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Study guide

My take: Not ashamed

By Robert C. Blezard

Health authorities note with concern that mental illness appears to be a growing problem among youth and young adults, but stigma, shame and lack of awareness may deter people from getting treatment. Will Starkweather, an ELCA pastor, is one of a growing chorus of people sending the message, especially to youth, that mental illness is nothing to be ashamed of. Millions of Americans cope with mental illness that can take many forms, such as depression, anxiety, phobias, bipolar disorder or deliberate self-harm (DSH). Medications and therapies can help people live with mental illness and enjoy productive and joyful lives.

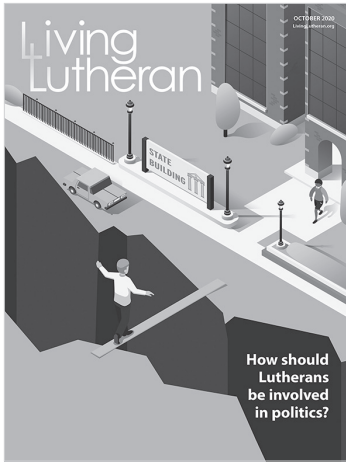
Exercise 1: Mental illness stigma

Starkweather describes how “euphemisms” have been employed to describe mental illness in friends or family. “Cousin Jim is a bit ‘touched’ or Grandma is having one of her ‘spells.’”

- What euphemisms have you heard that describe someone with mental illness?
- If you feel comfortable, could you share a story of someone who was described using such a euphemism?
- Do these euphemistic phrases serve to foster an understanding of mental illness, or do they rather gloss over (or cover up) the problem? Explain.
- In what ways does the use of euphemisms reveal just how much stigma there is around mental illness, since it is considered awkward or improper to speak about it directly?
- How does the use of euphemisms actually contribute to the stigma surrounding mental illness?
- What would be a more helpful way to talk about mental illness? Why might it be better to say simply, “Cousin Jim is suffering from depression. Grandma is bipolar”?
- Do you see signs that things are getting better?

Exercise 2: Troubled youth

Evidence shows that psychological distress is a growing problem among youth and young adults. The Centers for Disease Control and Prevention reported that suicide among youth aged 10 to 24 increased by 57% between 2007 and 2018. A study in the *Journal of Abnormal Psychology* said that episodes of major



Study guide: **Not ashamed** *continued*

depression in people aged 12 to 24 increased by 62% between 2008 and 2017. The *Journal* study noted that today's young people are more stressed and distressed than youth of a generation earlier.

Why are they more distressed? The *Journal* report singled out a boom in smartphone use among youth that resulted both in markedly less face-to-face interactions with others and increased time spent digesting social media on a small screen. Also, in a perhaps related phenomenon, the *Journal* said youth are getting less sleep than earlier generations. Increased digital media and less sleep contribute to deteriorating mental health among youth. Other researchers have pointed to youth despair over the future because of climate change and other looming crises they are inheriting. Discuss:

- Is life harder and more complicated for youth today than earlier generations? How? Why?
- What factors do youth today have to deal with that earlier generations did not?
- How has digital media, which has mushroomed only in the last 10 years, changed the lives of youth? In what ways for the better? In what ways for the worse? On the whole, is it for the better or worse?
- How can parents and other adults help youth with the stresses facing them?
- As a study group, formulate a strategy for your congregation to help educate parents and other adults about mental illness, especially among youth, including:
 - Fostering mental wellness in the home and school.
 - Best practices for optimal mental health, including less screen time and more sleep.
 - Common types of mental illness, especially those affecting youth and young adults.
 - The warning signs or symptoms of mental illness, and what to do about them.
 - Resources in the community to help, especially for youth and young adults. That may include counseling centers, school personnel, psychologists, pediatricians and other medical personnel.

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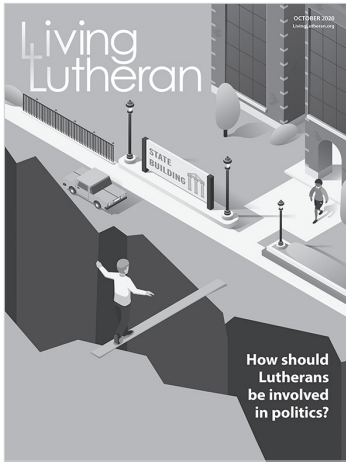
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Discussion questions:

- Americans are under a great deal of stress today, with such tough problems as increased political and social polarization, climate change, the coronavirus pandemic, high unemployment and a faltering economy. Is it any wonder that mental illness is a problem? How can the church teach and model healthy practices to promote psychological, physical and spiritual wellness? What programs might help? What educational materials would help? As a study group, come up with an action plan to promote wellness and give it to your church leaders for consideration.



About the study guide author:

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- How has mental illness evidenced itself in your community? Was (or is) your community well-equipped to handle it? What can your community do better? How can your congregation be part of the solution?
- People who suffer from mental illnesses are sometimes treated as folks to be avoided. Where and when have you noticed this phenomenon? What reasons can you think for why this is so? Are those reasons valid? If they are shunned by their communities, people with mental illness may suffer in isolation, especially if shame or awkwardness causes them to avoid interaction. So at the moment of their greatest need, they may be cut off from care, attention and support from others. Does your congregation support, assist and accompany people with mental illness? How, or why not? What can you do about it?
- What evidence have you observed that shame and stigma surrounds mental illness? Why are some people still reluctant to admit to themselves and others that they are not coping well with life? To what degree do you think the shame or stigma about mental illness still keeps people from seeking treatment? How can the church help?

MY TAKE

Not ashamed

By Will Starkweather



I'm a

Will Starkweather speaks to participants at the 2018 ELCA Youth Gathering in Houston during a Mass Gathering June 28.

On June 29, 2018, I stood in front of 30,000 young people and confessed a heavy burden: I'm a recovering self-injurer. It's not the first time I'd spoken those words, but I never thought I'd speak them to a packed stadium.

In the weeks that followed, I received more emails, messages and phone calls than I could count, and, in these messages, two things became clear. The first is that many of our youth had already encountered deliberate self-harm (DSH) in themselves or a friend. The second is that this was the first time most of them had ever heard someone speak about it out loud.

Words have power. And the power of the words spoken in that stadium came from their being so familiar to the experience of so many who heard them. Mental health concerns are really part of all our stories, even if we grew up not acknowledging them. And so many of us *have* grown up not recognizing these things.

Sometimes we came up with what we thought were polite euphemisms—Cousin Jim is a bit “touched” or Grandma is just having one of her “spells.” Other times, those genuine concerns were met with harsh labels—Cousin Jim is “crazy” or Grandma is just “looking for attention.” Whether the words we've heard were gentle or harsh, when we aren't talking plainly about mental health, the message is the same—mental illness is different and different is bad.

Words have power. And hearing our story told by a voice of authority can be the difference between hiding and healing.

I remember the first time I saw myself in the Scriptures. Jesus encountered a man who lived among the tombs and “was always howling and bruising himself with stones” (Mark 5:5). The locals called him demoniac, and I saw in him a man struggling with DSH. But Jesus saw in this man a beloved child. He met this very different person with grace, not fear.

And when the man had been healed, Jesus gave him a command: “Go home to your friends, and tell them how much the Lord has done for you” (Mark 5:19). Share your story because others need to hear it. *I* needed to hear it. And the story of this man's transformation gave me hope for my recovery.

We are all recovering from something. And recovery is possible and probable when we receive the help we need. But stigma and shame prevent countless people from asking for help because they fear what others might think. We need to dismantle the stigma surrounding mental health challenges, and it starts by speaking openly about them.

Our stories have the power to change lives, for good or for ill, but they can do nothing if we don't share them. So let me go first: My name is Will, and I am a recovering self-injurer who lives with depression and anxiety. I am beloved by God. And I am not ashamed. †

Resources

- World Mental Health Day, Oct. 10: bit.ly/3alcCeU
- “The Body of Christ and Mental Illness” social message: elca.org/socialmessages
- “Caring for Health: Our Shared Endeavor” social statement: elca.org/socialstatements
- National Alliance on Mental Illness: nami.org
- Will Starkweather's presentation to the 2018 ELCA Youth Gathering: bit.ly/2XZZuqu
- ELCA Disability Ministry: elca.org/disability
- Study guide: livinglutheran.org (click on the “Spiritual practices & resources” tab)

recovering self-injurer.

Will Starkweather is pastor of St. Martin Lutheran Church, Sugar Land, Texas.