GRACE IS A PRE-EXISTING CONDITION

FAITH, SYSTEMS, AND MENTAL HEALTHCARE

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I'll begin with three stories. Or, more accurately, I'll begin with three different versions of the same story, like swimming in a river that seems slow and placid on its surface, but conceals a complex swirl of currents of different speeds and strengths, the surface serenity an oversimplified illusion and yet nonetheless beautiful, somehow revealing of an essential truth.

The first story goes like this. In 2011, after finishing my first year of seminary studies with the goal of becoming a parish pastor, I, with the help of some friends, admitted myself into the psychiatric unit of a local hospital. It was a scary experience, and also, I needed to be somewhere where I was safe, where the swirling thoughts that had grabbed hold of my brain's steering wheel couldn't drive me right off a cliff. I was in that hospital unit for a few weeks, and then was released, and then went back in, and out, and in, and out, and finally ended up in a longer-term rehabilitation facility, where I received a diagnosis of type II bipolar disorder, which seemed to more accurately reflect that jagged experience I was having. With this diagnosis came medicines that helped me find some steady ground to stand on in the midst of the overwhelming currents of my out-of-order emotions, and therapies that gave me some hope of coping and survival, at least day by day by day. I returned home, which at the time was Washington, D.C., and while things were still really hard for a really long time, I started to share my story; slowly at first, hesitantly, awkwardly.

I began to realize that by going first with my own story of mental health struggle, mental illness, and long path to recovery, I could help create space for others to share their own stories and particularly to empower faith communities to be places where people could bring

their whole selves to God and each other, could be brave and vulnerable and honest about their struggles in a space where such sharing could be met with care and grace and solidarity. This story-sharing eventually led to the opportunity to write a book about my experiences[1] and more opportunities to share and create space for vital conversations about mental health in faith communities, festival grounds, seminary classrooms, and hospitals.

This is still a hard story for me to tell. It's about an excruciating time in my life. There are times when I still balk or hesitate to tell it. And yet I am grateful for the opportunity to tell it, and am passionate about the way in which this "going first" creates spaces for conversations that we need to be having. This story, at least on its placid surface, is one of redemption and healing, in which a much healthier version of me is able to look back on a difficult time and share about it in a way that offers hope to others who are struggling. I like this version of myself, this story of myself.

Here is a second version of the story, a different current flowing underneath its surface. During that time in Washington, D.C., that really-long-really-hard time, when I was beginning to tell my story and to heal, I learned that I had what insurance companies refer to as a pre-existing condition. My insurance claims for my multiple hospitalizations were denied. I found myself, at the age of twenty-seven, in major medical debt—more debt than I had ever experienced. Having lived through a major mental health crisis, I discovered that the most significant mental health challenge I would face was dealing with the mental healthcare system, with all it entails: bills and hours on the phone with big insurance companies, impersonal institutions with no care for the impact their policies have on actual people, debt, debt collectors, gaps in coverage, inequities and lack of parity in access to care. This story, this struggle, complicated the too-easy narrative of past crisis and present healing, even as I was learning how to share that first story. Redemption and recovery were complicated, not only by

1. David Finnegan-Hosey, *Christ on the Psych Ward* (New York: Church Publishing, 2018).

the ongoing and chronic nature of my condition but by the constant reality of economic systems and political discourses, of whose impact on my life I was suddenly aware.

That I was caught off-guard by this impact, rather than being aware of it as a background reality of my whole life, is a result not only of my naivete but also of societal injustice, the unearned privilege afforded to me by a system that had, up until then, been built for me at the expense of others—the poor, communities of color, LGBTQ folks, women whose pregnancies or whose experiences of sexual assault were treated as "pre-existing conditions."

This injustice leads me to my third version of the story, swirling under the surface during that same really-long-really-hard time. I was in a psychologist's office, shifting uncomfortably in a comfortable chair. Everything seemed soft: soft chairs, soft lighting, and, somehow, the soft sound of water flowing. The psychologist introduced me to the concepts of Dialectical Behavior Therapy. At some point in the conversation she looked up from her desk. "You know," she said—her voice, too, was soft—"I don't often have men in these groups."

"Oh," I replied, "that's interesting. Why is that?"

"Most men with your diagnosis end up in jail," she said, matter-of-factly.

I didn't know what to say. I was learning that mass incarceration and chronic homelessness have replaced a functioning mental health-care system for most people with mental illnesses in this country. I was learning that my experience of mental illness and mental healthcare was still a relatively privileged one. For many people in this country, the safety and road to recovery I had begun to walk was a distant fantasy because of a lack of access to care, a lack of economic means, or a complicated history of various ways that the mental healthcare system had contributed to, rather than alleviated, the discriminatory treatment of various communities.

As I began to share my story with congregations, students, and groups of pastors and chaplains, I hoped that by "going first" and modeling a healthy vulnerability I would be able to help create spaces where difficult stories and conversations could be shared, stories

and conversations that had previously been silenced behind a wall of stigma and shame. I have found that this way of sharing stories has, in fact, been helpful for many. At the same time, I have become increasingly aware that my story is a single story, and not a universal story of mental illness.[2]

My story, even with all of the pain and brokenness it includes, is a relatively privileged one. Starting with my story, then, has its limitations. Most prominently, it does not touch on or communicate all of the various struggles faced by people with mental health problems in the United States. In fact, many of the most difficult and important conversations around mental health—questions around homelessness, incarceration, and violence; questions around race, gender, and sexuality; questions about veteran mental health—don't get highlighted when I share my own story. My story, in other words, reveals, and it also conceals. So, I started naming the single story at the beginning of all of my talks, and saying that a single story needs to be the beginning of the conversation about mental healthcare in this country, not the end of it.

As I've shared my story, I have heard from many different people, with many different stories. I have heard people in rural communities talk about the almost total lack of mental health resources, including a lack of hospital beds and units for people with psychiatric needs, and the harsh comorbidity of addiction, mental illness, and situational despair. I have heard from people who struggle to destigmatize psychiatric medication because of real experiences and concerns about medication being abusively administered as a means of control, in settings such as prisons, group homes, and in detention centers caging children at the border, rather than as a means of healing. I have heard from people working in marginalized communities where the history of abuse and misuse exacerbates mental health stigma. I have heard from people who are tired of chronic homelessness and mass incarceration standing in for a functioning mental health system. I heard from pastors and church staff who are stretched beyond their training and abilities trying

2. See Chimamanda Adichie, "The danger of a single story," *TED*, July 2009, available online: *https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story*.

to fill in the gaps in a broken system. I heard from people with their own mental health challenges who struggle every day and who long for the support of their faith community, their friends, and their family. And I've heard from family members, friends, and church members who long to offer support but aren't sure where to start.

To navigate this world as someone with a mental illness is to simultaneously engage in multiple conversations. The (often internal) conversation with the voice of illness itself is persistently exhausting. I have elected to join the communal conversation in order to break the silence and challenge the stigma around mental health struggles. The broader, public conversation impacts those of us with mental illnesses through no choice of our own. It's a conversation about us, and often without us. I choose to be involved in that conversation, to insert myself into it with a loud insistence when necessary, because I have some buffer against some of its most harmful currents, and because otherwise I find myself being talked about with no voice of my own, no contribution.

This latter public conversation impacts people with mental illnesses in multiple and unequal ways. Those sleeping under the bridge. Those in jail instead of sitting in a comfortable psychologist's office. The victims of school shootings still to come because people with mental illnesses are scapegoated in exchange for silence around guns, gender, and white supremacy. These people are all hurt and marginalized by this public conversation. We need to have a better conversation. It's time those of us in faith communities thought more deeply, more faithfully, and spiritually about the impact this public conversation has on the souls of people who grapple with a difficult internal struggle.

The mental health system in this country is exactly that: a system. Mental illness and mental health challenges are not solely individual struggles, but are systems issues as well. And where there are systems, there are powers and principalities to be named and challenged.

There is also grace. Grace which offers the hope for transformation and wholeness. The mental health system in the United States alienates many of its participants, and excludes many others. But the faithful response to alienation is not despair. It is, rather, the sharing of

grace. Grace precedes harmful and unjust systems. By grace, creation, including humanity, is called into being. We are created with gracious intent, made for community, for connection, and for care. Systems come later. Grace comes before. Grace goes first.

As I began to address some of these overlapping conversations in my talks, I heard something else that dawned on me slowly at first. I began to hear the ways in which our supposedly secular language about mental healthcare in this country is surprisingly (and unconsciously) spiritual, even theological.

Why Thinking Theologically Matters

I am a person with theological training whose work is in the field of spiritual and pastoral care. The fact that I see the language of theology in our healthcare debates is, perhaps, a case of having a hammer and only seeing nails. But what I saw is more than a personal bias. The terms in which I found myself gaining an imposed proficiency—pre-existing, insurance, debt, universal—had profound resonances with the Christian theological lexicon. The connections were at times overt, at other times hidden, but ever present.

When I first began noticing these resonances, I thought this would be a book about how our vocabulary of mental healthcare grew from a seedbed of theological soil. The goal, then, would be to engage in the theological task of making healthier soil. I have decided, however, that I am rather agnostic as to the particular order of source and product, chicken and egg. Does our healthcare vocabulary arise from theological language, or is our theological language formed by the social, economic, and cultural realities of our country? Does the idea create the material, or does the material create the idea? Theologian Walter Wink describes the interplay: "Neither [the inner or outer] pole is the cause of the other. Both come into existence together and cease to exist together."[3] I am interested in these resonances, and

3. Walter Wink, *The Powers*, vol. 1: *Naming the Powers: The Language of Power in the New Testament* (Philadelphia: Fortress Press, 1984), 5.

the ways in which they reveal how we as a society speak about what matters most to us. This language, I hope to show, is inherently theological, whether we realize it or not, whether we profess a particular religious belief or not. It is worth bringing the language of theology to bear on the crisis of mental healthcare in the United States because these systems with their surprisingly theological language also have surprisingly detrimental effects on the spirit, the soul, of the people impacted by them.

One might rightfully protest that our country is not a "Christian" country. The non-establishment of religion by the state is enshrined (itself a religious term) in our Constitution. We are a pluralistic nation in which the fastest growing religious group is those who choose not to identify with any particular religious group at all. Yet Christian belief—or at least something wearing the costume of Christian belief—has an outsized impact on our lives together. Leaving aside for a moment the overt ways in which religious rhetoric plays a role in our public life and the attempts by some to claim that the United States is, in fact, a "Christian nation," I want to uncover a deeper layer in this conversation.

Underneath our public discourse lie deeply held views about the world and our place in it that cannot help but shape our actions and our policies. Those beliefs, whether overtly Christian or not, are a form of faith, what Sharon Daloz Parks defines as "meaning-making in its most comprehensive dimensions." "In other words, whenever we organize our sense of a particular object, a series of activities, or an institution, we are also compelled to compose our sense of its place in the whole of existence."[4] Our institutions, our systems, are connected to our faith, our deepest and broadest understanding of the world in which we exist.

In a sense, institutions and systems—including the mental health system—have what we might call an "embedded theology," a deep-level way of thinking about the nature of reality that often goes

4. Sharon Daloz Parks, *Big Questions Worthy Dreams: Mentoring Emerging Adults in Their Search for Meaning, Purpose, and Faith*, rev. ed. (San Francisco: Jossey-Bass, 2011), 28.

unexamined and unarticulated. In their book *How to Think Theologically*, Howard W. Stone and James O. Duke distinguish between "embedded theology," which is "the understanding(s) of faith disseminated by the church and assimilated by its members in their daily lives," and "deliberative theology," which is "a process of reflecting on multiple understandings of the faith implicit in the life and witness of Christians in order to identify and/or develop the most adequate understanding possible." They add: "Our embedded theology may seem so natural and feel so comfortable that we carry it within us for years, unquestioned and perhaps even unspoken except when we join in the words of others at worship. . . . Deliberative reflection questions what had been taken for granted."[5] Stone and Duke are speaking here, specifically, of Christian theological reflection. But if we take Daloz Parks's definition of faith ("meaning-making in its most comprehensive dimension") and combine it with the oft-referenced definition of theology as "faith seeking understanding," we begin to see how not only Christian communities but institutions and societies as a whole can have "embedded theologies"—ways of making meaning that are ensconced and often unexamined. Illnesses are constituted as pre-existing conditions that lead to denials of care. Uninsured individuals rack up massive medical debt. Mental illnesses are inaccurately associated with interpersonal violence. These realities grow out of the soil of meaning-making systems, often hidden in darkness. I hope to shed some light: to reveal the space that often exists between our embedded systemic theology and a theology based on the activity of God's grace, and to call us all, together, toward healthier ways of thinking about healthcare—mental healthcare, yes, and healthcare in general. The brokenness of our healthcare system has spiritual impacts that restrict or block the creative flow of grace that is God's original intent for the world, which reveals a spiritual component, a faith component, to efforts to fix the brokenness of this system, so that grace may more freely flow.

5. Howard W. Stone and James O. Duke, *How to Think Theologically*, 3rd ed. (Minneapolis: Fortress Press, 2013), 18.

Grace Came First

What do I mean by grace? Grace is the unconditional love offered by God because such self-giving is the essence, the very nature, of God. When I say grace is the love of God, I don't just mean a sort of nice feeling of love. Grace is a love that welcomes, that reconciles, and that transforms. And grace is a pre-existing condition. It is, I would argue, the truly pre-existing condition of all humankind, even of all creation. Grace is prior to what we do and what we say. It existed before bipolar disorder. It existed before words—words about politics, words about mental illness, words about me. It came before us. Grace was, and is. Grace creates us, grace forms us, grace breathes life into us. Grace is the original intention, the creative and unitive force, that goes before everything.

To speak of grace as a "condition" might be verbally and theologically jarring, at first. Isn't it more of a process, an activity, initiated by God? When I name grace as a pre-existing condition, what I mean is that grace is the original state of creation, the foundational reality on which our existence is presupposed and from which it arises. Frederick Buechner says:

> The grace of God means something like: Here is your life. You might never have been, but you *are* because the party wouldn't have been complete without you. Here is the world. Beautiful and terrible things will happen. Don't be afraid. I am with you. Nothing can ever separate us. It's for you I created the universe. I love you.[6]

We are breathed into being, formed, by grace. Nothing to be done about that. But what we can do, what we are quite stunningly capable of doing, is get in the way of grace, restricting and blocking the channels by which divine love flows in and through us. When we refuse to listen to people who are sick and suffering, people struggling with cancer or mental illness or diabetes or chronic pain, people who have been targeted by violence or abuse or oppression, we block grace. When we

6. Frederick Buechner, *Wishful Thinking: A Seeker's ABC*, rev. and exp. ed. (San Francisco: HarperSanFrancisco, 1993), 39.

shut down our inherent capacity for empathy and connection, see people as problems to be solved, sickness as personal failure, suffering as moral inferiority, we block grace.

People are not problems. Sickness is not failure. Suffering is not immorality. When we cut off grace—when we purposefully block the pre-existing rhythms of creation and compassion—that is a problem. That is a failure. That is immorality. That is sin. Choosing to hurt people, to reject people's stories, to refuse care for people is a choice. We do that. But we don't have to. We can make different choices. We were made for love, for empathy, for connection, for the sharing of stories because grace came first. Grace is a pre-existing condition.

While the imagining of a gracious God flows throughout the Bible[7], the language of grace emerges most fully in the writings of the apostle Paul and those writings that, while their authorship is debated by scholars, are attributed to the Pauline tradition. I want to focus in on one of those latter writings in particular, as it provides one of the most succinct examples of the language of grace that has influenced Christian theology, particularly Protestant theology.

"For by grace you have been saved through faith, and this is not your own doing; it is the gift of God—not the result of works, so that no one may boast" (Ephesians 2:8–9). These two verses summarize Paul's[8] language of grace that has so influenced the Christian understanding of salvation. Here, two of the core principles of the Protestant Reformation—*solo fide*, by faith alone, and *solo gratia*, by grace alone—seem to emerge in crystal clarity. But these verses, like any short quotation, are pulled from a broader context that fleshes out their full meaning. They are part of a wider story. The author continues on in

7. It is a common misconception, shaped by centuries of Christian anti-Semitism, that the God of the Old Testament is a God of wrath while the God of the New Testament is a God of grace. This is, in fact, an ancient heresy, condemned by the early church, known as Marcionism. The Old Testament, or Hebrew Bible, is filled with language around God's *chesed*—steadfast love and covenant loyalty—to God's people, a relationship always initiated by God and healed by God.

8. There is not space here to delve into the scholarly debates over the authorship of Ephesians. Suffice to say that, whoever the author, the letter uses the language of, is consistent with, and expands upon earlier Pauline writing on the topic of grace.

the next verse, "For we are what God has made us, created in Christ Jesus for good works, which God prepared beforehand to be our way of life" (2:10). We are created, in the grace referred to by this formative summation, to work for the common good, something prepared by God beforehand; something, in other words, that pre-existed us, and all of creation. Grace, somehow, saves us in a way that our own striving and self-justification cannot. And yet, at the same time, what grace saves us for is apparently a life of working for good, which is the thing we were originally created to do. This passage draws the connection between the Christian theological claim that all creation is through Christ, the saving activity of grace, and the work to which we are called.

If we expand our lens to the broader passage, an even wider story emerges, particularly if, with some help, we navigate our way through the tangled web of translation from the biblical Greek. We find that grace saves us from powerful things with names like "ruler" and "authority" and "power" and "dominion" (Ephesians 1:21). A more modern word to describe these ancient concepts might be "systems." Grace saves us from systems that cause harm for a life of working for the common good, which in turn is a life working to change systems that cause harm. The wider story of this passage from Ephesians is that we are saved *by* pre-existing grace, *from* unhealthy systems, *for* the common good.

A Wider Grace

This book is an attempt to widen my single story of mental health struggle into a broader conversation about mental healthcare systems and, even wider, into a conversation about the grace that saves us, in the context of broken systems, for the good of all. It is not necessarily a book about healthcare policy, nor a how-to guide for organizing, though resources on both of these topics will be referenced throughout. It is an exploration of the resonances between the language of theology and the struggle for care that is more accessible and just.

Throughout the book, you will find reflections on personal experience, theological understandings, and ministry practices. These are

three lenses I bring to this conversation, three different threads that weave in and out of each other. These threads are aspects of myself that I can't help but bring to my writing. As someone with a mental illness who encounters the reality of the way this world treats people like me, my personal narrative weaves in and out of everything I write on this topic. As a person of faith, specifically someone who finds my home within the Protestant Christian faith tradition, I bring a particular theological lens and manner of theological reflection to this work. While I hope that this book will be of help not solely to those who share this tradition with me, it is the place from which I begin. As a person whose vocational calling and daily work is in the practice of ministry, specifically of chaplaincy—in other words, working at the intersection of the church with other spheres of daily life—one of my primary motivations is practical reflection on the ministry the church can be doing in the world and the way we can be doing it.

In these pages, I hope you will find an underlying movement of grace. That grace often reveals itself precisely at the places where grace would seem to be blocked by indifference, policy, or pain. While humans are capable of getting in the way of grace, grace is even more capable of slipping through the cracks in our walls and sneaking around our obstacles to invite new growth. Grace came before these thoughts and these words. Grace is, I believe, the precondition that allows for their existence, and will, I pray, work through and correct their flaws. Grace will continue on, too, long after these words, leading us ever onward and ever homeward.