PASTORAL CARE

OF THE MENTALLY ILL

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A Handbook for Pastors

By J. A. Davis

Pastoral Care of the Mentally Ill: A Handbook for Pastors

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This book is dedicated to all of the people from whom I have learned so much whose lives are touched by mental illness.

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Doris* (not her real name) looked at me with tears in her eyes and pleading in her voice. “Will you please call my pastor and explain to him what bipolar means? He just doesn't get it.”

At that moment the first seed was planted that led to this book. After working as a chaplain on hospital psychiatric units for ten years, I have come to realize several things. First, we all know people with psychiatric problems. Secondly, all of us have members of our churches with such problems. And, finally, most pastors have not been trained in working with the mentally ill. Even in the best Clinical Pastoral Education programs, such training is nearly

nonexistent.

Let's take a look at a hypothetical 100 families in a hypothetical church. Of these 100 families, it is very likely that there will be at least one person suffering from schizophrenia, one or two suffering from a bipolar (manic-depressive) disorder, ten or so suffering from depression serious enough to warrant medical intervention, perhaps another eight or ten suffering from an addiction or living with someone who does, one or two with eating disorders, and yet another with an obsessive-compulsive problem.

Most of these people at one time or another will be told by someone that they should "talk to their pastor." And that's where this book comes in. What do we tell them? What advice can we give them? How do we keep them safe? And how do we keep from becoming enablers?

Following are some stories–stories of people suffering from mental illness. These cases are composites drawn from the experiences of several people. All of the stories are based in fact and upon experience. It is my hope that through them you will come to see what works–and what doesn't–and what

might work and what might not.

Chapter 1

Body Image

Camille was a very pretty girl. At the ripe old age of two, she was featured in an advertisement for a department store chain. More and more jobs were offered and by the time she was thirteen she was an internationally recognized model. Her parents never worried about her extreme thinness. After all, models had to be thin. She was a good student and her tutors kept her up with her classes as she traveled throughout the world.

One day when she was seventeen she came to me and admitted that she had been anorexic and bulimic since she was ten–and addicted to heroin since she was fourteen. She

claimed that heroin helped her to control her appetite. However, she was bright enough to know that her addiction and eating disorder would kill her, and she wanted help.

Camille's parents were in denial. Even though she'd been hospitalized briefly for her eating disorder, they didn't really think there was a problem. “It's just because she's so concerned about her career. After all, we all have gone on diets,” her mother said. Camille was frightened. Without the support of her parents, she didn't know if she would be able to overcome her problems. She felt very alone. Furthermore, she was ashamed and didn't want anyone to know that anything was wrong; she had an image to maintain. She was the famous Camille–a celebrity in both her school and her church.

Superficially, Ellen seemed an entirely different case. A sophomore in college, she was grossly overweight. One day she called me and asked if we could have lunch. I knew immediately that this wasn't a casual luncheon invitation but an “I've just got to talk to you” lunch. And so, looking at my packed calendar and groaning inwardly, I cheerfully made a date with her for that very day.

As she was eating the last of her double cheeseburger which she was downing with a chocolate shake, she looked at me with the saddest look I've ever seen. Her eyes filled with tears and she blurted out, “Can I tell you something? Something that you can't tell anyone?” I told her that of course she could, and she proceeded to tell me about an uncle who had sexually abused her from age eight to age thirteen. She wailed, “I never want another man anywhere near me. If I stay fat, they'll stay away.”

Ellen had every bit as much of an eating disorder as Camille. Camille was obsessed with controlling her figure and her career. Ellen was set on controlling her relationships with men. And they both felt in control as long as they could control how much they ate.

Many people with eating disorders are very controlling people. Often they are compulsively good students and real neatniks. They are obsessive about their eating patterns just as they are obsessive about studying, about getting straight “A's,” about being perfect. Often they are trying to please a parent–one that they will probably never please.

Sandy was like that. She just wanted her dad to praise her. She got all “A's” and played on the winning varsity volleyball team. When she was elected captain, her dad's comment was, “I would have been disappointed if they hadn't elected you.” When she made National Honor Society, her father said, “It's just what we expected of you.”

Sandy started exercising. Soon she was exercising eight hours a night–sleeping little, eating less. She got thinner and thinner. She began to find that eating even a little food was making her feel guilty–and that throwing up after she ate eased the guilt. And so a pattern developed; she binged, she purged, she exercised, and she felt in control.

For a while Sandy wore big baggy sweaters that covered up her increasing boniness–but then summer came. When she put on shorts and tee-shirts, it was apparent that she had become shockingly thin. It was then her mother called and invited me to have lunch.

As she picked at her luncheon salad–without dressing–Sandy's pencil thin mom told me of her daughter's behavior. As she sipped her diet drink, she told me that she couldn't

imagine why Sandy was so obsessed with what she ate. I suggested that perhaps she was trying to be like Mom, but had gotten a little carried away. It was obviously time for Sandy to have a complete physical examination and probably some long term counseling. I stressed to her mother the seriousness of anorexia, telling her very pointedly that some people actually starve themselves to death.

Eating disorders are especially common among teenage girls and young adult women. However, they are not limited to young people, as witnessed by Sandy's mom. Compulsive eating behavior goes way beyond a teen's desire to be attractive, as we see in Ellen's case. Her obesity, Camille's anorexia and heroin addiction, and Sandy's anorexia and bulimia, are all life-threatening illnesses.

Although most people with eating disorders are women, men are not immune. Bill was an obsessive-compulsive perfectionist. He used to be a really big eater. He was a chubby child who grew into a chubby adult. When he reached 265 pounds, a doctor who was seeing him for the first time told him, "Lose 100 pounds–and I don't care how you do it." Bill was a person who was always anxious to please. He had

spent his life trying to please his father without succeeding. He went on a crash diet. He ate nothing but fish and green vegetables and lost a lot of weight. But Bill really missed the large pizzas that he used to eat all by himself. And so one night he ordered one, ate it, got sick–and discovered bingeing and purging. From that point on he threw up every meal he ate.

At that point Bill was also abusing thyroid medication. He was completely obsessed with becoming thin. He eventually lost 135 pounds and looked like someone who had been in a concentration camp. Then he went into heart failure. He was hospitalized in a medical unit for several days and then became irrational and belligerent; he had developed a toxic psychosis from the excessive consumption of thyroid medication. His wife called her pastor to ask what she should do. He volunteered to take her to the hospital so that she could transfer Bill to a locked psychiatric unit in another hospital, as his doctors had recommended. The staff made it clear that she wasn't “committing” him, but Bill became angry, hostile, and threatening. As he begged her to take him home, her pastor gently took her by the arm saying, “It's time to leave,” and led her out of the hospital.

People with eating disorders are often easier to spot than those with other mental illnesses because of the physical characteristics manifested by these disorders. Extreme thinness almost to the point of emaciation (when the person does not have some serious medical condition that might lead to this state) or extreme and increasing obesity can be symptoms. However, we must be careful because some people are just thin and wiry, or heavier than most. To assume that all people with these physical characteristics have an eating disorder is as bad as closing our eyes to the disorder.

For example, Sarah, an adult, weighed only seventy-nine pounds. She told me that whenever her family was transferred to a new place, every new doctor she found always assumed that something was wrong with her. Nothing was; she was healthy, ate normally, and was just thin–probably due to genetics. Fred, on the other hand, is quite round. So are his sister, and his cousin, and one of his children. They are all healthy. He explained to me once that diets didn't work for any of them because their metabolisms adjusted so efficiently to having less food. His other sibling and three other children are of what we would call "normal" weight.