

Breaking the Silence on Suicide and Mental Illness: The Brethren in Christ, 1968-1989

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In spring 1968 a tragic event catapulted the Brethren in Christ into a deep awareness of mental health issues. Lucille Lady, wife of a prominent church leader in the denomination, chose to end her life while her husband Jesse was out conducting a Bible Study. The couple lived in Upland, California, but with their public profile Lucille Lady's suicide would impact not only their large kin network, but the denomination at large. Lucille came from a large family descended from a line of noted church leaders. Her grandfather Henry Davidson had begun the denomination's periodical *The Evangelical Visitor* in 1870, nearly a century before Lucille's death.¹ His daughter, Lucille's aunt Frances Davidson, had been the first to respond to the Brethren in Christ call to world missions in that same era.² Lucille herself had worked beside her husband in his roles as pastor, professor, college president, evangelist, bishop and missionary.³

Whether the act of an individual holding public influence or of one less well-known, suicide leaves an indelible mark on those left behind.⁴ And yet, most often those who have endured the pain of mental illness – whether they have chosen to end it or to continue in unspeakable anguish – have suffered in silence. Stigma, shunning and shame have all deepened the pain experienced by both the large number of North Americans who have suffered from mental health issues and their families.⁵ Statistics from some twenty years after Lucille Lady chose to end her suffering suggest that up to twenty-five percent of American families have experienced mental illness.⁶ In Ontario at that time, nineteen percent of individuals

between fifteen and sixty-four years of age suffered from psychiatric problems, with only one quarter of those seeking help.⁷ Indeed, in 1976 suicide was known to be the tenth leading cause of death in the United States.⁸ In light of these statistics, Lucille Lady's decision to break the silence around her illness seems all the more momentous. Her and her husband Jesse's public roles confronted their families and others in the Brethren in Christ constituency with the deep but silent pain suffered by many.

In this essay I outline the Brethren in Christ response to Lucille Lady's breaking the silence regarding her struggles by surveying various ways the denomination attempted to inform, to educate, and to theologize on the matter of mental illness. After a brief introduction to the denomination's roots, I shall offer some observations regarding Lucille's funeral service. Following that, I will survey *The Evangelical Visitor* in the years following her death, the denomination's General Conference records, and *Shalom! A Journal for the Practice of Reconciliation*. We shall see how the denomination took a stance contrary to the evangelical right that named suicide a "sin," and challenged beliefs formerly held by some that holiness had the potential to lead to perfection. On the issue of mental health, the Brethren in Christ turned to their Anabaptist roots as they sought the potential of healing found in the midst of the body of Christ.

The denomination emerged in Lancaster County, Pennsylvania, in the latter 1780s with a baptism in the Susquehanna River. Its roots were in Anabaptism and German Pietism.⁹ A century later the Brethren in Christ would also be influenced by Wesleyan Holiness and its "doctrine of Christian perfection."¹⁰ While sharing with their Mennonite co-religionists a strict nonconformity during the first half of the twentieth century, the Brethren in Christ also embraced Wesleyanism's doctrine of second-work holiness. At the same time, they placed an increasing emphasis on the role of higher education and expanded their mission outreach from North America to the Rhodesias (now Zambia and Zimbabwe), India and Japan.¹¹ World War II would bring them into close relationship with various Mennonite groups as they worked together to negotiate conscientious objection privileges and came to support the work of the Mennonite Central Committee (MCC).¹² The post-war era would see dramatic changes with a radical decision to create a new "self-image or identity" that would bring the Brethren in Christ "closer to the main stream of contemporary evangelicalism represented by the National Association of Evangelicals and the National Holiness Association."¹³

It was during these years of denominational reinventing that some members of the Brethren in Christ were also confronted with the reality that a deep faith did not necessarily provide a full antidote for those living with mental illness. In a letter sent to family and friends a month after Lucille Lady's passing, her husband Jesse, a much-loved Bible teacher and holiness preacher, wrote:

I did realize that she was mentally depressed as well as physically sick, but as I look back now I think I did not realize how really serious it was. She was up and around most of the time. She did her housework in a cheerful spirit. She put on a brave front, for she did not want me to worry.

He continued, recalling how on the day of her passing,

when she got up she remarked, "Jesse, I just feel I can't face another day." Being an optomist [sic], I said, "Lucille, of course you can; the Lord has always taken care of us!" We had prayer together, and she seemed relieved. We both ate a good breakfast. After breakfast we had a second period of worship together . . . she seemed refreshed and remarked, "I feel much relaxed and better."

Divulging for the first time to most of their circle that Lucille had struggled with depression for fifteen years, that she had repeatedly sought medical attention, and that she had been at times suicidal, Jesse revealed: "I lived under the shadow of knowing it could happen, but never really thought it would happen . . . Tears flow unbidden, but I am sure she is better off, and I can never question the purposes of God."¹⁴ The letter must have been therapeutic for Jesse to write, and may have brought some comfort to their extensive kinship circle and faith community.

Indeed, Jesse's colleague Arthur Climenhaga, who had served as bishop both in Zimbabwe and in California, had walked with the couple through the darkness of earlier suicide attempts. He now would set the stage by speaking eloquently at Lucille's funeral. Based on the assessment of her medical doctor Owen Alderfer, who was also a member of their faith community, Climenhaga had insisted that Lucille could not have been responsible for her action. As Climenhaga later put it, his decision to use his spiritual authority as church leader to preach her into heaven provided direction for the denomination.¹⁵

Climenhaga's resonant tone was powerful and convincing as he read

out the following affirmation of Lucille Lady's Christian walk at her funeral service. It must have provided great consolation for Jesse and others:

I shall remember our Sister Lucille Lady as a former missionary colleague spending the resources of her life in Rhodesia, Africa. As one whose passion for missions was expressed more recently in the co-founding of the Women's Missionary Prayer Circle newsletter for the Western Conferences of the Brethren in Christ Churches' World Wide Mission, as one whose active will was ever and always her utmost for the Lord's highest, she has gone, and her going is one which we commit to the Lord, the righteous judge of all. Illness, with all its results, is known to the Lord Jesus Christ, who redeems that person, who actively accepts him as Lord and Saviour, in life, and death. O Death, where is thy sting? O Grave, where is thy victory? The sting of death is sin, and the strength of sin is the Law. But thanks be onto God, who giveth the victory, through our Lord Jesus Christ.¹⁶

In the aftermath of Lucille Lady's funeral, Bishop Arthur Climenhaga continued his pastoral response through the denomination's paper, *The Evangelical Visitor*, which Lucille's grandfather had begun nearly a century earlier. Climenhaga was editor of pastoral concerns and within two months of her death, he would place an excerpt from *Where to Go for Help* published a decade earlier by Southern Baptist educator Wayne Oates. The piece reflected Oates' vision of bringing together the secular field of psychology and pastoral care: "Ministers have always been confidants of their people in the intimate crises of their lives," Oates wrote.¹⁷ "Even though people for a while began to turn to secular counsellors rather than to ministers, there is good evidence that this tide has begun to turn."¹⁸

In response to this crisis in the family of a respected leader with whom he had worked closely, Arthur Climenhaga attempted to divert such tragedies in the future. An inset, simply entitled HELP!, clearly stated the dilemma, inviting both individuals who might be struggling to seek support, and pastors and others in helping professions to respond with compassion:

At times the cry for help comes through loud and clear leaving no doubt that help is needed urgently. At other times the call for help is less obvious and may be disguised or oblique. Many times the plea

for help may not be definitely recognized by the person involved, but felt or detected by the listener. There is so much which needs to be said in this area of human need by way of giving encouragement to seek help early, and also where to seek it.¹⁹

We do not know how people responded. *The Visitor*, as the paper was known in Brethren in Christ circles, was silent on mental health concerns for a time. However, two and a half years after Jesse Lady's death, a related article appeared. Penned by a Presbyterian minister, it might have been telling the Ladys' story. Under the pseudonym Jim Bryan, this pastor told the story of his journey in which he walked with his wife in her struggle with mental illness. Writing with pathos and conviction, the author charged: ". . . the church has failed in her healing and educational ministry."²⁰

The Brethren in Christ responded to the challenge to attend to mental health concerns triggered by Lucille Lady's death through a Commission on Peace and Justice formed in July 1970.²¹ When the denomination's General Conference mandated the newly established Commission to prepare a position paper on "The Church, War and Respect for Human Life," suicide took centre stage.²² This dark blot was explored alongside studies of abortion, alcohol, and tobacco. Roger Sider, a Brethren in Christ professor of Psychiatry at Johns Hopkins University School of Medicine in Baltimore, Maryland, took on the challenge of helping the denomination come to terms with the devastating effects of suicide in its midst. In a paper boldly entitled "Suicide," presented to the denomination's General Conference in July 1976, Sider showed sensitivity to the unresolved grief still festering, while addressing two theological questions within the context of the evangelicalism and holiness doctrine that influenced Brethren in Christ thinking: "What ought to be the message of the church regarding suicide?" Sider asked. Bringing the denomination to its Anabaptist roots, he queried: "How can the brotherhood respond to this tragedy preventively and redemptively [sic]?"²³

While pointing out that the Bible nowhere explicitly condemns it, Sider noted that "suicide is usually regarded as a violation of the sixth commandment (Exodus 20:13) and, therefore is a sin." Here was the dilemma: "It is the persistence of acts of suicide among those who may have lived for decades as genuinely committed Christians that constitutes the most troubling aspect of the problem. Hearing of the death by suicide of a Christian brother or sister," he acknowledged, "we are deeply

distressed, our reason fails to provide answers and our faith is tested.”²⁴

Sider set out to fill the gap in “evangelical theology” that, while it lacked formal writing on this subject, held a view which he insisted was unhelpful, even devastating. In his words, “the common opinion is that suicide is a simple act of will, in violation of God’s command and therefore sinful . . . Moreover, since it is an irreversible act which precludes repentance, the soul of the suicide is believed to be doomed.” Turning to theologian Karl Barth, Sider challenged this perspective: “there is grave danger in making judgements [sic] regarding the suicide of another believer,” he insisted. “We may know little of the severity of affliction” that he or she experiences. In Barthian theology, Sider maintained,

there is no need to regard suicide as unforgiveable. Inasmuch as God’s grace is sufficient for all sin and there are many ways in which a Christian may die without having repented of a particular sin it is unnecessary to place the sin of suicide in a special category.²⁵

Sider then proceeded to challenge the doctrine of perfectionism emerging from the holiness beliefs held by some among the Brethren in Christ, including the Ladys themselves. Acknowledging that suicide is “the legacy of sin,” he pointed out that it is one in which “we can scarcely expect complete victory.” Personal responsibility varies: it may be “rebellion against God;” but it could also have been the result of mental or physical illness, childhood traumas or – and here was the rub – “failure of a congregation to come to the support of those in need.”²⁶

Having challenged evangelical and holiness thinking, Sider used New Testament language emerging from the denomination’s Anabaptist roots to encourage the church, the “Body of Christ,” to “be sensitive to the needs of its members,” whether elderly, widowed, divorced, or mentally ill. Citing Roman 12: 4-8, he asked: “Is our faith strong enough to believe that every member of the body of Christ is necessary for the optimal functioning of the church and has a contribution to make for which no one else is uniquely suited?” Sider challenged the church to support surviving family members and to look at their own “failures” in being “sufficiently helpful.” He encouraged congregations “to be the first to bring the healing of solace and comfort through supportive relationships.”²⁷

Sider ended this challenge to mainstream evangelicalism and perfectionist doctrine with several suggestions foundational to a theology of

mental health. First, he insisted, it is important to understand that “suicidal wishes” are understandable when the load is “too heavy to carry.” Second, he pointed out, “[i]t would appear to be both unscriptural and insensitive to teach that the Christian never is tempted to take his own life.” Rather, suicide is often “evidence of overwhelming stress.”²⁸ In words reminiscent of their Anabaptist heritage, Sider concluded his study by reminding his audience that the Body of Christ held a key role in providing understanding and support for those who struggled.

Over the following years, Sider’s ideas were reflected in a variety of articles published in the denomination’s *Evangelical Visitor* and a newsletter that emerged in 1980 out of a consultation on peace education held in Grantham, Pennsylvania.²⁹ The acknowledgement of Harriet Bicksler, the newsletter’s editor, of her own struggles with anxiety and depression and how she sought help through psychotherapy, set the stage for *Shalom*’s goal of healing and wholeness. Along with the more public questions of militarism and racism, issues of mental health, addiction, sexual abuse, homosexuality and other struggles would be explored during the next thirty years of publication.³⁰

As Rowland Shank concluded in his 1990 discussion on “Barriers to Psychotherapy for Christians,” much still needed to be done “to destigmatize psychology and mental health treatment for Christians.”³¹ Pieces such as Roger Massie’s “Am I Going Crazy?” Glenn A. Robitaille’s “Ministry to the Mentally Ill,” Jeremy Ritch’s “Dealing with the Stigma of Mental Health,” and Faithe Zercher’s “A Sense of Belonging for People with Mental Illness,” would continue to challenge thinking about mental illness.³² Indeed, this forum where readers could be deeply honest and reflect theologically about the stigma, the shunning, and struggle to trust in God during these difficult times, became an important aspect of *Shalom*’s ministry towards peace and reconciliation.

In the 1980s *The Visitor* began to publish materials made available by a variety of Mennonite mental health agencies including Mennonite Mental Health Services, Mennonite Mutual Aid and MCC Canada’s Mental Health Concerns Program.³³ Reviewing the inspiration for mental health care rooted in the service of conscientious objectors during World War II, these articles challenged “fear and ignorance.” They encouraged Mennonites and Brethren in Christ to include mental health in their practice of Menno Simons’ call to “true evangelical faith.”³⁴ Indeed, members were challenged to be as ready to help people with mental health concerns as they would be with those who suffered physically. As Carl

Kreider explained it,

if I know someone who feels depressed, I often do little for them. Intellectually, I know mental health is just as important as physical health; that mental illness often leads to physical ills that are genuine, not just imagined. The hurt of mental illness may be just as profound as the pain of a physical injury, and unfortunately, the duration may be much longer. I know these facts in my mind – but so often I fail to react concretely to them.³⁵

For the Brethren in Christ, an essential part of their exposing and exploring mental health concerns were theological reflections intent on reframing the doctrine of perfectionism. In “Contemplating Wholeness,” for instance, Andrea Harrison queried: “Where in the Bible does it say that people born of the Spirit have total immunity?” Are people challenged with “spiritual battles,” anger, menopausal hormones, resentments ... necessarily in a wrong relationship with God?” Reminding readers that Jesus ministered to a variety of needs and broken people, and that the apostle Paul “acknowledged the complexity of human nature in Roman 7-8,” Harrison framed an alternate paradigm to perfectionist thinking.³⁶ Her suggestion that “[t]he battle ground of inner struggle is one place where we can learn of God’s grace and power” paralleled the language being used in wider Mennonite circles, as is illustrated in Mennonite Central Committee Canada’s Mental Health Concerns director Travis Reimer’s admonishment to congregations to “[p]ray that God will give your congregation a vision of the church as a therapeutic community of faith.” As he put it,

We who were no people are now the people of God. Our disgrace is removed. We have been called and enabled to care. Regarding brokenness, we know we cannot be saved unless we come in brokenness to the cross. Each succeeding step of discipleship reiterates our fracturedness, hence Christians can empathize with broken people.³⁷

The Evangelical Visitor was also a place where professionals took the opportunity to publicize their questions about their work in the contemporary mental health movement. In an address to the 37th annual dinner meeting of Philhaven Hospital in Mount Gretna, Pennsylvania, for instance, Roger Sider critiqued the “tremendous growth of egocentricity

in our society.”³⁸ “We need to recover a professional moral vision which will enable us to confront our patients in love when sin masquerades as sickness, and when immersion in self eclipses the acknowledgment of responsibility to others,” he insisted.³⁹ Claiming the efficacy of the Anabaptist tradition, he underscored his theological reflections by reminding his audience that “the image of ‘Christ the servant’ requires that we not follow, but lead in modeling professional servanthood.”⁴⁰

Indeed, servanthood was demonstrated in concrete ways. Take the Lancaster Brethren in Christ congregation, for instance. During these years, its Sunday school program mirrored concerns voiced by Mennonite Mental Health Services with the establishment of a Sunday school class for developmentally disabled people.⁴¹ By 1985, between thirty and forty people were arriving at the congregation’s doors from their respective group homes on Sunday mornings. Reflecting MCC’s vision of accepting these folk as members, the Lancaster congregation baptized those who requested it.

Another example featured in *The Visitor* was Paxton Street Home in Harrisburg, Pennsylvania. This institution, which emerged in 1982 as a result of encouragement by the Mennonite Mental Health Association, would develop a strong witness with Christian-based housing for people suffering from mental health challenges.⁴² As Dona Marchant, who identified herself as suffering from manic depression, put it, “I found I was full of dark, ugly things psychiatry couldn’t tell me what to do with. They sure helped me find them, though.” Having worn out most of her friends, she became isolated. Her pastor offered spiritual support and guidance and a support group. In her words, “[o]nly in the body of Christ I discovered that it is OK to be different.”⁴³

From the sources used, it is impossible to quantify the results of the efforts made by Brethren in Christ leadership to bring the stigma and pain of mental illness into the light. The most that can be said is that during the decades following Lucille Lady’s sudden and tragic death, the denomination took seriously the challenges of mental illness.⁴⁴ The silence under which she and countless others suffered was broken.⁴⁵ This research also suggests a humility amongst Brethren in Christ leaders as they encouraged a shift in doctrine and theological thinking from one that promoted the ideal of Wesleyan perfectionism to one grounded in the reality of human sin and brokenness and the potential of healing in relationship-building and reconciliation necessary in Menno Simons’ vision of “True Evangelical Faith.”

Endnotes

1. Carlton O. Wittlinger, *Quest for Piety and Obedience* (Nappanee, IN: Evangel Press, 1978), 259.
2. Morris Sider has told this story in *Nine Portraits: Brethren in Christ Biographical Sketches* (Nappanee, IN: Evangel Press, 1978), 159-214.
3. I have told this story in "Writing a Woman's Life: Lucille Brechbill Lady (1910-1968)," *Brethren in Christ History and Life* 33 (2010): 3-50.
4. Carla Fine, *No Time to Say Goodbye: Surviving the Suicide of a Loved One* (New York: Doubleday, 1997), 192ff.
5. Travis Reimer, "When You Care Enough," *Evangelical Visitor* (May 1989): 3; Esther Manuel Bergen, "Who's Holding On?" *Evangelical Visitor* (May 1989): 6-7; Conversation with Margaret Ward, 23 July 2010; see also "Writing a Woman's Life," 35-38.
6. Reimer, "When You Care Enough," 2.
7. Scott Simmie and Julia Nunes, *The Last Taboo: A Survival Guide to Mental Health Care in Canada* (Toronto: McClelland & Stewart Ltd, 2001), 71-72.
8. Roger Sider, "Suicide," Study Papers on Suicide, Alcohol and Tobacco, Abortion. Commission on Peace and Social Concerns Brethren in Christ Church. Submitted to General Conference (July 1976). Brethren in Christ Historical Library and Archives, Grantham, PA (hereafter BCHLA).
9. Wittlinger, *Quest for Piety and Obedience*, 1-12.
10. Wittlinger, *Quest for Piety and Obedience*, 227.
11. For the development of these eras, see Wittlinger, *Quest for Piety and Obedience*.
12. Wittlinger, *Quest for Piety and Obedience*, 378ff. For the Ontario story see my *The Transforming Power of a Century: Mennonite Central Committee and its Evolution in Ontario* (Kitchener, ON: Pandora Press/Herald Press, 2003).
13. Wittlinger, *Quest for Piety and Obedience*, 476.
14. Jesse Lady to Relatives and Friends, 4 June 1968. Copy in possession of author.
15. Arthur Climenhaga, interviewed by the author, 31 May 2002, Grantham, PA.

16. Arthur Climenhaga, on tape of Lucille Lady funeral, 7 May 1968. Copy in possession of the author.
17. The *Evangelical Visitor* misspelt Oates name as "Oats." "The Pastor as Counselor," was excerpted from Oates, *Where to Go for Help* (Philadelphia, PA: The Westminster Press, 1957), 13-37, and appeared in the *Evangelical Visitor* (15 July 1968): 9. For a biographical sketch, see Dr. Wayne E. Oates, "A Living Legacy," <http://www.oates.org/learn-more/wayne-oates-legacy> and "Wayne Oates," Wikipedia, http://en.wikipedia.org/wiki/Wayne_Oates (accessed May 2011).
18. Oates, cited in "The Pastor as Counselor," 9.
19. Oates, cited in "The Pastor as Counselor," 9.
20. Jim Bryan, "The Church and Mental Illness," *Evangelical Visitor* (25 November 1970): 14.
21. General Conference of the Brethren in Christ Minutes, July 1970, BCHLA.
22. General Conference of the Brethren in Christ, Study Papers, July 1976. BCHLA.
23. General Conference of the Brethren in Christ, Study Papers, July 1976, 1. BCHLA.
24. General Conference of the Brethren in Christ, Study Papers, July 1976, 3, BCHLA.
25. General Conference of the Brethren in Christ, Study Papers, July 1976, 4, BCHLA.
26. General Conference of the Brethren in Christ, Study Papers, July 1976, 4, BCHLA. Nearly thirty-five years later, Sider confided to the author: "I would write the article somewhat differently today; in particular to stress the importance of the biological roots of depression. A wealth of research in the neural sciences, genetics and epidemiology has established the primacy of biological factors in the etiology of depression. This is not to say that psychological and sociological theories of depression do not have validity. Rather that these factors do not usually, by themselves, cause depression but exert their effect in biologically vulnerable individuals. Further that, in cases of severe biological predisposition, depression, even of suicidal intensity, may occur in the absence of overwhelming stress or loss." Roger Sider to the author, electronic mail, 13 November 2010.
27. General Conference of the Brethren in Christ, Study Papers, July 1976, 5, BCHLA.

28. General Conference of the Brethren in Christ, Study Papers, July 1976, 5, BCHLA.
29. Report of the Commission on Peace and Social Concerns, Brethren in Christ General Conference Minutes, July 1976, 99; and *Peace and Justice Newsletter*, January 1980, 1.
30. See the editorial in *Shalom!* (Winter 1990): 1.
31. Rowland Shank, Jr., "Barriers to Psychotherapy," *Shalom!* (Winter 1990): 7.
32. Roger Massie, "Am I Going Crazy?" *Shalom!* (Winter 1990): 5, 11; Glenn A. Robitaille, "Ministry to the Mentally Ill," *Shalom!* (Winter 1990): 1-2; Jeremy Ritch, "Dealing with the Stigma of Mental Health" (Winter 2010): 8; and Faithe Zercher, "A Sense of Belonging for People with Mental Illness" (Summer 1995): 10.
33. Katie Funk Wiebe, "These, too, belong to the body," *Evangelical Visitor* (January 1985), 11-13; also see Ruth Heisey and Josephine Frey, "Inasmuch," *Evangelical Visitor* (January 1985), 8-10; Carl Kreider, "Our Ups and Downs," *Evangelical Visitor* (October 1987), 2-3; Steve Thiessen, "MHS Challenges Churches to Stand by Those Who are Mentally Ill," *Evangelical Visitor* (November 1988), 20.
34. Thiessen, "MHS Challenges Churches," 20; Reimer, "When You Care Enough," 2.
35. Kreider, "Our Ups and Downs," 2.
36. Andrea Harrison, "Contemplating Wholeness," *Evangelical Visitor* (October 1987): 6.
37. Reimer, "When You Care Enough," 3.
38. Sider, "A Christian view: Ethical and Economic Challenges in Mental Health Care," *Evangelical Visitor* (October 1987): 5.
39. Sider, "A Christian View," 8.
40. Sider, "A Christian View," 9.
41. Katie Funk Wiebe, "These, too, Belong to the Body," *Evangelical Visitor* (January 1985): 11-12.
42. General Conference Minutes, 1982, BCHLA; Carolyn Kimmel, "Extending ARMS of Compassion," *Evangelical Visitor* (March/April 2001): 8-9.
43. Marchant, "It's Not OK to be Different?" *Evangelical Visitor* (May 1989): 9.

44. Kreider, "Our Ups and Downs," 2.
45. See Teresa Iles, *All Sides of the Subject: Women and Biography* (New York: Teachers College Press, 1992); and Phyllis Chelser *Women and Madness*, rev. ed. (New York: Palgrave Macmillan, 2005) on breaking silences around women's mental health.

