

Faith in Action
EMC Social Concerns Committee

The Stigma of Mental Illness

IT SEEMS incredible! Why in a world of modern technology would there be stigma around something that has been with us as long as mental illness?

We can't fully answer that question, but it needs looking into, especially within our Christian faith and the church.

Why? Simply because some Christians, members of our congregations, struggle with mental illness. Worse, they are sometimes mistreated by members of the same congregation. Even more disturbing: there is more stigma about mental illness within particular churches and by some (not all) church people than among non-church attenders.

How is that possible? First, some Christians don't really understand what a mental illness is. Perhaps you've heard of schizophrenia, a mood disorder (also called clinical depression) or a bi-polar mood disorder (also called manic depression). Did you know they are like diabetes or heart disease? They are not a problem of willpower, character weakness, or personal choice. When we confuse illness with personal failure, we create a stigma. Would someone with heart disease, diabetes, or cataracts find it helpful to be told they need more willpower?

Secondly, we create a stigma by making poor, rather than helpful, connections between our Christian faith and mental illness. It's harmful to say, "If you had enough faith or prayed harder, the depression would go away." Worse yet, some people say that the illness is the result of personal sin. Though in some way all illnesses (mumps, flu, and common colds included) result from living in a fallen world, mental illness is not caused by a person's sin. (In John 9 Jesus disagreed when disciples thought a man's blindness was the result of personal sin.)

Many people without mental illness find their faith grows through illness or other hard times. For some people, there is an element of choice here: they can become beautiful or bitter. It may be dangerous to use this idea for people who have a mental illness because it might be misunderstood. People with mental illness might

not be able to think clearly or make that choice.

Third, we are unwilling or unable to talk about mental illness. By hiding, we add to the stigma; we give the impression it's shameful to have a mental illness. What is shameful is when churches create an atmosphere where people cannot be open about their needs or what they are dealing with in life. Churches need to break the stigma, by encouraging talk about mental illness as a normal part of life for some people.

What can churches do? Don't make quick judgments, bring out the rich resources of faith in times of illness, or encourage members to move beyond shame or silence.

Sit with a person in silence and the darkness rather than talk. Listen. Try to hear without offering simple, pat answers or suggestions. Accept that a person may not be able to reason logically, so rather than put them down, invite them to tell you more about their thoughts to help you understand.

Say "It's good to see you!" instead of "How are You?" Spend time one-on-one rather than in a larger group; a person may not concentrate well in a larger conversation and feel left out. Accept that a person may not always be able to relate, budget, or be on time because they can't, not because they are negligent. Accept a person's lack of energy as reality, not laziness or irresponsibility.

Sometimes as people experience healing they become "wounded healers," as Henri Nouwen says. This means healing of spirit and soul, not a cure for the illness. Some people with a mental illness are so broken that they become vulnerable in a way that people in control cannot. They bring a gift of vulnerability that is precious and which other people miss. Sometimes it is people unable to work who find God in beautiful ways more profound than those who think the whole world is under their control.

Much of my work as coordinator of MCC Canada's Mental Health and Disabilities Program is to raise awareness of what a mental illness is and how it affects people who have it. Once a congregation understands how the illness affects a person's thinking and life (at times, it can be devastating), it can walk alongside as a community of support.

Will we hear a person's real story? Once we do, mental illness is no longer a problem far removed from us. It becomes a story near us, because it touches someone close to us. Like us, this person is making the best of life within their circumstances. When we understand this and act on it, the stigma will be less, perhaps even gone.

It would be great if there was no further need for an article like this.

Irma Janzen, SCC Member