Faith groups can minister to the mentally ill

Mental health professionals or support groups may be helpful in the day-to-day management of problems and even take the edge off the pain, but through its spiritual care the church is uniquely positioned to confront deeper issues.

By Albert Dreise
Special to ChristianWeek

Living with a person who has a mental illness is exhausting emotionally to every member of the family. It can destroy a family, emotionally and spiritually. Pain and emotional stress in a seemingly hopeless situation can damage even the strongest faith.

But faith must be nurtured. Isolation from other faith-supporting persons can cause faith to wither and die.

So where do we begin in encouraging faith communities to develop such a ministry?

We believe we need to begin with our spiritual leaders: pastors', deacons', and elders' own knowledge and attitude toward mental illness is crucial towards mobilizing the church to care.

Spiritual leaders do not always know about mental illness in their congregations. We need not blame them. There are reasons why they do not know. For example:

1) Families often don't tell their pastors their pain and family secrets because of fear, shame, false guilt or other reasons.

2) Pastors have not been trained to minister to persons with a mental illness. It is still a neglected area even in the clinical training context.

Attitudes need changing

If a spiritual leader does not know, he or she may also have attitudes which need to be challenged and changed. If they consider mental illness to be a character defect, or even "demon possession," or due to lack of faith, they will only aggravate the problem.

Or if ministering to these families is considered a burden, this will be communicated to the family in one way or another, verbally or non-verbally, and their sense of rejection and isolation will be increased. If done superficially, little will be accomplished.

Therefore, if the decision is made that the spiritual leader first, and next the laity—such as elders, deacons, and designated care-givers—share the responsibility to this segment of their congregation, careful preparation is necessary.

Workshops ought to be set up. Study of the most recent literature on mental illness, such as that produced by Friends of Schizophrenia, or Pathways to Caring, ought to be made readily available and presented in special orientation sessions on mental illness.

Discussions with psychiatric chaplains and mental health professionals can be instructive.

Listening to families share their experiences can be extremely enlightening. Families who have been there, or are there currently, are becoming increasingly well informed about mental illness because they have to live with it on a day-to-day basis. If the ordained caregivers have some understanding of mental illness and are comfortable dealing with grief, guilt and loneliness, they can minister effectively.

Need acceptance

Most families do not want or need therapy. More than anything else, they need to feel accepted, understood and cared for by the spiritual community and God.

Clergy are representatives of both. They reflect the spirit of the congregation and personalize the love and compassion of God.

Families need to know that God is with them. The very presence or absence of the representatives of God gives a profound message to families.

It has been said on more than one occasion with slight theme variations, by people who felt forsaken, "When my minister did not visit us, it was hard for me to believe that God cared about us."

Although families are reluctant to tell others about the mental illness of a loved one, it is impossible to hide completely. Friends or neighbors usually catch on that something is wrong and the alert minister can often pick up clues about needy families. The pastor can then legitimately visit them on the basis of that information.

Families expect this of a minister and usually are not offended. In fact, if done with sensitivity and understanding, it may be the impetus for families to quit hiding their problems and to deal with them.

Once the clergy person has been taken into the family's confidence, what the minister is to the family is more important than what they may do. That is, the family needs to feel that the minister is willing to participate in their experience and is with them in seeking God's presence.

The emotional and spiritual bonding can become the means through which God and caring members of the congregation can enter into a family's situation. This calls for a kind of non-judgmental openness and unconditional respect for the family on the part of the caregivers that can make them feel it is safe to share their deeper and more intimate problems.

Families may talk freely about the stress they face daily in living with a mentally ill family member. Often they have great difficulty discussing their underlying emotions and spiritual distrust.

There may be guilt because of how they have come to feel about God. There may be doubts about God' s love, they may blame God for their problems, feel they are being punished by God, or even feel angry at God. Because having a mentally ill loved one is— among other things—a prolonged grief experience, one can expect the conflicting emotions associated with any struggle with grief.

Dealing with such feelings falls within the province of spiritual care. It will involve training congregations to reach out to persons with a mental illness and to their families with the love of Christ. Mental health professionals or caring support groups may be helpful in the day-to-day management of problems and even take the edge off the pain, but the church through its spiritual care is uniquely positioned to confront deeper issues.

A second and equally important aspect of reaching out is leading the spiritual community into an attitude of acceptance and an atmosphere of understanding for persons and families affected by mental illness.

Religious communities are subject to the same misunderstandings, fears, myths and prejudices as the general public. The stigma attached to mental illness will prevail until people are educated otherwise. If spiritual leaders of congregations are informed, they will in time saturate their congregations with their compassionate awareness. Through public statements, teaching, and example, a climate can be created in which suffering individuals and families can feel welcome and part of the fellowship.

Rev. Albert Dreise is executive director of Salem Christian Mental Health Association, in Hamilton, Ontario. Salem was begun by the Christian Reformed Church in 1962 to provide Christian treatment and care to people with mental illnesses and their families, and to provide resources and models of care for faith communities. Dreise is completing a resource guide called In My Name, *which will be available through Salem this summer.*

How A Congregation Can Respond To A Family

Clergy and congregations often struggle to find an appropriate response to families who are living with mental illness. The following are some suggestions, some of which are similar to those one would use in reaching out to someone who has a mental illness.

"I'm so very tired.
At times I want a way out
of this dreadful situation.
Just close the door and leave.
Take the car and drive off to
anywhere. But I don't.
I still love her.
I want to help.
But, I sure could use some
'caring' myself from others
sometimes." Terry

"He talks about
not having any friends.
His old friends seem
to have forgotten him,
or don't know what to do.
It seems the same
with his mother and me.
No one seems to keep in touch.
No fellowship.
This illness doesn't just
isolate the ill person,
the family is isolated, too." Jim

Clergy and the congregation should:

- recognize the need for spiritual healing without focusing on the "cure" of the illness;
- listen, give moral support;
- be an information and referral source;
- let the family know they are not alone;
- visit the family;
- avoid being judgmental;
- sponsor family support groups;
- offer help, offer prayers;
- refrain from offering simplistic solutions to complex problems;
- encourage sharing;
- be supportive of the entire family, including those members who infrequently come to worship as these are the people who may feel the most isolated;
- encourage the family to continue as apart of congregational life;
- encourage networking with a support group in the community;
- designate individuals within the congregation to be there for the family when help is needed;
- realize another breakdown or a relapse is often temporary;
- avoid expecting that all peculiar behaviors and habits can be corrected.