

Hearing Voices

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“Do you hear voices?” he asked.

Hear voices? I wasn't sure how to respond. I was confused by the question. Why would he think that I hear voices?

He continued, “I hear voices and I was wondering if you hear voices and if you do, how do you deal with them?” His sincerity, gentleness, and direct questioning caused me to take pause. Or, perhaps, I felt like a deer caught in the headlines since I had no response.

The panel's moderator stepped in. “Now, tonight's guests are all clergy. They're here to talk to you about their religion's perspectives on mental illness. Their expertise is limited to the spiritual.”

But his question sparked discussion.

He was in his 30's and he talked about his journey through therapies and medications. He talked about how sometimes they worked and sometimes they didn't. But he wasn't the only speaker. The community chimed in. They talked about how they dealt with hearing voices or how a family member dealt or didn't deal with it. The question was taken as just that, a sincere enquiry to a group of caring people. There was no stigma attached to it. There was no shame. There was only acceptance. And the four members of the clergy panel, the experts of the evening, which included me, sat there listening, knowing that we were in a truly holy place, a place of Kedushah.

It was a NAMI gathering. If you don't know NAMI, it's the National Alliance for the Mentally Ill. NAMI consists of a network of peer led groups. They come together to give support to one another, to share stories, to learn, to offer solutions, and to avoid feeling the sense that there is no one “like” them.

Over the past three years, I have gotten to know this national organization starting with an invitation to speak on a clergy panel in 2015. Little did I realize that I would learn more from the community than they would learn from me.

Bikur Cholim – visiting the ill – is a core value of Judaism. We are taught that one of the great mitzvot is to visit the sick and to bring them a nosh. Each week, the Kol Tikvah staff reviews the misheberach list. We talk about who is ill, who has touched base with whom, whether we have sent a meal, and if anyone needs a visit. We also decide if community members need to be informed. Our conversations run the gamut from cancer, heart disease, torn muscles to broken bones.

At NAMI, these are called the casserole illnesses.

This phrase conjures up the image of someone bringing a casserole to someone's home when they are sick. I'm guessing that many families present at this service have received a meal when a family member was suffering from a physical illness. The community cares for you as you progress through your illness with either improvement or decline.

But, we seldom say during a staff meeting, “*The Goldfine's child has been diagnosed with bi-polar disorder. Let's let the community know so that they can shower them with love, support and food.*” Mental illness is somehow placed in a different

category, one we ignore. But, how different is cancer or any biologically induced illness from mental illnesses? They are all created due to chemical imbalances. They are not choices; they are illnesses.

Here's a simple idea I've learned – people aren't mental illnesses, they have mental illnesses. While I often hear “Peter is a schizophrenic.” I never hear “Peter is a cancer.” Let's not confuse the individual with the chemical aberrations occurring in their bodies.

And, while we might know as clergy and, perhaps, as a staff, about mental illness affecting a family, more often than not, we are asked to not share the information. But, how can we support the family if the information is not shared? How can the family be assisted if they feel like they need to keep a secret? How can they really feel part of the community? Let's stop keeping secrets. Let's talk about what ails us and we will find that there are others with the same struggles.

In Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness, by Matthew Stanford, a mother is quoted about her church's response to her son's mental illness. She states, “*The church we were involved with at the onset of my son's mental illness did not respond to us when we requested that a team come out and pray over him... We were looking for support and comfort, and the churches we encountered were not equipped to give that to us because they did not seem to have a complete handle on what we were dealing with.*” (Grace p 3)

Do we want our congregants to drift away from our temple? And if we are in partnership with God, aren't we falling short when we decide we don't want to do our fair share?

And if you think you can avoid contact with those with suffering from mental illness, treating it like a contagious disease, then you'd be wrong. An estimated 26% of adults over the age of 18 are diagnosed with a mental disorder in any given year. (Grace page 4) One in 25 adults suffers from serious mental illness (NAMI online stat sheet). You or someone you know will struggle at some point. If mental disorders are so prevalent, we need to stop acting like it's not our problem.

How would you respond to the following scenario?

A teen comes up to a teacher and asks, “Me and my classmates, we want to make a bunch of cards and send them to Suzie since she's sick. Can we do that during class today?”

The answer should be yes. It's great when kids want to help one another.

But what if the teen says, “Me and my classmates, we want to make a bunch of cards and send them to Suzie since we know that she attempted suicide because of her depression. Can we do that during class today?”

Would you still say yes? What if the parents had told you not to say anything to the students about Suzie? But, what if the students knew anyway? Teens are smarter than adults, I promise. I have two of them.

How can we learn to say “yes” to both versions of this story?

By the way, I've heard this story more than once, with teachers, clergy, and Jewish professionals not sure how to proceed.

The kids know.

Why do we deny their knowledge? Why do we not allow them to embrace their peer who is suffering? And if teens are this open, then can we, as adults, follow their example?

In the story of Job, Job is a righteous and successful man, a man blessed by God. Well, God tests Job's faith by taking everything from him. Chapter three is Job's lament.

Let me share a few highlights from that chapter:

"Job began to speak and cursed the day of his birth. He said, Perish the day on which I was born... May that day be darkness.... [and] May that night be desolate... May its twilight stars remain dark.... May it hope for light and have none.... Why did I not die at birth?... [I am like those] who wait for death but it does not come, who search for it more than treasure, who rejoice to exultation, and are glad to reach the grave.... My groaning serves as my bread; I [have] no repose, no quiet, no rest...."

Job seems to have listed "virtually all the symptoms of major depressive disorder. He is grieved and distressed; he feels hopeless, pessimistic, helpless, fatigued; he can't sleep; he is restless and irritable; and his thoughts are focused on death." (Grace page 85).

His disease has been caused by his circumstances but this makes it no less serious. And, perhaps, he was always prone to this disorder but his symptoms were masked by his successes. Perhaps his family always knew but chose to hide his illness from his community. Perhaps, Job even kept his issues from God.

At the end of Job, God restores Job's fortune, and his community comes to him with gifts. The community missed its chance to do holy work. They only returned after God returned an air of normalcy to Job. Sadly, if they had been by his side sooner, he might not have suffered the depression described in his lament.

Our Torah is filled with stories of mental illness affecting the likes of King Saul, King David, and Jeremiah to name just a few. It does not hide their depressions, their delusions. It accepts them and shows sympathy to their plight.

Los Angeles Times Columnist Steve Lopez began a journey of understanding in 2004. He became acquainted with a mentally ill musician living on the streets of Los Angeles. His articles turned into a book that was ultimately turned into a movie, *The Soloist*.

In the book, he writes, *He doesn't appear to be playing for money, which seems strange for a homeless guy. He plays as if he's a student, oblivious to everyone around him, and this is a practice session. Strange place to practice. The ground shakes when buses roar by, and his strings are barely audible in the orchestra of horns, trucks and sirens.... The man plays on, a lone fiddler.*

When he pauses, I move in. "Hello," I say. He jumps back, startled. "Do you remember me?" I ask.

"I remember your voice."

He tells me he's going to keep practicing until he's proud of what he hears, he says, and I tell him I might like to write about him for the L.A. Times.

"Seriously?" he asks. "You'd really want to write about me?"

"Why not?" I ask.

And, so began a journey of transformation and assistance for two men -- one a reporter and the other a highly talented musician suffering from schizophrenia. Along the way, Lopez helps reintegrate him back into society while learning about mental illness.

While this is a beautiful story, most homeless are not concert level violinists. It is believed that at least 30% of homeless people are mentally ill. They receive little to no assistance, often too lost to mental illness to seek help due to their delusions and their mood swings.

So, they live on our streets.

Thankfully, in Los Angeles, local churches, synagogues, temples and city hall are working together to help those who are homeless.

There is also a high percentage of those afflicted with mental illness living in prisons and jails. Sixteen percent of prison inmates suffer from mental illness. That's 300,000-400,000 individuals not getting assistance or treatment. And while I commend Lopez, I worry about all the other souls who have been lost due to the lack of Federal and state funding. Without going into a history of the deinstitutionalization of mental health care facilities, all I can say is -- our communal safety net for those suffering with mental illness has too many holes due to a history filled with a lack of financial assistance from Federal and State government.

Over Labor Day Weekend, while writing this sermon, I received a phone call. "Rabbi, I need money. I'm physically and mentally disabled. Where I'm living, people are abusing me. I can't stay here."

Money. A request for money. I get these phone calls on a frequent basis.

"What's your name?" I ask, a little frustrated that he called my cell and didn't leave a message on my office phone as would be appropriate for a request for money.

"Rabbi, you don't know me but I need help..."

How do I help someone I do not know? But, I listen and I make suggestions.

I suggest he go to SOVA or to Jewish Family Services. If he goes to one of these groups I told him I'd give him money if one of their social workers calls me and says, "Yes, he needs money in addition to the assistance we are providing him."

He then tells me he's going to kill himself. I question him and let him know that if he means it, I will put him into contact with the Department of Mental Health so that they can assist him past this moment. He admits that he'd never do that even if he wanted. "I'm too chicken" is his phrasing. I sense he is telling the truth and only saying this in an attempt to extract the dollars he desires.

He shares that he goes to a local church but his preacher won't assist. I am frustrated and disappointed by his faith leader. I tell him to go back to the preacher with whom he has a relationship and ask for more assistance. He becomes agitated by my questions and suggestions and abruptly gets off the phone.

I wonder -- what I am supposed to do? I don't know him. I can't tell what is real over a five-minute phone call. I don't feel like I'm the right person to be assisting him. Yet, I'm on the phone with him so I try my best. But, as is true with many people fighting mental illness, he has a hard time understanding suggestions from a rabbi he does not know.

I can only hope that with community wide education we can be open to helping one another before one of our members is randomly calling local churches and

synagogues looking for assistance. I can't help every stranger that calls my cell phone. I've tried in the past but my success has been limited. I can only hope that as a community we can do better for one another before one of us becomes completely lost.

A few weeks ago, I received an award from NAMI CA for some of the things I've done in support of those suffering with mental illness. After receiving the award, a woman came up to me. She thanked me for being involved. She confided in me, "My rabbi has never discussed this topic."

I responded, "Have you asked him to?"

"No."

"Then you should."

I told her to sit with him. To share her family's journey which focused upon her 30-something son. I told her to suggest to him that he use the misheberach prayer as way to let the community know that he is open to supporting those with mental illness. I told her that I know he would open the door if she asked.

Let me state, I received an award I did not deserve. I have done so little – a few speaking engagements, a change to the misheberach every second or third Shabbat, a two night NAMI Care and Share Training for 11 congregants, and the scheduling of guest speakers – one of which will be here this afternoon during our mid-day study sessions. I have not done enough. But, by being honored, it taught me that clergy are not doing enough and by extension neither are communities.

Even as I preach openness, I have to consider boundaries. Where are the boundaries to assistance for a family, a clergy person and a community?

While I don't like to use the word "easy" when it comes to addiction, on the whole, when someone is an addict, boundaries are simple. Until the addict is ready to give up drugs or alcohol or gambling or whatever the addiction happens to be, we are taught to practice tough love. It is only when addicts reach their lowest points, moments when they find themselves without any support beyond other addicts, that they might decide to seek assistance and treatment. Assisting someone who doesn't want to give up their addiction is typically useless. Giving financial support – the "I don't want my child living on the streets" syndrome – gives the addict little incentive to seek treatment. Often living on the streets or being arrested is the wakeup call an addict needs to begin a journey to recovery.

But, with mental illness, there is no clear definition of "tough love." If someone you love had cancer and decided they didn't want to seek treatment, where would you place your boundaries? Would you refuse to assist them unless they received treatment or would you stand by their side regardless of their choice?

Mental illness is like cancer. It is not a choice. And, like cancer, you can choose whether you receive treatment or not. As a family member or friend, you have decisions to make. You can:

- Stand by a person's side through every treatment.
- Stand by a person's side when they refuse treatment.
- Stand by a person's side through every high and low.
- You can shelter them in your own home.
- You can shelter them at another location.

But you can also...

- Limit your interactions to phone calls or emails or texts or...
- Disengage in order to protect your own mental health.

All of these answers are possible. No one solution is right because we all deal with illness and caregiving in different ways.

As a community, we need to be accepting of all illnesses. But, we still need a semblance of decorum within our sanctuary. How do we balance our decorum with acceptance? There is no blanket answer. But, as long as we continually relate to one another as human beings considering each other's needs, we will be a step closer to doing what is right.

So, how do we take a taboo topic and bring it to the forefront? Through....

Sermons

Newsletter articles

Eblasts

Support groups

Compassing....

We need to show compassion to the person afflicted with mental illness.... We need to show compassion to the person's family so they feel supported... and we need to show compassion to one another, no matter our personalities, our illnesses, our challenges, or our quirks because we are a community.

So, my blessing for all of you – find compassion in your heart no matter how difficult it might be so that you can aid yourself, your family and your community through the many roadblocks of life. Amen.