: In college, I experienced what, looking back in hindsight, could only have been a panic attack. It was terrible. It was this full body, full heart, full mind experience of pure terror and fear. It was absolutely debilitating. It was like, everything that could go wrong was going wrong inside of me. I remember waking up that morning and thinking to myself, for whatever reason, "Today is going to be a really bad day." When I was in the middle of the attack, it felt like it would go on forever. I learned last year as part of the Mental Health First Aid course, that most panic attacks will run their course in 15 minutes. But, I didn't know that. I thought I was dying.

: When it had subsided and I was there exhausted, teary eyed, fearful, distraught, disbelieving, confused, I didn't know what to do. It was that experience that actually caused me to seek out professional counseling for the first time in my life. I never thought of myself as the type of person that would need counseling. I mean, growing up, the only time I heard of people going to therapists or going to counseling was when my friends' parents were getting divorced and they were kind of forced into counseling. But of course, it's probably more true to say that the only times I was told by my friends that they were in counseling was when a divorce happened, because there was then a reason. Right?

: I had to challenge the narrative that I had within me that, even though I didn't think intellectually, if I was to step back and look at it dispassionately, I had to challenge this narrative that was still in me that I was one of the people that needed mental healthcare. That I was one of the people that needed mental healthcare. Now, I've never had a panic attack again, nor have I been diagnosed with any mental illness, but it's very easy for any of us to think of mental health and mental illness as existing only on the extremes. Only in the major depressions, the manic episodes, the psychosis or the repeated compulsions. That somehow, there's this line between those of us with mental illness and the rest of us. That maybe somehow, there is a canyon, a wide canyon between crazy and normal.

: Sure, some of us can tip over the edge, but in the way our society thinks about it, you have to be pretty close to the edge already to fall over. Which, is not the case. Mental health is core to our existence. It's never static. It is ever present. It is within me and you and every person we love. It's our capacity to relate to ourselves and to this world. Mental health is each of us. It is a force that we cannot escape wrestling with and that will wrestle with us each and every day.

: Now, as part of preparing for this service, I asked the congregation to share some of their stories with mental health and mental illnesses. Here area few of those. One person wrote, "My existence is inconceivable without it. I know my capabilities and I would have had a much greater impact on society if I was without a disordered neurological development." Another wrote, "It has limited what I can do in my own life. It just feels like a constant struggle. I didn't come to services last week due to the fact that I was really depressed. I love coming to services. It made me sad that I didn't feel like going."

: Another wrote, "When our son was in his 30s, he had three psychotic breakdowns. Psychosis or psychotic just means a kind of break with reality. The third one was so severe that we weren't sure we were going to get him back. It was heartbreaking watching him in his private hell being chased by infinity monsters. Thanks to the miracle of modern medicine, we did get him back." "I got postpartum depression after giving birth to each of my two children, and the depression never really stayed away after that. I probably had it earlier in my life as well, but it was never diagnosed as depression."

: Finally, "In many ways, my bipolar has stolen my life. Large chunks of it anyways, but, it has taught me that there are still slivers of hope and even joy in many days. It has taught me that suicide is not the answer. I've never tried it. I hope not to. No guarantees. It has taught me that family and friends are everything, and often the only things."

: I also asked what everyone should know about mental illness. One person wrote, "It's not always visible. It's not due to weakness or poor character. People that seem happy, competent, and successful may be completely miserable, so pay attention." Another, "When I was first diagnosed with depression, it helped to learn that I am not alone. That others have been there, and to learn what helped them get better. Everyone should know that help is available and it's worth seeking it." Another, "It's different for everyone. When people hear I have OCD, they assume I'm a germophobe and have a super clean house. Nothing could be further from the truth. Each person is unique. Each individual is unique, and as such, their experiences of mental illness will be unique in their own ways."

: Over and over through the stories that were shared, one phrase came up, typified by this statement that one person wrote, "That mental health is a real thing. Not something you can change or make go away by being tough or getting over it, or just dealing with it. That, it's real. That mental health is real. That mental illnesses are real."

: It's not surprising that this was the refrain from people personally impacted by mental illness, because even with the estimated one in five adults in this country experiencing mental illness, that means 60,000 people in Larimer County, 125 members of this congregation, that despite its massive impact on society, despite the painful stories and the impacts that play out for generations and the fear-mongering about mental illness, something in our society, something in the water keeps telling us that it's not real. That, somehow, a sickness in our minds isn't real, isn't impactful, isn't true.

: Andrew Solomon, he's a professor of clinical psychology at Columbia Medical Center, and he tells this story about a conference he was a lecturer at. It was Friday of a three day conference, and he says, "One of the participants took me aside and she said, 'I suffer from depression, and I'm a little embarrassed about it, but I have been taking this medication and I just want to ask you what you think.' I did my best to give her advice as I could, and then she said, 'You know, my husband would never understand this. He's really the kind of guy to whom this wouldn't make any sense, so you know, it's just between us.' I said, 'Yes, that's fine.'"

: Not only can it be invisible, not only do we not think it's real, we make it even more invisible when we don't speak its name, when we don't feel we can. He continues, "On Sunday of the same conference, her husband took me aside and he said, 'My wife wouldn't think that I was really much of a guy if she knew this, but I've been dealing with this depression. I'm taking some medication, and I wondered what you think.'" He learned that they were hiding the same medication in two different places in the same bathroom.

: The invisible nature of mental illness is compounded when we invisibilize it further. The stigma prevents us from reaching out for support and connection. It isolates us, thinking that we are in fact alone or abnormal. Because it doesn't seem real, it's chalked up to some sort of moral or personal failing. Mental illness is difficult enough to tackle without the invisibility. It's difficult enough to tackle without the stigma, without the shame. The nature of mental illness itself is challenging to address.

: Well, correction, the way our society has chosen to conceive of mental illness makes it challenging to address. Because, for us to properly address mental illness, we must truly believe that mental illness is a real thing. When a doctor gives a cancer diagnosis, our society doesn't offer a prescription to buck up and you can tough this out. When someone dies of a wasting disease, we don't feel betrayed because they didn't fight hard enough to stay alive. But, when we're confronted with the symptoms and realities of mental illness, we offer those same reactions.

: In the more extreme cases, when mental illness cause certain behaviors that are deemed undesirable, we have decided to criminalize it. Mental illness is painful and deeply destructive. It is painful for us to watch a loved one spiral with no way to stop it. It is painful to watch someone we care about so much seemingly being kidnapped and taken over by forces outside their control. It is painful to be a person living with a condition, caught in the clutches of this inner force.

: It is destructive. It is painful. It is real. It is all of us, and it can provide us many gifts. People who live with mental illness, with mental health challenges in fact bring deep insights into the nature of life, into the truth of the human condition. With the right conditions, with the right community, with the right way of relating, they too can be welcomed into this community to share their giftedness.

: They actually did a study of people experiencing depression. They had them play this video game where they had to kill a bunch of monsters. Then after they were done, the clinicians asked them, "How many monsters did you kill?" Now, people who were not living with depression overestimated the monsters they had killed by about 25%. The people with depression were almost bang on. In fact, many clinicians are asking the question, are people living with depression more accurately or more deeply feeling the truth of reality than those of us without it?

: There are gifts to these challenges, if only we had the society to embrace the realities of them. Mental illness, unlike physical illness, doesn't simply take away or compromise our bodies. It hijacks and acts through our personalities. That's what makes it so much more difficult. It's behind the canceled or forgotten appointments. It's within the angry tirades and threatening words. It's within the destructive behavior that causes family and friends to stand back or walk away.

: For, it is so difficult for us, as much as we try, to separate the moments of psychosis from the person living it out, because it takes their shape and form. It is so difficult to sever and separate the impact of a loved one's months of depression into a neat category of person and disease, even though we want to. It is not some foreign virus or bacteria threatening us from the outside. It's a struggle within, all but submerged, only symptoms breaking the surface.

: It is even, mental illness presents challenges towards healing, because one of the symptoms of many mental illnesses is a lack of insight into the illness itself. Imagine if you had the flu, and one of the symptoms of the flu was that you didn't know you had the flu. Right, so even though you were vomiting, even though you were feeling terrible, even though you had a fever and you could see the fact that the temperature was in that fever gauge, the actual illness, the flu, stopped you from actually thinking you had the flue and you thought you were fine. It is estimated that 60% of people who experience delusions and psychosis, these breaks from reality, have no insight into their condition, have no understanding that they are experiencing delusions.

: If you don't have insight into what's going on, it is very hard for you to think you're the one that needs to change or that you need help. Not only that, even if you have insight, these illnesses, well, they can actually resist and prevent the treatments that might help it. One of my friends, a mental health activist who lives with depression says, "I know one of the things that really helps with my depression is exercise, but one of the things that makes exercise really hard is my depression." Right?

: Not only this, the ways that mental illness plays out in our thought patterns means that sometimes the life saving medications and therapies and activities that help us care for ourselves are actively resisted. That, "I'm not sick. I don't need help. I don't need medication. I don't need to take this. I'm feeling fine." We push away the things that might help us in the first place. It is a terrible condition. Mental illness is real. It's all of us. It is more difficult to deal with when it's invisible, and it is still a challenge when it isn't. But, it's all of us.

: The other day, I saw this meme on Facebook, and I'm paraphrasing a bit. It said something along the lines of, "Maybe the fact that you need so much coffee to get through the day is less a function of you just being tired than the unrealistic demands of life in modern capitalism." I liked that. It helped me think about this way in which we sometimes take on into ourselves the burdens of our life. That we are kind of these independent beings. We live in this hyper-individualized world in which we're kind of impervious to the realities and the forces around us, or we try to be. We don't want to depend on anyone.

: The challenge with this narrative with mental illness is that, it thus means that our inability to live the lives we want to live because of a challenge is seen as a personal or a moral failing because it's us. Now, our faith as unitarian universalist is not one of independence, but one of interdependence. We affirm that we are all a part of a web of life, being affected and affecting. As Ignacio Martín-Baró says, "When we see mental health not from the inside out but from the outside in, not as a result of an individual's internal functioning, but as a manifestation in a person or group of the humanizing or alienating character of a framework or historical relationships, we see something important."

: What this means is that we might not only want to ask the question, what illness does a person have, but ask the question, what in society is sick that would cause this person to experience this reality? Because, in this web of life in which we are porous and permeable beings, it would make sense that I would absorb the stories and the forces of this world, those feelings of inadequacy, those experiences with anxiety, that I and you and all of us would feel the waves of life inside of us.

: Now, Ignacio Martín-Baró was a Spanish Jesuit priest and psychologist. He lived and worked for many years in El Salvador, and he was influenced by a strain of theology in the Catholic church called liberation theology. Liberation theology said that God has a preferential option for the marginalized and the poor, which means that God's heart is for the liberating of the poor out of their conditions. He was essential in the development of what they call liberation psychology.

: Liberation psychology challenges us, it says that we can't think of mental illness only at the level of the individual. It asks us to consider it as a function of the society as a whole, that we are diagnosing a society, not just an individual. So that when we see someone exhibiting the signs of mental illness, we have to ask ourselves, what personal, what cultural, what institutional realities would play out to affect this person?

: A person experiencing anger and aggression that is uncontrollable might be influenced from the ways that toxic gender norms don't allow emotions to be manipulated and dealt with. They could be impacted by the fact that our school systems and our healthcare system is underfunded, so they're not getting the care that they need. It could be the effects of toxic racism and the ways that we dehumanize people of color that gets internalized into our beings. That, we have to think of mental illness as something that happens to all of us.

: Not only that, that sometimes what we classify as mental illness is at times an abnormal reaction to normal circumstances, that's usually what we think of it, like, you're more anxious than you should be in a given scenario, but it also could be the reverse. That, what we see as mental illness is in fact the normal reaction to abnormal circumstances. That, when we experience the power of oppression, of isolation, of war and devastation, abuse and violation, that those things would naturally cause us to react in ways that would make us feel depressed or anxious or disconnected from reality.

: Which means, that liberation psychology challenges us to think of what's inside of us as also outside of us, and thus, we can't actually heal our society at the individual level solely. That, we need to think about how we transform the system that put us here in the first place. Martín-Baró says, "There will be free and healthy minds in our country to the extent that we enjoy free, dynamic, and just social body. The challenge," he says, "is to construct a new person in a new society."

: I kind of think about it like this. You know when you're ignoring that safety demonstration on the plane? They talk about the oxygen mask, I mean, we all know that line. Sometimes, you need to put your oxygen mask on yourself before you help another person. What liberation psychology asks us to think about is, why do we need the oxygen mask in the first place? Who is thinking about that?

: I learned of Ignacio Martín-Baró's work from Dr. [Janina Forenia 00:21:59], who is the founder and director of La [Cacina 00:22:03], this partner that we have here at Foothills who is doing amazing work to address the ways that racism, isolation, and immigration policy, these external factors, play out in the mental health of people in our community, especially our Latinx neighbors. It challenges us to think of that the microaggressions that we exhibit and the institutionalized racism that is in our country and our society is actually a cause of mental health crisis for marginalized people.

: The other day, I was driving in Boulder. I don't like driving in Boulder. It's confusing. I feel like there are more people there. I don't know how to get on the highway. I feel like every time I try to get on the highway, I get on something else. Anyways, I was trying to follow my GPS directions and I realized that I was in the wrong place, so I turned off onto this road, and I realized that I needed to turn the car around because I didn't know where that was going, and that's too much to figure out.

: It was that day last week where it was just like, all of the snow, all of the time, or two weeks ago. It didn't happen over here, that was a weird thing anyways. There was a lot of snow in Boulder. I was driving down the street, I realized I needed to turn around, so I turned the wheel and I kind of went over the edge of the road. I was like, it's fine, right? There's no one here. It's grass. I'll just turn. I don't need that much movement. What I didn't realize is that what I thought was grass was actually a puddle. By a puddle, I mean like, a frozen puddle. I kind of launched myself deep into the middle of this ice puddle.

: Now at first, I kind of downplayed this experience, and I thought, "I should be fine. I have a Subaru. Subaru's a Colorado car. I should be able to deal with this." You know, I gunned the engine a few times, I tried to rearrange the steering wheel. Didn't work. Then, I turned off the car and I took some breathes, tried to calm myself and I thought, "Well, I'll just wait for the ice to freeze a little bit, because then I might have more traction to be able to get out of the situation."

: Your laughter tells me that you think this isn't going to work, and you'd be correct. I relented. I decided that I had to call a tow truck. I'm waiting there in the cold, in the car waiting for the tow truck. I become very resolute that at this point, I'm not going to call my husband, because I wanted to deal with this. I'm not a mechanical person. I don't really know cars, so I was kind of feeling this like, triumph. You know, the tow truck came, they fixed that thing that I didn't know was there to pull us out. I realized that like, my back wheel was caught on the edge of the road, so no matter what, I didn't have enough movement to get out. It actually wasn't the ice puddle that was the problem, it was my back wheel.

: I took a picture of myself in the ice puddle, and once I was out of it, I texted my husband and I said, "I fixed the situation." Of course, he called me immediately asking how I was. He knows that I haven't been driving for a very long time. Then he asked, "That's great you called a tow truck. Did you use our insurance?" I was like, "We have insurance?" I'm not exactly sure why it was important to me to do it on my own. I think I was trying to prove a point, but I also know that I didn't want to be a burden onto another person. I had this sense that I got myself into this mess and that I was going to get myself out of it. That sort of mentality didn't help me.

: At each step of the story that actually got me out of the puddle, I realized that I needed other people. Mental health is the same way. Dealing with our mental health situation in this country and in our lives has to be a collective responsibility. As society, we have failed to create a robust community that can accompany people with mental illnesses, to resource them to achieve the lives they want to live. I mean, our mental healthcare system is primarily available only to those with means, and even then it is woefully inadequate, disorganized, and kind of a complete mess.

: We have, in a sense, decided that our criminal justice system and our system of incarceration is going to be and is the largest purveyor of mental healthcare in this nation. Which is not to put any blame, but if the systems of our society which many of us personally benefit are causing these conditions, these mental health conditions, then we're all implicated and our response must be a collective one. We can't self care ourselves out of this situation. We need other people. While each of us needs to take responsibility for our own health, for the puddles that we find ourselves in, we also need to understand and remember that mental health shines a lens on the myopia of our times that tell us that we can do it all ourselves.

: We need to move from a sense of self care to a sense of community care. That, I can't meet all of my needs. That, sometimes I need a community of care and trust that will help me live my life, and that we need people to be there for us. Which means that, as those people who might be there for another person, we need to understand that people are greater than their diagnoses. Over and over again, the stories that you submitted about your experiences with mental health, the second greatest theme beyond it's real was I am more than my diagnosis. Beyond that, it was I am scared to share my story, because when I do, I feel like it will become the only story that people know.

: We have to treat each person's story with care and tenderness. We have to learn the skills to accompany someone with mental illness, and let me tell you, they can be very difficult skills to learn. If you want to learn some of them, do check out Mental Health First Aid, information in your little thing. Beyond all els, we need to reframe our expectations of worthiness and success, because right now in this country, worthiness is tied to productivity and pleasantness and achievement and success and liability and medication adherence. When we're dealing with mental illness, it is a uphill battle with no clear way to proceed. It is thankless and sometimes hopeless, and it is outside of many of our control.

: Our work is to be the people, not only with each other but with our world, that says that no matter the symptoms, each of us belongs. Each of us has a place and a gift to bring, and that it's our work to make that possible. Mental health is real. It's us. It moves from the inside out and the outside in. It's our collective responsibility to do it, because we can't do it alone. May we be good companions on the journey. Amen.