

We Are Ready

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A Beautiful Mind. These words likely mean different things to different people. You might think of the beauty of thoughts and feelings that we experience from day to day. You might abstractly reflect upon the billions of connections within our brains. To me, A Beautiful Mind is an emotionally evocative movie, maybe you've seen it. John Nash is a quirky, aspiring mathematician and he begins graduate school at Princeton University. It's clear he's very bright when he shares mathematical solutions with other students and he spends hours studying in the library. At a certain point in the movie, he's approached by a stranger who eventually invites him to join a secret department of defense mission. He is invited to a hidden bunker where he is assigned the work of cracking an encrypted code. Nash finds the research very interesting and soon becomes obsessed with helping crack this code. You soon realize, however, that Nash was not invited on a secret mission, he never went to a hidden bunker, he never met this stranger from the department of defense, because it was all in his mind. He has schizophrenia.

Now, I mention this movie because I think it's one of the few ways to begin to understand someone who has mental illness. The movie is not perfect. The director has taken some liberties, and of course not every person with mental illness has visual hallucinations. However, I am a disabled person who has had visual hallucinations, auditory hallucinations, and delusions, because I have something called schizoaffective disorder.

According to the Mayo Clinic, schizoaffective disorder is "a mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood

disorder symptoms, such as depression or mania.” Put in words that may be more easily understood, schizoaffective disorder is like combining schizophrenia and bipolar together, but surprisingly has better potential outcomes than schizophrenia alone - meaning recovery can be more symptom free.

So, like Dr. John Nash at the height of his delusions, I thought that I saw secret messages in books and magazines. I thought that the radio and television were directly talking to me. I have been hospitalized 13 times in psychiatric units. I experienced ten years of a brain syndrome where I was in denial of my disease, called anosognosia. Fortunately, thanks to advancements in modern medicine and incredibly helpful support from my family and friends, I entered recovery.

This is the first time I have shared my story in a sermon. I don't do it for a shock factor or for empathy, but rather because I think our Unitarian Universalist faith has a serious lack of disabled ministers, or at the very least a lack of ministers who are willing to share their story. And if they aren't willing to share their disability story, who can blame them? This world is still full of stigma and fear towards people with mental health disorders.

I'm incredibly impressed with the way our society has come to be more accepting of conditions such as anxiety and depression, but what about the more symptomatic conditions? According to a study by the Treatment Advocacy Center, people with mental illness are sixteen times more likely to be killed by police. Sixteen. People like Stacey Kenny, a transgendered woman who had paranoid schizophrenia and was struggling with paranoia, was shot by police. Here we see the intersection of trans justice and mental health justice. People like Laquan McDonald, who had PTSD, was shot sixteen times by police. And Ricardo Munoz, who had bipolar disorder, was shot by police. Here with

McDonald and Munoz, we see the intersection of racial justice and mental health justice. May we hold the memory of each of them in our hearts.

I know that we have people attempting to enter our ministry who struggle with mental health challenges and they are not seeing themselves well represented in the leaders of our faith. However, there are now a few people who are feeling safe enough to share their mental health challenges openly and act as representatives in our faith. Rev. Barbara Meyers, for example, who is president of the Unitarian Universalist Mental Health Network. At the UUMHN website you can find loads of information about the many different mental health disorders as well as helpful books and movies for education. She's even developed a curriculum for congregations and written a book called *Held: Showing Up For Each Other's Mental Health*.

This is an excerpt from Rev. Barbara Meyer's workshop at General Assembly 2020, *Sacred Mental Health Matters*, "When I go to talk to congregations, and I've done this many times, to talk about mental health issues, I tell a little bit of my own story. Not because it's so incredibly special, but because I know that when somebody stands up and tells their story it makes it safer for other people to be honest about what's happening in their lives. After I finish my presentation and talk about the recovery process, I ask people as an act of public witness if they would rise in body or spirit if they, or a loved one, is living with a mental health problem. And every time I've ever done this, somewhere between seventy five and a hundred percent of the people will stand up. And they all look around and can't believe it."

More research should be done about Unitarians and Universalists from our past who have experienced mental health issues. One example is Jones Very. He was a poet, essayist, and minister and

was a transcendentalist from the early 1800s. He often gave lectures on poetry that were quite successful and led Ralph Waldo Emerson to become friends with him. Shortly after meeting Emerson Jones suffered from severe psychosis which led to his dismissal from Harvard and he was placed in an insane asylum. After he was released however, Emerson continued to be his close friend and assisted Jones with publishing a book called *Essays and Poems*.

We can also do more research on those Unitarians, Universalists, and Unitarian Universalists who have worked for mental health reform and mental health justice in the past. Someone like Engla Schey, a Unitarian who, in the 1940s, worked in an insane asylum in Minnesota. When she saw the terrible conditions there endured by the patients, she went to her church, Unity in St. Paul, and organized a social justice group with Rev. Arthur Foote, the lead minister of the parish. Together they wrote a resolution on mental health reform that they presented to the governor of Minnesota. The resolution resulted in a number of mental health reform changes that led to nationwide adoptions of better practices.

If you are struggling with a mental health disorder, know there are places outside of our faith that can be of support too. The National Alliance of Mental Illness or NAMI has many support groups both for those struggling with mental health disorders and for those supporting loved ones with mental health disorders. Another great resource is the YouTube channel Living Well With Schizophrenia, hosted by Lauren, where she talks about living with schizoaffective disorder and has many helpful and supportive videos for those living with bipolar, schizophrenia, or schizoaffective disorders.

If we decide to adopt an eighth principle to our seven Unitarian Universalist principles it will likely say this, “We covenant to affirm and promote: journeying toward spiritual wholeness by working towards a diverse, multicultural beloved community by our actions that accountably dismantle racism and other oppressions in ourselves and our institutions.” Dismantling racism should obviously be a primary concern for our faith, but working towards a diverse, multicultural beloved community also means including those with disabilities. Dismantling other oppressions also means dismantling ableism. One way we need to do this is to encourage young and old aspiring ministers with mental and physical disabilities to enter our shared space.

With the pandemic there has been collective trauma, but also massive change. Our faith and our Unitarian Universalist Association moved from largely being in person to being largely virtual. This has been a significant blessing to those with disabilities. Many people are too disabled to leave their homes and can't attend worship in person, so now they can attend worship live from their homes. Also, many congregations use closed captioning online so people who are hard of hearing or deaf can read the subtitles. Additionally, Unitarian Universalist ministers with disabilities in the ministerial credentialing process currently interview over zoom, which means they do not have to endure the stress and physical challenges of traveling to Boston making Unitarian Universalist ministry more accessible for them.

We have made progress as a faith group, but we still have a long way to go in accepting and welcoming those with disabilities. I hope we can also hold those supporting loved ones with disabilities. I would never have made it as far as I have on my journey in recovery without the help of my parents, friends, and my significant other. We need to hold support groups not only for those

experiencing disabilities, but also for their loved ones who need support. May we find a way to look beyond stigma and fear and remember the inherent worth and dignity of every person. May we continue to look into our interconnected web of all existence to know we are all connected. May we strive towards a diverse, multicultural beloved community. Amen.

Resources

Administrator. "TACReports." Treatment Advocacy Center. Accessed April 2, 2021.
<https://www.treatmentadvocacycenter.org/evidence-and-research/studies>.

"Schizoaffective Disorder." Mayo Clinic. Mayo Foundation for Medical Education and Research, November 9, 2019.
<https://www.mayoclinic.org/diseases-conditions/schizoaffective-disorder/symptoms-causes/syc-20354504>.