

Mental Illness and the Family

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A year or so ago, I wrote a book entitled *Valley of Sorrow, a Layman's Guide to Mental Illness*. The book, published by Deseret Book and intended for a general audience, was not written either as a clinical or scientific treatise, although it almost necessarily contains some information on both the scientific and clinical aspects of mental illness. My purpose in writing it was deeply personal. I wanted, above all else, to pay tribute to our beloved daughter, Mary, who has suffered from panic attacks and depression for half of her life, and whose courage, faith, compassion, and spiritual maturity astound and inspire all who know her. Secondly, I hoped that by recounting some of what is known about mental illness I could lay to rest a portion of the prejudice, ignorance, misunderstanding, and social stigma which continue to dog sufferers and their families afflicted with one or more of the cruel constellation of afflictions involved.

Response to the book had been overwhelmingly positive. Many individuals have spoken publicly for the first time about their previously hidden symptoms and concerns. They had been too frightened, embarrassed, or ashamed to admit publicly that they, or a family member or other loved one, suffered from mental illness. Hopefully, the time has come when we can move beyond such harmful archaic behavior and begin to talk more openly about a broad range of medical disorders, for which the sufferer is not to blame, and which for far too long have been hidden, whispered about behind closed doors, considered shameful.

Before discussing some aspects of mental illness in somewhat more detail, it is important to note that adversity—of which mental illness represents a particularly painful manifestation—is a

necessary accompaniment of our mortal journey, our ever-present companion, as it were. In the Book of Mormon (2 Nephi 5:27) we read that the Nephites, at least in the early stages of their history, “lived after the manner of happiness.” What a wonderful and insightful thought: if we are obedient, and follow God’s commandments, we will be happy regardless of our circumstances. It sounds like a description of a cause-and-effect relationship, and so it is, or can be. There is plenty of evidence in the medical literature that amidst all of the problems of life, faithful, believing, and behaving Latter-day Saints live, in general, happier and more productive lives than those who squander their time and talents in hedonistic self-gratification. It is important to understand, however, that happiness does not imply the absence of adversity. Indeed it would be unwise to think that one can go through life without facing trials and tribulation. Every family—indeed every individual—experiences temptation, opposition, suffering, and difficult trials which test faith and endurance. One of the great purposes of mortality is to prove our worthiness to receive the choicest blessings of our Heavenly Father through faithful endurance to the end, amidst all of the afflictions life brings to us. No mistake about it, adversity is part of God’s plan for His children. “For it must needs be, that there is an opposition in all things” (2 Nephi 2:11).

Among the most painful and often protracted ordeals an individual or family may face is that of mental illness. One of the central characteristics of the cruel constellation of disease groups under the general rubric of mental illness is the suffering involved. Its intensity cannot be described. One perceptive sufferer, William Styron, has pointed out, for example, that “the pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because its anguish can no longer be borne.” And yet there is hope. Many mentally ill people find their suffering greatly reduced once they are properly diagnosed and receive the proper treatment. In addition, although those who are suffering may feel unable or unworthy to experience God’s love, they can be assured that nothing “shall be able to separate us from the love of God, which is in Christ Jesus our Lord” (Rom. 8:39). They can come to know, perhaps as never before, that “God hath not given us the spirit of fear; but of power, and of love, and of a sound mind” (2 Timothy 1:7).

Unfortunately, the suffering of the mentally ill may not only color every attempt to treat persons with these devastating disorders, but also extend outwards—like ripples in a dark pond—to engulf others. Family members, caught up in pain and even despair, may echo the anguish of the primary victims. Each longs for a day when solace will be provided, hope rekindled, tears dried, and turmoil ceased.

Before discussing some aspects of mental illness, it is well to define the term. By mental illness I do not mean the temporary, transient social and emotional concerns experienced as part of the normal wear and tear of living. Many people feel anxious when they start a new job, for example, and most of us are sad following the death of a friend. People who act in those ways are not mentally ill. Their actions are normal. Nor should we include in the category of mental illness secondary effects of serious physical disorders such as meningitis, high fevers, or brain cancer. Mental illness is something different. By mental illness I mean a brain disorder that causes mild to severe disturbances in thinking, perception, and behavior. If such disturbances are sufficiently severe, and of sufficient duration, they may significantly impair a person’s ability to cope with life’s ordinary demands and routines. They may even threaten life itself—as in severe

depression—or be so debilitating that the sufferer is unable to function effectively as an individual or productive member of society. Specialists in the field of mental illness count several major categories of mental illness. They include: Anxiety Disorders (phobias, panic disorders, and obsessive-compulsive disorders); Mood Disorders (depression and bipolar disorder); Schizophrenia (a serious disorder that produces hallucinations, delusions, social withdrawal, and impaired reasoning); Dementias (a group of disorders, including Alzheimer’s disease, which lead to declines in mental functions, including loss of memory and of intellectual skills); and Eating Disorders (anorexia nervosa and bulimia, both of which are serious and potentially life-threatening disorders).

A brief description of some of the major categories of mental illness may help outline the devastating effects of these disorders. About one in four Americans will suffer from an anxiety disorder in his or her lifetime. Anxiety disorders may severely limit the ability of the sufferer to find any enjoyment in life. Up to one-third of anxiety sufferers essentially are disabled and unable to function effectively. Sufferers have increased likelihood of turning to alcohol or other mood-modifying drugs in attempts to deaden the physiological and psychological pain they feel. Perhaps one in six who suffers from severe anxiety commits suicide. In the United States, it is estimated that more than 17 million people are severely depressed each year, and nearly two-thirds do not get the help they need. An estimated two percent of pre-adolescent children, aged 7–12, exhibit major depression. Severe depression is a malignant sadness, all-consuming, seemingly never-ending, and not amendable to “cheering up” by an act of will or the efforts of others. It may also be life threatening. A high percentage of people who kill themselves are depressed, and every person who is seriously depressed must be considered at risk for suicide. Indeed, one of seven severely depressed persons does commit suicide.

Schizophrenia causes bizarre and frightening symptoms in its victims, including hallucinations, delusions, and disorders of thought and behavior. Hallucinations most often involve hearing voices. Usually the voices are condemnatory and critical of the victim. Delusions—false, fixed, often paranoid ideas with no basis in reality—are common. Disorders of thought and behavior such that the patient speaks gibberish, or, for example, wears layers of heavy winter clothes on a hot summer day, complete the triumvirate of psychotic symptoms seen in people with schizophrenia. Social withdrawal, decreased intellectual abilities, apathy, staring into space, and indecision are also common.

Victims of anorexia nervosa are most often young women. They are chronically unable to sustain minimally normal body weight; suffer intense, constant fear of becoming obese; and have distorted perceptions of their body weight and shapes. They become progressively more emaciated, fatigued, and depressed. Unless treated quickly, they die from starvation or heart failure from an imbalance of the body’s electrolytes. Although no one knows with certainty what causes anorexia, the most prominent belief is that it represents an attempt, whether conscious or unconscious, to control at least one part of life—body weight.

Persons with bulimia are characterized by binge eating, followed by purging. Excessive physical exercise, in an attempt to balance out the episodic binge eating, is common. Like the anorexic, persons with bulimia see their bodies through a distorted perspective. They commonly suffer

from intense self-hatred, guilt, depression, or anxiety. They may also die from heart failure and often have acute dental problems.

Some of the heaviest burdens borne by sufferers from mental illness and their families are the prejudice, ignorance, misunderstanding, and social ostracizing of many in society toward the mentally ill. Many victims and their families try to hide the mental illness. They make excuses for Aunt Sally or Grandpa. They fear, for good reason, that they will be ridiculed, whispered about, even shunned if they seek help. They believe—and sadly too often they are correct in their belief—that spouses, friends, children, or employers may abandon them, or that there will be no opportunities for marriage. Some insurance companies limit their coverage of patients with mental illness, perhaps even refusing it. Reports of treatment of hospitalization for mental disorders are as the kiss of death, insofar as career opportunities are concerned. If you think such a view too extreme, recall that Thomas Eagleton, a U.S. senator from Missouri, was forced to withdraw from the national political campaign in 1972 when it was revealed in the national media that he had received electroconvulsive shock treatment for depression.

The mentally ill and their families and friends are dismayed by the misunderstanding, stigma, and fear surrounding mental illness. Silence, alienation, and prejudice about mental illness abound. In this supposedly enlightened age so many maintain irrational fears and wrong and hurtful ideas about mental illness. They seem unable to see mental illness for what it is, the mental analogue of physical illness.

Myths and misconceptions about the causation, course, and treatment of mental illness unfortunately are found among Latter-day Saints as they are in the general public. These harmful and destructive attitudes include the following:

Myth 1—All Mental Illness Is Caused by Sin

Make no mistake about it: sin—the deliberate breaking of God’s commandments—does indeed result in much behavior that is hurtful to self and others. To every transgression there must needs be—by reason of the law of harvest—a consequence or punishment. The demands of justice are inexorable, unless the person concerned invokes the power of the mercy provided by Christ’s Atonement, by repenting of the sin involved and accepting Christ as his or her personal Savior.

Perhaps nowhere in Holy Writ is the power of sin to torment and harrow up the soul more vividly exemplified than in the words of repentant Alma: “But I was racked with eternal torment, for my soul was harrowed up to the greatest degree and racked with all my sins. . . . I was tormented with the pains of hell . . . the very thought of coming into the presence of my God did rack my soul with inexpressible horror. Oh, thought I, that I could be banished and become extinct both soul and body. . .” (Alma 36:12–16).

Those, like Alma, who experience sorrow and feelings of remorse during the repentance process are not mentally ill. But persons attempting to work through the pain, remorse and depression associated with sin towards the goal of repentance will benefit greatly from confession to their bishops, followed by counseling from them. As part of his calling, each bishop receives special powers of discernment and wisdom. No mental health professional, regardless of his or her skill,

can ever replace the role of the faithful bishop, as he is guided by the Holy Ghost, in assisting Church members to work through the pain, remorse, and depression associated with sin.

That being said, however, it must be emphasized that in many instances aberrant thoughts, actions, and feelings result from mental illness and not from sin. They come from disease, not transgression. They are not God's way of punishing the sinner. To assume that persons with mental illness have brought it upon themselves because they are sinners, that God is punishing them for their wickedness, is to my mind contrary to His nature. I know He is not the source of sin, and I am of the firm view that He does not give His children mental illness to punish them. If we do not believe that people get pneumonia or prostate cancer because they are sinners, why would we believe they get bipolar disorder or schizophrenia because they are sinners? Such thinking makes no sense to me. Further, if that train of thought were carried to its logical conclusion, we would all be mentally ill, because "all have sinned, and come short of the glory of God" (Rom. 3:23).

I believe that in His omniscience, God knows that a trial is coming to us, and declines to remove it, using it as a tutoring tool to help us to grow spiritually. He knows every detail of our DNA, and hence of our genetic predisposition to resist or acquire disease, including mental illness. He knows fully the myriad biological, social, and environmental factors to which we will be exposed in our lifetimes and understands when genetic predisposition will converge with a stressful event or episode, whether environmental or emotional, to produce disorder, even serious disease.

A primary role of the bishop, then, is to ascertain whether a deeply distressed member of his congregation is suffering the effects of sin, or of mental illness. He is able to do so as he is guided by the Holy Ghost and if he knows the characteristics of mental illness. If the problem is sin, the bishop will know how to assist the member through the repentance process. If the bishop understands the nature and symptoms of mental illness and discerns that the member's problems lie in that area, he should refer the individual to a properly qualified mental health professional.

Myth 2—Someone Is to Blame for Mental Illness.

Closely related to the myth that mental illness is caused by sin is the equally dangerous misconception that someone is to blame for mental illness. It is, I suppose, a common human tendency to blame others, or oneself, for whatever goes wrong in life. Many victims of mental illness wear themselves out emotionally by repetitive attempts to remember something they, their parents, or someone else might have done that resulted in terrible suffering they are forced to endure. Some victims and their families blame their problem on demonic possession. While there is no doubt that such has occurred in very rare instances, let us take care not to give the devil credit for everything that goes awry in the world! Generally speaking, the mentally ill do not need exorcism; they require therapy at the hands of skilled health care providers and love, care, and support from everyone else.

Most often, in their lack of understanding about the causes of mental illness, victims blame themselves, and many seem unable to rid themselves of terrible, though undefined, feelings that somehow, somewhere, they are the cause of their own pain—even when they're not. They feel ashamed of themselves for being sick and think they are weak or defective. Parents, spouses, or other family members too often tear themselves apart emotionally, trying futilely to determine

where they went wrong. They may try to bargain with God, offering Him anything, even their own lives, if only He will “cure” their beloved child or family member.

Victims laboring under the false belief that they are the cause of their own problems because of something they did or didn't do commonly are wracked with false guilt. They may pray repeatedly for God to forgive them, even though there is no objective evidence they have done anything of note of which to be forgiven. In the false belief that they have been deserted by God, they may become angry and bitter toward Him. They may turn to the false pleasures of the world to “get even,” or they may feel despair. Nothing they do of this sort, whether it is blaming themselves, others, or even God, does any good. The reason is simple: the thoughts and behaviors of people with mental illness result from disease, not from actions of others, or of self either.

Ascribing blame for mental illness causes unnecessary suffering for victims and others. It takes time and energy that would better be used to get an accurate diagnosis of the illness concerned; to understand the biological processes involved, which often ultimately involve changes in the functioning of and communication between the cells of the brain; to get proper medication to help reverse those changes; and to learn cognitive and behavioral techniques that are crucial parts of the healing process. Family members and friends can best spend their time not in playing the “blame game,” but in seeking understanding and enhancing compassion, empathy, forgiveness, and patience. By giving up the need to place blame, they can relinquish responsibility for control of the “cause” of mental illness, look to the future for assistance and options, and acknowledge the “hand of the Lord in all things” (D&C 59:21).

Myth 3—All That People with Mental Illness Need Is a Priesthood Blessing

I am a great advocate and supporter of priesthood blessings. I know, from much personal experience, that they do inestimable good. I know too that final and complete healing in mental illness or any other disease comes through faith in Jesus Christ. In any and all circumstances, in sickness and in health, in good times and bad, our lives will improve and become richer and more peaceful as we turn to Him. “Come unto me, all ye that labour and are heavy laden,” He said. “Take my yoke upon you, and learn of me; for I am meek and lowly in heart: and ye shall find rest unto your souls. For my yoke is easy and my burden is light” (Matt. 11:28–30). He and only He has access to the healing “balm of Gilead” needed by all of God’s children. However, without in any way denigrating the unique role of priesthood blessings, may I suggest that ecclesiastical leaders are spiritual leaders and not mental health professionals. Almost all of them lack the professional skills and training to deal effectively with deep-seated mental illnesses, and are well-advised to seek competent professional assistance for those in their charge who are in need. Remember that God has given us wondrous knowledge and technology that can help us overcome grievous problems such as mental illness. Just as we would not hesitate to consult a physician about medical problems such as cancer, heart disease, or diabetes, so too we should not hesitate to obtain medical and other appropriate professional assistance in dealing with mental illness. When such assistance is sought, be careful to ensure, insofar as possible, that the health professional concerned follows practices and procedures which are compatible with gospel principles. Some mental health professionals are not willing to work within the structure of a patient’s faith system. Avoid them. A mental health professional need not be a latter-day Saint to

be effective but must be willing to respect and accept the way gospel principles are crucial to a patient's life.

Myth 4—Mentally-ill Persons Just Lack Willpower

Some there are who, in their lack of understanding and empathy, mistakenly believe that the mentally ill just need to “snap out of it,” “show a little backbone” and “get on with life.” Those who believe that way display a grievous lack of knowledge and compassion. The facts are that seriously mentally ill persons simply cannot, through an exercise of will, get out of the predicament they are in. They need help, encouragement, understanding, and love. Anyone who has ever witnessed the incredible, well-nigh unbearable, pain of a severe panic attack knows full well that nobody would suffer that way if all that was needed was to show a little willpower. No one has witnessed the almost indescribable sadness of a severely depressed person, who perhaps can't even get out of bed, who cries all day, retreats into hopeless apathy, or tries to kill himself, would ever think for a moment that mental illness is just a problem of willpower. We don't say to persons with heart disease or cancer, “just grow up and get over it.” Neither should we treat the mentally ill in such an uncompassionate and unhelpful way.

Myth 5—Mentally Ill Persons Are Dangerous and Should Be Locked up

Sensational and grossly inaccurate and incomplete media reports have conjured up stereotypical portrayals of the mentally ill as crazed and violent lunatics, dangerous to others as well as themselves. The truth is that the vast majority of people with mental illness are not violent. The great majority of crimes of violence are not committed by persons who are mentally ill, in any generally acceptable sense of the term. In the relatively few instances where mentally ill people do become violent, the incident typically results from the same reasons as with the general public, such as feelings of being threatened or excessive use of drugs and/or alcohol.

Furthermore, over the last 40 years, as effective medications for mental illness have become available, and effective support programs have been developed, it has been shown that most mentally ill people—like those with physical illnesses—can live productive lives in their communities. They do not need to be “locked up.” Like everyone else, mentally ill persons receiving proper treatment have the potential to work at any level in any trade or profession, depending solely on their abilities, talents, experience and motivation. I need hardly mention, for example, Mike Wallace of the CBS-TV program *Sixty Minutes*, who has clinical depression but, with appropriate treatment, has gone on to live an accomplished life as a distinguished journalist.

Myth 6—Mental Illness Doesn't Strike Children and Young People

As noted by the National Mental Health Association, the truth is that an estimated six million young people in America suffer from a mental disorder that severely disrupts their functioning at home, in school, or in the community. The majority of children who kill themselves are profoundly depressed, and most parents did not recognize that depression until it was too late. I reiterate: no one is immune from mental illness.

Myth 7—Whatever the Cause, Mental Illness Is Untreatable

During the past 40 years numerous medications, effective against one or more forms of mental illness, have been developed by the multinational pharmaceutical industry. These potent products have proven of inestimable worth to millions. Not that they are perfect or work effectively and

specifically in every instance. Far from it, unfortunately. The ineluctable truth is that knowledge about exactly how the brain works, or exactly how and why parts of it may malfunction, is still in its infancy. But we are getting closer to the dream of a “silver bullet” which will zero in, at the specific cellular or even subcellular site, to correct the chemical disorders which seem to lie at the root of most mental illness. Research on brain chemistry and physiology—and on the nature, location, and effects of mental and physical function of chemical neurotransmitters in the brain—is speeding the day when physicians will have available effective drugs which are specific in correcting the biochemical lesion or lesions concerned, for the patient concerned, without the deleterious side effects which too often limit the effectiveness of therapy today. I have no doubt that such advances, which we are already beginning to see, will result in striking advances in the therapy of mental illness over the next decade.

Where Can We Turn for Help?

The community of professional caregivers in the mental health field, generally speaking, is divided between psychiatrists and psychotherapists. Both groups provide invaluable assistance to those who suffer from mental diseases. Psychiatrists are physicians with specialized training in psychiatry and neurology. They also are trained to provide psychotherapy. Psychiatrists can prescribe medication, which psychologists cannot, and because they are trained medical doctors, can determine if a patient is suffering from some other medical problem, such as brain cancer, which could cause symptoms of mental illness.

Psychologists are trained, often at the doctoral level, to provide cognitive and behavioral therapy to help patients with mental illness understand why they think and act as they do, and to assist them in developing behaviors which will aid in their healing. Many are excellent psychotherapists, as are other trained mental health professionals such as clinical social workers.

Controversy about medication versus psychotherapy swirls and eddies through the community of mental health professionals. In my view, both have invaluable contributions to make. How the two sets of disciplines are used, and in what “mix,” will depend on the orientation and training of the practitioner involved and the needs of a particular patient. My belief, supported by emerging research, is that eventually we will find medication and psychotherapy act in a common way, by altering brain chemistry and function, especially with respect to anxiety and mood disorders.

For all mental illness, the correct diagnosis and psychotherapeutic approach, the most effective medication, and the available professionals who have the expertise and rapport to help a particular patient are almost always a matter of some trial and error. Patients and their families who suspect that a particular approach (after a fair amount of time) is not working should not hesitate to discuss their concerns with the professionals involved.

Much information on mental illness of value to the general public is available free from the National Institute of Mental Health (www.nimh.nih.gov) and the National Alliance for the Mentally Ill (NAMI). Information is available on a broad variety of topics, including anxiety disorders, depression, bipolar disorder, schizophrenia, and eating disorders.

The Role of Family Members

Family members are central to helping and healing those with mental illness. Some of the ways in which family members can help include the following:

Get treatment promptly. Delay in seeking appropriate treatment for a family member who, there is good reason to believe, is mentally ill does no good—and may do a lot of harm. Psychotherapy given early in the course of a mental disease, before the disease becomes deep-seated and less easily treated, will yield quicker and better results. Medication administered by a skilled physician may reverse psychotic or other bizarre behavior, assist the brain to begin to heal, and improve the effectiveness of psychotherapy. Failure to provide needed treatment only increases the possibility that mentally ill persons may harm themselves or others. Sadly, there are people who claim to be therapists or propose treatments when they have not received adequate training concerning mental illness, pharmaceuticals, or other proven means of treatment. Professionals affiliated with a reputable diagnosis and treatment center are most likely to have the knowledge, skills, and latest research information in the rapidly evolving field of mental health care. Those who need advice on where to go for treatment should discuss the matter with a trusted advisor, such as the bishop, other family members, the family doctor, or a knowledgeable friend.

Show additional love and compassion. If family members ridicule, demean, criticize, or abandon the sufferer; if they go on and on about supposed (and usually false) sin and blame, I guarantee the patient will not do well. But if they love and enfold; if they are kind, compassionate, and empathetic, if they refuse to judge, then therapy exerts its full beneficial effects. Provided patients are not a threat to themselves or others and do not require intensive nursing care, a loving home may be the best place for healing to occur. There the patient feels safe and secure in the presence of those who really care in ways that professional detachment forbids. Psychiatric wards in hospitals remain necessary, but in my admittedly limited experience, they are often foreboding places that do little to reassure many patients. They may provide little of the intensive treatment needed by seriously ill patients.

A word caution is necessary. Home may not be the best place for mentally ill persons if there are small children who require constant care or may be frightened and influenced by a mentally ill family member. Further, the turmoil and hubbub in many busy homes may be excessively disturbing to some mentally ill persons.

Family members soon learn that developing and unfailingly demonstrating patience is a large part of love and compassion. Patience must be developed if one is to deal with the seemingly endless ebb and flow of illness, the apparently never-ending routine of one step forward and two backward, and the constant vigilance that is required of those who are caregivers for patients who may be in danger of taking their own lives. Patience is needed to guard against the tendency to get out of sorts with the person who is sick and whose sickness causes eddies of pain in the lives of others. Remember that no one with mental illness wants to be that way. People are not mentally ill because they lack willpower. They cannot, through any exercise of will, get out of the predicament they are in. To lose patience with them, to advise them to “just snap out of it” and “get a little backbone,” is not only insensitive, but futile.

Our unconditional love and patient attention, along with prayers asking the Lord's guidance about what to do and say to our distressed loved one or friend, can also help the mentally ill person glimpse hope. The patient's therapist can help you decide when to encourage and when to back away. Nevertheless, helping the patient decide to exercise with you, to notice the beauties of the world, to complete an appropriate task, to make a brief phone call, to pray before a meal—these encouragements, and many others as appropriate—may help the afflicted person decide to cooperate more with treatment, to feel a little better about him- or herself, even to work harder in therapy or be more diligent in taking medications as directed. These simple actions may help provide first steps toward faith that the pain of mental illness may not be an endless trial.

At the same time we must learn to be patient with ourselves and with the victim of mental illness, we also must learn to be patient with God. When prayers are not answered as we had hoped for so fervently, when our timetable is not that of the Almighty, when we are called upon to tread the winepress of affliction alone, it becomes seductively easy to grow angry with God, to feel He has abandoned us. Pain and patience are uneasy partners at best. But it is in learning to endure whatever mortality brings us—including the vicarious suffering we experience at the pain of loved ones—that we find the key which opens the door to celestial halls.

Those who suffer from mental illness, who are burdened with pain, depression, and confusion, must, I believe, be especially on their guard against the devil and his agents. So too must the circle of loving family members and other caregivers.

Learn all you can about mental illness and how to deal with it. Family members of mentally ill persons will love better as they learn more. As they learn about the causes of mental illness and the suffering it brings, their compassion for the victim will increase, and they will be less judgmental and censorious. They will grow more patient and forbearing. They will begin to see mental illness for what it is—a disease of the brain, not of the spirit; a malady caused not by sin, but by problems in the working of the most complex structure in the body. They will grow thankful for medical and other therapeutic interventions that have revolutionized treatment of mental illness in the last four decades and will look forward with hope to the rapidly approaching day when treatment will be more specific and more effective than ever.

As family members struggle to learn and understand mental illness, they will find that their insight will grow exponentially if they simultaneously succor the life of the spirit. As they do so, scriptures will become more meaningful, prayer sweeter, contemplation more attuned to the Divine. As they draw closer to God and put their lives, and that of their loved one, in His hands, they will find they are never alone. They will realize, as perhaps never before, the price Christ paid that He may know more perfectly how to personally sustain us through the seasons of our trials.

Encourage the person who is ill. Persons with mental illness, who often are worn down and disheartened by pervasive feelings of hopelessness, need encouragements and hope for the future. This must be realistic: unrealistic advice will lead only to discouragement, a sense of betrayal, and increased cynicism. But there are solid grounds for optimism in nearly every instance. The victim can with total assurance be reminded often of God's love, of the unfailing

love of family members, and of the reality of eternal family relationships. There is hope, too, that the therapeutic future will be brighter for sufferers from mental illnesses of all types.

Mentally ill persons should be encouraged to continue to pray, attend appropriate Church meetings, participate in sacred ordinances, and fulfill other religious obligations, as they can. They will never benefit more from God's presence in their lives now.

Maintain a life of your own. If family members are to be of the most help to a loved one afflicted with mental illness, they must maintain a life of their own. They owe that to themselves, to the sufferer, to those in their family who are not sick, to friends and business associates, even to God. And so, somehow, in the midst of turmoil and stress, constant worry, time and financial pressures, and all else that bears down upon them, they must find time, even if only for a few minutes daily, to recharge their own reservoirs of strength. Family members may be rejuvenated by reading a good book, practicing a hobby, or listening to uplifting music. They may benefit from quiet discussions with trusted friends, a telephone call to a family member, or an hour of service to others in a setting away from the patient. The selection of activities is endless. How and what is chosen is less important than the realization that nurturing personal well-being is essential to the health of the family.

In conclusion, we can help those suffering from mental illness in many ways. Perhaps the most important involve love and patience, as well as understanding that the mental illness is not the patient's fault, not the result of sin, and cannot be overcome by an act of will. Like a person recovering from a serious physical illness, a patient with mental illness may need a long time to recover, may have relapses, and may continue to experience some effects of the illness even after acute symptoms are gone. Learning all we can about the illness will increase our compassion, enhance our abilities to respond appropriately to those who suffer, and help all to develop faith and hope for a brighter tomorrow. More than all else, victims and their loved ones can, with perfect assurance, turn to Him who in His infinite compassion has taken upon Himself "the pains and the sicknesses of his people" (Alma 7:11). Because of Him, we and those we love can ". . . come boldly unto the throne of grace, that we may obtain mercy, and find grace to help in time of need" (Hebrews 4:16). Jesus, ". . . through his infinite goodness and grace, will keep [us] through the endurance of faith on his name to the end" (Moroni. 8:3)