

SERMON “No Stigma”
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Olivet Congregational Church, UCC
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1 Samuel 16: 14-23

David Plays the Lyre for Saul

Now the spirit of the LORD departed from Saul, and an evil spirit from the LORD tormented him. And Saul’s servants said to him, ‘See now, an evil spirit from God is tormenting you. Let our lord now command the servants who attend you to look for someone who is skillful in playing the lyre; and when the evil spirit from God is upon you, he will play it, and you will feel better.’ So Saul said to his servants, ‘Provide for me someone who can play well, and bring him to me.’ One of the young men answered, ‘I have seen a son of Jesse the Bethlehemite who is skillful in playing, a man of valor, a warrior, prudent in speech, and a man of good presence; and the LORD is with him.’ So Saul sent messengers to Jesse, and said, ‘Send me your son David who is with the sheep.’ Jesse took a donkey loaded with bread, a skin of wine, and a kid, and sent them by his son David to Saul. And David came to Saul, and entered his service. Saul loved him greatly, and he became his armor-bearer. Saul sent to Jesse, saying, ‘Let David remain in my service, for he has found favor in my sight.’ And whenever the evil spirit from God came upon Saul, David took the lyre and played it with his hand, and Saul would be relieved and feel better, and the evil spirit would depart from him.

Luke 9.37-43

37 On the next day, when they had come down from the mountain, a great crowd met him. ³⁸Just then a man from the crowd shouted, ‘Teacher, I beg you to look at my son; he is my only child. ³⁹Suddenly a spirit seizes him, and all at once he* shrieks. It throws him into convulsions until he foams at the mouth; it mauls him and will scarcely leave him. ⁴⁰I begged your disciples to cast it out, but they could not.’ ⁴¹Jesus answered, ‘You faithless and perverse generation, how much longer must I be with you and bear with you? Bring your son here.’ ⁴²While he was

coming, the demon dashed him to the ground in convulsions. But Jesus rebuked the unclean spirit, healed the boy, and gave him back to his father. ⁴³And all were astounded at the greatness of God.

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A number of years ago, I was visiting with a good friend. She is a lovely lady, whom I had known since my daughters were little and grew to know more as we both participated in activities at church. This particular morning, my friend confided in me that her son, a young adult, was inpatient at a local psychiatric facility. A few years earlier, he had been in a bad skiing accident and seriously injured his back. He had had surgery and was prescribed pain killers. His pain was always there, before and after his surgery. The pain medication did not adequately relieve his pain and he became addicted. He was in the hospital with substance abuse disorder.

My friend told me about this, asking that I keep it in strict confidence, which I did. But we also discussed that it wasn't fair that she felt the need to keep this to herself. If her son had been hospitalized with a medical condition, she would feel free to speak openly about his condition, to share her concerns and emotions as a mother. She would be able to receive support of others, especially her church community. If her son was hospitalized with a medical condition, she would not worry about what people think. She would not have to think about the stigma that comes with having a mental health condition.

It is indeed sad and an injustice that there is a stigma attached to mental health conditions such as major depression, bipolar disorder, schizophrenia, post traumatic stress disorder, eating disorders, and substance use disorders. It is not fair that individuals who live with a chemical imbalance in their brain are reluctant to seek treatment for their mental health condition because they are told that it's all in their head or it's a sign of weakness to require medication and/or need counselling for their condition. It is not fair or just that family or friends of persons who struggle with mental illness should feel shame or embarrassment toward speaking about their loved one's illness and their struggle. It is unjust that there is inadequate emergency and inpatient care for adults with mental illnesses and even less care available for children. It is very sad when people do not see their church as a place where they are free to speak of what they are going through.

In her book, "Blessed are the crazy; breaking the silence about mental illness, family and church," * Reverend Sarah Griffith Lund shares her experience as a person with "crazy in the blood," her words for the familial, biological predisposition for mental illness. She discusses the members in her family with mental illness – growing up with her father with bipolar disorder and one brother with bipolar disorder. She also shares the story of a cousin with mental illness who ended up on death row for murder and died by execution.

With honesty and sensitivity she describes what it was like having an abusive father whose bipolar disease was never treated and how it affected her life and her faith. She describes her brother's battle with bipolar disease over the course of his life and how medications were not always effective. So he turned to self-medication with alcohol, which further contributed to his problems and need for inpatient hospitalizations. She states, that to tell her story, "to give my own testimony as the daughter and sister of crazy blood, is to slowly patch together pieces of my heart torn apart by pain and sadness of living with mental illness." (p. 38) And she shares being the chaplain for her cousin as his execution drew near, a young man who was severely abused and neglected from a very early age, which likely contributed to his deviant behavior over time.

Sarah shares how her experiences and those of her family impacted their relationships but also how her faith and her experience of God evolved over time. Most poignant and provocative were her questions after being present with her cousin, Paul, while on death row and at his execution. She shares her question as to where God was on death row. She came to the conclusion that God was present, working through her as Paul's spiritual advisor. And God was also with Paul, a redeemed sinner. She said, "God did not abandon me and God did not abandon Paul. But another question remains: if God was with Paul and in Paul, then what happened to the God-part of Paul when he was executed? Did part of God get executed too? This is what makes the most sense to me now: part of me and part of God died the night of Paul's execution." (p.68)

Sarah acknowledges that it is easy to feel God's presence when things are good – in nature, at the birth of an infant, in the presence of a loved one; but that God is also present in times of pain. Often we ask where God is in the messiness of life when we don't feel God's presence. She says, "I believe that there is a deeper spiritual knowing that comes as revelation, so that God's existence no longer depends on us saying it is so, or detecting it with our senses. Over time I've come

to know that God is everywhere: on a scary car ride with a crazy father, in psychiatric care units, and on death row. You might discover God in places I've never been. That's why I have come to believe that there is no where that God is not. God is everywhere." (p. 73).

Sarah's story is moving and intense at times. In her struggle with God and faith, her belief in the love of God always present prevails – not in a canned or sappy way, but as Presence even in painful circumstances. She quotes the Jewish and Buddhist mystic, Leonard Cohen, who said, "There is a crack in everything; that's how the light gets in." She goes on to speak of our ability to choose God in times of struggle, that "When pain breaks open our hearts, there is a new opening for God's light to come in." (p. 72)

Then Sarah moves beyond her personal story to the faith community. She shares the story of a pastor with whom she is a friend. He sadly told her that six individuals in his congregation had attempted suicide in the previous year. What compounded the sadness of this compassionate pastor who wanted to minister to these individuals was that none of these individuals had returned to church. He was unsure why. But he attributed it, in part, to potential embarrassment or shame related to their illness by the individuals or fear of rejection by the congregation. The fact that these individuals felt unable to return to church in a time of great need weighed heavy on that pastor's heart.

Sarah speaks of the role of communities of faith. She reminds us of the power of telling stories, that Jesus told stories as a means of teaching and sharing his message of love. She acknowledges that the stigma of mental illness makes it difficult for individuals with mental illness or their loved ones to share their stories. They would often rather lie or cover up the truth than to face possible humiliation or rejection. She believes that churches (especially those that profess that mental illness can be cured without medication or counselling but rather, with prayer, exorcism, and faith) perpetuate a culture of stigma or shame. For instance, when persons with mental illness demonstrate inappropriate behaviors, parishioners may voice opinions that their loved ones are not providing the right structure or control of behaviors. In other circumstances, congregations view suicide as a sin and the person is damned. (Sarah questions how a loving God could inflict eternal damnation upon someone who was in so much pain that he or she took their own life.) Or congregations harbor fear or mistrust and isolate themselves from person or the family of the person with mental illness.

So how might churches respond to those who struggle with mental illness – to the individuals or to their loved ones? Sarah offers solutions for faith communities. She recommends creating a safe environment and opportunities for persons to share their stories. She suggests that church members become educated about mental illness to “help communities reduce the stigma of mental illness, and promote inclusion, welcome, and spiritual support for people with mental illness and their families.” (p. 97) Additionally, as individuals and as a community of faith, they can advocate for increased funding for and increased availability of resources and services for care of individuals who suffer from mental illness.

As persons of faith, we can be like David, who cared for Saul. When Saul, stricken by an evil spirit, likely a form of mental illness, became enraged, David played the lyre for him. It calmed him down. Perhaps it was the music that soothed Saul’s behaviors. Music is certainly therapeutic. But perhaps it was David’s calm and reassuring presence in the midst of Saul’s out of control behavior that helped Saul to calm down. We can be a calm, non-anxious presence and reassuring to the one who struggles – even if we don’t play the lyre. As a side note, we can challenge those individuals who say that a person’s mental illness is a curse from God. Our loving God would not inflict mental illness upon a person any more than God would inflict cancer or some other terrible medical condition on a person.

And we can be like Jesus. No, we may not be able to heal the person with a brain disorder on the spot. We can see the person with mental illness as a beloved child – a child of God. We can respond to their family like Jesus did to the father that called out to him. Like Jesus listened to the story of that father. We can listen to the stories of loved ones and hear their requests for help – encouraging them to speak their truth. We can make sure they do not feel judged, that there is no stigma. We can respond to their pleas for help by being supportive and compassionate, acknowledging the difficulties and stress involved in being a caregiver. And we can pray.

As followers of Jesus who seek to love our neighbor, including our neighbor with a mental illness, we must first look at ourselves. We must see if we harbor preconceived notions or stigmas. If we do, we can seek to learn more and to listen to stories of others. Then we can be present to the person who struggles. When we are a non-anxious presence, when we listen to another’s story without judgement but with love and support, when we convey a message that all are

welcome, and when we pray, then we provide comfort for persons with mental illness and their loved ones. Then we convey Jesus' message of love and healing.

Lund, Reverend Sarah Griffith. Blessed are the Crazy; breaking the silence about mental illness, family and church, (St. Louis, MO: Chalice Press, 2014)