

“Pushing Normal”
February 28, 2010

The Reading

The reading is by Jane Greer from the Unitarian Universalist Association website. It relates how Unitarian Universalist minister Barbara Meyers has a community access TV program in the bay area of Californian that features mental health issues. The reading text deals with Kathryn Lum being interviewed about her schizoaffective disorder.

Here begins the reading.

Kathryn Lum was describing what it was like as a person with mental illness to first feel the positive affects of medication. “I remember for the first time lying in bed feeling like I had just been thrown up on the shore,” she told the cameras. “I had been shipwrecked and the waves had been crashing over me and I had been struggling to keep afloat. Then I found myself on the beach and resting. Feeling peace for the first time”

[The Reverend Barbara] Meyers’ commitment to mental health issues is based on personal experience. After being hospitalized twice for depression, she discovered Unitarian Universalism. “The congregation was tremendously helpful to me in my recovery,” she said. “They really lived the first principle [respect for the inherent worth and dignity of every person]. It was incredibly healing being in that environment.”

Meyers’ ministry is all about hope. “My version of evangelism, living out my religious principles is primarily: give hope. Hope is the start of recovery – believing you can recover,” she wrote in an email. “This is the ‘good news’ or gospel that I want to spread.”

She added, “I think that there’s no better thing I could be doing with my life. This show can have an effect on people.” In addition to the television program, Meyers has developed a curriculum called *The Caring Congregation Handbook and Training Manual*, which educates people about mental health issues.

Here ends the reading.

“Pushing Normal”
by
The Reverend William Haney
February 28, 2010

The Unitarian Universalist Church
Columbia, Missouri

There are two persons of importance in the effort to understand mental health in our nation that came from our liberal religious tradition. One was Dr. Benjamin Rush. He not only was a signer of both the Declaration of Independence and the Constitution, he was also a Universalist. He is given credit as being the “Father of American psychiatry,” due to his 1812 publication *Medical Inquiries and Observations, Upon the Diseases of the Mind*. This was a standard reference for seventy years. He predated Freud by many decades when he listened to his patients describe their suffering in order to discover a path of recovery. He also relied upon their dreams to better understand their illness. His pioneer studying and treatment of mental illness caused him to realize what was then identified as “the insane” should be treated with respect, protesting any inhumane actions against them. He also believed that the black slaves were not in any way mentally deficient, holding firmly to that view throughout his life.

The other person was Dorothea Dix, a Unitarian. Her tireless efforts single-handedly reformed and transformed how sufferers of mental illness should be treated in hospitals and institutions. From 1843 to 1848, Dix traveled 30,000 miles investigating the prisons, workhouses and almshouses of nearly every state east of the Rockies. Based upon her findings, she introduced Memorials into state legislatures for prison and mental institution reform – and very often, got results by her dogged persistence. In 1843, there were 13 mental hospitals in the United States; by 1880, there were 123, all directly attributable to her efforts. She was directly involved in the founding of 32 mental hospitals, usually called upon to select the sites for their construction.

Rush and Dix were dealing with a cultural mindset that held to an ideal of normal. In that mindset, those whose behavior was outside normal were to be shunned from society. De-humanizing institutions were established to get the ill out of sight. Rush vigorously objected to such treatment and accommodations. He did all that he could to prevent the perpetuation of such treatments and housing. Dix was outraged that guards charged admission for spectators to observe what were called “the antics” of those incarcerated simply because of their illness. With the work of Rush, the dichotomy of either being sane or insane was demolished. He was the first to establish categories of mental disorders and illness, some of which are still used today. Dix set into motion in this country and Europe a deep concern and caring for those suffering from illnesses over which they had no control. By the example of these two persons of compassion and hope, we as a religious tradition have a place in the care of those who suffer from mental illnesses.

By mid-20th-century, psychology and psychiatry had some popular appeal. This was revealed in part by Alfred Hitchcock’s film *Spellbound* with Gregory Peck and Ingrid Bergman, a popularized and oversimplified version of Freudian psychoanalysis. Another film of the era was *The Snake Pit* with Olivia DeHaviland and Leo Genn, revealing life in the institution and final recovery. Both of these films and several more gave some popular credence to mental illness. However, by the beginning of the second half of the 20th-century, charges of discrimination and institutional abuse of the mentally ill were revealed. The

dreams and ideals of Dix and Rush that were implemented became the very demons they wanted to prevent. So, by court order many mentally ill persons were literally thrown out onto our city's streets. It was incumbent upon them to take care of their own condition. There was no system put into place to care for those suffering their maladies. In many cases, families were put in the place of providing care.

In my own experience, a former brother-in-law of mine suffered from schizophrenia. I say "suffered" because of not only the way the illness crashed in upon his selfhood, causing great frustration within him. He suffered also because of the frustrations of his immediate family members. They suffered as well. He had a habit of wanting more money for his cigarettes. Without any other resource, from time to time he would sell his medications in order to feed his addiction. Often when with his family, his behavior would reveal that he wasn't taking his meds. Then there would be emotional and painful outbursts directed toward him by his father and two sisters. He was emotionally incapable of adequately defending himself. So, he retreated into himself with his internal conversations obviously in great emotional pain. He sank in a sulking state into the armchair, becoming fused as a part of the overstuffed. He was then ignored through the course of the rest of the day. The family was frustrated and felt he was hopeless. He was isolated within his own family. The relationship was broken. Personal and emotional limitations were reached, even exceeded. The love that under-girded the relationship foundered. The illness was de-humanizing; not only because of it, but rather because it was pushing the boundaries of what was considered normal.

Rush and Dix as our Unitarian and Universalist forebears had the insight that suffering people needed the dignity of care as whole persons. As we look back upon their methods, they are archaic and outmoded. Yet their motives were authentic. They were motivated by compassion and hope. That is what is carried forward by the Reverend Barbara Meyers in the San Francisco bay area. Her cable TV program, according to Jane Greer, "is trying to counter the stigma and prejudice often attached to mental illness by talking with people who actually suffer from various conditions as well as with family and loved ones who live with them." The results are so far very encouraging. Meyers has the support of the 118-member Mission Peak Unitarian Universalist Congregation in Fremont. Her community ministry is anchored in that congregation. Members volunteer to assist in the production of the TV program. It is from her relationship with the congregation that she developed the adult religious education curriculum called *The Caring Congregation Handbook and Training Manual*, to aid those wanting to push normal to all persons in the realm of hope and authentic relationship.

How we deal with mental health is not a clinical process. It is a human, caring and loving presence with and for the other, to be open to the richness of the other person. Richard Baydin, in the March/April 1999 *UU World* speaks of his mental illness as working himself from the darkness of the dungeons of despair. From his prison he found the gift of hope, when he says;

I learned to find meaning in the darkness. I had to uncover the potential of my inner self and inner learnings. What am I? What can I be? How can I grow? Will my life be taken away? These are the concerns I have posed for myself. I have learned a great deal and at times forgot almost everything. I have stood tall and fallen flat on my face. I have to hold my own every second, for at any moment can come an inner attack.

His questions are what anyone can and, perhaps from time to time, should ask of themselves. The existential question of life being taken away from him has a specific meaning: whether his illness will again overtake him. Yet, there is a deeper meaning to his question: that of our own lives being altered in some way, even lost to us as to physical or mental ability or by death. This can happen to each of us person-

ally or to those whom we love. We all share in Baydin's question of the value and presence of life as we know it. As with him, we are all vulnerable and finite in the uncertainty of our life prospects. This is what is normal for all of us, regardless of the state of mental health. His question of growth is one we all ask as we are engaged in community. For religious people, growth is spiritual and personal transformation: that is the purpose of church, synagogue, temple and mosque. That transformation is the process of the question of "What can I be?" Along with a new beginning for the self, it also establishes right relationship with others. It is through religious and spiritual transformation that we find hope and the ability for compassion.

What Baydin found is that of the practice of self-acceptance. That may be something we all can practice. He built a support system and put people in his life. He learned to put hope front and center in his life. One cannot do that alone. It takes those with care, compassion, hope and love to be a part of each person's life in order to be normal. In speaking of normal, what is "normal?" In today's diverse and pluralist society, there are many different "normals." It just may be the term is obsolete. In the case of mental health, as each decade passes we are presented with a re-thinking of the previously identified condition. There was a time when being homosexual was considered a psychological problem. I believe we have numerous "normals" that cause each of us to be open to new possibilities of acceptance and relationship. Being normal is not a matter of the state of one's mental health. It is a matter of right relationship. We are all in this life together. We all have our strengths and frailties. The struggle is to find the balance of the two: strengths and frailties. I know that is the case with me in my ministry and personal life. This community and its church life can be a vital part of our seeking balance.

There is a vital role a religious community can play in this process of all being normal. This is revealed with Meyers' words;

The congregation was tremendously helpful to me in my recovery They really lived the first principle [respect for the inherent worth and dignity of every person]. It was incredibly healing being in that environment.

The process of normal is that of seeking wholeness, regardless of inner or outer circumstances. We cannot allow infractions upon our wholeness, our holiness. This is the sacredness of life and of one's life fully lived. In this way we are in right relationship with each other and with that aspiration beyond the self, whether we name it ideal, ultimate concern or God.

In our seeking for what we believe to be normal for our self and others, we are grounded in hope. This is expressed by Meyers this way, in the reading;

My version of evangelism, living out my religious principles is primarily: give hope. Hope is the start of recovery – believing you can recover This is the "good news" or gospel that I want to spread.

That "good news" is grounded in love – the love we give that is unconditional and the love we have for specific persons in our lives. Let us consider being normal is in a loving, caring and hopeful relationship. Let us strive for what I understand to be God as we meet each other in open and authentic relationship. We are all in this life together.

Amen.