

Preface:

Breaking the Silence

We don't tell the stories we most need to hear. We tell the stories we want other people to hear. It makes telling true stories hard. It makes telling true stories radical.

This is the true, hard, and radical story about the ways mental illness and mental health challenges show up in our most intimate relationships: our marriages or committed partnerships, also known in religious language as our blessed unions.

Blessed unions represent the deepest level of commitment, faithfulness, companionship, and love. Blessed unions come about because of the desire of our hearts to fully know the other and to be fully known by the other. Blessed unions are sacred because within the union we are invited to experience the loving gaze of God. In our blessed unions, we pledge to love, honor, cherish, respect, support, and grow alongside our partner.

Within the blessed union we discover who we are, who we can be, who we don't want to be, and who we don't want to become. Within the blessed union we can flourish, and we can fall. It is in this intimate partnership where we see ourselves in the full-length mirror, the mirror that surrounds us on all sides, and we begin to see parts of ourselves we did not know were there. We see our shadow sides, we see the back side, and we see the parts of us we work so hard to hide from ourselves and from others.

This book explores the topic of mental illness and marriage through the telling of true stories, including my own. We will specifically be looking at the impact of addiction, anxiety, autism spectrum disorder, bipolar disorder, depression, eating disorders, hoarding disorder, obsessive-compulsive disorder, postpartum depression, posttraumatic stress disorder, schizophrenia, suicidality, and unspecified psychotic disorder. That's enough for now. If you don't see a mental health condition that reflects your own experience included on this list, please accept my apologies. I hope that you get to share your story, too. We need to hear everyone's stories, and this is just a start.

The stories told here represent a collection of stories about ordinary couples and were collected over a period of a few years. Though I have pastored several churches, not all the stories are based on parishioners or professional colleagues of mine. In some cases, I have gathered details from various couples and put them into the same story. The names and the identifying details of the couples are altered while the truths of the stories are preserved. In every case I have told the truth to the best of my ability. As they say on the acclaimed storytelling podcast, *The Moth*: "stories are true as remembered and affirmed by the storyteller."

Starting in 2014, as I met with people across the country in churches from Oakland, California, to Des Moines, Iowa to Miami, Florida to Lancaster, Pennsylvania, discussing my first book *Blessed Are the Crazy: Breaking the Silence About Mental Illness, Family and Church*, I asked people if there was interest in exploring the topic of mental health and marriages. Their affirmations and encouragement led me here to you now and to this book inspired by marriage partners living with mental illness. This book is my response to the deep longing for this conversation and I am honored to contribute a small part to this ongoing work of breaking the silence about mental illness.

I include religious leaders, such as pastors and chaplains, among the individuals whose stories I share, because the stigma of mental illness is particularly strong for religious leaders, who

tend to get placed on a pedestal. These stories are told through my own lens as a highly educated, middle-class, European-American, heterosexual, and cisgender married woman and mother. I write this book as a person in recovery from a mental health condition and as the spouse of a person who is also in recovery from mental health conditions.

In this book I am writing through the lens of mental health and disabilities justice, which has informed my pastoral work for many years. In both my professional and personal experience, it's become clear to me that ableism impacts our understanding of what makes a healthy marriage. Ableism is society's assumption that able-bodied (bodies without disabilities) and neuro-typical (brains without mental illness) people are better than people living with disabilities and mental health challenges.

Ableism fuels discrimination, stigma, and inequality for people with disabilities and mental health challenges. In society at large, ableism creates barriers to affordable and accessible healthcare. In the field of faith and marriage, ableism assumes marriages exist among people without disabilities and mental health challenges. Ableism silences the stories we need to hear. Ableism silences our stories. This book breaks the silence about mental illness and marriage.

Since this is not a collection of scientifically oriented case studies, but a collection of stories, I've chosen to focus on the dynamic at play between mental illness and its impact on a marriage covenant. To be sure, future work needs to be done to explore various intersectionalities: race and mental illness; poverty and mental illness; education level, age, physical disabilities, gender identity. All our multiple identities have bearing on how we experience mental illness and what resources we have access to for healing. However, my primary purpose here is to provide a starting point for conversations about mental illness and marriage, trusting others will add their voices as time goes on. Breaking the silence about mental illness is something each one of us can do. Each story and each voice is important. Including yours.

Mental Illness Defined

First, let's be clear that mental illness is a physical illness. Even though it is often invisible, it is very much real and not just "all in my head." Simply stated, mental illness can be understood as a health condition affecting a person's thinking, feeling, personality, behavior, judgment, perception, and mood. Mental illness impacts all our relationships, especially our intimate relationships, because mental illness affects our ability to relate to others and our ability to function on a daily basis.

Mental illness is a medical condition, just like heart disease or diabetes. Our mental health exists on a spectrum over the course of our lifetime. Mental illness can be experienced at many levels from mild to severe. It is important to know that mental illness is treatable, though some people may need medical care, including hospitalization.

Mental illness can occur at any time in our life, with symptoms appearing across the span of a person's life, from newborns to old age, and every age in between. Mental illness does not discriminate based on religion, sex, age, gender, race, culture, nationality, income, or ability. Mental illness can happen to anyone.

We don't yet know exactly what causes mental illness, but we do know several factors are at play. Mental illness can be caused and influenced by a combination of biology, genetics, environment, situations, history, and unknown influences. As noted above, we all are at risk for developing mental illness at any stage in life, though most serious mental illnesses emerge by early adulthood.

Some of the most tearful and emotional stories I've heard are from mothers of young adults who develop serious mental illness their freshman year of college. Fifty percent of all lifetime cases of mental illness begin by the age of fourteen and three quarters of them begin by the age of twenty-four, according to the National Institute of Mental Health (NIMH). This means

that teenagers and young adults are experiencing life-altering changes in their mental health status, often with very little support in place.

Even with the best intentions for taking good care of our health—and despite protective factors such as access to resources that support healthy lifestyles (exercise, healthy food, leisure activities, and rest)—people can still get sick. Because of the influence of genetics, children of parents with depression are two to four times more likely to develop depression, according to the Anxiety and Depression Association of America. Currently there is no known cure for serious mental illnesses such as bipolar disorder or schizophrenia, though most people can experience reduced symptoms and better quality of life with medication and therapy. Recovery, that is, feeling better while managing and coping with the illness, is possible.

According to a special edition of TIME magazine on mental health from July of 2019, depression ranks among the most common causes of disability in the US. Unlike polio and other illnesses that disable us or cause premature death, there's no immunization for mental illness. It shows up in human populations around the world and is a common part of human experience. To be human is to experience the full spectrum of mental health. Mental illness is not a character flaw, weakness, sin, punishment from God, or moral failure.

Since mental illness is a physical, biological medical health condition, that means anyone with a body and a brain can get sick. Just as there are protective factors, however, there are risk factors too. According to the World Health Organization:

Mental health and mental illnesses are determined by multiple and interacting social, psychological and biological factors, just as health and illness in general. The clearest evidence for this relates to the risk of mental illnesses, which in the developed and developing world is associated with indicators of poverty, including low levels of education, and in some studies with poor housing and low income. The greater vulnerability of

disadvantaged people in each community to mental illnesses may be explained by such factors as the experience of insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health.¹

Even with the advances in knowledge and with growing public awareness of mental illness over the past decade, there remains significant stigma surrounding mental illness. Many people hold misperceptions about whether mental illnesses are treatable or whether learning healthy habits can help aid recovery (the answers are yes, and yes!). Some worry about losing their jobs or being perceived as a credit risk, or being perceived as violent, if they disclose they are taking medications or receiving therapy for mental illnesses.²

Just as we have integrated sex education into the health and science curriculum in our public schools (and into some of our Christian education programs too), we need to have mental health education for children and young people. The sooner we teach our children about mental health, the better prepared they will be to care for themselves or others who experience mental illness. Focusing on prevention early will help reduce the severity of mental illness later in life. If we know the signs and symptoms of mental illness, then we can surround our young people with support and resources to encourage mental wellness.

Typically, we think of mental illness as either depression or anxiety, or as serious mental illnesses such as bipolar or schizophrenia. Yet, there are as many as 300 different specific types of mental health conditions outlined in *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, a reference source compiled with input from hundreds of international researchers and practitioners from all fields of mental health. We continue to discover more and more about the brain every day. However, for most forms of mental illness there remains no easy cure.

It's never a good idea to try to diagnose yourself or other people unless you are a trained mental health professional. It's

an easy trap to fall into. How often have you heard someone say, “she’s acting schizophrenic”? Labeling someone as a person with a mental illness who has not already described themselves that way, or disclosed to you their diagnosis, increases the stigma and can be used to shame them. If you think someone needs help, the best thing to do is to listen with compassion and connect them to a mental health professional (see *Resources* section, pg. 147).

Do not try to treat serious mental illness yourself. Self-medicating with alcohol and drugs is a common way for people to numb themselves to the pain of mental illness. Unfortunately, this can lead to addiction and cause further suffering. Remember that mental illness is a physical medical condition and requires professional attention.

The Myth of Perfect Love

It is especially hard to tell the true stories of imperfect love. The myth of perfect romantic love is pervasive in our culture, and we feel like failures when our marriages fall short. We don’t want to talk about our failures, imperfections, and shortfalls, especially when it comes to love.

Nobody likes to fail. But perhaps the most painful of all failures is failing at love. For many Christians, we believe God is at the center of our marriages. We include scripture and prayer in our wedding ceremonies. A priest or a minister officiates our weddings.

As people of faith we believe that God’s presence in our journey together somehow gives us an extra layer of protection over and above what the law affords us. Therefore, failing at love may mean, for some of us, we have also failed God. Or worse, God has failed us, abandoned us, and divorced us.

According to the National Alliance on Mental Illness (NAMI), one in five of us will experience a diagnosable mental illness in any given year. Given this, it is possible as many as one in five couples will experience life together with mental illness as part

of the equation. Since mental illness impacts the mind, body, and soul, how does mental illness impact the ability to give and receive love in the context of holy marriage? Can people with mental illness still live happily ever after?

Through our explorations in this book, my goal for you is to see hope for healing when we tell these stories about love and loss, about flourishing and failing, about marriage and mental illness. My hope is that you will take heart knowing you are not alone. My prayer is that in these words you find community, comfort, and compassion for yourself.

When happiness is hard to come by, we often blame ourselves. Mental illness is not your fault. You are trying your best. I hope here in this book you will find some tools to help you along the way.

Breaking the silence about mental illness and holy marriage is a countercultural and radical act. It's countercultural not only because it pierces the mythology of perfect love but because it confronts the stigma and shame that exists within society, especially in the church, towards mental illness. When we can speak openly, honestly, respectfully, and compassionately about pain and doubt in our most intimate relationships, we help to restore dignity and humanity for people living with mental illness and their loved ones. To tell the true story is to heal our hearts that have been broken by the pain of mental illness.

What stories do we tell about marriage? In fairy tales, such as *Cinderella*, marriage is the way to live happily ever after. Times haven't changed much. Still today, the main reason people get married is to be happy. Why is happiness in marriage so hard sometimes?

I did some research to find out. In my reading, I discovered that books about marriage often do not consider the additional challenges of mental illness when it comes to finding happiness in the marriage. Finding happiness in a "normal" marriage untouched by mental illness is one thing—and hard enough

already. Adding mental health challenges in one or both people in the marriage, on top of everyday annoyances and hardships, launches the marriage into a new galaxy. We need to tell the stories of these kind of marriages, too.

Let's pretend you are a person without a mental illness. Then most marriage books are for you. For example, *The Happy Couple* by Barton Goldsmith outlines key techniques couples can apply to their marriages to find happiness. Readers need only apply patience and persistence to replace habits that are bad for the relationship with good ones. For example: practice finding humor in everyday situations like washing dishes; learn to say you're sorry. Yet, for marriages like mine where there is mental illness, finding happiness is not as simple as changing a behavior or habit. The trouble with applying these techniques to marriages with mental illness is that the change needed for happiness may go deeper than behavior; it can involve changing brain chemistry as well.

Yes, people in blessed unions with mental illness want to be happy couples like everyone else, but it's not as simple or easy as books for the general public make it sound. It doesn't take five keys to find happiness, but 5,000 keys when there is mental illness in the marriage.

For example, according to *The Happy Couple*, the most important part of a happy marriage is communication. I do not disagree, but in marriages with mental illness, often the couple's communication abilities are most acutely impacted by symptoms of depression and anxiety.

In my own marriage, mental illness is annoying and frustrating. Mental illness gets in the way of communication. When a depressive episode moves in, the communication moves out. Once while sitting with our marriage therapist, I asked my husband what a wellness plan would look like for our marriage. I wanted to have a plan we both agreed on for when a depressive episode begins. He said, "The best thing you can do is to leave me alone." While that is clear communication, it also is a dead end.

My own experience of being in recovery from posttraumatic stress disorder means that when I come to a relational dead end, I either freeze, fight, or flee. The challenge for my partner and me is how to stay emotionally connected and in relationship when we can't talk to each other. Depressive episodes happen with regularity in our marriage, so I am learning how to honor his desire to be left alone during these times. I am also learning how to stay present and not detach when my own childhood fears of neglect or abandonment surface.

How do you build a happy marriage when chronic mental illness causes regular periods of no communication or interaction? Several of the key recommendations for a happy marriage in *The Happy Couple* and similar advice books are, in fact, habits mental illness makes very difficult, if not nearly impossible: communication, gratitude, humor, acknowledgement, interdependence, celebration, playfulness, meeting needs, acceptance, positivity, connection, honesty, nurturing, balance, togetherness, problem solving, affection, compassion, thoughtfulness, respectful arguing, security, enjoyment, and emotional development.

The Happy Couple ends with a pep talk to readers: “at some point in our lives, we all must confront our bad habits. When it comes to the habits we manifest in our relationships, confronting them can be more challenging but it’s worth it. It’s time for you to confront your own bad habits and turn them around. You can do it” (pg. 178).

But is mental illness simply a bad habit that we can turn around? How do we distinguish between bad habits and mental illness? Can we find happiness in the same way as everyone else? Or do we need a different way? This book is about exploring a different way to be in a blessed union with mental illness. Mental illness is not a bad habit that can be un-learned, reshaped, or pep talked away. We need another way.

Talking about how mental illness affects marriage is indeed countercultural. It is also an act of restorative justice. Restorative

justice is not simply about punishing wrongs; it is also concerned with repairing harm caused by wrongdoing. Restorative justice is a theme in God's relationships with human communities in the Bible. Recognizing this as part of our religious heritage, we—I, other Christian leaders, and you who read this book as part of your faith journey—wish for the restoration to wholeness and the ability to participate fully in God's kingdom for individuals, and for relationships, broken by mental illness. Mental illness, understood as a disease (the same way we understand cancer, for example), can cause us and our relationships harm. Diseases themselves aren't caused by any individual's wrongdoing, but the fact that they cause harm to our bodies and throw our relationships off balance does, in part, have its roots in human, systemic, wrongdoing.

More than acceptance, we want justice for all who experience mental illness in their blessed unions. To help you see the love stories I'm about to share through a lens of justice, I offer in Chapter One some background about social and restorative justice traditions in the church as they relate specifically to mental illness. People with mental illness are often discriminated against, shamed, and silenced. Telling our stories about mental illness and marriage is a liberating act of love and justice.

In these pages, I hope to reassure you, if you or your intimate partner has mental illness, or if both of you do, you are not alone. This book is also helpful if someone you care about—a friend, adult child, sibling, neighbor, church member, or co-worker—is in a marriage where there is mental illness. Feeling emotionally distant, isolated, and afraid are all too common in marriages struggling to find mental balance. Together, we can break the silence about mental illness in the blessed union.

Mental illness can steal the joy from marriage. We may worry there is no hope and our marriage is doomed. But it is possible to find a way through. Our worst moments do not last forever. Through the shadows of mental illness, we look for the rays of light. We find light for our journey by breaking the silence that

isolates and shames us and keeps us feeling alone in the shadows. This book shines a light, showing us a way forward.

Marriages with mental illness can flourish. With the right combination of support, painfully honest conversations, a willingness to work towards recovery and symptom management, and a commitment to sticking together through the hard parts, we can joyfully receive God's blessing on our unions. Even with mental illness in the mix, our unions can be blessed indeed—not just bearable, but life-affirming. We, too, can live happily ever after. It just might look a little different and we might need to take a different path. We can create the way forward together.

Never Alone

There may come a time in any marriage when the best course of action is to end the marriage. Divorce is painful, expensive, inconvenient, and in some cases the right thing to do. There can be tremendous guilt for wanting a divorce when our partner is living with a chronic illness, such as bipolar disorder or an eating disorder. We may wonder if we are horrible people for reaching a point in the marriage where we cannot go on. There is still shame and stigma associated with divorce, especially in some religious communities.

For some, divorce is the way to live happily ever after. I've witnessed the joy in my own family members and friends who find happiness in life after a divorce. It may take a divorce for both individuals to discover health and wellness. While we seek to honor our marriage vows, not every marriage honors us. When a marriage chronically harms us, we need to take steps to be free.

My family personally knows the deep pain and serious harm an unhealthy marriage can cause. Recently, I asked my mother to share with me about her own marriage journey with mental illness since my father lived with chronic, severe, and untreated mental illness. I learned that my mother never believed in divorce, even when her marriage counselor looked her straight in

the eyes and said, “Can’t you see that somebody is going to get killed? If you have any place on this Earth you can go, you better go there now.” After years of psychotic episodes, my father’s behavior crossed a line when he ran over my oldest brother with his truck in our driveway after school. Despite my father’s abusive behavior, my mother still couldn’t bring herself to divorce him since nobody in her family got divorced and her religion taught against it.

Today, I am grateful to my mother for saving our lives by leaving my father and taking us to live with our grandparents who lived on the other side of the country from our father. Still, she says she didn’t want a divorce. She wanted to keep her marriage vows and she said she would do whatever it took to make her marriage work. It wasn’t until my father started kidnapping us that she went from separation to seeking legal divorce. When one of us went missing, the sheriff would say our father had the legal right to take us. In the end, divorce was the only way my mother could protect us children from the negative direct impact of our father’s severe, untreated mental illness. My mother found out there are times when divorce is the only option if you want to survive.

It could be that marriage makes the symptoms of mental illness worse. Seeking professional support from qualified marriage counselors can help you to discern if the marriage is going to be a pathway for healing. Marriages with mental illness do not have to end in divorce, but many do because it is the healthier decision for both partners. Divorce can be a pathway to new life.

But how do we figure out which path to be on? The pathway of marriage with mental illness or the pathway of divorce? The real struggle may be in discerning the path forward, one day at a time. Sometimes there is no clear way forward. The good news is, we don’t have to travel this path alone. God is with us as we walk down the aisle toward the altar on our wedding day and God is with us as we walk down roads of uncertainty and confusion.