

# BREAKING BARRIERS

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## Hope Centre CRC

by Tony Schweitzer, Winnipeg, Canada

**O**n April 23, 1996, while holding his friend Ellen's\* hand, Basil Murphy quietly slipped from this world into the presence of the Lord. Although he had no known family, 120 people gathered to pay tribute and bid their final farewell to this little man known for his impersonation of Santa Claus, sale of driftwood, naughty, twinkly eyes, and faithful stamp collecting at Hope Centre Church. The gathering included most of the members who attend Hope Centre Church, staff members and friends from Hope Centre's day program, staff and volunteers from the clinic, people from the neighborhood, and dozens of people from the Winnipeg CRC churches.

We knew very little about this man. We didn't even know his mother's name. We do know he was born out of wedlock in Ottawa on



Basil Murphy

September 10, 1919. Across his birth certificate was stamped the word "illegitimate." He bore his father's last name, who died of tuberculosis before Basil was two. Basil spent the first two years of his life in the Toronto Children's Hospital; for the next nine years he lived in a foster home, with a single woman who is believed to have been his natural mother. He was labeled "mildly retarded." He went to school like normal children, but was permanently expelled while in grade four. Shortly thereafter he was institutionalized in the Orillia Psychiatric Hospital, where he lived until he was forty-five years old. Then without apparent reason he was moved to the Lakehead Psychiatric Hospital in Thunder Bay. He lived there from 1965 until 1974 when a relative moved him to Winnipeg, found him a foster home, and left.

In 1978 Basil came to Hope Centre. Here he found his "family." Mike and Barb's kids (Barb was one of the nurses at Hope Centre Health Care) adopted him as "grampa," but to Basil, Mike would always be "Dad." Staff, church members, participants, volunteers, and patients were his brothers, sisters, cousins, uncles, and aunts. And Basil took care of his extended family. He was Hope Centre's self-proclaimed handyman, always the first on the scene with a mop, pail, and snake every time a toilet plugged. The people who attended his funeral were testimony to the impact Basil had on his extended family and to the kind of church Hope Centre is.

Hope Centre Church is unique, not only in that the majority of the

forty-five people who call Hope Centre their church home are people who live with visible disabilities, but also in that the community that has been built and the interconnectedness that exists are so strong. So if we are unique, what makes us so? Our vision, philosophy, and theology have something to do with it, and so does the environment we work and live in—an environment we work hard to foster and maintain.

To begin, we affirm that all God's children are gifted! Thus we often engage in activities that focus on discovering gifts and using them in the life and worship of the congregation and community. After all, Christ's call to serve is not limited; it is given to all his children. One of the men in our congregation is our navigator. We pick up a large number of our members with a van and when we train a new driver, John gives the directions. He knows every shortcut in the city. He also keeps track of those who take the offering, and makes sure that I don't miss any announcements or parts of the liturgy. Everyone has a task. Tracy, whose only way to communicate is through

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## From the Director



**B**elow are some interesting and arresting numbers given me by a friend. He calculated them by applying national statistics to a typical congregation of 200 members.

Slice of America Community Congregation  
Anytown, USA  
Sunday Morning Attendance: 200

Preschool: 14  
Children and Youth: 38  
Adults 18-64: 122  
Seniors: 26  
Adult Men: 71  
Adult Women: 77

Prevalence of Mental Illness Total: 29  
Depression: 9 Adults  
Bipolar Disorder: 1 Adult  
Schizophrenia: 1 Adult  
Panic Disorder: 3 Adults  
Obsessive Compulsive: 4 Adults  
Post-Traumatic Stress Disorder (PTSD): 6 Adults  
Alzheimer's Disease: 3 Seniors  
Attention Deficit Hyperactivity Disorder: 2 Children

Prevalence of Trauma Experience:  
Experienced traumatic event in life (men): 43  
Experienced traumatic event in life (women): 39 (Most common traumatic events: witnessing someone badly injured or killed; involvement in flood, fire, or natural disaster; involvement in life-threatening incident; combat)

Survivor of child abuse: 45 Adults  
Women sexually assaulted in lifetime: 26  
Lifetime prevalence of PTSD (women): 8 (Traumatic events most often associated with PTSD: rape, sexual molestation, physical attack, threatened with weapon, childhood sexual abuse)

Letters are welcome in keeping with the purpose of **Breaking Barriers**. They may be edited for style and length.  
—Rev. James Vanderlaan

## Caregivers!

Using the following web community address, caregivers can ask and answer questions or make comments that they feel could benefit someone.

[www.caregiver.guidedvision.com](http://www.caregiver.guidedvision.com)

Please try it out and let us know what you think.

—JV

Lifetime prevalence of PTSD (men): 4  
(Traumatic events most often associated with PTSD: rape, combat exposure, childhood neglect, childhood physical abuse)

Served in Vietnam: 2 Men  
Served with "clinically serious stress reaction": 1 Man  
Served with alcohol abuse at some time in life: 1 Man  
Reported to Child Protective Services this year: 2 Children

After absorbing some of these staggering statistics, ask yourself the following questions:

1. Does our congregation resemble this congregation?
2. If not, is it because we have not welcomed persons with mental illnesses, or trauma survivors?
3. Or could it be that persons with mental illnesses, and trauma survivors, are in our congregation and we don't know it?

Think about how much pain is contained in and carried by an ordinary congregation. Then think about all the pain suffered by people who have no church to console them. Let us pray the Holy Spirit to give us the gifts, abilities, and will to be healing these sufferers in the name of the one who carried all our sorrows and heals all our pains.

—JV

### Sources of Data:

*Demographic Data—U.S. Census Bureau, Statistical Abstract for 1997.*

*Mental Illness Prevalence—Surgeon General's Report on Mental Illness, 2000.*

*Trauma Prevalence—National Victim Center, National Center for PTSD.*

*National Committee for Prevention of Child Abuse.*

*(These numbers do not include the war in Iraq, but there will be additional trauma survivors and people with other disabilities resulting from that conflict.)*

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# Haven Church Appoints Coordinator to Help Include Persons with Special Needs

by Ben Beversluis

When Haven Christian Reformed Church in Zeeland, Michigan, added a special needs coordinator to its staff this fall, it was because church leadership realized it was the right thing to do. Haven members had long provided a caring and supportive network, particularly for a number of families with children who had several different rare, debilitating illnesses. Church families invited the children into their homes on a regular schedule to give the parents respite. A formal assessment of each child's needs and abilities was completed and given to program leaders to help them include the children. Acceptance of these children with their needs and abilities grew as congregation members learned to know them.

And a good thing happened. Other families with special needs began attending Haven Church. One reason was the close relationship between the church and nearby Zeeland Christian School and its groundbreaking inclusive education partnership with the Christian Learning Center. As families came to the school, staff sometimes mentioned Haven as a place where they and their children might feel included. With more families attending, Haven saw a growing need and a calling from the Lord.

One of the Zeeland Christian School teachers was Barbara Newman, author of the book *Helping Kids Include Kids with Disabilities* (Faith Alive Christian Resources, 2002). She taught many Haven children at ZCS, so the church turned to her for inspiration and guidance. Newman energized the church in an adult education session and then in the worship that followed. She laid out a vision of God's kingdom—a kingdom that uses the gifts of all its people, including those whose gifts might be different or limited. Haven's special needs coordinator will help bring services to people with special needs and find ways to use their gifts in the church.

Haven's church leadership created this part-time position of special needs coordinator with input and encouragement from an ad hoc committee of parents. As the church fall program began, God called Kathy Timmer to this task. She had long been a servant helper to families at Haven, and she knew the many needs and gifts of the church members.

A primary role of the coordinator is advocate, identifying needs and then identifying people within the congregation who can meet those needs. The coordinator also serves the Sunday school teachers, GEMS and Cadet counselors, and youth group leaders by giving them tools to better include the children with special needs in their programs.



Kathy Timmer, Jacob Bunce (middle) and Nick Beversluis.

Newman, who wrote the job description, explains the dual role like this: "I believe that so much rests on parents' shoulders in a church. They come as the experts on their

child, and people want to assist but without knowing how to help. A coordinator is an appointed expert in addition to the parents, serving as a bridge to the parents, a bridge between parents and leaders, and a set of eyes always focused on how we can best provide for the gifts and needs of each individual."

Haven leaders and parents particularly liked that idea—not just meeting needs but using the gifts of people with special needs, and putting those persons to work in God's kingdom. Persons with special needs must be allowed to serve the church too.

Newman further explained her concept of the coordinator as a bridge. "As a bridge to the family, the coordinator can relieve some of the many pressures that families already have by stepping in as an advocate. By learning a person's or family's needs, the coordinator can identify the ways the church can provide help without the parents even having to ask. The coordinator then becomes the expert on each person with special needs. What do the parents need? What does the individual need? Is respite important? Is a support group helpful?"

As a bridge to small group leaders, the coordinator can make sure program leaders and other children or families have the information and skills they need to include a special needs person. For instance, each year a new Sunday school teacher might need to be trained in how to best deal with a special needs child. Instead of the parents having to do that, the coordinator can. "It's naive to assume that you can simply have the child with special needs walk into a group and have it work," Newman notes.

Finally, the coordinator can be a bridge to the congregation at large, to remind the church of its calling. This might include suggesting that ministers include the topic in the preaching schedule, or that the church hold special services or events. And the coordinator can identify potential roadblocks to inclusion.

Newman, who has worked long on the forefront of fully including all God's children in Christian education, supports Haven's efforts to better include special needs children in God's church family. She hopes Haven might offer a model for other churches to follow.

"Haven has two qualities that make me excited to come alongside and partner in their adventure," she said. "First, I believe God has placed a call on this particular congregation. Each church has ways in which God wants to mold and move that congregation. I believe Haven has a God-given calling to serve persons with disabilities, and children in particular."

"The second reason," she said, "is that Haven is seriously walking in that calling. The members there have hearts earnestly desiring to create such a community painted in 1 Corinthians 12. It is a joy to watch God at work in the congregation because they share the heart God has given me for including persons with disabilities."



## Autism Affects Families, Not Just Individuals

**T**he promises God gives us in his Word are many, and are made to all of us. God does not always give us the desires of our hearts, but his promises are comforting and everlasting. Recently I interviewed four families who have children with Autism: three mothers, one father, and a personal care attendant (PCA) who told me their stories. One thing all these parents have in common is their heavy dependence on God for strength to meet the needs of their families. They are able to see the wonderful things God has done through the autistic characteristics their children display. All are strong advocates for their children, who present unique challenges: mild cerebral palsy, seizures, cognitive challenges, and varying degrees of verbal ability. Their needs change, but the autism never goes away. Nevertheless, as Psalm 139:10 says, "Even there your hand shall lead me and your right hand shall hold me."

The following vignettes offer a glimpse into each family's life.

**SCENE ONE:** Mom is on the computer, connected to many sites where medical professionals discuss their research, and parents interact with the professionals. A need for action is discussed. She is diligent in helping to prove that mercury (thimerosal) is dangerous and a potential cause of the increase in the number of children with autism. She talks to politicians, to medical professionals, and to parents across the country. She goes to her state capitol and works with state legislators in trying to outlaw the use of thimerosal as a preservative in vaccines.

This mother's autistic son is in his twenties. She did not agree with the early diagnoses of those who indicated her son was mentally retarded. She knew this was not so, and continued to treat him as if he were not retarded. Realizing that many professionals did

not know much about autism, this mother became an avid researcher. At times she battles with anger because she feels that thimerosal may have poisoned her son and caused his autism. Rage and sorrow go hand in hand. If she had known then what she knows now, perhaps her son's autism would not be so intense.

Now she has connections throughout the country with experts on autism and heavy metal poisoning. She is thrilled that legislation has just passed in Iowa to outlaw thimerosal in vaccines.

Her three younger children react in different ways toward their brother. His sister who is 22 months younger is a strong advocate for him. All three of the siblings are proud of their brother's accomplishments. They feel he is courageous and have great respect for him.

Money is a big issue. It costs lots of money for families to pursue treatment for their autistic children. Only those who are fairly well off can consider alternative treatment.

Her son is presently taking college classes and doing well. He has an attendant. He has published a book of poetry. He is basically non-verbal but uses facilitated communication. He is on a gluten-free/casein-free diet (grain and dairy products) and is undergoing chelation to rid his body of toxic metals. Indeed, he is a courageous young man to be admired.

**SCENE TWO:** Mom, trained as a speech pathologist, looks at her son and just hopes he can be happy. He is diagnosed with an autism spectrum disorder; he is basically non-verbal and is limited intellectually. He has seizures and sensory processing challenges as well as asthma. He is also on an anti-yeast diet because of intestinal problems that requires special time and attention. He requires much attention and she tries hard to give it to him. And yet at the same time she tries to meet the needs of her two younger daughters

(ages three and five). They are bright little girls who do not know anything different from having a big brother who is not like them. They love their brother and like to play with him, especially wrestling with him on their bed. The oldest of the two girls takes on the role of the oldest child. It just seems natural for her. She is her big brother's protector. Mom has to decide where her attention is most needed and to juggle her time so all three of her children will get what they need to develop to their full potential.

This mother indicates she sometimes feels guilty about not spending more time trying to teach her son, but also feels she needs to devote time to her two daughters. She is home-schooling her kindergarten-aged daughter so she can spend time with her while her son is at school. He requires much attention during his waking hours.

She feels that having a son with autism has changed her family's perspectives on society's demands. It has stretched them in a positive manner emotionally and made them more accepting of other people. They, like the family described in scene one, have to be assertive to obtain what they feel is appropriate care for their son.

**SCENE THREE:** The parents and their three children go to a restaurant for dinner. Everything is going along fine until the youngest decides he does not like what is occurring and starts yelling and making a fuss. His brother, who is two years older, gets mad at him for ruining things for the rest of the family. His sister, who is four years older, is embarrassed. Why does he act that way? Then when their younger brother is rushed to the hospital with seizures, the two siblings are scared that he might die. They love him so much and do not want that to happen. Emotions are in a turmoil.

This child's official diagnosis is pervasive developmental disorder/childhood autism. He experiences seizures. Approximately once a year he is in a *status epilepticus* state (continuous seizure activity) needing emergency treatment and hospitalization, sometimes requiring a respirator. Doctors have indicated these seizures could be fatal.

The challenging characteristics that this family needs to deal with are his "acting out" behaviors when he is in an uncomfortable environment. The family and medical advisors wonder if his seizures cause the autistic traits or if whatever causes the autism also causes the seizures. He is attending school, involved in special education and included in the regular classroom part of the day. He is verbal, likes school, and talks about his friends.

His condition definitely affects his eight-year-old brother and ten-year-old sister. He is their brother and they love him, but it has definitely changed their outlook and perception on life. Their mother would like to think it has made them better people and stronger in character. They are quick to help out with their brother, but in public he can also be an embarrassment to them. When he has his seizures and is hospitalized, they need to make adjustments at home. The family does not do things it might otherwise do because of their son. Mom thinks about what he will be like as an adult. What measure of independence will he have? There are many uncertainties.

One factor this family faces is that their other children attend a private Christian school, and services are not available there for their son with autism. He attends the local public school. Thankfully, their son is a happy child. The teacher indicates that he does not dwell on things he cannot do, but does strive to do the best he can. He is also very loving towards his family and craves their affection. His mother ends her interview by saying that, indeed, their son with autism affects their lives in ways they did not anticipate when they became parents. At times she is angry that other parents appear to have "perfect" children. She feels that parents who do not have children with special needs just do not get it because they have not walked in the shoes of parents who do. She admits that she at times doesn't quite get it either.

SCENE FOUR: A PCA comes to work. Three nine-year-old siblings (triplets) run wildly and carefree through the home. One grabs her keys. One cannot find the blue Lego that he has to have! One wants something to eat and another says it is time to go to the bathroom (routine schedule). She has to remember who gets medication and when they get it. Among the three of them, they take at least eight different medications for various purposes and at four different times. These all have to be charted. The medication regime is very extensive and requires a lot of documentation and careful follow-up. When medication changes are made it affects the kids' lives. It may affect their sleeping, eating, mood, or other basic habits. This

particular PCA also gets involved in refereeing fights among them. She gets scratched, drooled on and yelled at, but also hugged, loved, and prayed for by the kids. She would not trade her job for any in the world right now. Isaiah 40 gives the promise that God gives power to the weak, and to those who have no might, he increases strength. This is a promise that comes through for her.

This family's triplets—two girls and a boy—attend a community school, receiving special education services but spending part or most of the day in the general classroom. All three are verbal. One is diagnosed with autism; another with autism, Asperger syndrome and obsessive compulsive disorder; and the third with dyslexia and asthma.

The children are involved in many activities, including soccer, dance, and choir. The boy loves soccer, but it is difficult for him because he has a hard time running and needs rest after participating. He does not like having autism because it gets him in trouble. The girl with autism is happy because she gets to go to all kinds of therapies. When playing "dolls," she takes them to therapy and gets them into their wheelchairs. The girl who does not have autism has many adjustments to make because of her siblings. She loves to put on makeup and nail polish, but cannot do that around her sister because of the fumes, which make her sister ill. She often will sleep over with one of the PCA's and is then an entirely different child. She attends a sibling group, and that appears to help her cope with her brother and sister.

The children's father discussed his Christian viewpoint. He does not feel it is God's will that the children have autism, but because of sin entering the world, conditions such as autism occur. But he loves his children as they are, and their condition makes them the way they are. He has dreams for them, hoping that at least the two girls will be able to go to college.

Romans 12 says, "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." God created each of us to be a part of the whole, not to be complete in and of ourselves, but to have to rely upon others and their gifts to attain completion.

God gives these promises to each of us. Philippians 4:6-7 says, "Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus." May these be the prayers of parents, children, friends, and professionals as we walk together with those who have an autism spectrum condition.

# Mental Illness

by Deb Niehof, Iowa



*(Reprinted by permission from the Classis North Central Iowa Disability Newsletter)*

## **It Is All Around You**

Look around the next time you are sitting in church. Would you believe that one out of every four families in your congregation is affected by mental illness in some way? Six years ago, I would not have believed that statistic. We were aware of only one person in our congregation who was touched by mental illness. However, since our daughter became ill and we started openly sharing about our experience, fifteen more people in our church have approached us with their stories and their struggles. Since our church has fewer than fifty families, I am now inclined to believe the statistic. I'm also inclined to believe that these illnesses are often hidden, and people are left to suffer in isolation because society has placed so much shame and blame on persons with mental illness and their families. It is time for the church to step up with compassion and support for these fellow believers.

## **Our Story**

Six years ago our oldest daughter was embarking on a life filled with promise. After graduating from Calvin College with a double major in English and French, she moved to California to teach in a Christian high school. She had a wonderful year. She enjoyed the beaches and mountains, the affirmation of students and fellow teachers, new friendships and involvement in the outreach of her church. We rejoiced with her, especially after a spring break trip where we met the special people in her life. Two months later her illness struck, and over the next several months she lost the life she had come to love.

Our daughter's bipolar disorder had a rapid and rather dramatic onset. One day she was teaching English and the next day she was beginning to exhibit a decrease in mental ability and judgment. By the end of the week, we had brought her home and she was hospitalized in the local hospital psychiatric ward. Months of medications, side effects, psychosis, new medications, new side effects, and another hospitalization left her unable to return to California, her home, her friends, her church, and her job. Even after being stabilized, it was another year before she felt comfortable moving out and living on her own again. Meanwhile, our world had also changed. We had entered the world of mental illness.

## **What Is Mental Illness?**

Mental illness is *not* the result of a poor upbringing or of some sort of personal weakness. It involves complex biological brain disorders. Just as other organs in the body such as the liver or the heart can become diseased, so can the brain. The good news is that since these are physical, biological illnesses, most people respond well to the new medications available. But first the illness has to be diagnosed, and the ill person and those closest to him or

her have to accept and acknowledge it as something that must be dealt with.

## **Illnesses and Their Symptoms**

It is estimated that over the span of a lifetime, 8 percent of the population will suffer from major depression, 1 percent from bipolar disorder (manic-depressive illness), 1 percent from schizophrenia, and 14 percent from obsessive-compulsive or anxiety disorders. Symptoms in the psychotic stages of the more serious illnesses can be extreme, such as strange or grandiose ideas, delusions, or hallucinations. Early warning signals may also include some of the following: difficulty concentrating or making decisions, decreased energy, loss of interest in activities, changes in eating or sleeping patterns, extreme emotional highs and lows, abuse of alcohol or drugs, marked personality change, suicidal thinking, and inability to cope with problems and daily activities.

## **How the Church Can Help**

Since a big determining factor for the well-being of the person suffering with mental illness is a stable, supportive environment, ministry to the family also becomes important. The load on the family is tremendous during times of crisis, as they try to navigate the mental health system, take care of doctors' appointments, monitor medications, deal with insurance and disability issues, and provide care for a person who is not able to understand or comprehend what is going on.

Following are some suggestions for giving support to those with a mental illness and to their caregivers.

- Do not blame the person or the family. Fight the misconception that this is a spiritual issue or that the ill person can snap out of it if he wants to. This kind of talk is devastating to the person and to the family.
- Recognize that the family goes through a grieving process that includes anger, denial, and guilt. Be gentle with them; do not give up in reaching out to them.
- Ask about the ill family member and give assurance of your prayers. When they are in a stable period take them to social events or invite them to your home. Socializing is vital in the recovery stage.
- When warranted, encourage the family to keep looking for the best possible medical care. A different doctor or a newer medication could work wonders.
- Be aware of how you talk. I cringe when I hear people toss off words like "crazy," "insane," "psycho," or "manic"; or when they joke about someone being "one brick short of a load." You are talking about someone's loved one.
- Do not be judgmental about suicide attempts. Nearly 90 percent of all persons who commit suicide suffer from a severe mental illness.

## Mental Illness, continued

- Become involved in social action. There is discrimination in the areas of housing, employment, and insurance coverage because of misunderstanding and stigma. Right now in Iowa, insurance companies do not have to cover mental illness in the same manner they cover other biological illnesses, even though mental illnesses are far more common than cancer or heart disease. With better coverage, people could get the medical treatment they need and begin the road to recovery and to productive lives. There would also be fewer homeless people and prisoners, since a large percentage of such people suffer from untreated mental illnesses. Ask your legislators what they are doing about mental health insurance parity.

### *The Good News*

The good news is that there is help available. The last decade has seen an explosion of research and new medications for these diseases of the brain. There is also more understanding and education for the families of people with mental illness. I have benefited greatly from the services of the National Alliance for the Mentally Ill (NAMI). This is a national grassroots organization with local affiliates in all of the states and several provinces. NAMI offers a wonderfully supportive and educational twelve-week program called Family to Family, which covers all the aspects of living with someone who suffers from a mental illness. A call to the NAMI national office (1-800-950-6264) or checking their website ([www.nami.org](http://www.nami.org)) will confirm whether a class will be held in your area. Although NAMI is not a specifically Christian group, many people involved in it speak freely of their faith and how it is only by living in the grip of God's grace that they have been able to come through.

Our family also has good news to share. After finding the right medications and going through a period of recovery, our daughter was able to take a part-time job and begin graduate school. She received her degree in December and this May was married to a wonderful Christian man who supports and understands her and encourages us to make her story known so that others may have hope.

### *Resources*

I would be happy to talk with anyone who has questions about our experience. My e-mail address is [unitycrc@aol.com](mailto:unitycrc@aol.com). Following are other recommended organizations.

National Alliance for the Mentally Ill (NAMI) National Headquarters

1-800-950-6264      [www.nami.org](http://www.nami.org)

National Alliance for Research on Schizophrenia and Depression (NARSAD)

516-487-6930      [www.mhsource.com](http://www.mhsource.com)

National Depressive and Manic-Depressive Association (NDMDA)

1-800-826-8382      [www.ndmda.org](http://www.ndmda.org)

National Institute of Mental Health (NIMH)

1-800-421-4211      [www.nimh.nih.gov](http://www.nimh.nih.gov)

Focus on the Family has a free information sheet called "Coping With Mental Illness" that especially addresses mental illness in a family of faith. Their number is 1-800-232-6459.

## Kizie, Our Gift

*by Dawn Ettinger, Nova Scotia*

A snowflake lands upon his nose, he squeals with sheer delight!

We dance and clap to reindeer songs and waltz to "Holy Night."

He points to lights that shimmer bright, that could never outshine his eyes.

It's Christmas time for Kizie, our little boy, our prize.

And he's showing us his Christmas gifts, through his beaming eyes, his squeals of glee, the way he stops to shake the tree.

The ornaments around him fall; the gifts unwrapped before their time.

The bows and ribbons are his toys, and in his heart is so much joy.

I'll wrap these memories with a bow, and in my memory bank they'll go, to reflect upon as years go by.

This little tyke so full of love is our special gift from God above.

(Maclsaac Ettinger is five years old and has Down Syndrome. Maclsaac is the youngest of six children and he is our joy.)



*Back Row: Sarah, Stewart, Breton  
Front Row: Breaugh, Kizzie, Machaela*

## Hope Centre CRC, continued

her smile and lustrous eyes, directs Tim, who is blind, to the piano. Others help transform the community room into worship space, or make coffee and prepare goodies. Several people read Scripture on a regular basis, and almost everyone actively joins in prayer. The fourteen members of our handbell choir practice hard and contribute to the worship at Hope Centre and numerous other churches throughout the city.

Prayer is a major strength of our worshipping community. Congregational prayers are truly shared by the members and sometimes last longer than the sermon. About half of the members regularly participate in the congregational prayer. Prayers are often deeply personal and express deep care and love for one another. Ellen, who most often ends her prayer with the confession "I love you God," sometimes begins with the declaration "I'm angry with you God! Why did you take my sister? I need her." Tears are not uncommon, and when someone bursts out in tears another is sure to walk over and give a hug or just hold a hand.

An incident I will never forget happened about six years ago while I was struggling with serious depression. I was sitting in my office, unable to rise above the black lethargy that seemed to fill the room and my very soul. Without knocking, two members of the congregation marched in, sat down, took my hand, and said, "Pastor Tony, we need to pray for you." These two women lifted me before the throne of grace in a way I had never experienced before. They were the light that lit my darkness—something my medication had not been able to do that day.

At Hope Centre we believe that every life is a gift of God—unique, valuable, and cause for celebration. As the

father of a daughter who lives with severe autism, I can affirm that celebration does not come easily or naturally. It took me a long time to grieve the loss of my dreams for my daughter. Once I got my head and emotions around that, I



*Tony Schweitzer*

found it much easier to celebrate ourselves, not only Lisa and all the people I live and work with, but also myself.

We also develop relationships between our members and the wider community. Our senior's group includes seniors from the community and seniors who live with a cognitive disability. We get together with the seniors from Covenant Church for an annual BBQ. We hold an annual walk-a-thon to raise funds for our retreat. We encourage people from other churches to become walking partners with our members. The walking partner helps to obtain pledges and then on the day of the walk-a-thon walks alongside, or perhaps pushes the wheelchair.

Perhaps the most important thing I have learned over the years was summarized by a young woman with disabilities when she said, "It is really important for you to be nice to handicapped people, but it's more important that you let them be nice to you." This woman made concrete what Jesus taught when he said, "It is more blessed to give than to receive." We who so often are the givers must learn to receive if we are to grow as a community.

\* All names, except of staff and those deceased, have been altered.



DISABILITY CONCERNS  
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