

Mental Health Month

Pitt Street Uniting Church, 28 October 2018

A Contemporary Reflection by Rev Dr Margaret Mayman and Katy Gerner

Pentecost 23B

**Job 42:1-6, 10-17; Mark 10:46-52; Contemporary Reading:
“Bartimaeus” a poem by Andrew King**

This reflection can be viewed on You Tube at <http://www.pittstreetuniting.org.au/> under “Sunday Gatherings” tab

Margaret (read by Liz Watson)

Some of you will already have heard that Margaret is ill with a very nasty virus and has been told to let go of everything – this is difficult for Margaret – and to take to her bed. I think we have convinced her that that’s what she will be doing. But, in the midst of all of this, she has managed to write the reflection. So, I am reading Margaret’s words.

As we draw to the end of October, mental health month, our biblical readings and the poem address the connections between health, wellbeing and faith. Some of what they suggest is helpful but there are problematic aspects too, which is not surprising given that the scriptures, at least, are shaped by world views that precede ours by thousands of years.

We all love happy endings and the book of Job, after 41 chapters of misery, presents us with one. A happy ending for Job but a miserable understanding of God.

During the week the best thing I read on Facebook was a comment by a ministry colleague in response to the concern that many of us have about the missional implications of the Uniting Church’s process to revisit the equal marriage decision. The commenter wrote:

Unfortunately it seems the work of interpreting the nature of God as an excluding, moralistic and sadistic bastard is mission for some...

So while everything is now rosy for Job, God appears to be a capricious and egotistical bastard. Having got Job to a point of praise even in the midst of suffering, God gives Job a new beginning. And wealth and a new family are all well and good, but what has happened to Job’s moral outrage. Where is his bitter grief at the loss of those earlier sons and daughters on whose account he once indicted God?

Does the book of Job encourage taming the rage of people who have experienced injustice or suffering?

We cannot rest with this.

One of the pastoral possibilities of this text is to invite those who suffer unjustly, often inexplicably, to give voice to their rage and despair about the silence of God. Rather than rushing in with pastoral platitudes, Job invites us to give voice to protest against any theological interpretation that suggests God employs or endorses innocent suffering. Could we not instead invite those who suffer to explore what they have learned of God while sitting on the ash heap – no matter how they got there? This is pastoral care in the midst of the ash heap or on the other side of it.

The promise of God's blessing in chapter 42 cannot - and should not - silence the questions of God that will not be easily silenced. A happy ending must not silence the question of suffering.

Let us listen. And let us be the kind of companions who accompany rather than seek to explain.

In the Mark reading, we must make it clear that we do not share the first century world-view that blindness, or any other illness or disability, is a result of sin.

While we recognise that there is another metaphorical reading which is possible, which understands blindness in terms of a failure of insight or understanding, particularly a failure to recognise Jesus, blindness is no longer an acceptable metaphor for not understanding.

However, we may still reclaim symbolic meaning in the story and understand it as being about all of us, no matter what the state of our eyesight, who do not recognise who Jesus is, or discern the sacred in the marginalised of the world.

In the context of mental health month, we can note that the story begins with Bartimaeus in the street. No one paid him any attention. During the pilgrimage of the pious to Jerusalem to celebrate the Passover, people came out of their homes to encourage the pilgrims. They were good people. They could recognise those who were like them. But they were incapable of making visible, people outside of their circle: the socially unacceptable, the homeless, the unemployed, the woman without a man, the beggars, the disabled people, the mentally ill people, the socially impure.

All these good people ignored Bartimaeus, one more beggar, one more unfortunate nobody. Jesus, however, recognised his humanity. In Bartimaeus, Jesus saw a child of God.

In Jesus, the commonwealth of God came near, especially for those who had suffered, who had been victims of oppression and abuse. In Jesus, God was coming close to stand with the forgotten, the rejected, the thrown away, the ones rendered non-human.

Who do we recognise? Who do we fail to recognise?

In his encounter with Jesus, Bartimaeus did not remain a victim. He became an agent, a follower of the way. As the title of the painting on the front cover of the liturgy claims, he became an apostle.

Such is the transforming power of embodied love – love that makes visible all that the ones whose health is robust would hide; that understands all that the world would prefer to remain hidden.

Katy

October is mental health month: a time when we are encouraged to talk about mental health. And I feel it is so important as there is an enormous stigma surrounding mental health that there isn't with some of the more visibly recognisable disabilities

The Health Minister, Greg Hunt, said in an article in the Sydney Morning Herald that four million Australians deal with a chronic or episodic mental health issue each year, and that one in five people do not seek help because of the stigma.

Sometimes I feel that when you get down to it, there are really two types of disabilities: socially acceptable disabilities such as limps or broken arms and socially unacceptable disabilities which include acquired brain injuries, chronic illnesses that might affect your job and all mental illnesses. I have a gammy leg and an anxiety disorder with a phobia about crossing roads.

I prefer the gammy leg.

When I had a walking stick, people jumped up to offer me their seats on trains or at train stations; they offered to carry my bags and held doors open for me. They told me I was brave. If I tell people I can't cross a road because I have a phobia, they point out that the road is empty or it's a quiet road, or there are traffic lights, or it's all a matter of being careful. They don't tell me I'm brave for leaving my home at all - for a world full of roads and things on these roads that might run me over. I know my phobia is illogical but that doesn't mean I can make it go away. People believe quite happily and comfortably, without a shred of medical evidence, that conditions such as anxiety and depression are things that 'one can get over'.

Although, I don't like having an anxiety disorder and find it very embarrassing, I feel I earned the right to have one.

When I was a child, my family car and a bus collided and I got stuck in the window of the car as it tipped over. My mother pulled my head out and I survived with a bump on the head and a badly sprained ankle.

When I was 29, I was run over by a bus when I was crossing at traffic lights which left me with a broken leg, crushed foot and a deep seated belief that roads, particularly roads with buses on them, are very dangerous places to be on.

Anxiety disorders, like mine, can be caused by trauma, but they also have a genetic link. There were women in my family who probably had anxiety disorders too, although they blamed their problems on the war - which may be true too. 14% of adult Australians have anxiety disorders and it is more common in women.

Some psychologists believe that anxiety has played a role in our survival as a species. It probably helped prevent our ancestors from venturing to potentially dangerous places, alone and far away from their families and tribes.

Anyway, anxiety disorders are certainly not new to society. A collection of Greek medical texts attributed to Hippocrates (c 460 BC to c 370 AD) described a man's phobia of a flute.

'Whenever he heard the voice of the flute begin to play at a symposium, masses of terrors rose up. He said that he could hardly bear it when it was night, but if he heard it in the daytime he was not affected. Such symptoms persisted over a long period of time.'

An ancient Hindu script refers to a man being terrified of a particular god which then led to a fear of everything that began with the same letter as the god's name.

As I said phobias are not logical: I have met women who have to live with phobias that mean they cannot answer the telephone, turn left or go around corners. They would like to, but they have panic attacks if they do.

Jesus was obviously used to dealing with people who were overly anxious. As he said:

'Can any of you live a bit longer by worrying about it?' and

'Do not worry about tomorrow: it will have enough worries of its own. There is no need to add to the troubles each day brings.'

I always found that advice very comforting.

If you looked up the definition of anxiety disorder on the SANE website: you would find that:

An anxiety disorder is a medical condition characterised by persistent, excessive worry. There are a variety of anxiety disorders including:

- *persistent, excessive or unrealistic worries (generalised anxiety disorder)*
- *compulsions and obsessions which they can't control (obsessive compulsive disorder)*
- *intense excessive worry about social situations (social anxiety disorder)*
- *panic attacks (panic disorder)*
- *an intense, irrational fear of everyday objects and situations (phobia).*

I have a generalised anxiety disorder, panic attacks and a phobia. As my anxiety followed trauma, I have also been diagnosed as having post-traumatic stress disorder.

The symptoms of anxiety include a pounding heart, difficulty breathing, an upset stomach, muscle tension, headaches, sweating or choking and feeling faint or shaky.

It is very unpleasant living with an anxiety disorder and people with them would be more than happy to 'get over it'

Treatment for anxiety disorders include:

- medication –which can reduce the physical symptoms such as shaking or feeling faint. It doesn't change your thoughts though.

- cognitive behaviour therapy. People with anxiety disorders tend to have what is called catastrophising thinking patterns and CBT is about changing your thought patterns.
- exposure therapy – facing the trauma in incremental stages. To get me back on buses, I caught several with my late husband; I then caught one by myself but with Glenn travelling behind it, waving cheerfully through the windscreen; then I caught one and Glenn met me at the bus stop; and finally I caught them by myself. (Unfortunately, this didn't work so well with actually crossing the road.)
- relaxation exercises such as breathing slowly and progressive muscle relaxation.
- meditation and prayer.
- mindfulness – where you concentrate on the moment you are in.
- support groups run by a psychologist
- and very important - being kind to yourself.

This includes understanding what makes your anxiety worse, such as over-committing yourself and becoming overtired. Christians, I realised, are often very unkind to themselves because they are so busy caring for everyone else, they neglect their self-care. We are actually told to love our neighbour as ourselves: but instead we race around loving everybody else but forget that we are supposed to be loving ourselves too. And of course, we are in a much better position to care for others when we are taking good care of ourselves.

These strategies improved my problem solving skills in living with anxiety disorders. They didn't make them go away. I take a tablet before I have to cross a road and merge myself into a crowd when I'm crossing because I found it limits the stimuli. If things are very difficult and I really need to cross that road, I look around for a motherly woman, explain the situation and ask if I can take her arm while I cross. (I've never been refused!)

But I still have fun and I still have hope. I no longer hope that I will make a full recovery but hope that one day people will be comfortable speaking about their mental health problems – in the same way they speak about a limp or a broken arm; and that other people will listen and accept without judging and without giving advice.