“You make me feel important,” said Lucy.* In a culture that often tends to depersonalize human beings, Lucy’s statement is a strong expression of appreciation of the feeling of validation. It is all the more powerful considering that Lucy has for most of her adult life suffered from schizophrenia and the stigma, alienation, and isolation that go with it.

And who is it that makes Lucy feel important? Not a family member, counselor, or social worker. It is her friends at church. Lucy has found in her local parish a community that welcomes her, loves her, cherishes her, and allows her to be herself without judging or changing her. She is accepted as a person—not as a person with an illness, just as a person. And within this she finds her relationship with God supported and strengthened.

Schizophrenia is one of the more severe and persistent forms of mental illness, but certainly not the most common; approximately 1.5 percent of the population in the United States lives with this condition. It is the far end of a range that includes bipolar illness (formerly known as manic-depression), anxiety disorder, posttraumatic stress disorder, and major depression. There are also more moderate forms of these disorders that may occur for shorter durations. But the fact is that at any given time, an estimated one in seventeen people in the United States suffers from mental illness, and one in four families is in some way dealing with this condition and its repercussions. In his 2006 World Day of the Sick address, Pope Benedict XVI calls this “a real social-health care emergency.”

Yet mental illness is one of our most invisible disabilities (Americans with Disabilities Act). The symptoms are not always apparent. Quite likely many of our parishioners suffer from mental illness in anonymity. Second, people with mental illness in their families simply do not make themselves present in the community. The illness itself, side effects of medication, extended hospitalizations, and prolonged recovery periods may keep people at home or in care facilities. Family members may be too exhausted from dealing with the illness of their loved ones.

* Unless otherwise noted, pseudonyms are used for reasons of privacy and confidentiality.

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Finally, mental illness is widely misunderstood. People often feel ashamed and embarrassed, fearful that they will be blamed or considered somehow flawed because they or a family member have an illness that in fact is biological in its cause. They are reluctant to risk pitying looks or awkward silences. Often friends stop calling because they don’t know what to say, or they give well-intentioned but utterly inaccurate advice. It just seems easier to keep mental illness hidden.

Traditionally, society made its mentally ill members invisible. Large institutions for mentally ill persons were located in remote areas. Places designed as therapeutic havens in healthy environments became little more than warehouses for people nobody wanted to see. Movies such as *The Snake Pit* and *One Flew Over the Cuckoo’s Nest* gave fairly accurate portrayals of these places but at the same time contributed to negative stereotyping of people who did not receive appropriate treatment.

These abuses were exposed during World War II when Mennonite conscientious objectors performing alternative service in these hospitals raised a prophetic voice calling for more humane and ultimately more effective treatment for these patients. Around that same time, new drugs were developed that would relieve many of the more obvious symptoms of mental illness. The concept of community mental health centers as a place where people could receive ongoing treatment, medical oversight, and supportive social services was also emerging. These centers would allow them to take their place in society in a meaningful and dignified way.

Unfortunately, things did not work out as well as had been hoped. While many people did in fact recover from their illnesses and went on with life, many more found the medications inadequate or their side effects intolerable. Funding for community mental health services proved insufficient, and cities, towns, and neighborhoods did not welcome their mentally ill citizens. Many persons with mental illness wound up in dismal halfway houses, homeless, in jail for such offenses as petty theft or vagrancy, or dead.

Since the 1980s, the situation has brightened—somewhat. Newer medications have produced better results without unpleasant or dangerous side effects. Celebrities have “gone public” with their experience of mental illness, helping to decrease some of the shame. Educational campaigns and TV spots have helped correct the myths and make people more comfortable talking about mental illness. Even Hollywood has created positive and realistic films portraying mental illness, such as *A Beautiful Mind*, *Canvas*, *Strange Voices*, and *Out of Darkness*.

**The Church’s Role**

The church has an important role to play, too. Gone are the days when illness is interpreted as punishment or test from God. Certainly mental illness is no longer assumed to be a matter of sin or demon possession. And the once acrimonious relationship between the religious and the psychiatric sectors has become one of acceptance and sometimes even mutual support and collaboration.

The church can provide what no other individual or agency can: a place to belong. The church can be a place of security and stability, where one can find or plant roots; a place where unconditional love and support can make a person like Lucy feel important; a place that understands and accepts that there are four aspects of recovery. These are:

- the physical (mental illness has biological causes);
• the psychological (one’s thought processes and emotional interpretations of reality may need to be corrected);

• the social (food, housing, employment, recreation); and

• the spiritual (a relationship with God and with God’s people that is life-sustaining).

While the church can and does offer programs and services for each of these, especially through its health care and charitable agencies, it is the unique charism of the parish to be the spiritual “leg” of this “table.” It is where God can be found in the midst of a devastating condition, where by word (preaching) and action (worship) a loving, sustaining God is encountered. What might this look like in a typical parish?

Homilies that speak frankly, accurately, and compassionately about mental illness and weave this topic throughout the ordinary course of the liturgical seasons serves to educate within the context of faith. Mental Health Month (May), Mental Illness Awareness Week (first week in October), and the holidays (when incidence of depression rises) are a few “ready-made” opportunities. Such efforts can be liberating for people who are dealing with mental illness, and they will come forward to talk about it—often with tears of appreciation in their eyes.

Including expressions like mental illness, schizophrenia, or postpartum depression in the prayer of the faithful places before God and before the assembly our will and our desire for the healing love of the divine for those who are suffering. It brings encouragement to those who hear “their” illness spoken of so forthrightly.

Careful interpretation of Scripture needs to support healthy understanding of mental illness and helps people make sense out of their situation. Precise distinction between “healing” and “cure,” can, for example, relieve people of the pain of feeling that their prayers have not been answered when the illness does not go away. Passages such as “If today you hear God’s voice, harden not your heart” (Ps 95:7-8) or “If your hand is your difficulty, cut it off!” (Mark 9:43) can be given literal and idiosyncratic interpretations by those whose illness has distorted their thinking.

The eucharistic table is the one place in the world where we really can be equal. It is especially beneficial not only for people who have been made to feel “less than equal” but for the entire community. Marvin, for example, comes to Mass mumbling and a little disheveled; Greg leaves and returns several times during Mass when the music overstimulates him; Angie hardly ever can make it to Mass at all when she’s too depressed to comb her hair and put on her shoes. But when they come for Communion, they are one with everybody else, one in Christ.

Sooner or later in most parishes, the eucharistic table leads everyone to the potluck table. Although that is technically a social function, it is in fact a deeply spiritual one as well (How many times does the Gospel tell us “. . . and while he was at table”?). The deep mystery of the sharing of food tells all who gather that they are important, and the “welcome table” doesn’t end with the Mass.

Up until quite recently, “treatment” was the word ordinarily associated with the kind of services offered persons with mental illness and how they were delivered. The implication was one of chronicity and symptom alleviation. Now, however, the word “recovery” is becoming more and more common in discussions of appropriate strategies that will allow people to live full and meaningful lives. This new language carries an expectation of hope, of dignity, and of self-determination, and this is language where the church has long had its niche. It is the language of Lucy who has come at last to feel important.
Recommended Reading


