Beyond Loneliness and Stigma

October 6, 2103

We're here at the right time. There's a train that's just being readied to leave the station, it needs us to get on board and shovel coal to get it going. We are at the start of a new phase of a journey in this country, one that leads beyond loneliness and stigma for people who experience mental illness, to a place of hope and recovery. And every person here can be a part of this transformation that justice and love call us to help bring about.

Most Americans believe that mental illness is rare. But that's not true. In reality, it's a disease that touches almost all of us over time. Those of us who will never have a mental disorder probably know someone well who. The good news is that most people who seek help for their mental illness can recover fully from the illness, or at least come to a manageable place with it.

And this will only get better – in the past twenty years, new families of more effective drugs have been developed, and advances in brain imaging are making possible even greater leaps in our understanding of what these diseases involve and potential avenues for new treatments.

But what is "mental illness," anyway?

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, disturbances that are associated with distress, impaired functioning or both. There are more than 200 forms of these brain-based diseases.

The causes of mental illnesses are complex and varied for the different diseases as well as for individuals dealing with the same disease. But there can be genetic, environmental, biochemical, and psychosocial factors at play in all the major mental illnesses.

The more common disorders range from the more familiar – such as depression, anxiety and dementia – to the very unfamiliar, including bipolar disorder and schizophrenia. Symptoms may include changes in mood, personality, personal habits, confused thinking, and/or social withdrawal.

Mental illness is a big issue.

It's a big issue in part because in any given year about 20% of us suffer from a diagnosable mental health disorder, and another 6% live with a serious mental illness that substantially interferes with their daily lives. About one in 10 children live with a serious mental or emotional disorder.

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Let's do an experiment. I'm going to ask some questions and I invite you to raise your hand in response if you feel comfortable doing so.

How many of us know *of* someone who has a mental illness?

How many of us *personally* know someone who has either recovered from or is currently struggling with a mental illness?

And how many of us have *ourselves* either recovered from or are currently struggling with a mental illness?

Finally, how many of us felt somewhat uncomfortable, perhaps vulnerable, acknowledging any of these things?

This is a subject that is close to my heart, as you might suspect from the number of times I raised my hand just now. One reason is that mental illness runs in my family, as is often the case. My mother, my younger sisters, and myself each dealt with forms of depression and or/anxiety; my older sister had schizophrenia. All of us, except my older sister, recovered fully from our illnesses after treatment, and even she learned to cope with her disease for a long time.

I remember the incredible joy that came to me in the process of my recovery, and what a huge impact recovery had on my life and the lives of those I love. I remember the morning I suddenly realized as I was meditating that it was quiet – all the thoughts of worry and fear that had played constantly in my head with my hardly being aware of them, were suddenly silent. I remember no longer feeling constantly angry, especially with my son, and I remember being able to touch my feelings of love for him again so directly and cleanly.

We have a deeply-held cultural stereotype that mental illnesses are progressive and inalterably degenerative. The reality is different, and far, far more hopeful than that stereotype, as my family's experience suggests. In fact, somewhere between 70% and 90% of people who experience a mental illness can make a full or nearly full recovery.

However, despite the 26% of people who experience mental illness every year and how hopeful the prognosis is when the illness is treated, nearly two-thirds of all those with diagnosable mental disorders do not seek treatment.

Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment. We can help change this.

This is astounding. Think of all the **unnecessary** suffering. And this suffering is found in every economic stratum, in every ethnic group, in every racial group…

The big question is, why do such a small percentage of people with mental illness seek treatment? There are probably many reasons, including lack of access and cost.

But the biggest reason is probably the stigma that surrounds mental illness, the negative, unfair beliefs that we as a society have about people with mental illness.

Mental illness is viewed differently from other, non-brain based diseases like cancer. In fact, if you simply replace the word "cancer" with the two words "mental illness" in a description of someone, our reactions to the second will be far less empathetic and much more fearful.

This stigma around mental illness is at the base of why so many of us felt somewhat uncomfortable or even vulnerable when considering raising our hands earlier.

How do we justify our discounting of people with mental illness? Many of us believe the person with mental illness is just being lazy, not trying hard enough to "snap out of it," to be normal; in other words, like being gay used to be in so many people's eyes, it's a moral failing. I remember thinking that about my sister Chris, the one who had schizophrenia, for more years than I want to admit.

As we have learned more about mental illness, our belief in that particular moral failing has declined somewhat, but another has grown stronger. The major factor at work in the stigmatization of people with mental illness today is the connection that we now make between mental illness and violence.

People with mental illness are much more likely to be perceived as violent than they were in the past. The vast majority of Americans believe that they pose a threat for violence towards others and themselves.

But this fear does not reflect reality, it distorts it.

The overall likelihood of violence from people who have mental illness is low. There is a somewhat elevated risk of violence from those who have a mental disorder and a substance abuse disorder, but one study I saw suggested that risk is no greater than the risk of violence from people with a substance abuse disorder who do not have a mental illness.

The reality is that there is very little risk of violence or harm from casual contact with an individual who has a mental disorder.

The reality is that people with severe mental illnesses – schizophrenia, bipolar disorder or psychosis – are 2 ½ times more likely to be attacked, raped or mugged than the general population.

The reality is that people with depression and schizophrenia are far more likely to hurt themselves than anyone else.

The sad events in front of the White House and The Capitol building in Washington DC on Thursday this past week illustrate this last point. A woman with a history of postpartum depression and mental health issues, who may have had hallucinations that President Obama was talking to her, tried to drive through the barricades that protect the White House from truck bombs. When that didn't work and police approached her car, she sped away toward the congressional building and ran into a barricade there. She was killed. She was unarmed. Her toddler, who was in the backseat, survived. This is such a sad outcome, for everyone, but especially the unarmed, psychotic woman. Who bore the brunt of the violence in this situation?

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It was the person with the mental illness.

If people with mental illness aren't likely to be significantly more violent to others than the general population, how then is it that we came to believe people with mental illness are more violent?

The sad fact that some of the most horrific, and therefore highest profile, murders of the past few years involved people with mental illness is certainly partly responsible, although that doesn't change the reality that there is very little risk of violence or harm from casual contact with an individual who has a mental disorder. These are shocking, terribly sad, but statistically small events that taint our perceptions not only of people with psychosis, but all the other mental disorders as well.

The media and our own cravings as a society for sensational stories and easy villains are also partly responsible. Media portrayals of people with mental illnesses are highly unrealistic and suggestive of violent tendencies. One study showed that 60% of the characters portrayed on prime time television shows with mental illness were violent and criminal, the most violent of any demographic.

Unrealistic, atypical and sensational portrayals of people with mental illness are partly responsible for the intense stigma that remains attached to having mental illness, and that plays a major role in a person's experience of the illness.

For example, Polly Norman, a successful glass artist and photographer who is also bi-polar, wrote in a blog recently,

"when I first started going into a manic period a long time ago, my sister suggested that I needed some psychotherapy. I said, 'No way! That would be admitting that I am a loser!'"

It is so hard for people to seek help, because it feels like one is beyond the pale of society, abnormal, or a failure if one does so. Polly Norman's reaction is all too common even today, as many of us probably know from first-hand experience. Stigma reduces the likelihood that people with mental illness will seek help and treatment. Stigma is the major factor behind the fact that two-thirds of those with mental illnesses do not seek treatment.

Stigma also has other hurtful effects. It leads those stigmatized to tend to think of themselves negatively and their sense of self-worth to degrade once they do accept the label of "mentally ill," adding painful, unnecessary suffering, as well.

And it makes it that much more difficult for people with mental illnesses, especially serious ones, to maintain the basic social relationships of caring and respect that create hope and meaning in our lives. I remember how hard it was for some of the kind and well-meaning volunteers at the day shelter where I worked last year to relate to the folks who had mental illnesses, especially those people with delusions. They were afraid of them. I remember one of the guests, Rich, telling me how store owners and police officers wouldn't look at him and would barely answer his questions. I remember how hard it was for me to listen to my sister Chris

when she was in the grip of delusions, mostly because I was angry with her for "not trying hard enough" to be more normal.
They seemed to feel that he hardly existed.

Of course, with severe mental illness, many of the incomprehensible or other behaviors erect barriers as well. My friend Rich lived in a tent even during much of the winter on the north shore because he got really angry when people didn't understand him or his actions, which was pretty often. It didn't work for him to live in apartments, or even homeless shelters, because he just got kicked out or was upset most of the time.

Faced with the painful impact of stigma on a huge percentage of people who are experiencing mental illness, and the knowledge of the isolation and pain that people with severe mental illness experience, what can we, should we do as Unitarian Universalists?

Most basically, we can do the same things we did for gay, lesbian, bisexual and transgender people forty years ago. We can be bold about countering stereotypes or misinformation about people with mental illnesses, and speak in affirming ways about people with mental illnesses whenever possible. We can send the message that mental illness is not something to be ashamed of, that people with mental illness are sick, not lazy or weak, and that they are not to be feared.

We can be kind when we encounter someone who doesn't seem to be following accepted social norms, adopt an attitude of curiosity and resist our impulse to judge or to fear them.

We can listen to and respect the whole person. This is so important for validating one's existence and dignity, and it makes a real difference in someone's life. I remember the friendship I made with a woman who had developed severe depression after her son's sudden death, from which she was still recovering. Simply being listened to, without fear or judgment, enabled her to share the traumatic story of her son's death, the first time she'd been able to speak of it with anyone other than one therapist over the three years since he had died. It was such a relief to her to be able to speak of her story, and it helped her trust the world just a little bit more.

We can also decide to advocate, individually or as a group, for reform in laws and government budgets that affect people with mental illness. Many of the homeless people in our state have mental illness. When we closed down mental institutions years ago, we were supposed to also create homes and supportive residences for folks as they reintegrated into society. But the second half of that program was only partly accomplished, and many people with severe mental illnesses still need homes, supportive living arrangements, so they don't have to live on the streets. Another important issue is making sure that people can get the prescription drugs they need. There are many such issues, and they are matters of justice as well as love.

And perhaps we can make our faith community so loving and so non-judgmental that when folks walk through the doors in mental distress, or start having symptoms that point to mental illness, they feel like they can come here and be accepted and affirmed as they are.

There is so much hope for recovery and reduced suffering for so many people! There is such an opportunity "to stand on the side of love" in this, as we have with immigration issues, and gay-lesbian-bisexual-transgender rights.

Our shared values call us to take action to support, love and advocate for those who must deal with mental illness, recognizing that there is no "they" in this story, there is only "we." There's a train that is ready to leave the station, it's got a destination, one beyond loneliness and stigma. That destination, which we <u>can</u> get to, is Hope and Recovery for all. Will you get on board the train? Will you join me?

May it be so.
Amen.