

## **“Journeys of the Brain and Mind”**

A talk by Rev. Jim Foti, Assistant Minister  
First Unitarian Society of Minneapolis  
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<https://www.youtube.com/watch?v=q-eQVm7NdUM&feature=youtu.be>  
<https://firstunitarian.org/assembly-march-17-journeys-of-the-mind-and-brain/>

I grew up with two very different grandmothers. One of my grandmas was more of what you might think of as the classic grandma stereotype – apron on, homebaked bread in the oven, fresh chocolate chip cookies in the cookie jar, lots of smiles and an easy laugh. From my perspective as one of her sixteen grandchildren, she was a summer breeze of a grandma.

My other grandma also had an apron, and she offered abundant homemade food, and she was kind and playful with small children. But she didn't laugh or smile nearly as easily. And with adults, she focused tremendously on the negative. She was pessimistic and always seemed to be in search of sympathy. One example that stuck in my young and impressionable mind: in conversations with her friends and other family members, she would make my childhood allergies sound much more severe than they really were, to the extent that people would express their concern to me. This confused me, because I took my pills in the spring and I felt fine.

My grandma was married to my grandfather, a quiet plumber, for more than 50 years. After he died, she was terribly lonely and went into a long slow spiral, exhausting her kids and siblings with challenging behaviors, repeatedly getting into fender-benders but refusing to give up her driver's license, even physically striking a nursing-home employee in her final couple of years. She seemed to be cut from a different cloth from her siblings, most of whom also lived into old age but had more capability for enjoying life and far fewer conflicts. By the time my grandma died, her behaviors had worn everyone out, even the people who loved her the most. It was the first funeral I'd ever been to where nobody cried.

It's pretty clear now, a quarter-century after her death, that my grandma was living with mental illness. She was obviously depressed and anxious much of the time. She did not come of age in an era, or in a socioeconomic class, in which her challenges would be framed as mental illness or treated as a health problem. Rather, at least from my childhood perspective, the adults in her life seemed to have thoughts along the lines of “Why can't she get it together? Why is she so negative? She's always been a worrywart.” My extended family was pretty close-knit and generally quite loving, and

my grandma was never shunned. But there was eyerolling and sighing in frustration, and a feeling that nothing could be done. I don't think anybody in that generation of my large Italian Catholic family would have thought of going to a therapist, much less paying for such a thing – these were the children of immigrants raised during the Great Depression, who washed bread bags and reused wrapping paper. Paying many dollars an hour to talk about one's personal problems with a stranger would have been a very tough sell. My grandma's behaviors and disposition often seemed to be framed more as a failure of will rather than viewed with a lens of compassion.

As an adult, I have wondered many times just what it was on my grandma's life journey that might have caused her to turn out to be so different from her surviving siblings. Globally, at least [one out of five girls is sexually abused](#) before the age of 18; maybe out of the five girls in her family, she was the one. Maybe she underwent another kind of adverse childhood experience that she didn't feel she could ever talk about. Maybe it was the trauma of abruptly losing her older sister, who died in childbirth. Maybe it was generational trauma baked into her genes by the hardscrabble lives of her ancestors, or maybe it was simply how her brain chemistry had always worked. Maybe it was a combination of factors. Whatever the origins, a solution to her challenges never came.

Our theme this month here at FUS is "Journey: The practice of pilgrimage, courageous growth, and patient change." Mental illness is a companion that no one would choose for their life journey. But the effects of mental illness are being more and more talked about, thanks to those who have courageously shared their stories. "Patient change" may be something of a tough concept right now, when there's so much in our world to be impatient with and exasperated about. But patience is what's often required, sometimes in large quantities, for either getting through or living with a mental illness. And a lot of the improvement in how we view mental illness has come about because of the patience of reliable and diligent people. People like the members of our Mental Health Awareness Team, whose frankness and hard work are part of a large, ongoing movement to recognize the full humanity of people whose lives are affected by mental illness.

And over the last several decades, there has been undeniable progress. For one thing, the brain is much better understood than it ever has been, and its problems are viewed as medical rather than religious concerns.

Before modern medicine and psychiatry, the "treatment" for schizophrenia could be an exorcism. Less severe mental illnesses were sometimes seen as punishment by God, or the result of a lack of willpower or of poor life choices. Alcoholics were dismissed as

weak and morally deficient. Suicide was condemned as sin, with the supposed sinner, after suffering greatly in this life, doomed afterward to eternal hell. (You might [still hear this today](#) at a conservative Christian funeral.) Suicide is now better understood by more people to be the result of illness, and there's even a shift away from the language of saying someone "*committed* suicide." Suicide is tragic and devastating for survivors, but it is not a sin or a crime that one "commits."

Although humanists, atheists, and agnostics have rejected supernatural causes for mental illness and aren't likely to frame it as sin, they have not been immune from partaking in some of the dehumanizing history around mental illness. [As Rev. Kelli Clement spoke about in January](#), humanist leaders a century ago were among the many supporters of eugenics. Eugenics is the idea that only certain kinds of people should be allowed to have children, and it led to the sterilization of thousands of people deemed "feeble-minded," which often included those with mental illnesses. (It's worth noting that support for eugenics was not bound by theological outlook; the Methodists, Episcopalians, and Presbyterians also were enthusiastically on board; the Methodists even have [an apology for their involvement](#) on their denominational website.)

And of course derogation of the mentally ill is hardly relegated to the past. It was only a few years ago that the president of American Atheists [caused a minor firestorm](#) by describing those with extreme religious beliefs as being "mentally deficient" and in need of institutionalization. He was talking about parents who refused on religious grounds to seek medical treatment for their child's fatal illness. It's certainly a topic worth addressing. But equating religious fervor with mental illness angered people on all sides, including atheists with mental illnesses, and this was an extremely flawed way to approach the issue.

So while there has been much progress, there are still setbacks. There is still a great deal of shame around mental illness. There is still much work to be done.

One of the challenges is that, at the end of the day, for all of our gifts, human beings are still primates, and we have evolved only so far. We're better than we used to be about abstractions and understanding what can't be seen. But we still have a way to go, particularly around illnesses that affect the mind. When a friend breaks an arm or leg, most people are aware that they're not the best person to fix it. (Well, a few of you in here in this room probably *are* the best person to fix it, but that's because you're doctors.) But a lot of people – like the people who knew my grandma – offer unsolicited advice to the mentally ill, and in today's world, friends can throw in their

Internet expertise to boot. As someone I know with bipolar disorder once told me, “I can’t just go for a walk and feel better.”

Parker Palmer, the Quaker educator and author who has lived with depression for most of his adult life, [has this to say](#):

My misgivings about advice began with my first experience of clinical depression thirty-five years ago. The people who tried to support me had good intentions. But, for the most part, what they did left me feeling more depressed. Some went for the nature cure: “Why don’t you get outside and enjoy the sunshine and fresh air? Everything is blooming and it’s such a beautiful day!” When you’re depressed, you know intellectually that it’s beautiful out there. But you can’t feel a bit of that beauty because your feelings are dead — and being reminded of that gap is depressing.

Other would-be helpers tried to spruce up my self-image: “Why so down on yourself? You’ve helped so many people.” But when you’re depressed, the only voice you can hear is one that tells you that you’re a worthless fraud. Those compliments deepened my depression by making me feel that I’d defrauded yet another person: “If he knew what a worm I am, he’d never speak to me again.”

Here’s the deal: The human soul doesn’t want to be advised or fixed or saved. It simply wants to be witnessed — to be seen, heard and companioned exactly as it is.

One of Palmer’s points is that well-meaning people can forget that their role is to be a companion and, to the extent possible, to guide their loved ones to professional care.

An additional challenge around mental illness is that we human beings usually can’t see it with our own eyes the same way we can see a broken leg, so those who live with mental illness can face all kinds of skepticism. “Does he really need another sick day?” a co-worker might wonder. Those who know that you can get approval for an emotional support animal online in less than an hour may find themselves doubting the validity of every support animal they encounter. And DNA researchers are [finding evidence](#) that traumas experienced by our ancestors can show up in our genes and affect our mental health. Talk about something that’s not easily seen. One of the biggest challenges of having a mental illness is simply being believed.

Another challenge in the United States is that treatment of mental illness, like treatment of physical illness, is run through our particularly cruel form of capitalism. Just the other day I was reading about what’s known as the “file drawer problem” or

the “file drawer effect.” What that means is that medical studies with negative results often don’t get published, either because they aren’t submitted for review or because editors are less likely to accept them. A few years back, [a Food and Drug Administration study](#) found that 91 percent of *published* clinical trials of anti-depressants showed positive results. When the unpublished studies were added in, the rate of positive results dropped to just 51 percent. Another reminder that the profit motive, not the common good, is behind so much medical research, leaving those with both mental and physical illnesses at the mercy of the market.

It’s not just the pharmaceutical companies that are beholden to the dollar; insurance companies also exist to make money. Sometimes that means that they’ll pay only for the cheapest treatment (like a prescription) rather than what might be the best treatment, which could be ongoing therapy visits. There’s been some improvement in coverage under the Affordable Care Act, and the Minnesota Legislature is looking at improving access to mental health care. But again, patients are at the mercy of the market. “The market,” of course, actually has no mercy, and the term “market” is largely a euphemism for greed. (A little aside: When you’re reading or listening to the news, try this: do a search and replace, substituting the word “market” for the word “greed.” Do this whenever you hear a public official talking about “market-driven housing solutions” or an insurance executive encouraging us to “let the market decide.”) And even in a state like Minnesota with relatively good health care, there’s still a shortage of psychiatrists and of hospital beds in mental health units. Market forces do not appear to be able to fix the imbalance between demand and supply, and of course there are significant and persistent disparities in care access based on race and class.

On the more individual level, mental illnesses often have the unique problem of being an obstacle to their own treatment. To explain what I mean by that, let’s go back to the broken leg. When something goes wrong with your leg, your brain urges you to get help and figures out what help looks like. But sometimes, when something goes wrong with your mental health, it means that your brain is not available to do that work. Depression or anxiety have put it on the sidelines, diminishing executive function or making action seem pointless, hopeless, or impossible. “Why doesn’t she just do something about it?” Well, probably because she can’t, just like a person with a broken leg can’t run.

I want to pause here and take a quick survey. It’s a show of hands that we’ve done before, but if you are comfortable doing so, please raise your hand if you or someone close to you has been impacted by mental illness.

While it can be sobering to see the prevalence, the simple fact that people are willing to raise their hands in public a sign of progress. I try to imagine someone asking for a show of hands like that at my grandma's church back when my dad was growing up. Almost everyone would have been baffled by the question, even though they should have been raising their hands. Back then, there was nothing like the current ["Make it OK"](#) campaign. This campaign aims to make it normal to talk about mental health, and it's something our Mental Health volunteers have been a part of. We all benefit from the greater acceptability of talking about mental illness.

One of the things that can be an ongoing challenge of being a humanist is that all hope is horizontal. In the face of daunting human problems, human solutions are the only answer. Which means we humanists are always facing a pile of work to live out our values, such as our value of affirming [the inherent worth and dignity of all people](#). But there is plenty of hope to be found.

One real-world story that offers some hope is the fact that people have greatly reduced the shame and stigma around other kinds of diseases. Living as we do now in a world of breast-cancer-pink merchandise and Facebook posts about chemotherapy, it can be easy to forget that cancer was once a taboo topic, a disease [whispered about and referred to as the C-word](#). Concerted efforts at raising awareness and reducing shame around cancer began in the 1960s and have been extremely effective. Advocates for people living with HIV have also made considerable progress, even in the face of deeply entrenched fears and anti-gay sentiment. Cancer and HIV are of course still not diagnoses that anybody wants, but they need not be a secret, and there's hope that mental illnesses are moving down a similar path of declining stigma and shame.

So, as always, there's work to be done, and if you are wondering how you might help out in the area of mental health, there are countless ways. This morning after assembly, you can sign a postcard to legislators encouraging greater funding for programs for kids 3 and under, so they might have healthier childhoods and fewer long-term consequences. You can stop by the Mental Health Awareness Team's "Tune-up Table" to check out practices that can help you relax and tap into your creativity as we try to keep our spirits up in these waning days of wintry weather. They'll also have brochures of resources for getting mental health help for you or someone you care about.

And in your daily life, in situations where it seems safe to do so, maybe practice mentioning mental illness just as you would cancer or the common cold, to continue the work of chipping away at the secrecy and stigma. And when you do talk about mental illness, take care to separate the illness and the behaviors from the person. Just like a broken leg, a mental illness is something a person has, not something that

defines the essence of their humanity. We all have a part to play, maybe large or maybe small, in continuing to move mental illness from the margins toward the center in our shared life, so that more of our fellow human beings can live freely and without fear and find their way to the care that works for them. Human progress is the work of human hands. May it be so.