

# ***Mental Illness & Pastoral Care***

## **Suggestions for Parishes, Pastoral Ministers & Caregivers**

Tom & Barb Zanzig  
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### **Suggestions for Parishes**

1. Nurture a supportive faith community that is mental illness friendly by raising awareness and advocating for the afflicted and the affected through programs and services and, even more, by developing a culture of compassion. The following are practical ways to do that.
2. Speak about mental illness and use illustrations in homilies and other public forums so that mental illness is made an open topic in the community.
3. Where appropriate, integrate references to and information about mental illness into other parish programming—religious education, youth ministry, adult formation, etc.
4. Create a mental health task force of professionals and experienced caregivers—from within and outside the parish—to develop a mental illness pastoral plan for the parish. Present the plan to the parish and invite reactions, suggestions and, eventually, support. [*Caution*: Be careful not to take advantage of professionals in the parish by, e.g., asking them to provide services at reduced or no cost.]
5. Develop a parish library of mental illness books, tapes, and other resources for the mentally ill, their families and caregivers. [See NAMI under “Resources.”]
6. Develop an up-to-date and well-considered list of referral services for people struggling with mental illness. Make sure all pastoral staff are familiar with it and know when and how to use it.
7. Invite parishioners to form support groups focused on their particular concerns or needs. Each group, whether of the afflicted (e.g., those suffering depression or substance abuse) or the affected (e.g., families and other loved ones) can determine its own purpose, approach, schedule, leadership, and so on.
8. Develop or carefully select and coordinate *virtual, web-based* support groups and services. These can’t substitute for face-to-face pastoral care but can help supplement more personal approaches.
9. Consider adopting TZ’s practice of “one-minute meditation” for those suffering mental illness and its effects. [For recorded and print information, see *tomzanzig.com* and look under “resources-audio.”]

### **Suggestions for Pastoral Ministers & Caregivers**

*“[Pastoral Ministers] do not really have a choice about whether they do pastoral counseling, only about how well they do it” [Albers, p. 54].*

1. Become adequately informed about the nature and particular manifestations of each type of mental illness. [See “Recommended Resources.”] Take advantage of training opportunities, workshops, conversations with professionals, etc.
2. Know yourself, your attitudes, and skills regarding mental illness and prepare for a role that fits you: catalyst for change; coordinator of available resources; provider of spiritual support and guidance; confessor; conciliator for damaged relationships. [See Albers, p. 122 ff]
3. “The three most important aspects in the process of caregiving are to *listen, listen, listen*” [Albers, p.26]. Listen especially to the pain, the lament of those suffering from the disease or disorder, take it seriously, and respect it. Offer to stand and walk with them in their pain.
4. Practice the same good pastoral ministry you offer to anyone—i.e., listen more than talk, validate feelings, affirm, and offer a compassionate and caring presence.
5. Don’t try to “fix” or rescue the person and resist the urge to diagnose or figure out what’s going on. Your primary task is to provide a ministry of caring presence.
6. Resist the temptation to interpret the experience of the one who is ill or affected. Rather, let him or her discover and communicate the meaning of the situation by listening deeply

and, perhaps, asking clarifying questions that might help them better understand their own situation.

7. Don't *push* religion or prayer—unless you know they have a religious tradition that is important to them or they are actively seeking such a conversation. For some mentally ill, religion can be as much a flashpoint of pain as a source of hope and healing.
8. If it seems appropriate or timely, offer to pray with or for them. Consider silent, meditative prayer rather than word-heavy and message-laden approaches.
9. On rare occasions you may have to “speak the truth in love” (Eph. 4:16), especially when an individual seems deep in denial about a threatening situation. Expect and accept resistance if not anger. It has been said, “You will know the truth and the truth will set you free. But first it will piss you off!”
10. Be aware that different family members respond differently and treat each as an individual. Not all may feel burdened by the illness; rather, in a mysterious way, some may feel blessed. Let their true experience emerge without judgment.
11. You can help them explore spiritual values with or without reference to religion per se. Possible focusing questions: What holds meaning for you? What brings you joy? What has “marked” your life with sorrow or fear? What are you passionate about? What are your images of God or the Sacred? Where might you find sources of hope and healing? But be prudent and patient; asking too many questions too quickly can create anxiety.

## **Recommended Resources**

### ***For Reference & Study***

- Albers, Robert H., et al. 2012. *Ministry with Persons with Mental Illness and Their Families*. Minneapolis, Fortress Press. [Highly recommended for ministers and faith-based caregivers.]
- Miklowtz, David J. 2002. *The Bipolar Disorder Survival Guide: What You and Your Family Need to Know*. New York, The Guilford Press. [Second edition published in 2010 but not yet reviewed by us.]

### ***Memoirs***

Barb has found memoirs by those afflicted with mental illness particularly helpful and healing.

- Kay Redfield Jamison, 1995. *An Unquiet Mind*. New York. Vintage Books, Random House. The classic memoir from the author's dual perspective as both a psychiatric expert in manic depression and a sufferer of the disease.
- Roth, Colleen. *Women Food and God*. 2010. New York, Scribner. “The way (we) eat is inseparable from (our) core beliefs about being alive.”
- Sheff, David. 2008. *Beautiful Boy: A Father's Journey through His Son's Addiction*. Boston, Houghton Mifflin Company. “(A) fiercely candid memoir that brings immediacy to the emotional rollercoaster of loving a child who seems beyond help.”
- Sheff, Nic. 2008. *Tweak: Growing Up on Methamphetamines*. New York, Simon & Schuster. The son of David Sheff shares a “compelling, heartbreaking, and true story of his relapse and the road to recovery.”

### ***Online Resources***

- For reliable *online* advice and resources, consult the NAMI (National Alliance for Mental Illness) website: <http://www.nami.org>. A wonderful organization with a wealth of quality resources and services.
- The website of the National Institute of Mental Health: <http://www.nimh.nih.gov>. “The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.” Many online as well as published resources related to all mental illness.

**“There is help and there is hope; there is heartache but also healing.”**

Robert H. Albers