**Mental Health Month sermon**

*“I came that they may have life, and have it abundantly.”* –John 10:10

This past week, I attended our annual Diocesan Clergy Conference. It was a wonderful time, and I appreciate greatly that the Diocese subsidizes these things and our own Vestry allows me to attend. The speaker was wonderful. And an added benefit to these gatherings is that I get to meet clergy who are new to the diocese.

I have been wanting to get to know Fr. Peter Floyd, the relatively new rector at St. Michael’s in Colorado Springs (where Confirmation will be held the end of this month). While I had seen him at regional events and diocesan convention, I had never had the opportunity to talk with him. And so I made a point of sitting next to him at one of our meals this past week. Peter told me that he came here from a church in Wisconsin, and before that, was at the Episcopal Church in Hinsdale, Illinois, a Chicago suburb that happens to be not far from my home town. Sensing an opportunity for a connection, I said, “I spent some time in Hinsdale Hospital when I was a kid.”

What I ***didn’t*** tell him was WHY I was in Hinsdale Hospital. I was there under the care of a psychiatrist.

Returning from Clergy Conference, I started wading through my accumulated emails, and in the weekly email update we clergy get from the diocese, there was this notice, in red print, posted by a lay member of the Episcopal congregation in Breckenridge. The red, bold print said: “**May is Mental Health Awareness Month**.” The notice went on to say, “According to the Surgeon General, one in every five Americans experiences a mental disorder in any given year, and half of all Americans have such disorders at some time in their lives.  These illnesses of the brain affect all of us, regardless of age, gender, economic status or ethnicity.  Mental illness affects the mind, body and the spirit.  It is a real, common and treatable illness. Mental illnesses are far more common than cancer, diabetes, heart disease or arthritis. Our faith communities can be an important part of the recovery process through education, support and by helping individuals and families feel part of a caring community, just as we do when a member experiences a *physical* illness.” That was what I read in that diocesan email update.

Now, I don’t normally observe these kinds of things. There are specific, officially designated days, weeks, and months dedicated to the awareness of breast cancer, testicular cancer, heart disease, AIDS, Drug and Alcohol Recovery – the list goes on and on, as you know. But there was something about that email notice that **demanded** my attention – and that’s really the best way I can put it – *demanded* my attention. And so I decided to speak today, during Mental Health Month, about some of my own struggles with mental health, hoping that it might help all of us to be less reticent to talk about – and more willing to minister to – those suffering from mental illness. If, as the Surgeon General states, half of all Americans have mental illness of some type at some time in our lives, it makes little sense to avoid the issue, or be embarrassed about our own experiences.

When I was in grade school, I suffered from what I know today was an obsessive-compulsive disorder, although at the time I just felt like I was – well, abnormal, or damaged. The behaviors centered around rituals before going to bed, emanating from two separate fears: First, I was terrified that while I was asleep, some loose connection in an electrical cord would create a spark and cause a fire in my bedroom. And so, before going to bed each night, I made sure all the electrical plugs in my bedroom were firmly pushed into the wall sockets. The lamps, the electric clock, the air purifier for my asthma. Having done this, I’d get into bed – and immediately start wondering if I had done it right; so I’d get out of bed and do it all again. And the cycle kept repeating itself – push in the plugs, get in bed, get up again, push in the plugs again, get back in bed... It was totally irrational, and I *knew* it, which just made me feel worse about myself.

My second fear was that I was going to forget something very critical that I needed to do the next day. What if I forgot to hand in my homework? What if I forgot to bring my sack lunch, or my trombone, to school (or whatever it was I was supposed to do the next day)? So I had a pad of paper by my bed, on which I wrote notes to myself. Then I’d crawl into bed, and almost immediately start to think, “Did I write down about my homework?” So I’d get up, turn on the light, and check the list. This, too, went on repetitively before I was able to go to sleep. This, too, I knew to be abnormal, crazy behavior – which meant, of course, that ***I*** was abnormal and crazy. This kind of behavior went on for years when I was young.

My parents, of course, tried to reason with me, as you might guess, saying, “There won’t be a fire; you don’t have to worry about it. And so what if you forget your trombone?” Of course, reasoning was not effective with fears that were unreasonable. I **knew** my behavior was sick and irrational; I didn’t need them to tell me that. Going to bed was simply miserable.

And so the trips to the child psychiatrist, and the eventual hospitalization in Hinsdale Hospital. My parents thought that part of my problems with asthma might have psychological origin. I vividly remember one week when I was 7 years old, thinking all that week about committing suicide.

Did I ever tell my classmates about my “abnormalities”? Not in a million years. We teach children very early that there is a stigma concerning mental illness.

By the grace of God, I somehow grew out of these bedtime compulsive behaviors – was eventually healed of them. I actually began to feel pretty normal, and to think that I might not be such a misfit after all.

Then, in my 20’s, came the anorexia. For six long years, I struggled with a tremendously powerful fear of gaining weight, a fear of food. And yet all I could think of, 24/7, was food – *when* I would allow myself another meal; *what* I would eat; *how* I would cook it. I was at one time down to 93 pounds, blood pressure steady at 60/40, cold all the time, losing body hair, getting irregular heartbeats. My family and friends were furious with me. The solution to my problem, after all, was so *easy*! “All you have to do is eat!” my father would yell. If you had asked me if I had **any** hope of *ever* getting better, I would have told you, “No way. I’m in this dark tunnel, and I can’t see any way out.” Six years in that tunnel, and then gradually I was loved out of it. That’s the best way I can explain it. I slowly came to realize that there are more important things in life than food.

I began to feel healthy and whole again. The sun was shining once more! I was so very, very grateful to be out of that tunnel. Karen Carpenter, who was suffering from anorexia at the same time I was, wasn’t so lucky.

Feeling healthy and confident, I accepted a call to a small church in Nebraska. But before long, something became very obvious to everyone in that parish: I was not my predecessor. Fr. Tim Anderson was one of the most gifted, charismatic, outgoing, funny, smart, energetic priests I have ever met. And Tim came with three huge bonuses: a beautiful, equally bright, committed, energetic wife, and two equally handsome, intelligent, and charming young sons. All of them had been deeply involved in the parish, poured their energies into the parish. And the parishioners were (justifiably!) crazy about the whole family, and devastated when Tim took a job in a larger church in Grand Island.

And then ***I*** came, and the contrast could not have been more stark. Tim and his family had poured 10 times more energy into that parish than I was capable of. St. Mary’s had no church secretary; Tim, his wife, and boys made sure the bulletins and newsletters were typed, run off, folded, etc. All the parish records were in an early-1990’s-era computer data-base program, which I had no clue how to use – nor did anyone in the parish. In 1992, I did not know what a “database” was. I couldn’t access the parish records. I began to hear grumbling in the parish, and then some outward and devastating criticisms.

Then one day I was in my office at the church and out of the blue I started sobbing uncontrollably. I had never done that in my life, and it scared me. I felt horrible, and I knew I needed help, and not knowing where to else to turn I called the bishop, who recommended a psychologist in Omaha. I was in a significant state of depression. A psychiatrist would tell me years later that what probably happened that day was that stress “turned on” a certain gene in my body, which once *on*, wouldn’t be turned off.

I saw psychiatrists, psychologists. I was put on antidepressants. Gratefully, the congregation soon thereafter warmed up to me, and by the time I moved here in 1998, they hated to see me go. I was functioning pretty well, but the depressed feelings still made me miserable from time to time, and were at times debilitating.

Then, a few years ago, my primary care doctor, observing how my periods of depression seemed to come and go often, decided to put me on a medication for bipolar disorder. Getting used to the medication was brutal. I couldn’t think straight, felt my brain was stuffed with cotton, had to concentrate hard to do simple tasks, knew that I wasn’t doing my job well, and thought that if things didn’t change, I – for the sake of the parish – would have to retire. Then, after being on the medication for 9 months, I began to feel better than I had in years. The horrible depressed feelings have gone away, and have not returned. It is nothing short of a miracle.

Now, as I have told you several times, I was a pretty serious asthmatic as a child. But as you can see from what I have just shared with you, my *physical* health, on balance, has been much better than my mental health. Am I embarrassed to tell you this? No; and yes; and no. No, because the mental illnesses were as real and tangible to me as my asthma, and I by this time in my life, I can see little difference between the physical and mental illnesses. And yes, I **am** embarrassed, because I cannot possibly expect others to understand. (How do you explain being deathly afraid of food?) And finally, no, I am not embarrassed, because I have learned that though others may not understand, they can be incredibly compassionate and loving.

Now you may ask what role my faith played in all of this. I prayed a **lot** to be delivered from my mental illnesses. Much of the time, the answer *seemed* to be the same answer St. Paul received when he prayed repeatedly to be delivered from this “thorn in the flesh”: “My grace is sufficient.” (2 Corinthians 12:7-9) Sometimes I found I *couldn’t* pray, and had to rely on the prayers of others. God loved me through my family and my church family. I think I can say that I never doubted God’s presence, or God’s *desire* to make me whole – to heal me, to save me. I have always believed that Jesus “came that we may have life, and have it abundantly”, even when I had no clue **how** abundant life could ever come to me.

And so today, as we observe Mental Health Month, I ask you to give thanks for, and pray for, mental health workers: counselors, psychologists, psychiatrists, and others. I ask you to give thanks for all the researchers who have come up with life-changing medications. I ask us all to be more aware of, and more compassionate toward, those suffering from mental illnesses. It will happen to half of us, at one time or another in our lives. And I ask us all to continue to pray to the Divine Physician whose desire is always to make us whole.

AMEN