

Love and Work: Itinerant Perspectives on the Well-being of Mennonites in the Americas

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While preparing this paper on *Mennonites, Melancholy and Mental Health*, I mentioned the topic to friends and discovered that practically everyone had an opinion and a story about it. As I thought about it, I felt that, for everything that I can honestly say about this topic, the opposite is also true. There isn't much that I can say without equivocation or qualification.

- As Mennonites we are the *Stille im Lande* but we have become vocal advocates on diversity, going green, climate change, the simple life, same sex marriage, and many other causes.
- We are shy to display our accomplishments in public, but we have unabashed performers.
- We try to live separate from the world even as we are as connected to society as everyone else. We tweet on twitter and "network" via Facebook, and even our Old Colony elders have cell phones.
- We live the simple life even as we are busy and stressed out, as displayed on the bumper sticker, "Warning: Dates in the calendar are closer than they appear."

- We strive to be useful, to do good, not to waste time, but we've embraced the virtue of "getting out of the rat race" and doing "more with less".
- We are work-a-holics. We live to work and feel guilty when we're having fun, though we do take some pretty exotic vacations.
- We'll help one another in adversity, but we have black and white rules and will judge others harshly when they don't live up to our standards or expectations.
- We believe in sharing but can be fiercely possessive about what we feel is ours.
- We are devoted to the community and the church, but on our own terms. And if we can't have our own way, we'll start a new church.
- We're frugal but heavy consumers of things that are available at a bargain.
- We know that the best things in life aren't things, yet we are loaded up with material possessions.
- We have domineering male leaders, but in our churches we have more and more female pastors.
- We believe in peacemaking but vote to support war.
- We advocate for restorative justice while our Minister of Public Safety, raised Mennonite, has just announced an extra 2 billion dollars for new federal prisons.
- We are reserved in public expression of affection, but family members, friends, and even casual acquaintances now hug each other upon meeting or leaving, even in the church foyer.
- We may be melancholy by nature, but we sure know how to party.
- We deny ourselves, except when we are at a church potluck.
- Most of us grew up in the era of prohibitions against dancing, alcohol, premarital sex, and pretty things, but we have taken up ballroom dancing, fine wine, celebrating with young people who are great with child before they tie the knot, and decorating our homes and bodies with the latest fashions.

It makes you dizzy looking around, trying to understand what's in the minds and hearts, not to mention the bodies and souls of Mennonites. Some of the reversals have arisen with the passage of time, but many exist in the present. Some differences exist between groups, or between individuals. But many contradictions exist within ourselves. Consistency is not one of humankind's outstanding qualities. The Indian philosopher B.R. Ambedkar, the former "untouchable" who became the architect of India's constitution, once noted, "*Consistency is a virtue of an ass. No thinking human being can be [consistent] ... A responsible person must learn to unlearn what he has learned ... There can be no finality in [being the way we are].*"

Background

I was encouraged to reflect on the theme of *Mennonites, Melancholy and Mental Health* on the basis of personal experience. I'm old enough to do this. For nearly half a century I've worked in the field of mental health as a clinician, planner, administrator, and consultant, and for most of this time I've crossed the borders of nations, systems, languages, and cultures to assist in development of community helping systems. All along I've had the idea that "mental health" is not the province of experts, but something which involves all people of compassion as agents of healing. I've been able to work in South and Central America, the Caribbean, the USA, Mexico, and India, and to study systems in Europe, Indonesia, Africa and the Middle East. I've had difficulty sitting still, so mine is an itinerant view. I have no final answers, just perspectives, and will try to present what I believe to be true, hoping that my thoughts may be discussed and validated, or changed, or rejected.

Mennonite Diversity

It is important to recognize that Mennonites are diverse and changing. According to Mennonite World Conference data, in 2009 we numbered 1,616,126 adult believers in 81 countries worldwide: 592,1063 in Africa; 523,969 in North America; 265,447 in Asia & the Pacific; 169,864 in South & Central America and the Caribbean; 64,740 in Europe. There are more of us in the USA than in any other country, but the Democratic Republic of the Congo comes second, and there are now more Mennonites in India than in Canada. The majority, world-wide, are non-Caucasian, have never spoken German and never tasted *Ploomemous* and *Schinkenfleisch*. Yet out of this diverse mix I will focus mostly on Mennonites of Germanic origins living in the Americas: Canada and the US, Mexico, Central and South America. I'll try to speak to the Germanic Mennonite character, with apologies for the stereotypes, knowing that even here we are not all the same. We are not one "Mennonite patient", but legion.

Our Immigrant & Refugee Heritage: Implications for Character

Looking at our history as immigrant and refugee peoples in the Americas, most of our ancestors arrived after having suffered famine, or persecution, or oppression, or ethnic intolerance. In most cases they had lost most of their possessions and means of livelihood, and -- far

worse than that -- in many cases they had lost loved ones to violence. They had to dig deeply into their courage and resourcefulness to become established in new lands. The migration into the Americas was not their first experience as people on the move, seeking a better life. Every few generations since the 16th century, their ancestors had already experienced something similar. Our character as a people was shaped through these events. We developed a melancholy nature, saddened by injustice, determined to survive, willing to work hard, eager to make a good life for ourselves, and anxious to secure the future for our families and communities. We became sober, practical, calculating, austere, hardworking and self-disciplined. Likely our feelings had become numbed through past disappointments, so we became more rational than emotional, more reserved than expressive. Perhaps this was inherent in our Germanic (including Dutch and Swiss) origins, but I suspect the multi-generational refugee experience contributed something to this. To this day we tend to be sincere, orderly, and self-controlled, even repressed. We are given to taking charge, assuming responsibility, taking credit for our successes and blame for our failures.

In Paraguay the story is told in Low German about the birds and the animals who, many years ago, complained to God that in all the world where they had enjoyed the good life, people had crowded in and destroyed their paradise. So God said, *Lote me jünt 'mol dän Chaco wiesen.* (God spoke Low German, "Let me show you the Chaco.") So they visited the Chaco and were delighted to find it so hot, so dry, so dusty, so full of thorns that they were sure: no human can live here. So they moved in and lived happily ever after ... until the Mennonites came!

What happened in the Paraguayan Chaco was much like the migrations into Prussia, Russia, Canada, the US, Brazil, Mexico, Honduras, and Belize, where Mennonite were like the birds and animals looking for a quiet place where they could live undisturbed.

Over the years in Canada and the US, as well as in Mexico, Paraguay, and Brazil, we have become wealthy. We've been amazingly successful as farmers, industrialists, professionals, scholars, academics, and musicians. In latter years we've also experienced successes in the visual arts, Olympic sports, professional sports, and even in politics to the point of having Mennonite cabinet ministers at the federal level and a provincial premier who speaks *Plautdietsch*, though these achievements are still the exceptions rather than the norm. The main point is that most of us have become remarkably wealthy, successful and comfortable. In North America we're no longer the persecuted and oppressed. Rather, we're so heavily invested in the status quo that we've become, if anything, the new oppressors. The majority of

Mennonites now favour military interventions to secure our interests, and the majority of Mennonites in North America vote Conservative or Republican. We've changed. We've become assimilated to a remarkable degree.

Mental Health of Mennonites

To look at our mental health I want to borrow a concept from the founder of psychoanalysis. Sigmund Freud, arguably the single most influential practitioner and author on psychology in the twentieth century, wrote long tomes on pleasure and pain, the ego and the id, the interpretation of dreams, jokes and their relation to the unconscious, civilization and its discontents. Much as he focussed on pathology and could be verbose and boring about the disorders of individuals and societies, when he was asked the question, "What is mental health", his response was simple: *Lieben und Arbeiten* (to love and to work). In all the efforts to define what we mean by "mental health", this is perhaps the most elegant and helpful. It suggests that, to be healthy, a person needs a balance of love and work, of creativity and productivity, of freedom and commitment, of spontaneity and organization, of leisure and duty. It's an interesting concept with which to look at Mennonites.

a) Preoccupation with Work: Lack of Leisure Culture: In terms of Freud's "*Lieben und Arbeiten*" it appears we're missing something. We've done well with *Arbeiten*. Indeed, we're practically driven to work. For the generation of immigrants who came to the Americas in the late 19th and early 20th century, characters were moulded by hardship. Their surviving children, now 70 years of age and older, experienced the great economic depression and became similarly focussed, first on survival, then on striving and thriving. Recreation involved Sunday afternoon visits and cracking sunflower seeds. For many younger adults in Mexico and South and Central America today, the realities are still much the same. Life is work. Rest and nourishment are for the purpose of being able to work again. There is no leisure culture. I recall visits with Old Colony Mennonites in Bolivia where, on occasion, they had especially fine foods on the table, and when asked whether they *enjoyed* them, they would say, "*Daut jeit too brucke*" (meaning, it is possible to *utilize* them). Thus even experiences which may yield pleasure are reduced to their utilitarian value. We may dismiss the inhibitions of some of our Low German Mennonites as foreign to our own experience, but to do so would miss an aspect of our own lives. I submit that most of us, Germanic Mennonites, continue with a rather utilitarian view of ourselves. We are still not quite comfortable with *Lieben*, the spontaneous, free, creative part of Freud's definition. One

of our esteemed educators, Gerhard Ens, for many years the principal at the Mennonite Collegiate Institute in Gretna, Manitoba, is quoted as having said, "Being Mennonite never prevented me from sinning, only from enjoying it". Some years ago a Catholic colleague of mine at work addressed my own excessive seriousness. One day when he had made some mistake, he laughed it off, saying, "It's no big deal: I'm a Catholic; I can go to confession." Then looking at me in mock pity he said, "Too bad you're a Mennonite: You have to be perfect!" A psychiatrist in one of our Mennonite mental health centres speaks of the typical Mennonite who tries too hard to be perfect, and never feels good enough. I agree. We're generally too hard on ourselves; we seem to lack something which is present in other traditions. The English poet Joseph Hilaire Belloc once wrote:

Wherever the Catholic sun doth shine,
There's always much
laughter and good red wine.
At least I've always found it so. *Benedicamus Domino!*

If Belloc had thought of it, he might also have written:

Wherever the Mennonites work in the field,
There's plowing
and planting and plenty of yield.
No matter they never have any fun:
They're working,
producing, and getting things done!

This emphasis which we've had on work hasn't been bad. In fact, there is much to commend work as an important part of well-being. Work was, after all, 50% of Freud's definition. Freud wrote extensively on the therapeutic value of work, and many others have affirmed the importance of work for well-being. Our problem, it seems, is one of a *lack of balance*.

b) Balance of Mind, Body, Soul and Spirit: Our indigenous people of North America have another concept which is useful in thinking about our mental health. It is the "medicine wheel", or circle of well-being. It regards the mind, body, soul and spirit as four inseparable parts of a person, so that one's thinking, physical being, emotions, and spiritual connection to the creator all together determine one's well-being. All parts of the wheel need to work together, in balance.

This concept resonates well with Mennonite understanding. As Mennonites we have long believed that mental, emotional, spiritual and physical well-being are all integrated, combined. To be healthy we need to be well, and disciplined, in all of these dimensions.

Mennonite Response to Mental Disorder and Distress

We know that we all experience distress, anxiety, grief, sadness (“melancholy” or “depression”), confusion, relationship problems. We know that it’s our issue. It’s not out of sight, out of mind. We believe that we must all take responsibility. We can’t expect “experts” to keep us well, or to fix us when we’re not. Some of us may need professional (“expert”) help at times, at least for brief periods, but most of the time we’ll look after ourselves, our families and communities. Our do-it-yourself approach is probably related to our belief in the “priesthood of all believers”. We want to decide important things for ourselves, and we’re reluctant to take direction from “superiors”. We have no pope; we have each other. We have community.

We’ve also been great “institution builders”. Already beginning a hundred years ago, Mennonites built specialized mental health programs and facilities (e.g., Bethania in Russia in 1910; Bethesda in Vineland, Ontario, around 1930; the Mennonite Mental Health Centres, seven in the US, one in Canada at Winkler, Manitoba, the first of these in 1947; *Sanatorio Eirene* in the Paraguayan Chaco in the early 1960s; a community clinic in Curitiba, Brazil, in 1990; an addictions treatment centre near Cuauhtémoc in Chihuahua, Mexico, in 2004). We’ve built nursing homes and other special care facilities all across the hemisphere. Together we established our biggest “institution”, Mennonite Central Committee (MCC) already in 1920, and through the years MCC has supported the development of many of these other institutions and delivered care and support wherever MCC works. Sometimes I feel that we’ve somewhat overdone the development of institutions to the point where we rely on them to do our caring for us. Our greatest strength is in our communities which now transcend geographic boundaries. We may have good institutions, psychiatrists, psychologists, and we may need them at times, but they are no substitute for friends and neighbours. They don’t replace a caring community.

Current Issues and Challenges

So what ails us? This session called for a “diagnosis of the Mennonite mental health patient”. This was a history conference, but this is focussed on *the present*.

There are many current issues and challenges. With our divergent voices we could list a variety. Here are my “top ten”. Some are principally about us as Mennonites; others are issues in the wider society of which we are a part.

1. Melancholy: It is clear that we have more than our share of “melancholy”, a concept derived from the ancient Greek *melas* (dark, black) and *kholé* (bile), of which an excess was believed by the ancients to cause depression. Although the term is still used in ordinary language, the notion that excess secretions from the liver are responsible for a bilious predisposition has been discredited, so the term has been replaced in professional practice by reference to different forms of “depression”. In current practice: a) *biological or endogenous depression* is understood as being due to internal physical, hormonal, or biochemical problems; b) *situational or reactive depression* occurs in response to significant recent loss, failure, or disappointment; and c) *character-based depression* is a nearly unshakeable stable condition embedded in the personality, which renders a person morose and pessimistic no matter the internal or external circumstances. My *impression* is that Mennonites have about average rates of endogenous depression. On the positive side we appear to have below average rates of reactive depression (as we are presently generally quite healthy, wealthy, educated, and “in control”, and we know that the strongest determinants of health, including mental health, are level of income, level of education, and being in control of the exigencies of life). But we have above average rates of character-based depression which is resistant to change. This negativity is undergirded by common theological understanding. In many Mennonite circles people are ridden with guilt. There is a widespread sense that we need to earn our salvation, and no matter how much we do, it won’t be quite enough. We are taught not to enjoy this life too much because, after all, it is short and leads inevitably to death.. A friend tells of his experience as a child when his mother, after bedtime prayers, would end by saying, “*Ein Tag näher bis zum Tot*” (one day closer to death). This is not unlike the prayer which many of us probably learned, “*Now I lay me down to sleep, I pray thee Lord my soul to keep. If I should die before I wake, I pray thee, Lord, my soul to take.*”

2. Serious Mental Disorder: We have our share of serious mental disorder (I prefer this term to “mental illness” because it allows for a broader understanding of our conditions, not only clinical). We certainly experience schizophrenia, clinical (both endogenous and reactive) depression, bi-polar affective disorder, disabling anxiety disorders, obsessive-compulsive disorders, and addictions (though these are often hidden). All of these conditions can be profoundly disabling, though they are fortunately treatable, if not “curable”, with modern methods. But perhaps of greatest concern are the problems of unrelenting depression, despair, self-harm, and suicide. By the time we reach middle age, most of us have had one or more close acquaintances, family members, friends or co-workers, commit suicide.

3. Epidemic of New Disorders: We have an epidemic of new disorders which appear to be related to significant changes in our environment. There are now many more cases of autism and related disorders, alzheimer's, dissociative disorders (involving disruptions or breakdowns of memory, awareness, identity or perception), and other cognitive and emotional disorders. These conditions, like new cancers and allergies, appear to be related to changes in our environment which are not yet well understood, but they likely include our diet of overly rich foods, genetically modified foods, increased use of additives and preservatives, high levels of radiation, high levels of contaminants in the air, water, and soil, and decreasing stability in our social institutions.

4. Stress: It's not as if our problems are limited to those who have been diagnosed with seriously disabling conditions. Nearly all of us are harassed and stressed and multi-tasking. We suffer from constant sensory bombardment. We are over-stimulated so it's never quiet, never dark, and with all our means of communication we're never "away from it all". We can now "google" for information on practically everything, and be instantly connected via the Internet, e-mail, twitter, Facebook and Skype with people all around the world. It's ironic, we're flooded with information but lacking in meaning. I dare say this contributes much toward our anxiety, depression, cognitive disorders, and memory loss, and makes us overly focussed on the "here and now" to the neglect of reflection on the past (except if you're a historian) or dreaming about the future (unless you're asleep).

5. Violence: There have been many references to violence – verbal, emotional, physical and sexual – which occurred in the past and which occurs today in isolated Low German Mennonite communities. In my opinion it would be a mistake to detach ourselves, as if it is not our problem. This is an area of dark secrets, and we don't have reliable information about the nature, severity, frequency, and extent of violence and abuse of power in our communities today. But we are known for our judgmental attitudes which have been vividly portrayed in recent books by Mennonite authors, and clinical notes and anecdotal reports that point to abusive relationships within families, especially the victimizing of women and children.

6. Dealing with Deviancy: For years our provincial mental hospitals served to accommodate all manner of people considered to be "deviant", i.e., significantly different from the rest of us in negatively valued ways, either to protect us from them, or them from us. With the de-institutionalization of mental hospitals, many of these people have been moved into the prison system. At the same time, more and more people are running afoul of the law and getting incarcerated in our prisons and penitentiaries. That system is ill-equipped to do what

it was never designed to do, to treat and rehabilitate these people. We need to learn better ways of dealing with deviancy.

7. **Positive Church Discipline:** As church members we expect that the church, next to the family having perhaps the most important role in teaching and inculcating values and morals, should also have an important role in providing encouragement and positive discipline to ensure adherence to these values and morals. Regrettably there have been too many instances of Mennonite churches taking a punitive approach to discipline (that is, where the churches are involved at all), and many more situations where churches have been silent and appear indifferent. Mennonite churches have also been quite selective and inconsistent with regard to sins considered to be worthy of attention. We have not exercised an even hand in dealing with the “seven deadly sins”: pride, greed, lust, wrath, gluttony, envy, and sloth. Historically we’ve been quite punitive about sexual sins while employing a double standard, generally inflicting harsher punishments against women than men. At the same time we have been quite permissive concerning the sins of greed. Somehow we need to develop better ways in which the church may be helpful, especially in dealing with cases of very hurtful conduct.

8. **Concepts Concerning Mental Health and Disorder:** There is an ongoing struggle with concepts about mental health, and especially about mental disorder, and it seems that we don’t have adequate concepts to understand these phenomena. In our haste to leave behind ideas of witches and demons, and in our desperate search for cures, we’ve largely locked in on a clinical model, as if we’re dealing with illnesses of individuals which can be cured with pharmaceuticals. To be sure, the clinical model has produced successes. Also, we’ve become multi-disciplinary and we use concepts like the “bio-psycho-social model”. But we’ve neglected the spiritual (which, incidentally, is considered by First Nations as the most important). We’ve had mental health “professionals” and spiritual leaders regarding each other with suspicion. We need to work at the intersection between the spiritual and the physical, the mental and the emotional, and come to a true holistic understanding and work together.

9. **Transience:** On matters of individual well-being we often think of social institutions – the family, churches, schools, places of employment, voluntary agencies – which should be able to provide help and support. But it seems that all of the important social institutions, the “social adhesives” which have kept us together in the past, are becoming unstuck. All of the places which for generations have been “anchors” in our lives have become less stable (look at divorce rates, low church attendance, discontinuous work and multiple careers). Many of the relationships which were once quite durable are now fragile and transi-

ent. There are new social networks using new technologies which fill part of the void, but they also are volatile, here today, gone tomorrow. As Mennonites with a tradition of strong communities, we have the opportunity to provide something stable and reliable.

10. The Church as Caring Community: Many have dreamed of the church as a healing community. Throughout most of the past 2,000 years, people have tried to make the church a “hospital” in the original meaning of the word, a *place of hospitality*, where the principal thing that the church offers is forgiveness and acceptance and joy, where people are not “put away”, but helped. This remains our most important challenge: to be a community which cares for all people, those already included and those who may be invited, forgiven and accepted. It is a challenge for everyone, for pastors to be shepherds of their flocks, caring for all of their wayward sheep, and for all of us as members who may *contribute* according to the gifts we have to offer, and *receive* according to our needs.