**Sermon Notice. Be present. Love. Offer hope.**

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**Isaiah 43: 1-4a** But now thus says the Lord,
   he who created you, O Jacob,
   he who formed you, O Israel:
Do not fear, for I have redeemed you;
   I have called you by name, you are mine.
When you pass through the waters, I will be with you;
   and through the rivers, they shall not overwhelm you;
when you walk through fire you shall not be burned,
   and the flame shall not consume you.
For I am the Lord your God,
   the Holy One of Israel, your Savior.
I give Egypt as your ransom,
   Ethiopia and Seba in exchange for you.
Because you are precious in my sight,
   and honored, and I love you,

## John 5:1-13 After this there was a festival of the Jews, and Jesus went up to Jerusalem.

Now in Jerusalem by the Sheep Gate there is a pool, called in Hebrew Beth-zatha, which has five porticoes. In these lay many invalids—blind, lame, and paralyzed. One man was there who had been ill for thirty-eight years. When Jesus saw him lying there and knew that he had been there a long time, he said to him, ‘Do you want to be made well?’ The sick man answered him, ‘Sir, I have no one to put me into the pool when the water is stirred up; and while I am making my way, someone else steps down ahead of me.’ Jesus said to him, ‘Stand up, take your mat and walk.’ At once the man was made well, and he took up his mat and began to walk.

**Sermon** “Notice. Be present. Love. Offer hope.”

Lying among the blind, the lame and the paralyzed was a man who had been ill for 38 years. 38 years. We don’t know if he was lame, paralyzed or suffering from some other condition. We simply know that he had been sick for long time, likely, most of his life. And in Jesus’ day, this man likely would have been shunned by society because of his condition. And rather than lend a hand, no one, in 38 years, had brought him to the Bethzatha so that he could enter the water and be healed. No one. Until Jesus came along.

Now the focus of this story, which happened on the Sabbath, is that Jesus healed this man, telling him to “Stand up, take your mat, and walk.” And the man did. Jesus and the man had done the unthinkable. Jesus healed on the sabbath and the man carried his mat on the sabbath. They were in trouble with the religious authorities for their activities on the Sabbath. Ultimately, Jesus got in more trouble by telling the Pharisees that his Father was still working on the sabbath and so was he. He was calling God his Father, “thereby making himself equal to God.” (John 5: 18). That enraged the religious authorities.

But this morning, I would rather look at the circumstances surrounding this miracle of Jesus, the healing of man who had been ill for 38 years. For what was likely most of this man’s life, he had been unable to step into those healing waters of that pool. Was he paralyzed? Were his legs simply too weak and unsteady as he tried to make his way down due to some medical condition? Had he been injured in an accident? Was he immobilized by hopelessness from previous attempts that ended in failure and that caused him to give up?

What about the people? Not only did people not reach out a hand to assist this man down into those healing waters, but they would step in front of him. They got in his way. Did they not want to get to close to him because he was unclean or a sinner or grungy after being on the porch for all those years? Did they consider his unnamed illness a punishment for something he or his parents had done? Did they consider him unworthy? Had he become such a fixture there that they did not see him? Thirty eight years is a long time to be struggling yet unseen or intentionally ignored.

Rachel A. Keefe, in her book, The Lifesaving Church: Faith Communities and Suicide Prevention\*, shares her story of growing up in emotional pain with feelings of inadequacy and her struggle with an eating disorder, suicidal thoughts, and attempting suicide at age 15. During her hospital stay following that attempt, she was visited daily by her pastor. Upon discharge, while she was receiving counselling, he continued to chat with her regularly. She then received support from the whole congregation. That support continued even after another hospitalization for treatment of an eating disorder and after that pastor moved on to another church. She states, “The congregation showed me that I had value, that they wanted me there, and that I mattered. Of course, it took me years to claim this truth, but that did not change what they did. Eventually, I accepted the love they freely offered.

Without knowing it, this congregation gave me an understanding of church at its best. They saved me. I didn’t know it then but the lessons of acceptance, love and value that I learned in that congregation were going to sustain me through some very challenging times many years later. The Federated Church of Hyannis, its members and clergy, literally and spiritually saved my life.” (p 7)

Throughout her book Rachel, shares the ongoing challenges she faced. Amidst sharing the painful experiences at home and the evolution of controlling her eating to being controlled by an eating disorder as a teen and later in life, Rachel also shared the evolution of her faith, her call to ministry, and how she has struggled and grown while serving God in various settings.

And at the end of each chapter she closes the chapter with a section entitled, “What your congregation can do now.” Those sections include suggestion such as:

 “Learn the signs that suggest a person is at risk for suicide.” (see appendix A, Signs of Suicide Risk.)

“Respond to mental health crises the same way the congregation responds to any other health crisis – by visiting the person in the hospital or at home, by bringing food, by offering help and support, and with prayers. (See Appendix G: Prayers.)

“Emphasize God’s unconditional love for all persons no matter what, without exceptions. (See also Appendix F: Scripture Verses and Stories that Emphasize Hope.)”

“Accompany people in their suffering without trying to fix them.”

“Be present. Show up even when it is uncomfortable.”

“Create a safe place for people to share their stories without judgement.”

“Recognize the power of words and welcome. Is your congregation truly welcoming of all people? How do you convey that welcome explicitly?”

“Communicate the gospel in a way that affirms the value of each person as God’s beloved.”

Rachel has other suggestions. The ones above are only a sample of the ways congregations can support the person struggling with mental health conditions. Rachel’s healing began with her suicide attempt. Her healing continued with support and as she learned more about mental illness and internalized her belief in God’s forgiveness and unconditional love. That love is expressed in these words from Isaiah in this morning’s reading, “Do not fear, for I have redeemed you; I have called you by name, you are mine... you are precious in my sight, and honored, and I love you,” (Isaiah 43: 2, 4)

Don’t be afraid. I know you and you are mine. You are precious. I love you. It is so important to hear these words from God and to know that God cares when we are struggling.

Jesus saw the man with an illness who had been on that porch for 38 years. He really saw him. We assume that man had some medical condition that was obvious. But maybe his medical condition was not that obvious. Maybe he looked weak and worn out, like he had lost hope. Nonetheless, Jesus noticed.

Mental health conditions can be less obvious than physical conditions. Whether his condition was related to his physical or emotional health, Jesus still saw this man. So how might we “see” the person who is struggling with a mental health condition? How might we help, even though we alone cannot heal an individual as Jesus healed this man?

We can increase our awareness of circumstance that contribute to emotional pain or distress and learn about some signs to look for.

For instance, if we see a young person who is losing weight, we cannot always assume this is intentional or healthy. We can be alert to how that that youngster is doing socially or in school or at home. We can also be aware of how we speak about eating and weight in general. Because what we say about diet and food and body image in our everyday conversation sends messages to those who struggle with their body image and their relationship with food. We can reassure the person who may be struggling that we care for them as a person, a beloved child of God, no matter their appearance. We can remind them that they are made in the image and likeness of God, the image of love.

We can listen for signs of depression – disrupted sleep, loss of interest in things that previously brought pleasure, a change in appetite and possibly neglecting one’s own health. This is especially true of family caregivers.

Studies across the globe have documented increased psychological and emotional symptoms among caregivers – feelings of decreased happiness, increased anxiety and depression, decreased feelings of being supported by family members, increased stress and loneliness and even increased suicidal thoughts. Physically, family caregivers may neglect their own health while meeting the health needs of the loved one who is sick. This is particularly true when the loved one has dementia, with its physical changes and unpredictable emotional course.

We can be attentive and supportive to family caregivers in our midst. We acknowledge the challenges of caregiving, listen to their stories, and even ask if there is something we can do. We can be empathetic without offering advice as this caregiver knows their situation better than we do. So we can trust they know what has worked in the past and what works now. And we can support their efforts at physical and emotional self-care. All the while, hold them in prayer.

And if we think, in conversation with someone, regardless of whether or not they have a diagnosed mental health condition, if we wonder if they might be thinking of hurting themselves, Ask. Asking someone if they are thinking about hurting themselves does not increase the risk of suicide. And if that person says yes, do not leave them alone. Do call someone - contact someone they trust to come get them or a counsellor if they have one or call 911 or the National Suicide Prevention Lifeline: 1-800-273-TALK (8255), which provides confidential help 24-hours-a-day seven days a week. Continue to listen and be a supportive presence until help arrives.

Rachel Keefe reminds us, that as Christians, we are called to be agents of hope. She states, “I firmly believe that as long as there is breath, there is hope:” for the right medication, the right therapist, and “for God’s light to shine through the deepest despair. But if we aren’t talking about these things, hope becomes nearly impossible to find.”

As disciples of Jesus, who reached out to those with physical and mental conditions, we are called to follow his example. We are called to notice the one who is hurting, to reach out, and to convey God’s unconditional love. Let us be present. Let us listen. Let us convey compassion, love and hope.

\*Keefe, Rachel A., The Lifesaving Church: Faith Communities and Suicide Prevention, (Chalice Press, 2018).