

THE WHOLE STORY

**A sermon given in celebration of National Recovery Month by
The Rev. Dr. Kelly Murphy Mason at UU Wellesley Hills on
Sunday, September 23rd, 2018**

A few years ago, the Substance Abuse and Mental Health Services Administration brought various religious leaders from all around the country to its offices outside Washington, DC, to explore ways these leaders might best support people in recovering from addiction, alcoholism, and psychiatric disorders. I feel fortunate to have participated in that 2015 Interfaith Summit, which served to publicly acknowledge the special potential that faith communities have to alter individual lives for the better. I for one never doubted it.

At the time, I was traveling from New York City, where I was then Managing Director for the Psychotherapy and Spirituality Institute in Manhattan. I had what I called a “ministry of mental health” there, working with clients seeking counseling, churches offering supportive services within the city, and fellow clinicians seeking continuing education. While I was a religious professional, I was also a bivocational one with a clinical background. I could endorse the 3-point message the Interfaith Summit wanted us to disseminate: 1. Prevention works; 2. Treatment is effective; and 3. People recover.

In my clinical practice, I had seen people recover, over and over again. They struggled with mental illness or substance abuse and with some professional help, marshaled with the strength to lead fuller lives. I know that treatment is effective for many, and that for others,

finding the treatment that works best for them presents more of a challenge. I also saw how resourceful could they be in confronting that challenge. I watched people commit themselves to prevention. They took steps to prevent a relapse or recurrence of their illness. They valued their recovery. They made good use of supports.

Of all the supports they found, the spiritual ones proved the most reliable in the end. This was not just observable to me; the research literature bore it out. So the 2015 Interfaith Summit was a way of enlisting people from differing spiritual traditions in becoming more intentional about offering those supports to people in recovery. A key part of the Services Administration plan was having religious communities celebrate National Recovery Month each September and together proclaim that recovery is possible.

Yes, recovery is possible! I can speak those words from this pulpit, and will, happily, but I do not believe that they would be our most persuasive witness here. Because many of you this morning are living testimony that recovery is possible, having struggled and suffered ways I am only just now beginning to appreciate. Perhaps you were stabilized decades ago, or perhaps you recently got clean and sober. Either way, what I notice is that people who uncover spiritual supports in their recovery often become that in the lives of others.

They surprise themselves. “At the heart of all spirituality is a sense of wonder and surprise,” authors Ernest Kurtz and Katherine Kethcham write. Their book *The Spirituality of Imperfection: Storytelling and the Journey to Wholeness* presents the most dynamic understanding

of spirituality I have yet read in my career. In it, they contend: “Our very brokenness allows us to become whole.”

The two are an interesting pair of co-authors, Ketcham being an authority on alcoholism and Kurtz being the foremost cultural historian of Alcoholics Anonymous, or AA, as the group that began the 12-Step Recovery movement in 20th-century America is commonly called. As Kurtz and Ketcham note, “individuals have found in the twelve-step program pioneered by [AA] healing...they were unable to find either psychology or religion.” What proves most healing, they contend, is a communal practice of this spirituality of imperfection.

“A spirituality of imperfection suggests that there is something wrong with me — with me, with you, with the world, but there is nothing wrong with that,” Kurtz and Ketcham write, “because that is the nature of our reality... The spirituality of imperfection is above all a realistic spirituality.” This spirituality can acknowledge painful realities in our lives without recoiling. It can name our unease, and even our disease or diseases, plural, and their sometimes stubborn staying power. The 12-Step Recovery movement helped shatter our collective silence around that, and in doing so, rendered our society a tremendous service.

“Always truthful to experience, the language of recovery thus makes it possible to see — and thus, to understand — reality differently,” the authors contend. We start to modulate our expectations for life, so that we no longer make an abstracted notion of perfection the norm from which we deviate. Instead of presuming health, we ask after it.

According to Kurtz and Ketcham, this spirituality of imperfection is “a spirituality of not having all the answers” but posing questions just the same. It is unashamed. It encourages us to make inquiries after our own health and that of others. How is your mental health? How is your physical health? How is your spiritual health? We can ask these questions in ways that are not pathologizing, by rather, health-promoting. We can also report on these questions in such a way that is respectful of our shared humanity.

A chief genius of the 12-Step Recovery movement is its peer-to-peer model of mutual aid. In AA, for example, recovering alcoholics risk disclosure by sharing their stories with one another. In the words of the AA “Big Book”, members are asked to describe “what we used to be like, what happened, and what we are like now.” They are asked to step into a narrative framework in which they recognize their struggles with alcoholism as stories that they can tell — and should tell. They understand that even the hardest of stories can contain “experience, strength, and hope to share with others” in similar situations.

“Especially in a spirituality of imperfection... stories convey the mystery and the miracle... of being alive,” Kurtz and Ketcham contend. “The best way to to help me find my story is to tell me your story,” they conclude. What tends to mark the stories that people tell about their recovery is complete honesty. Such stories “help others to learn”, the authors claim, “to become teachable.” Stories can keep us curious. They can interrupt an anxious habit many of us have of foreclosing possibilities and jumping to conclusions. In college, a

classmate once told me, “Depression is when I think things will never get better. Despair is when I know they won’t.” Telling our individual stories can help us dislodge some certitude we may have know about the future.

The UU theologian Thandeka recalls “generations who refused to surrender their humanity to an inhumane world. From within this world,” she writes, “my despair is transformed to hope and I begin anew the legacy of caring.” The best hope each of us has for being liberated from despair is transforming our “private pain”, often caused by some combination of what we “have failed to say, failed to do, failed to overcome”, into a concern for a “common world” that will count us in its number.

Maybe moving here from New York City is part of it, and maybe returning departing clinical practice for full-time congregational ministry is part of it, too, but 2015 seems a long time ago to me now. This Recovery Month, we confront admittedly troublesome statistics related to increases in the incidence and severity of mental illness and substance abuse nationwide. Our current political climate has caused what psychotherapists dub “civic strain”, a mistrust of neighbors and a degree of alienation that can leave our most vulnerable citizens at greater risk for a range of psychiatric disorders. Suicide rates have climbed. The opioid crisis has reached epidemic proportions.

Here in Massachusetts, the Commonwealth has launched a public health campaign called State Without StigMA which seeks to make addiction an open topic of discussion in our local communities. It involves making people aware of changes in laws and protocols that

seek both to decriminalize problem drug use and to expand treatment options. It also highlights what it calls “signs of hope and a rising tide”, even as it acknowledges that it will take time to end the opioid epidemic.

It presents “stories from people in recovery... [who] have helped reframe addiction as the disease it is.” It is a sincere attempt to turn people’s private pain into shared wisdom about possible solutions. It tilts against despair. Although it does not use the language of ministry, it’s clear to me that it is one.

What we in UU Wellesley Hills can do is partner with the Commonwealth, not one month out of twelve, but year round, as we live out our stated mission as a faith community. A 2008 study published in the American Journal of Psychiatry found that a “sense of purpose” might be the most important factor in determining personal resilience in the face of psychiatric disorders. Extensive research has shown that a “sense of purpose” plays a robust role in recovery from alcoholism and addiction, in particular.

Here in UU Wellesley Hills, we dedicate ourselves to leading of compassion and purpose. Together we seek spiritual growth, because such growth is only possible when we know we are not alone, either in our joys or in our sorrows, but especially not in our sorrows.

“Spirituality is a reality that must touch all of one’s life or it touches none of one’s life,” Kurtz and Ketcham in their book. A healthy spirituality embraces our struggles as much as our successes, and attempts to communicate the whole story of who we are in our lives,

who we have been, and even who we hope to yet become. We are relieved of the burden of having to be perfect and we relieve others of that burden in the process. We begin to feel more connected with one another and less isolated.

Like anonymous 12-Step Fellowships, faith communities such as ours can be a place where people can connect on a spiritual level, meaning that instead of comparing themselves with others, they identify with them. They can be this, but only if people place a twin premium on honesty and humility.

In their book, Kurtz and Ketcham recount a folktale that for them illustrates this truth. The new warden decides to interview each person in his prison. He listens to every one, as prisoner after prisoner protests his innocence. Finally, the last prisoner tells the warden that he is guilty of theft that got him sentenced there. The warden yells the guard, “Throw this scoundrel out, before he corrupts all the innocents here!”

The paradox is striking: we have much better chances of working toward our freedom when we can identify whatever imprisons us, whether that involves our dishonesty or a psychiatric diagnosis. What the 2015 Interfaith Summit underscored for me, too, was the vital part that communities such as UU Wellesley Hills can play in the preventive mental health, in giving us places to name growing distress before it becomes an actual disorder or full-blown relapse, as the case may be.

Of course, this church is not a clinical setting; we do not provide any treatment here. Interestingly, though, UU Wellesley Hills has long been a supportive environment. In the recent years, we hosted support groups for queer youth in high school and junior high from surrounding suburbs as part of Out Metro West. Decades prior, we formed a phone bank that staffed a community helpline for young adults. And as early as 1952, the senior minister of this congregation, along with several lay leaders here, secured grants to open the Human Relations Service in this town.

In an interview with *The Boston Globe*, the Rev. Dr. William Brooks Rice reported that the counseling center had helped to remove some of the stigma in the community, offering local residents substance abuse treatment, marriage therapy, and suicide prevention services. “But beyond that the Service has been exploring ‘the health in us’,” Dr. Rice said, “because look how long the human race has held together and how happy many of us manage to be.” Another spokesperson for the service told the paper, “Some psychiatrists are said to consider religion outmoded and even dangerous, but we such a view to be mistaken. Religion is central to our health.”

This remains as true today as it was then, and it is certainly as true as it was in 2015, and I hope it serves us to motivate our communal practice of a healthy religion that celebrates all the paths to recovery people have found in our midst. This required us embracing our spiritual lives in all their complexity, in their routine ruptures and repairs, in the rhythms of feeling alternately lost and found, connected and alienated, whether in illness or remission, addiction or abstinence. “Spirituality itself is a gift... from that understanding of

how much has been given us and how gift-ed we are,” Kurtz and Ketcham write, “we become able to see at work some reality higher, larger, greater than ourselves.”

That 2015 Interfaith Summit proved to me how universal our hunger is for the spiritual gifts that all sorts of recovery carry forth into our communities. Healthier communities make healthier people who in turn make healthier communities; this is what we call a virtuous cycle and individuals and institutions benefit. It can be our aspiration here at UU Wellesley Hills to be both religious and spiritual types. We can have this Sanctuary be a place of hope and healing alike. Ours can be a shared ministry of mental health. I for one do not doubt that.