

Order of Service “When Our Minds Become Our Enemies”

Sunday, January 24, 2009

9:30 AM and 11:00 AM

Welcome and Announcements: Board Host

Prelude

Chalice Lighting

Opening Words

Opening Song: #99 “Nobody Knows the Trouble I’ve Seen”

Time for All Ages: “Sad, Mad, Bad, and Glad”

Sung Response: “Children’s Benediction” by Pescan & Bradfield

Reading: from *Emotional Genius* by Karla McLaren

Celebrating with Music: “What Do You Do?” by Lew Pennock

Sermon: “When Our Minds Become Our Enemies”

Sung Response: #352 “Find a Stillness”

Spoken Response

Candles of Joy and Sorrow

Prayer and Meditation/Offering

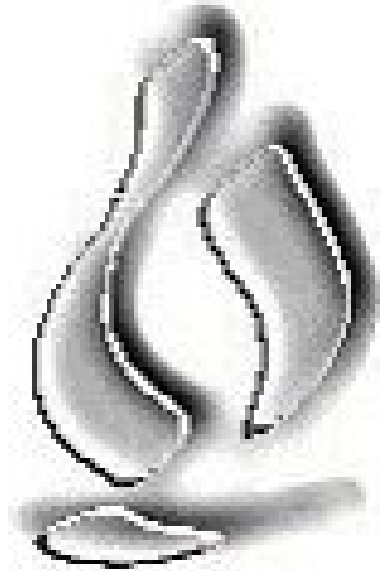
Closing Song: #4 “I Brought My Spirit to the Sea” (verses 1 & 2)

Closing Words

Closing Song: #4 (verses 3 & 4)

Celebrants: Maryanne Dengler and the Rev. Dr. Gretchen Woods

Pianist: Susan Christie



Chalice Lighting: We need more warmth and more light in our world right now, to counter the coldness and blindness we find around us, so we kindle a flame to bring that warmth and light. And we kindle the flame in community, realizing that being with others who share our values also brings warmth and light to our lives. May it be so. Blessed Be.

Opening Words: Finding our way through the emotions we experience can be fearsome and painful – or illuminating and delightful. We need to learn to trust our selves and our community to hold the confusion, fear, and pain; *and* the clarity, strength, and joy that are possible on the human journey in a crucible of transformation that gives us the richest and fullest life possible. We need to find support to do this difficult work of making life more conscious through growing our own – and others’ – awareness. Together, sharing similar values, this may yet be possible.

Reading: from *Emotional Genius: discovering the deepest language of the soul* by Karla McLaren (pp. 28-29.)

The merely reproductive, accepted view of emotions is that there are good emotions and bad emotions. The categories have a bit of interplay, but basically, good emotions are the ones that make us easy to be around, while bad emotions are the ones that shake things up. The good emotions are joy, happiness, pleasantness, and some forms of sadness (*if* an appropriately saddening situation has occurred, and *if* it has occurred within a recent time frame). Anger slips into the good category – it just dips a little toe into the good category – when it’s a response to injustice, but the acceptable time frame for anger is a great deal shorter than that allowed for sadness. Notice how people will let you be sad about a senseless death for a lot longer than they’ll let you be angry about it.

The bad emotions category is very large indeed. Sadness that lasts too long (or deepens into despair or grief) is definitely bad. Depression is also bad, but suicidal urges are emergency-room bad. Anger is bad, as are peevishness, righteous indignation, and wrath. Therefore, rage and fury are extra-strength bad. Hatred, we won’t even go into. Jealousy is bad, bad, bad. Fear is so bad, we’ve got bumper stickers that shout to others that we, at least, haven’t got any fear, not a drop! So, all the fear-based emotions are bad, too. Anxiety, worry, and trepidation are bad, and panic is call-the-hospital bad. Shame and guilt, well, they’re so bad that we don’t even know what they mean any more!

We’ve neatly sewn up the emotions, and in so doing, we’ve sewn ourselves right into a straitjacket. Anyone who feels anything other than the peppy and fresh-scented emotions is, by association, bad – just as dyslexics were once thought to be broken. This unchallenged categorization of emotions, this simplistic good-bad system, imprisons so many of us. Those who are angry, those who are grieving, those who are fearful, those who feel shame; many people with legitimate emotional issues are pushed out of the way to make room for the perky, the peppy, and the shallow.



Sermon

“When Our Minds Become Our Enemies” by the Rev. Dr. Gretchen Woods

When I wrote the title for this sermon, I thought of a story from my own life. It comes from a series of incidents in relation to my mother. When I would misbehave, meaning something that aroused bad emotions in her, she would send me to my room, telling me to think of all the reasons I deserved to be punished. I loved her beyond words, so I got really good at thinking of all the reasons I deserved to be punished, hoping it would improve our relationship. At the time, I had no idea that my mother was dealing with Depression, Bi-polarity, Post Traumatic Stress Disorder and Obsessive/ Compulsive Disorder. I just wanted her to love me. Our relationship was one that did not begin to smooth out for me until several years after she died.

Now I realize that my mother, unwitting though she may have been, knew exactly how to make my mind my own enemy. And I think there are many ways that our minds become our enemies. This is but one illustration.

Our minds can become our enemies when our physical chemistry goes awry. Our minds can become our enemies when our thinking is twisted by those who give us bad information about our selves and life. Our minds can become our enemies when our hearts are wrung dry by lack of acceptance and love. Our minds can become our enemies when our connections with our Source are stretched to the breaking point. Our minds can become our enemies when our moral values are abrogated and we feel no power to correct the situation.

So, after many requests from congregants across this continent to address the subject of mental health, I return to this subject today. I am most comfortable addressing mental health holistically by including physical, emotional, spiritual and moral health, as well as mental health specifically. I am not able to separate these. That probably comes from having a synthetic mind that draws from different areas that seem related to me.

In order to keep my thought up to date, I accessed the mental health dictionary online. Oh, My! I could be lost in there for days. It begins with **Access**

The extent to which an individual who needs care and services is able to receive them. Access is more than having insurance coverage or the ability to pay for services. It is also determined by the availability of services, acceptability of services, cultural appropriateness, location, hours of operation, transportation needs, and cost.

Obviously, access is the nub of the current concerns over health care in our country today.

The dictionary ends with **Wraparound Services**

A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.

We have learned that most children at risk do not thrive with only one service to help them. They need wraparound services to deal with the whole of wellbeing and become contributing members of society.

In between these definitions, the dictionary defines **Mental health**:

□ How a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

This makes sense to me. If we are mentally healthy we can handle situations that are stressful, develop positive and life-affirming relationships, and find making decisions a normal part of the human experience of being alive, rather than a terrifying process. We can be fully present, deeply creative people. We only lapse into fight, flight, or freeze in appropriate situations when we are truly threatened, rather than being there most of the time.

This brings us to consider **Mental health problems** :

Mental health problems are real. They affect one's thoughts, body, feelings, and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/ hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Any of us who have experienced or watched a loved one experience a mental health problem knows how real this is, how their minds have become their enemies. It may include things that are truly figments of the person's imagination or past experience that is embedded in the brain so as to feel present, but it is real.

Did you notice that Post Traumatic Stress Disorder is not listed, despite the reality that many, if not most, of the veterans returning from our wars overseas suffer from some form of mental health issue, often combined with brain injury which is the most prevalent injury in these wars, given the use of Improvised Explosive Devices (IEDs)? I believe this is one of the most under-diagnosed problems facing human beings all over the world today. Consider not only all people in war zones, but every refugee, victim of genocide, and subject of violence in its many forms, including rape and child abuse. Maybe it is not diagnosed because it is difficult to treat. I will address treatment of this at another time, and I know that it is deeply relevant to mental health.

What is clear to me is that we need to be thinking beyond mental health to five different aspects of human being: physical, mental, emotional, spiritual, and (as the Sufis assert) moral. Often physical illness results in instabilities in the other four aspects of human being. In like manner, emotional distress affects mental health, as do disruptions of spiritual and moral health. How can we divide these?

I once argued the opposite with Dr. Marcia Shaw. I felt that spiritual health would make everything right. How naïve! I am now convinced that she was correct. We must be supported in all five aspects of human being to be healthy. To my mother's credit, since she knew these health challenges needed to be addressed raising children, and she knew that each one of us would need different kinds of awareness, given our different ways of being in the world. She gave all six of us children different coping skills that enabled us to "fake it 'til you make it" most of the time. We did gain resilience under her tutelage. I am grateful.

Unfortunately, many other human beings have no such person in their childhood years. If we have not received some positive response when we were young, it is very difficult to provide it for a child of our own. When I was twelve years old, my mother actually apologized to me for expecting perfection of me and making an enemy of my mind. By then I was too set in my ways of thinking to hear her or to accept the apology, but it comes back to me when I think of her now. I know too many people who never got such conscious response from people who hurt them.

One of the most interesting things I have observed as a Unitarian Universalist minister is that UU seems to have a larger number of people struggling with depression and bi-polarity than the general population. I have no solid data for this assertion, other than knowing that I have supported many families over the years whose teens have developed this diagnosis. I could posit that this is a function of the connection between intelligence genes and bi-polar diagnoses, but really do not know. Regardless, the heart-break in our families is palpable, even as it is in dealing with any physical/mental/emotional/spiritual/moral health issue.

Whether we are dealing with a complete complex of these or some subdivision, we find ourselves challenged to support and love people who make it difficult in the extreme. This is where our UU Principles need to come to the fore. We need to remind our selves of the inherent worth and dignity of people who challenge us, even as we find we may have to sever ties and place these people in other settings for their own health and safety as well as ours. We need to find ways to stay connected and strong in our selves, to maintain our own health, so that we may find ways to reconnect that do not add to the difficulties. For example, alcoholic systems need to become more healthy for an recovering alcoholic to be able to continue to heal within them.

Sadly, our society has not always felt a need to spend as much time, talent, and treasure on such health issues as on other health issues. I refer you to the **Mental Health Parity (Act)**. Mental health parity refers to providing the same insurance coverage for mental health treatment as that offered for medical and surgical treatments. The Mental Health Parity Act was passed in 1996 and established parity in lifetime benefit limits and annual limits. We still have a long way to go in truly making this act a reality in the lives of those who suffer when their minds become their enemies.

Perhaps this comes from the predisposition among Americans and Unitarian Universalists in general to feel we ought to be able to "do it our selves." This expression of the need for self-determination sometimes keeps us from addressing important problems we have. A useful corrective comes when we remember that being in community may be one of the most valuable aspects of physical/mental/emotional/spiritual/moral health. Certainly researchers find that people who go to church tend to be more healthy in all those ways, even if their ideas may seem foreign to us. Isolation is a sign of loss of health. Being in community proves the reverse.

Being in healthy community reminds us that there is more than our little self present in the life process. We may even find we can access a larger Spirit of Life, whether alone or in community, that connects us to a greater source of our life force than we can imagine alone. This requires attention and effort, but it is valuable. It is not done once for all, but over time with a trust that we may find health in all our aspects and that we may yet bring more to life than our pain and sorrow. Candace Peart tells us that our minds are hard-wired to strive for health and a sense of a larger self to which we are connected. We need to have faith in that impulse toward health.

This is what religion is: a way to tie our lives back together when we have lost our health; a way to study life, to serve life, to celebrate life. As Ralph Helverson asserts in "Impassioned Clay:"

Deep in ourselves resides the religious impulse.

Out of the passions of our clay it rises.

We have religion when we stop deluding ourselves that we are self-sufficient, self-sustaining, or self-derived.

We have religion when we hold some hope beyond the present, some self-respect beyond our failures.

We have religion when our hearts are capable of leaping up at beauty, when our nerves are edged by some dream in the heart.

We have religion when we look upon people with all their failings and still find in them good; when we look beyond people to the grandeur of nature and to the purpose in our own heart.

We have religion when we have done all that we can,

and then in confidence entrust ourselves to the life that is larger than ourselves.

While religion alone can not provide full recovery in all instances, there is religion that leads to health in all its aspects, physical, mental, emotional, spiritual, and moral. This is the religion I wish for each and all of us in this spiritual community, with respect, with responsibility, and with relish for the process.

So Be It! Blessed Be!

