilege or the opportunity to see Jesus in the flesh, but that does not mean that we cannot or do not see the presence of Christ in our lives. Persons with mental illness are just as much an image of God and Christ as anyone else. When we see the presence of Christ in our midst, we become people of vision and when we become people of vision, we break out of the box that sets limits on what God can do in us, through us and in the world around us! Christ's presence in our lives is about the power of faith, and the power of faith is about vision and renewal. If we are living in the presence of the risen Christ, in the middle of God's great love, nothing can stop us - the impossible is possible.

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