

The Darkness
Psalms 88 & 139
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First Central Congregational UCC
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This summer we have been exploring the Psalms. Today we were going to complete the Psalms of Orientation—those that celebrate the goodness and the order of God’s creation before next week moving on to the Psalms of Disorientation. This week, however, our congregation has experienced disorientation, and so today I want to read two psalms. One is a deeply painful lament, crying out to God for help. The second is a cry for deliverance and is more hopeful than the first psalm. One reason I love the psalms is that they express the full range of human emotions, including our deepest pains and griefs. Hear, now, these two psalms, written from the darkness.

[Psalms 88 and 139]

This week our congregation was shocked and deeply grieved when one of our own, Felix Sihakom, killed himself. Felix was affected by a schizoaffective disorder. He died of a brain disease that he had struggled with for many years. Rick, Felix’s husband, wants us to talk openly about Felix’s disease, so that we all might learn and grow and thereby create some meaning after this horror.

Felix’s psychosis affected him through six voices he heard speaking to him, though recently only two voices remained. One voice was named Cheryl. She was African and Felix described her as sleepy. Another was Yellow Mary. She was Laotian and was struggling to go to heaven. She was polite and sometimes gave him good advice. None of the other voices gave good advice however. One was an unnamed KKK member who was homophobic and spewed hatred at Felix. A fourth was an unnamed Black Panther who repeatedly told Felix that he was stupid, that he should go back to Laos, even that he should kill himself. The two dominant voices, the two who remained in recent months, were Bobby Jo and her mother. The mother was heavysset and naughty. Felix described Bobby Jo as a “ghetto superstar” who thought she was better than everyone else. She attacked his self-worth, his relationship with Rick and with other people. Bobby Jo told him he should die.

As you can tell from the detailed descriptions, these voices were very real to Felix, which is typical of someone with a schizoaffective disorder. Every day he heard these voices in his head, tormenting him. That’s one reason he would often get up and leave an event here at church. If you found him crying in a corner, he would say that the voices were bothering him again.

At first, Felix didn’t want to tell me the details of the voices. He was afraid that if he told me about them, that they would begin to attack me as well. He constantly feared that these voices would attack and harm his husband Rick. Felix shared these facts with me only because

he believed that I was protected by a higher, divine power.

In the ancient world before our modern medical and scientific knowledge, these voices would have been described as demons. That's how they felt to Felix—alien presences in his own mind and body tormenting him. After the horror of this week, I find it impossible to argue with Felix's subjective experience.

Of course, these voices are not actual entities, they are symptoms of a terrible brain disease. A schizoaffective disorder shares some traits with schizophrenia and some traits with mood disorders like major depression and bipolar.

2.4 million Americans every year are affected by schizophrenia. Schizophrenia is a form of psychosis, meaning "a mental health problem in which a person has lost some contact with reality." The word schizophrenia comes from the Greek and means "fractured mind." A common feature of this disease is that the person affected is unaware that they have a disease. For them the experience is quite real.

"A person with schizoaffective disorder [also] has severe changes in mood" between depressive and manic. Nikki Zimmerman explained the difference to me this way, "One way of thinking about the difference between schizoaffective disorder and schizophrenia is that the schizophrenic person has dulled affect and would never be the fun-loving, emotionally responsive person that Felix was."

These disorders are more common among men, among those who grew up in urban areas, among those who experience social stress (as Felix would have experienced as a person of color and a gay man), and even more common among immigrants, which Felix was. Scientists do not fully understand why these are risk factors for the disease.

Felix was in the care of a psychiatrist. He was in therapy and was prescribed medication. Unfortunately we learned too late that he had quit taking his medication in May. A few times this week I have heard the question "What more could we have done?" I even pondered the question myself for a while.

But then I realized that we do not ask the question "What more could we have done?" when someone dies of liver cancer. We do not even ask the question "What more could we have done?" when someone dies of heart disease, when in fact we might have done something by serving more heart healthy meals for instance.

In these cases we do not ask the question "What more could we have done?" because we know that unless we are oncologists or cardiologists there's really nothing we could do. And, yet, with a brain disease like schizoaffective disorder we for some reason think that we could have done something.

Even asking this question is a reminder that we have not overcome the way we used to think about mental illness. Schizoaffective disorder is not a result of moral weakness, spiritual failure, or a character flaw. Schizoaffective disorder is a disease of the brain.

This congregation has worked diligently to overcome the stigma that traditionally has surrounded mental illness. We've held educational forms, recognized the day of prayer for mental illness awareness with special services, even made mental illness the focus of Sunday morning worship services. A few years ago the entire staff and some Thrift Shop volunteers attended a seminar on the church and mental illness so that we might be better trained. Some members of this congregation have also shared openly about their depression and anxiety,

about bipolar and post-traumatic stress disorder, about eating disorders and suicide. Others, of course, maintain privacy and we respect that in the same way that some of you don't share your cancer diagnoses with everyone. I have even spoken on occasion of my own periods of anxiety and depression. My physician has prescribed me an anti-anxiety medication which I take as needed. I took two this week.

Could we be even more open in talking about mental illness, about trauma and its effects, about the wide spectrum of brain diseases? Sure, we could. Could we hold more forums and make mental health a focus more often? Again, yes. Will we continue working for a world that better supports people with mental illness, a world free of stigma and prejudice? Of course we will.

But I do not believe that there was more we could have done for Felix. I believe we did the right things for him. Experts advise that a person affected by psychosis should have a network of support. This community should listen without judging, be encouraging, reduce stress, check on the person, and provide the same sorts of support they might provide to any sick person.

This congregation was that community for Felix. We welcomed him and enjoyed the brightness of his smile. We listened when he needed to talk. I don't know how many times I saw Felix talking one-on-one with one of you when he was crying. We enjoyed his cooking, even if it could be too spicy at times. We enjoyed his laugh and his stories and his bright personality. We celebrated with him. I remember how full this sanctuary was on the day he and Rick were married, filled with members of this congregation. We cared for him. We will miss him.

So, I do not believe that there was "more that we could have done." But what can we do now?

We can grieve. We can pull together as a community and work through our pain together. We can support Rick. We can call upon one another when we are hurting. We can continue to be welcoming, compassionate, encouraging people. We can continue to hope.

And we can say once again that if you need someone to talk to, your church friends are here for you. You also have an insert in your bulletin which lists a few resources and warning signs for suicide.

I reached out to three different therapists to help me shape my thoughts and words this week. Bonnie Sarton-Mireau wrote the following to me in an e-mail:

When I work with those in the depths who have suicidal thoughts or plans - so much of the important work is "feelings come and feelings go" & reinforcing the impermanence of all feelings, of all thoughts, working to build a tool box of memories of when these suicidal thoughts and feelings have surged forward and receded in the past & creating an internal movie of the life that gets lived after the crises pass - creating hope and reason to continue. . . . Most of those who struggle and fight through acute times of suicide ideation can look forward to times of remission, of peace.

Sometimes we experience the darkness. But even there, deep within the pit of our despair, God is present. The Psalmist reminds us "even the darkness will not be dark to you [O God]; the night will shine like the day, for darkness is as light to you."