

Some forty-five years ago I signed onto a project that left me with images I have yet to get out of my mind. Taking part in a social work class taught by Dr. Marguerite Woodruff at Mercer University, I along with the other students was given the option of signing onto one of several “immersion” experiences in social service. Being who I was, I opted for the one that called for a bit more investment than walking down the street to a local food pantry or children’s home and joined instead a carload of students who traveled weekly to Milledgeville, Georgia, to work with a select group of younger patients in the state mental hospital. Although the patients to whom we were assigned were among those with the less acute symptoms of illness, our first visit to the hospital began with a tour that gave us something of a feel for the various levels of illness housed in that huge facility. As our tour of the various units of the hospital progressed, so did the seriousness of the illness we encountered until finally we came to our last stop where we peered through iron bars at patients in conditions beyond my wildest imaginings. Today we would probably judge the conditions inhumane; but in a day when more effective drugs were still a thing of the future, these patients were housed in the most sparse conditions imaginable—few clothes, little or no furniture that might be thrown to hurt one another, and no privacy. We all came out of the hospital that day deeply shaken. I recall a fellow student’s report to the class a few days later when she described the blanket of silence that descended over the car as we drove back to Macon. The somber experience had opened our eyes to realities we had never before seen.

I recall, too, my experience as a student at Southern Seminary in Louisville. Dr. Wayne Oates, a widely esteemed pioneer in the field of pastoral care and head of the pastoral counseling area at the seminary, went to great lengths to bring future pastors and counselors face to face with human suffering. Students got their feet wet by serving as chaplains in inner city as well as suburban hospitals, and he had made a concerted effort to establish pastoral residency experiences in what was then Kentucky’s Central Psychiatric Hospital as well as in the Norton Psychiatric Unit downtown. I spent many of the weekends and a number of evenings during my last couple of years as a seminary student working as an aid in the Norton program, where private, insurance paying patients came and went, and one year as a student chaplain on the state funded psychiatric unit of Hazelwood Tuberculosis Hospital, where many, if not most, patients lived until they died.

Those were the days when, thankfully, psychiatric facilities were just beginning to empty as new and more effective drugs came onto the market. Disorders that had previously raged out of control now became manageable and patients previously consigned behind locked doors were able to return to work and family. It was a day that seemed to hold out great hope for what had previously seemed to be hopeless situations. Dr. Oates wisely warned us that upon becoming pastors and teachers we should never issue a blanket condemnation of drugs from the pulpit, for those very drugs, properly administered, were allowing hundreds of thousands to return to life. Tragically, however, so many of those released were lacking finances or families to monitor their situation. In some cases, the former patients simply lacked enough emotional health or discipline to enable them to stay on their medications. They needed help, significant help. Tragically, they slipped from sight again, only this time, they crept under bridges and into the alleyways of our cities, where they remain hidden today.

People in the most desperate conditions are often hidden from our eyes. Looking back over our experience of the last several decades and into the present, should we be surprised that the mentally ill were hidden out of sight in the remote and desolate places of the first century? Should we be surprised that a town’s mental institution was the local cemetery? It was there among the tombs, the Gospels tell us that the village demoniac sought refuge, piteously shouting out his agony, bruising himself with stones. And lest we be too critical, there the townspeople carried out their brand of first century therapy. There he was kept in chains and shackles lest he hurt himself or someone else. There, too, someone apparently cared enough to see that he was fed. And exactly there, Jesus, as he was wont to do, found him. Jesus had, to be exact, crossed a sea and moved into unquestionably gentile territory to reach out to him. Jesus, you see, had this reputation, this propensity for seeking out those of God’s children who had been cut off from community.

“What is your name?” Jesus asked the man. “Legion,” the man responded. Torn in so many directions that he felt like he had several thousand soldiers warring within him, the man had lost all sense of himself. In the nomenclature of the day, he was possessed of demons; and in keeping with the first century worldview, the demons immediately began to plead for their freedom. “Don’t cast us into the abyss, the prison for disobedient spirits. Cast us into those nasty, disgusting pigs on yonder hillside.” Jesus, the Gospels report, fulfilled their request, whereupon the pigs (and the demons) plunged over a cliff into the sea.

An interesting and humorous note here: Variations occur in the story as it is related by the three gospels;

the most interesting of which may be the location to which they assign the story. Matthew speaks of the region of Gadara; Mark and Luke, of Gerasa. Gadara was located along Lake Gennesaret; Gerasa, on the other hand, was located on the edge of the desert, far removed from either a sea or a lake. A full thirty-three miles from the Sea of Galilee, the pigs plunging off of a cliff into the sea would have been quite a feat. As one New Testament commentator wryly observes, "The stampede of the pigs from Gerasa to the Lake would have made them the most energetic herd in history!" [Joseph Fitzmyer, *Luke I-IX*, 736].

The invisible become visible when we travel with Jesus. Sinners, women, lepers, the demon possessed and mentally ill—all, the Gospels are quick to tell us, come to front and center in the ministry of Jesus. Those whom society most loved to censure, those whom society sought with all its heart and soul to make invisible, those were the very ones who figured most prominently in Jesus' ministry. Note, if you will, the unanimity with which the three Gospels depict the response of the townspeople arriving on the scene to find "the man from whom the demons had gone sitting at the feet of Jesus, clothed and in his right mind." To their discredit and apparently to a person, they responded with fear. No one celebrated the man's release. Rather, they, as Matthew so starkly puts it, "begged Jesus to leave their neighborhood." Why? How could restoring a man to life be so threatening to those who had known him all his life?

Reflecting on the townspeople's seeming irrational response, Fred Craddock suggests that "even when it's for good, power that can neither be calculated nor managed is frightening." [Interpretation: Acts, 117]. "If God's healing power in Christ releases this man," they wondered, "who might be next?" Having observed the man from the time of his birth into his terrible descent into living hell, perhaps they were asking themselves in a manner not unlike our own, "Can he be trusted? This one who ran naked through our streets, frightening our children, and beating himself against the rocks, can such a one as this really be healed?"

Perhaps the townspeople's fear is not so far from the outcries that were raised twenty-five years ago in Louisville when the city sought to disperse those moving from institutional treatment into transitional care into scattered site housing throughout the city and county. Can they be trusted? Would it not be better to keep them tucked safely out of sight?

Or perhaps the fear which greeted the man's release from his demons is comparable to the outcry in Knoxville over efforts to put the homeless into permanent housing. In particular, the 10-year Plan to End Homelessness envisions putting an end to the practice of "discharging people into the streets as they come out of foster care, jails, and mental health hospitals."

I could not help but feel for Joint Chiefs of Staff Chairman Mike Mullen when he make his moving appeal upon his retirement Friday that our nation remember and provide for the care of those who have served these last ten years in Iraq and Afghanistan. Many of the mentally ill homeless are themselves veterans.

In 2003, the presidential New Freedom Commission on Mental Health found that the system responsible for serving those with mental illness to be "in shambles." In America today, the commission's report concluded, people who must rely on the mental health system are actually being oppressed by it, and many years of bad policy decisions have left emergency rooms, the criminal justice system, and families to shoulder the burden of responding to people in crisis. Three years later, the grading system put in place by the commission noted improvement in some states but an overall system that assigned the nation a "D" in the care of our mentally ill. A subsequent report in 2009 found substantially the same conditions across our country and registered the fear that in the face of economic recession, the situation threatened to grow even worse.

Today, one in four Americans experience mental illness at some point in their lives. The most serious conditions affect 10.6 million people. Mental illness is the greatest cause of disability in our nation; yet fewer than one-third of adults and one-half of children who live with mental health needs receive any level of treatment in any one year. Larry and I are moved by our own daughter's experience in working with children in the school system in Kentucky. She and co-workers are distraught over the overwhelming number of students in desperate need of help and the shortage of counselors and hours to meet their needs. She shares with us her frustration over the minimal treatment so many children are able to receive and her concern that budget shortfalls are going to reduce that treatment even more. As I listen, I cannot help but think of the indescribable tragedies that hit our nation periodically when violence such as that at Columbine, Blacksburg and Tucson leave us reeling. "What," we ask one another in anguish, "can we do to prevent such suffering?" And then we turn away and forget. What can we do to prevent such tragedies? What can we do to prevent the loss of so many children to our prison system? What can we do to prevent the light of hope from going out of our children's eyes forever? We can tend to their needs today. We know so well what we need to do, and yet we postpone it again and again. If we did not have an ounce of compassion within us, mere self interest would still compel us to act. Financially, it makes sense, because the cost of timely care is dwarfed by the cost of

letting children spiral into crisis. And certainly, simply in terms of human decency and love of the God who made us, it makes sense.

Be sure of this: If we travel with Jesus, we cannot turn our eyes from the needs that surround us—even those needs that are so large as to seem overwhelming. Clarence Barton, chaplain at Kentucky's Central Hospital, which later became Seven Counties Hospital, related the experience of a student chaplain, who upon giving the Sunday morning sermon was interrupted by a patient suddenly shouting out at him, "Go to hell! Go to hell! Go to hell!" Despite repeated attempts to calm him, the patient continued to harangue the preacher until one of the other patients stood and firmly silenced him. "Shut up!" he ordered. "He *has* gone to hell. He came here, didn't he?"

Central to our faith as Christians is the conviction that God came among us in Christ. Those of us who would follow Christ have a model in ministry. That model is not one of manageable distance, but a willingness to descend into the torment, the hell of another to bring hope and healing. In Christ's name, how can we do anything less?