

# Through a Glass Darkly: Churches respond to mental illness

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Living with depression—or any other form of mental illness—is like viewing life “through a glass darkly,” according to Jessy Grondin, a student in Vanderbilt University’s Divinity School.

“It distorts how you see things.” Like one in four Americans, Grondin wrestles with mental illness, having struggled with severe bouts of depression since her elementary school days.

Depression is one of the most common types of mental illness, along with bipolar disorder, another mood-altering malady. Other forms of mental illness include schizophrenia and disorders related to anxiety, eating, substance abuse and attention deficit/hyperactivity.

Like many Americans with mental illness, Grondin and her family looked to the church for help. And she found the response generally less than helpful.

Because of a fear, mistrust of behavioral sciences, a fuzzy understanding of brain function and a poor theology of sin many Christians, churches and ministers don't know how to respond to people suffering from mental disorders.

“When I was in the ninth grade and hospitalized for depression, only a couple of people even visited me, and that was kind of awkward. I guess

they didn't know what to say," said Grondin, who grew up in a Southern Baptist church in Alabama.

Generally, most Christians she knew dealt with her mood disorder by ignoring it, she said.

"It was just nonexistent, like it never happened," she said. "They never acknowledged it."

When she was an adolescent, many church members just thought of her as a troublemaker, not a person dealing with an illness, she recalled. A few who acknowledged her diagnosed mood disorder responded with comments Grondin still finds hurtful.

"When dealing with people in the church ... some see mental illness as a weakness—a sign you don't have enough faith," she said. "They said: 'It's a problem of the heart. You need to straighten things out with God.' They make depression out to be a sin, because you don't have the joy in your life a Christian is supposed to have."

A Baylor University study revealed that among Christians who approached their local church for help in response to a personal or family member's diagnosed mental illness, more than 30 percent were told by a minister that they or their loved one did not really have a mental illness. And 57 percent of the Christians who were told by a minister that they were not mentally ill quit taking their medication.

That troubles neuroscientist Matthew Stanford.

"It's not a sin to be sick," he insists.

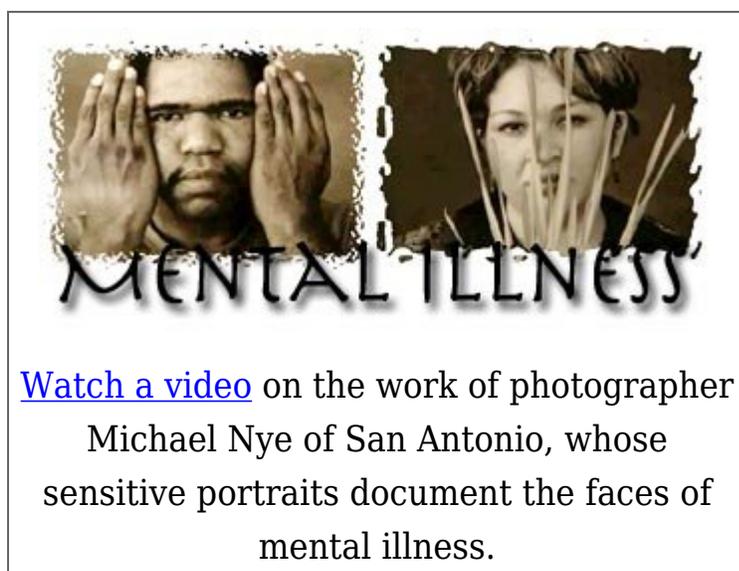
### **Tense relationship with behavioral science**

Stanford, professor of psychology and neuroscience and director of the doctoral program in psychology at Baylor, acknowledges religion's

longstanding tense relationship with behavioral science. And he believes that conflict destroys lives.

“Men and women with diagnosed mental illness are told they need to pray more and turn from their sin. Mental illness is equated with demon possession, weak faith and generational sin,” Stanford writes in his recently released book, *Grace for the Afflicted*.

“The underlying cause of this stain on the church is a lack of knowledge, both of basic brain function and of scriptural truth.”



As an evangelical Christian who attends Antioch Community Church in Waco, Stanford understands underlying reasons why many Christians view psychology and psychiatry with suspicion.

“When it comes to the behavioral sciences, many of the early fathers were no friends of religion. That’s certainly true of Freud and Jung,” he noted in an interview.

Many conservative Christians also believe the behavioral sciences tend to justify sin, he added, pointing particularly to homosexual behavior. In 1973, the American Psychiatric Association removed homosexuality from its revised edition of its Diagnostic and Statistical Manual of Mental Disorders.

As a theologically conservative Christian, Stanford stressed the Scripture, not the Diagnostic and Statistical Manual, constitutes the highest authority. But that doesn't mean the Bible is an encyclopedia of knowledge in all areas, and all people benefit from scientific insights into brain chemistry and the interplay of biological and environmental factors that shape personality.

Furthermore, while he does not presume to diagnose with certainty cases of mental illness millennia after the fact, Stanford believes biblical figures—Job, King Saul of Israel and King Nebuchadnezzar of Babylon, among others—demonstrated symptoms of some types of mental illness.

“Mental disorders do not discriminate according to faith,” he said.

### **Mental disorders originate in faulty biological processes**

Regardless of their feelings about some psychological or psychiatric approaches, Christians need to recognize mental illnesses are genuine disorders that originate in faulty biological processes, Stanford insisted.

“It's appropriate for Christians to be careful about approaches to treatment, but they need to understand these are real people dealing with real suffering,” he said.

Richard Brake, director of counseling and psychological services for Baptist Child & Family Services, agrees.

“The personal connection is important. Church leaders need to be open to the idea that there are some real mental health issues in their congregation,” Brake said.

Ministers often have training in pastoral counseling to help people successfully work through normal grief after a loss but may lack the expertise to recognize persistent mental health problems stemming from

deeper life issues or biochemical imbalances, he noted.

Internet resources are available through national mental health organizations and associations of Christian mental health providers. But the best way to learn about available mental health treatment—and to determine whether ministers would be comfortable referring people to them—is through personal contact, Brake and Stanford agreed.

“Get to know counselors in the community,” Brake suggested. “Find out how they work, what their belief systems are and how they integrate them into their practices.”

Mental health providers include school counselors and case managers with state agencies, as well as psychiatrists and psychologists in private practice or associated with secular or faith-related treatment facilities, he noted.

Stanford and Brake emphasized the vital importance of making referrals to qualified mental health professionals, but they also stressed the role of churches in creating a supportive and spiritually nurturing environment for people with mental health disorders.

### **Spiritual effects**

Mental illness does not illustrate lack of faith, but it does have spiritual effects, they agreed.

“Research indicates people with an active faith life who are involved in congregational life get through these problems more smoothly,” Brake said. Churches cannot “fix” people with mental illness, but they can offer support to help them cope.

“The church has a tremendous role to play. Research shows the benefits of a religious social support system,” Stanford said.

They stressed the importance of creating a climate of unconditional love

and acceptance for mentally ill people in church—a need Grondin echoed.

“There needs to be an unconditional sense of community and relationships,” she said.

She emphasized the importance of establishing relationships that may not be reciprocally satisfying all the time. People with mental health issues may not be as responsive or appreciative as some Christians would like them to be, she noted.

“Others need to take the initiative and keep the relationship established. People don’t realize how hard it can be (for a person with a mood disorder) to summon the courage just to get out of bed,” Grondin said.

Christians who seek to reach out to people with mental illness need to recognize “they are not able to see things clearly, and it’s not their fault,” Grondin added.

Mostly, Christians need to offer acceptance to people with mental illness—even if they don’t fully understand, she insisted.

“Just be present. Offer support and love,” Grondin concluded. “You won’t always know what to say. Just speak words of support into a life of serious struggles. That means more than anything.”

**For more information:**

*National Alliance on Mental Illness*

*(800) 950-6264*

[www.nami.org](http://www.nami.org)

*Anxiety Disorders Association of America*

*(240) 485-1001*

[www.adaa.org](http://www.adaa.org)

*Depression & Bipolar Support Alliance*

(800) 826-3632

[www.dbsalliance.org](http://www.dbsalliance.org)

*American Association of Christian Counselors*

(800) 526-8673

[www.aacc.net](http://www.aacc.net)

*Stephen Ministries*

(314) 428-2600

[www.stephenministries.org](http://www.stephenministries.org)