

*Show Me You Care About Suicide Prevention Conference - 2017*

# *“Demonization of Mental Illness”*

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## **SEMINAR OVERVIEW**

- A look at mental illness and the illness divide
- Criticality of the role of the religious community
- Manifestation of psychotic episodes and negative spiritual encounters.
- Religious communities becoming “places of wellness”

## Illness Divide

Illnesses are diseases of the body or mind; poor health;

Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these).

Although the two definitions look similar there continues to be a discussion as to the validity of mental disorders being medical conditions.

This debate, especially in the faith community, is the foundational attitude that continue to isolate parishioners from seeking and receiving the help that is needed to live healthy faith filled lives.

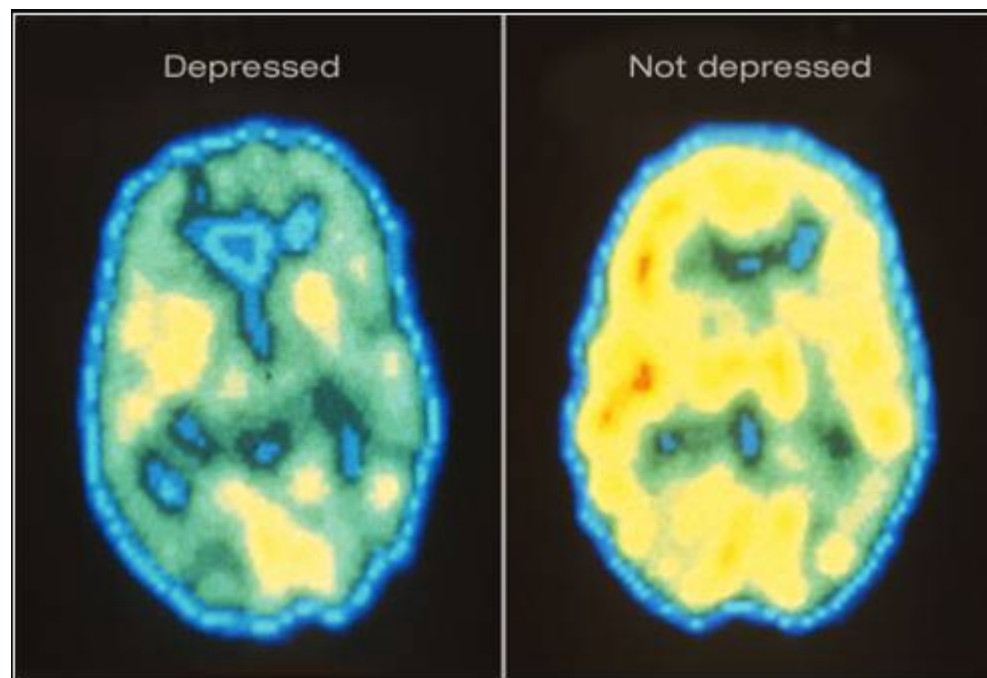
## Illness Divide

In an attempt to assist an individual with a mental health diagnosis, the prerequisite often requires removing unhealthy perceptions and replacing them with truth: Mental Illness is a medical problem, just like heart disease or diabetes.

Such discussions as symptoms and causes can be the start and stop place for providing adequate assistance. As we all know the mental health diagnosis is determined by symptoms as opposed to most medical diagnosis, which are treated based on the cause. Although a patient/doctor may not be able to name an external invader, does not make the mood/disorder unreal.

## Illness Divide

More and more, twenty-first century science have been able to show the physiological differences that occur in the body during periods of suffering, as shown in this picture from WebMD.



## **Role of the religious community**

Historically, mental health has been taboo in the faith community. While there is little or no discussion or education, the behavior and response to an individual suffering has unfortunately been similar in the majority of these cases.

Too often parishioners are met with a scolding that include an assessment of their faith being weak and are given spiritual exercises that result in little or no change in the mental health of the individual. Often it actually pushes individuals to deeper levels of despair and depression.

## Role of the religious community

Without going into a Bible class, there is one text that I believe ALL faith leaders should regard as the genesis for positioning for ministry in the area of mental health. Even if the Bible is not your source of guidance, the premise for this text should be the core mindset.

**Philippians 4:6** Be careful for nothing; but in every thing by prayer and supplication with thanksgiving let your requests be made known unto God. **7** And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus. **8** Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things.

## **Role of the religious community**

The three key points are:

- There's a need to reach out for something higher
- There's a peace that is attainable
- There's an ideal thought pattern that should be observed

Now the reality is the majority of those in need KNOW these things from a cognitive perspective, but the abnormality they are experiencing in their thinking blocks what they know.

Those with like minds, who are in a healthy mental position could be the link needed to reconnect an individual to what they once heard or lived.



## **Demonization Phenomena**

The perpetuation of the demonization phenomena has its roots in scripture. Over time the story of the boy in the garden in Mark chapter 5 who was obviously in mental distress and harming himself has been characterized as a demonic.

Although the description of the behavior can be likened to a psychotic episode, this should not be the reason to blanket all manifestations of similar behavior. Matthew writes in chapter 4 that there is distinct differences in the diseased and the demon possessed.

## Demonization Phenomena

Matthew 4:24 News about him [Jesus] spread all over Syria, and people brought to him all who were ill with various diseases, those suffering severe pain, the demon-possessed, those having seizures, and the paralyzed.

Assessing the manifestations require spiritually mature individuals that have actually studied and prayed about this matter to God so that He can strengthen the ability to discern.

In the book, *“Depressed or Possessed? Christians Recognising and Responding to Mental Illness”* the author list a few questions that can be asked to make a decision.

## **Demonization Phenomena**

- 1. Take a history. Has there been extensive involvement in witchcraft or the occult? But be aware that in Acts 19:18 those occultists needed to confess their sin rather than be exorcised, therefore involvement does not necessarily mean possession.**
- 2. Are the symptoms atypical of psychiatric or physical illness? Are there explanations other than demonic possession?**
- 3. Is there agreement between level-headed Christians who have spent time praying and seeking the will of God on the matter?**
- 4. Remember that Jesus only exorcised when asked to do so or when manifestations occurred in front of him – he did not go to people and tell them that they needed to be exorcised.**

## **Demonization Phenomena**

In summation, the only way to address this crippling mindset in the faith community is via education. Because traditionalism has been the order of the day, the willingness to accept education will only follow tearing down the traditions. While this may be met with opposition, leaders must know that addressing traditions does not mean dismantling doctrines, only adjusting perceptions. This is critical for places of worship at this time, with 1 in 5 people suffering from diagnosable mental illness. Because many in this group attend our places of worship, the probability of deepening the stigmatization should be enough to propel leaders to make steps toward change, no matter how small.

## **Places of Wellness**

Our Churches, Synagogues and Mosques are vital in our communities as beacons of light. Unlike anything else, there should be a sense of hope that emanates from the very presence of the structure. Sadly, this is not the case in most communities. The belief that hinders these entities from being the help they need to be is the misunderstanding that the spiritual leader has to have ALL the answers to the ALL woes of the parishioners. There are several ways that this can be alleviated, but it starts with the leader. A good leader is simply one who is able to influence. Maybe the influence is to simply provide the support and the resources to access help.

## Places of Wellness

Having had to go to the emergency room several times in my life, I have observed a few important details that could serve our religious institutions well.

- Triage will assign degrees of urgency
- Attending Physician focuses on first removing the emergency
- Servicing Physician focuses on stability and long term treatment

The church has often be characterized as a hospital and it would be ideal to apply similar processes to how leaders handle their responses to situations of mental health issues.

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## Places of Wellness

### Triage:

Requires leaders educating themselves in the area of mental health, to make correct assessments in the time of crisis.

### Attending Physician:

It is perfectly okay after determining the degree of urgency in a mental health situation to hand off an individual to the resource that can assist best.

### Servicing Physician:

Now the leader should be equipped with resources that are willing to involve the individual's faith in their treatment and form a team of caregivers that include the spiritual leader

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# QUESTIONS





**THANK YOU FOR ATTENDING!**

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