Unlearning Mental Illness in the Church

How can the church better serve people with mental illness? When we ask ourselves this question we are usually overcome with a sense of our own inadequacy. We often feel this way because even the most learned among us realizes that there is so much we don't understand about mental illness. Surely, we conclude, the answer must be to learn more about this confusing subject. Isn't it only logical that if we learn more about schizophrenia we'll do a much better job caring for someone within our church who has schizophrenia? How can I really help someone with bipolar disorder if I don't have a clear sense of what it actually is and how to define it? So on we move to reading about mental illness, or better yet, reading long bullet-pointed lists of characteristics describing various diagnoses. That way, we reason, we'll have a better chance of making the right diagnosis and, in turn, figuring out the best "solution" to the problem…uh, I mean *person*, standing in front of us.

I certainly do agree that it would be helpful for those of us in the church to increase our knowledge about mental health issues. Having worked in the mental health system for almost 8 years I can attest to the fact that there is always more to learn so that we can better support people who are struggling with managing their mental illness. However, I am concerned that all too often our starting point is to focus on the mental illness itself rather than on the person who has the mental illness. Thus, the first thing I think those of us within the church need to do regarding this area is to understand that people are much more than their mental illness. For instance, though I don't think of myself as a zealot for political correctness, I do believe there is a difference between referring to someone as a "schizophrenic" and referring to them as a "person with schizophrenia". The former description comes a little too close to assuming that one title can adequately describe the full gamut of issues in the life of a person with schizophrenia. The latter description, conversely, reminds us that though schizophrenia can indeed play a profound part in the life of a person, there is much more to learn about such people than can ever be discovered through a word, hospital chart or bullet-pointed list of symptoms.

So what do those of us within the church do when we discover that a person either in our believing community or in our broader community has a mental illness? I suggest that we begin answering this question not by throwing ourselves into intense learning about mental illness but by *unlearning* what we already think we know about mental illness. By *unlearning* I am not suggesting that we embrace ignorance. (I am, to be clear, a book worm who just bought a book this weekend regarding pastoral care for those with clinical depression). Rather, I'm suggesting that we let go of the ingrained assumption that our ability to help someone with mental illness is directly equated with our level of knowledge about mental illness.

If it was true that our ability to help someone was based solely, or even mostly, on our knowledge of their mental illness it would be logical to conclude that psychiatrists and therapists would always be the best at coming alongside such people. While psychiatry and therapy can be extremely helpful resources for people, it never ceases to amaze me

how many times I've seen people who've never been helped by their psychiatrist or therapist make huge strides through a relationship with a person who knows very little about the subject of mental illness. So what did that person do to be such a help? In my experience, it usually started with helpers treating people with mental illness the way they treated other people in their life. For example, they acknowledged that there was much more that they shared in common with the people they were helping than there was that which separated them. It meant that they listened to them. It meant that they showed respect to them. It meant that they laughed with them. It meant that they watched a basketball game with them. It meant that they treated them like…well, like…people.

If you want to see a good example of these different approaches in action, I suggest you see the movie (or better yet, read the book), *The Soloist.* Much more could said about this film but since I don't want to be that guy who always spoils a good movie for everyone I will say no more about it. Nevertheless, there are other examples closer to our own everyday lives that I think make the point. For instance, if a new family is exploring one of our local churches our first impulse may be to invite them to a barbecue with a few other families from the church. Why is it, though, that when a person whom we know has a mental illness is making a similar exploration do we feel the urge to first find out all the things that would typically be found in a social worker's face sheet before we feel comfortable inviting them to the barbecue? **The theoretical application**: people with mental illness, like us, don't just have biological needs but also have spiritual, social and emotional needs; so treat them as whole people, not just biological disorders. **The practical application**: people like barbecues, even people with mental illness, so let's invite them to barbecues.

This is all, by the way, very good news for the church. The church, as a community of people called to love the world as Jesus loves the world, is uniquely equipped to support people not simply as a name on a caseload, but as a person made in God's image. Rather than feeling inadequate about our ability to help people with mental illness we should be confident in moving into the lives of such people (many of whom have longed struggled with relational isolation) with the type of loving community that they have never experienced before. So go, buy a book and become a life long learner on this increasingly relevant topic. However, before you do, consider first what you have to unlearn so that you primarily see those with mental illness as people like you and me rather than as patients who need to be diagnosed.

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