

“Family Struggles with Mental Illness: Finding Our Way Home”

*(Third of Five in the Series,
“Mental Illness: The Journey In, The Journey Out”)*

*21th Sunday in Ordinary Time
Jeremiah 1:4-10; Hebrews 12:18-29; Luke 15:11-32*

The Rev. Dr. Timothy C. Ahrens
Senior Minister

August 21, 2016

From the Pulpit

The First Congregational Church, United Church of Christ
444 East Broad Street, Columbus, OH 43215

Phone: 614.228.1741 Fax: 614.461.1741

Email: home@first-church.org

Website: <http://www.first-church.org>

A sermon delivered by The Rev. Dr. Timothy C. Ahrens, Sr. Minister, The First Congregational Church, United Church of Christ, Columbus, Ohio, 21st Sunday in Ordinary Time, Proper 16, August 21, 2016, dedicated to the memory of Katie Marie Shoener and her loving family, to The Rev. Doctors Sarah Griffith Lund, Alan Johnson, Jeff Oak and Carol Pinkham Oak all who are brave and courageous in their daily witness for their families and the families of those who face difficult days with mental illness and always to the glory of God!

*“Family Struggles with Mental Illness:
Finding our Way Home”*

*Part 3 of 5 in the series, “Mental Illness: The Journey In,
The Journey Out”*

Jeremiah 1:4-10; Hebrews 12:18-29; Luke 15:11-32

+++++

Let us pray: May the words of my mouth and the meditations of each one of our hearts be acceptable in your sight, O Lord, our rock and our salvation. Amen.

+++++

The Story of the Prodigal Son. We know this story – right? At least we assume we know it. Just we assume we know the family living next door to us or our own family for that matter. But, stories we believe we know and love are often left unprodded, unchallenged and uninteresting. The Same could be true for our families, too. Let's take another look . . .

On the surface, Jesus tells this story about a father and his two sons.

The older son knows how the world works. He is a classic oldest child – begins life with rookie parents who make rookie mistakes. As an oldest son, he has to push against the limits. He has to learn how to work and grow up much faster. He is dutiful, hardworking and loyal to his father. We think we know him.

The younger son knows how to work the world. He, like other younger children, inherits parents who are veterans (actually we hear nothing of the mother here). But, certainly, his father is a veteran parent. Like a veteran, dad is somewhat tired by the work of parenting. This old-timer has relaxed quite a bit. The youngest child is inheriting a dad who is going through the parenting process for the last time. This is the last child calls him “daddy.” This is the last child who will learn to

walk, talk, read and of course, push parental buttons. Younger children learn to play their parents like a fiddle. And they are good at it. In this story, the younger son is a master fiddler (Richard Swanson in *Provoking the Gospel of Luke*, Pilgrim Press, Cleveland, Ohio, 2006, pp. 128-130).

The master fiddler is hard at work in this story as he goes to his father and convinces him that it is a good idea that they pretend together that the father was dead so that the son could fictively inherit his share of the property. Face it! That was the only way this story could work. With a percentage of the farm sold off, the younger son takes off to spend his father's hard-earned inheritance. It isn't long before the younger son has blown all his inheritance on wild adventures in a far-away land. It says, "*he came to himself*" or many translations say, "*he came to his senses.*"

This is where we need to do a freeze frame on this story. Stop right here. Let's look more closely. On the surface, I have always thought I understood this story perfectly well. But, when I came to this passage, considering the family dynamics of mental illness, these words jumped off the page of the Bible. So I raise the question for you – is it possible that the younger son has some sort of Brain disease? We can all admit that his behaviors are compulsive – right? A person doesn't beg

for, cajole and force the hand of a parent for half their value while they are still living, then get it, and go and blow it immediately without something being wrong in their mind? Right? That is NOT NORMAL BEHAVIOR. We can at least agree on that.

One of the problems in dealing firsthand with mental illness is that – for both the person with an illness and the people in the family around them - there is often a continued ramping-up of behaviors. The adult son who pushes his father to give up the farm has (in this interpretation) pushed his father throughout his lifetime about lots of things – including family rules, household chores, going to church (or synagogue), going to school, and of course - money. He pushes and pushes and pushes until his father gives in from a lifetime of pressure. **Through it all, it isn't that he his “bad” (which his brother keeps saying).** Rather, he is sick.

A friend of mine experienced her father going through the end stages of cancer and found that the disease changed his behaviors and it changed his brain chemistry. And chemo and radiation and the disease itself made him say things and do **things that didn't fit the dad she had known throughout her lifetime.** In time, she was able to forgive the behavior because **of the disease's effects on her dad. When cancer changes or**

intensifies a person's behaviors, we are able to forgive and move on. When the brain disorders and diseases do the same to our loved ones, it is much harder to move on – even though the same grace extended to one disease needs to be extended to the other, too.

We tend to focus on the behaviors – because we often don't have words or thorough medical analysis to name the actions and thus forgive them. Erratic behaviors related to mental illness haunt the circle of loved ones who wonder – could we have said something different? Done something different? Responded better? Reacting to things will make you crazy. You find yourself hiding things, saying things, lying about things (for the first time in your life), doing things you never imagined possible – even giving away half your farm to a child who has not demonstrated in any way that he is stable enough to handle the money he is giving him.

All of this is crazy, and “Crazy making” (as I say) and is directly related to crazy in the blood.

In her book, Blessed are the Crazy: Breaking the Silence about Mental Illness, Family and Church, Sarah Griffith Lund opens her book by defining “Crazy” and “Crazy in the Blood.” “Crazy” is a slang word that describes a person with brain

disease and a description of a situation that out of our control. *“Crazy in the Blood”* is a phrase that describes a genetic predisposition to suffering from a brain disease and is the reason why some families are more dysfunctional than others. She adds this quote from BP Magazine, summer of 2014, *“Bipolar tends to run in families and appears to have a genetic link. Like depression and other serious illnesses, bipolar disorder can also negatively affect spouses, partners, family members, friends and co-workers”* (Blessed Are the Crazy, Sarah G. Lund, Chalice Press, St, Louis, MO, 2014, p. v).

I would like for us to see the younger son as sick and for once in our lives not simply see him as “bad.” He is crazy – to quote Sarah Lund. He may be suffering from bi-polar disease. He may be afflicted with psychosis or suffering from some form of schizophrenia. He may have multiple diagnoses. We don’t know. It was the first century. Nobody had a diagnosis then. None of these words were in existence. People like the younger son were called names like wasteful, wayward, evil, sinful, a shame on the family name. But when look closely, we see a young man who is not well.

There is he is wallowing with the pigs, eating the food of pigs (from the perspective of a religious Jew – this is lower than low). It is there in a pigsty the youngest son wakes up. The

clouds part in his brain and “he comes to his senses.” For a moment, he sees his true condition. He has nothing. He has hit rock bottom. For a moment in time, he realizes how low he has fallen. There is the stinking, sinking mud of the pigsty he talks to himself. He works out the words that he is going to say to his dad. “I have sinned against heaven and before you, I am not worthy to be called your son.” He rehearses this all the way home. Like a mantra of madness, seeking to find home, he talks to himself and he walks by himself.

Like all the parents who have walked through their children’s brain diseases, the father is waiting for his son. His daily prayer is that the boy is still alive. As bad as his behaviors may have become, as often as the father has had thoughts he had to suppress about his son which he hates himself for having, he waits. Every night he goes to the edge of his property and watches as the sun goes down to catch a glimpse of his son in the darkness at the edge of town. Every morning, he arises – as if he had been sleeping – to watch.

Every parent whose son or daughter has left home in distress or run away from home has the same sick and sinking feeling in their hearts. Is she alive? Is someone out there caring for her? Is she dead in a ditch? Is he in a homeless shelter? Or has he found happiness and a sense of sanity? Has he found a

home – somewhere? Anywhere? Did some other woman or man look into his eyes or her eyes and see the hurt child that I see? And the wondering turns into a prayer – with the same depth of anguish and concern. And the prayers are lamenting prayers, painful prayers. And the prayers are all you have. A cry to God for help.

Finally, the son reaches what's left of the family farm. His father sees him first and runs to his side. The son's speech has been muttering under his breath the whole way home. But as the son begins to speak only half of what he wants to say gets out of his mouth before his father declares in a totally unrehearsed way to all those who can hear: *“Quick! Dress him with a robe, a ring for his finger and sandals. Get the fattened calf and kill it and we will have a celebration feast because my lost son who was dead has come back to life! He was lost and is found!”*

Let the party begin! Grace abounds! Love has spoken.

Not so fast. Stop everything. Before we get too excited about the party, let's remember the father has an older son, too. The older son comes home from yet another hard day's work and hears the music playing and smells the unfamiliar, but glorious smell of beef cooking, and he asks one of the servants what is going on. (Which one of us would want to be

THAT servant?) *“Your brother has come home, so your dad is throwing a party!”* Big brother shares no delight in the return of little brother. His brain fills with visions, too. All he can see, and smell, and hear is a future of a smaller estate, harder work, sale of more of his future inheritance for his screwed up brother.

In every family, some are blessed not to be “as crazy” in the blood. Big brother might have gotten the genes that didn’t make his mind muddled and his behaviors erratic. It is hard to watch his brother come back and the cycle start again. Compassion is in the big brother – but it is buried really deep. He has witnessed the pain caused to his dad and he has felt the pain, too. He sees his brother now living off his inheritance. And he sees his father being played again.

Big brother has reached the end of his rope. Baby brother has come home, not to penance, but to privilege. It’s bad enough that he has wasted fathers’ estate, but he isn’t required to change any of his actions for all the pain he has created.

One has to wonder - Is it possible he left in the first place because he couldn’t watch his successful brother get up and be normal every day? But that is not a question to ask Big Brother....

When the older son confronts his dad, the father listens to everything he screams. Unlike his younger brother who has rehearsed all his words there is nothing rehearsed in big brother's explosion (although he must have thought these words inside his head a thousand times). He lets it all hang out. The dutiful son, the loyal son, the obedient son finally loses it! He has been good. He has followed orders. He has been faithful. He has done everything right - as opposed to everything wrong.

And dad takes it all in. He has no angry response. He has no lecture about honoring your father. He has lost his younger son to the afflictions of the brain and misbehaviors of waste and recklessness. Now he is watching his older son getting lost to anger and self-righteousness. The father simply loves his oldest son in return. He says, *“son, you are always with me. Everything I have is yours . . . but **your brother** was dead and is alive, he was lost and has been found.”*

Grace abounds for the father of these two sons. He finds a way to speak to each son.

Reading the texts through the lens of brain diseases and family systems helps us see that when one out of five people in a family system is afflicted with a brain disease, the other five

family members are affected. These may be our children, but they are also the siblings of our other children.

I have also witnessed that sometimes parents forsake the child with a brain disease and circle the wagons around the other children. I have seen denial of the diseases and disturbing amounts of rejection for the children in need. While that may surprise some of you, I think it speaks deeply to the difficulties of admitting there are brain diseases in our family systems – **“there is crazy in the blood.”** There are other times when the child who appears to be well and healthy runs away and does a shift geographically from the family – **seeking to create a “safe distance” from the crazy in the blood.**

Can you see how complex brain diseases are and the effects of them on the one afflicted and the ones affected are far-reaching.

The effect of brain diseases on our children is significant. A few weeks ago, my longtime friend Dr. Glenn Thomas of **Nationwide Children’s Hospital** sent me some sobering statistics about children and mental illness. These are sobering statistics which should grab our attention as we seek to see and understand the depth of the affect and reach of brain diseases.

- 11% of children (ages 8 to 11) have or have had a mental illness with severe impairment
- 22% of teens (ages 13 to 18) have had a mental illness with severe impairment in their lifetime
- Only 50% of youth with a mental health disorder receive any behavioral health treatment (some stats say fewer than 50%)
- 50% of all lifetime mental illness start by age 14
- 75% of all lifetime mental illness start by age 24

Our children need us to speak for them – because nobody else will. We need to look for them coming home. We need to run to them when they make it home. We need to embrace them and support them as best as we can – while fighting back the pain we feel watching their spiraling behaviors.

The greatest gift we can give in the struggle to address brain diseases is to talk about this in church and society. To lift the stigmas surrounding these diseases will help us all. We need to do for our children and the kids living next door to us.

And we also need to remember that some of our children don't make it home. They die on the roads and in the ditches and alone in the pigsties that "crazy" created. That is the case

for Katie Shoener who I heard about from friends in Washington DC a few days ago – even though she died 15 miles from here. Katie had come to Central Ohio to be a student at The Ohio State University’s Fisher School of Business. She successfully completed her MBA and was working well when her depression and bipolar disease overwhelmed her causing her to walk into her boss’ office and quit telling them, “I am not good enough for this job. You need somebody else.”

For her father, Roman Catholic lay leader and Deacon Edward Shoener of Scranton, PA following the suicide of his daughter Katie in Lewis Center, Ohio 18 days ago, Ed’s last gift was to write openly about his daughter’s life and death.

In her obituary which appeared in the Washington Post on August 6th Ed wrote these words:

Kathleen ‘Katie’ Marie Shoener, 29, fought bipolar disorder since 2005, but she finally lost the battle on Wednesday to suicide in Lewis Center, Ohio. So often people who have a mental illness are known as their illness. People say that “she is bipolar” or “he is schizophrenic.” Over the coming days as you talk to people about this, please do not use that phrase. People who have cancer are not cancer, those with diabetes are not

diabetes. Katie was not bipolar — she had an illness called bipolar disorder — Katie herself was a beautiful child of God. The way we talk about people and their illnesses affects the people themselves and how we treat the illness. In the case of mental illness there is so much fear, ignorance and hurtful attitudes that the people who suffer from mental illness needlessly suffer further. Our society does not provide the resources that are needed to adequately understand and treat mental illness. In Katie's case, she had the best medical care available, she always took the cocktail of medicines that she was prescribed and she did her best to be healthy and manage this illness — and yet — that was not enough. Someday a cure will be found, but until then, we need to support and be compassionate to those with mental illness, every bit as much as we support those who suffer from cancer, heart disease or any other illness. Please know that Katie was a sweet, wonderful person that loved life, the people around her — and Jesus Christ.

Here the obituary ends.

In the power and presence of God's amazing grace, we are called to tell our stories, to welcome our loved ones home, to embrace them with grace and to let go and let God step into the breach. It is time to run to those who are reckless and self-righteous and those who are angry and resentful and to throw

your arms around them and seek to heal the hurts of their world. It is time. Because after all is said and done, life (and yes, eternal life as well), is all about coming home. Everything! Everything! Everything is about coming home. Amen.

Copyright 2016, First Congregational Church, UCC