

Breaking Barriers

everybody belongs everybody serves

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△ A Ministry of Christian Reformed Disability Concerns

Living with Mental Illness

Walt Vanderwerf, pastor
of Duncan (BC) Christian
Reformed Church

During the week of June 5, 2006, a door was closed somewhere inside my mind. My eyes acted like a video camera. From time to time I talked to the screen like I was part of the scenery, yet I knew I was not an actor of any consequence. I was way back behind the last row seats, just watching.

I was numb. I was emptied of all feeling as though each separate emotion had been dropped into a creek moving away from me. I felt nothing, except the vague notion that I had failed, that I was a disappointment, and that I was abandoned, alone, and no one cared.

Many people call it burn out or a nervous breakdown. My wife, our children, and I call it "The Crash." My counselor urged me to call it a breakthrough. When he said that to me on my first visit, I laughed



photo by John Granton

a mirthless bark. Now I thank God for this painful time of my life, because through it he showed his great love for me by putting a stop to very unhealthy behavior patterns on my part.

At the time, I was occupied with panic. I breathed in fear and breathed out calamity and disaster. There was terror on every side (Jer. 20:10). What surprised me most was how tired I was; as exhausted as if I'd worked on a roof all day in sizzling Southern Ontario summer heat. If this was depression, then why did I feel it physically? We are body and spirit and mind, combined and connected fearfully and wonderfully. All I could see around me was a valley of very dry

bones (Ezek. 37:2). If anyone had asked me then if those bones could live, I would not have said, "I doubt it." I would have said, "That matters as much as stepping on a crack in the sidewalk."

The door that closed in June began to open again in November, and then only by squeaking a little. Since then God has taught me much. Most importantly, I have limitations; I can't do everything. He brought healing to me through my counselor who helped me see it was all right to say, "NO!" to certain requests that come my way. (What a relief that is, to realize it is not a sin to say that!) He helped me grieve through contemplating books like Jerry Sittser's *A Grace*

Disguised. He showed me how to stand up for myself, to act from my own compulsions instead of the demands coming from others.

More and more I am noticing beauty around me. Some scenes cause such intense delight, as though the gladness is bubbling up from a well deep within. God gave me an elder and a church who supported me in my time of recovery, praying with and for me. Most of all he gave me a wife and children who helped me find my way back to safety.



theme

In this issue we focus on **Mental Health**. The deadline to submit items for our winter issue on **Hospitality** is October 15, 2009. People with disabilities, family members: please tell us your stories of welcome or rejection at church.



resources

For Disability Week - Synod 2009 has asked Christian Reformed churches and ministries to celebrate Disability Week, October 12-18, with the theme "Everybody belongs; everybody serves." Disability Concerns has many resources on our website for your church's celebration.

For worship - For worship resources specifically related to mental illness see Pathways to Promise at <http://www.pathways2promise.org/resources/ptpmatls.htm>

Church newsletter insert - Disability Concerns has Canadian and U.S. versions available with descriptions of mental illness, examples, and excellent suggested resources. Go to www.crcna.org/disability, click on the "Resources for Caring Ministry" link on left side, then go to bottom of page.

Organizations - A few that address mental health include these:

Mental Health Ministries
www.mentalhealthministries.net

Pathways to Promise
www.pathways2promise.org,
314-877-6489

National Mental Health Information Center
mentalhealth.samhsa.gov,
800-789-2647

Canadian Mental Health Association
www.cmha.ca, 416-484-7750

National Alliance on Mental Illness
www.nami.org, 800-950-6264

Conferences on inclusion in faith communities include the following (see Disability Concern's website for more information on each):

- Saturday, September 26 - "One Body Together in Christ," Zeeland, Michigan.
- October 25 - November 22 - "Spirit and Pride: Reimagining Disability in Jewish and Christian Communities," Grand Rapids, Michigan.

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Healthy Churches Come alongside People with Mental Illness

Mark Stephenson, Director of
Disability Concerns

Some Christians claim that mental illness stems from a lack of faith. This "diagnosis" heaps hot coals of guilt on the heads of people. It implies that they are to blame for their illness. Why do we do this to people who are already dealing with so much?

Blaming someone for his mental illness does not square with general revelation or special revelation. General revelation, the testimony of creation, tells us that many forms of mental illness have brain chemistry imbalance as a major component. Traumatic experiences in childhood or adulthood often contribute to mental health problems too, as does fluctuating hormone levels. Special revelation, the Bible, gives us examples of people who dealt with mental illness. It seems that the author of Psalm 88 was living with chronic depression.

I'm camped on the edge of hell.
You've dropped me into a bottomless pit,
sunk me in a pitch-black abyss.
For as long as I remember I've been
hurting.
You made lover and neighbor alike
dump me;
the only friend I have left is Darkness.

(selected verses from *The Message*)

If the Bible includes a despairing lament like Psalm 88 in its prayer book, surely we have no right to claim that Christians should never be depressed or that they just need more faith. After all, the psalmist can't remember when he didn't feel so low.

Other people, including some Christians, claim that people who experience mental illness are helpless victims due to their heredity, brain chemistry, trauma, or hormones. While many people have suffered helplessly from childhood or adult trauma, this approach dehumanizes people by making them mere pawns of their circumstances or genes. The words and behavior of King Saul suggest that



photo by John Granton

he was mentally ill, perhaps living with bipolar disorder. Yet, God does not call on Saul to step aside as king, only to do what is right.

The healthy approach to mental illness neither condemns nor pities. Healthy churches do not watch people fall into the deep waters of mental illness alone. Instead, they come alongside people with mental illness with the love of Christ in a variety of ways. People with mental illness and their families often feel ashamed of the illness. Healthy churches make sure that no one is written off or set aside and instead work double-time to love and enfold people who are feeling especially vulnerable, lonely, and frightened. Meals for someone too depressed to cook, invitations to come to church activities and small group meetings, suggestions to go out for dinner, phone calls, visits, and offering opportunities to serve in church all could be appropriate. In the parable of the last judgment (Matthew 25), we see that the Lord walks with people in need through his servants, namely, us Christians. Healthy churches reject the stigma, reject isolation, and embrace the person who has mental illness and his or her family as fellow children of God and friends in Christ.

Editor's note: Special thanks to photographer John Granton for contributing photos for this issue.



health corner

Depression

Elly Van Alten, Disability Concerns Regional Advocate for Classis Alberta North

Depression is the most common of mental illnesses. It affects people from children to the elderly. There can be a family history of depression, or it may be brought on by life circumstances or health issues. (Female hormones are a common culprit.) Depression is often accompanied by panic and anxiety.

Depression is more than temporarily “feeling blue.” Clinical depression includes a number of symptoms such as these:

- persistent feeling of sadness lasting more than one month,
- sleep disturbances (can’t sleep or sleeping a lot),
- change in appetite (undereating or overeating),
- inability to carry out activities of daily living (such as bathing, getting dressed, cooking, cleaning),
- lack of energy and interest in life.

If panic and anxiety accompany depression, the person will be unable to go to school or work, and is likely to become almost homebound. When depression lasts so long that the person has lost hope of ever feeling better, that he has become a burden to family and friends, suicide may be considered.

Although this all sounds ominous, *there is help for depression*. Help can be accessed through your family doctor, your local mental health organization, the emergency department of your local hospital, or call-in distress lines. Treatment may include medication(s), counseling, cognitive behavior therapy, and/or participation in support groups. All persons with depression benefit from the love and support of family, friends, church, peers, and co-workers.

If you suspect that someone close to you has depression, encourage her to seek help and make an effort to get to know more about it. Depression has the potential to be totally disabling, so ask that person what you can do to *help* her (not necessarily *do all* for her). Bringing over a meal (and taking some time to chat) or asking that person out for lunch could be “just what the doctor ordered,” and an important factor for recovery.



on the web

Thanks to everyone who submitted articles for this issue. We couldn’t fit them all in print so we put more stories and poetry on our website. Go to www.crcna.org/disability then click on the link for *Breaking Barriers* to find these and more:

- Post-partum depression
- Dad’s psychosis
- Schizophrenia
- The Effects of Mental Illness

Faith and Hope Ministries Equips Churches

June Zwier, Shalem Mental Health Network, and Winnie Visser, in private practice. Both are marriage and family therapists and serve as resource consultants for this ministry.

Mental illnesses such as depression, anxiety, bipolar disorder, and schizophrenia will strike one in five individuals over their lifetime. Christians are not excluded. The World Health Organization estimates that by the year 2020, depression will disable and/or kill more people than any other illness except heart disease.

Recognizing the pervasiveness and destructiveness of mental illnesses, Classis Quinte, in Ontario, established Faith and Hope Ministries to equip congregations so that they become caring, informed, supportive communities for people experiencing mental illness and their families.

Research shows that people who struggle with mental illness are just as interested in faith and spirituality as the rest of the population. However, they often do not feel accepted by the local congregation.

Congregations need to become safe places to break the silence and stigma that surround mental illness. Romans 12:4 and 5 state, “Just as each of us has one body with many members, and these members do not all have the same function, so in Christ we who are many form one body, and each member belongs to all the others.” Our faith communities can be enriched by the expressions of faith and by the life stories of people with mental illnesses if we will listen.

Faith and Hope Ministries works with congregations to help them develop a plan to minister to people with a mental illness, remembering that each church has its unique identity and needs. These plans may in-

clude support-group development, workshops, small-group presentations, congregational meetings, and/or connecting with mental-health resources. We have compiled a number of different resources to help in this regard. We also provide support to elders, deacons, and pastoral caregivers who visit people with mental illnesses and their families.

It is exciting to see how various churches and ministerial associations are embracing the vision and goals of this ministry. Because this ministry is only funded for three years on a declining scale, a few of the churches have begun to place Faith and Hope Ministries on their offering schedule.

We plan to have another Faith and Hope Mental Health Conference on March 27, 2010, with Dr. Grant Mullen as our keynote speaker. Watch for this event. It promises to be exciting.

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meditation

Sharing in His Suffering...

name withheld

"I want to know Christ and the power of his resurrection, and the fellowship of sharing in his suffering . . ." (Phil. 3:10)

This morning I received a "Care Page" update from a friend whose young daughter is ill with cancer. I appreciate getting the Care Page updates so that I know how people are doing and how best to pray for them.

This morning my 16-year-old son had a serious rage. He was aggressive toward me and toward our dog; he caused damage to our home. Each time he melts down and has a rage, my husband and I wonder, "Is this the time he goes to the hospital?" Our son has bipolar disorder and has been very unstable the past few weeks, but we don't post Care Page updates on him.

Mental illness still carries a stigma. Too often we feel judged for our poor parenting. We've been told that we allow our son to call all the shots and to manipulate us. Although my husband and I are open with family and friends about our son and the struggles we face daily, we want to protect our son. We don't publicly post the details of his illness (or publicly ask for prayer in church).

It's easy to feel isolated in this struggle. By the time you figure out that your child is not just a "bad kid," you've already begun to pull back from many social events. It's hard when your child is always the one causing the problems at family and social gatherings. It's easier to just stay home.

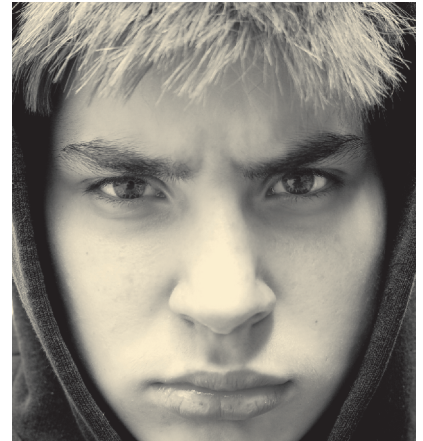
When our child's illness flares up, life centers around appointments with our family therapist, psychiatrist, the schoolteachers, and counselor. We spend a lot of time and

energy just trying to keep it all together. The psychiatry road is a difficult road to maneuver. Who can possibly understand the challenges we're faced with?

I know this all sounds bleak. To be honest, there are many times I've asked God to "take this cup from us." But God has been so faithful through it all. He's

actively taught us about his love. He's opened our hearts to the marginalized in our society. God has also taught us much about suffering. The way we suffer for our young son is nothing compared to how God suffers for his children.

Through our son's illness we have a taste of what Paul was talking about when he said, "I want to know Christ and the power of his resurrection, and the fellowship of sharing in his suffering..." (Phil. 3:10). God knows exactly what our suffering feels like. He is feeling it, too. My husband and I share a special bond because of what we experience with our son. No one else walks this road with us minute by minute. In this same way, we also share a special bond with our Father. He's holding our hands as he walks this road with us, and we trust him for our next step.



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