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The Silent Stigma of Mental Illness in the Church ^[1]

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Christianity has a bad habit of diminishing the body in favor of elevating the mind. For Plato and Descartes, two philosophers who have heavily influenced the Western church's thinking on spirit and flesh, the body was imagined as an inferior attachment to an idealized, spiritual mind.

What this has created is a divide between body and soul — a focus on the care of the soul in our churches, with little attention given to how the health of mind, body, and soul are integrated. This has not only created bad religion, but has meant that Christians overlook the prevalence of mental illness in their churches. And this is affecting church communities in significant ways.

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The belief that bodies don't matter is often informed by theologies and ethics that do not integrate the body with the soul. This is a common experience in the church, said Dr. Kathryn Ott, Assistant Professor of Christian Social Ethics at Drew Theological School. In an email for this story, Ott wrote:

Various experiences of church may provide sanctuary, community, and welcome depending on the type and severity of mental illness. Yet, in the routine life of a church community, those with mental illnesses are often further marginalized by

behavioral and spiritual requirements that through faith one should get better, find happiness, serve not be served, or be disciplined to a collective form of worship.

According to the National Alliance on Mental Illness, the nation's largest grassroots mental health organization, nearly 1-in-5 adults in the U.S. ^[5] — 43.8 million people — experience mental illness in a given year, and 21.4 percent of youth 13-18 will experience a severe mental disorder at some point during their lifetime.

Churches don't often name the reality of its members living with experiences of mental illness.

“... mental health is often erroneously intertwined with weakness or lack of willpower,” said Pam Rocker, Affirming Coordinator for Hillhurst United Church in Calgary, Alberta, Canada. “Many [Christians] are not encouraged to seek counseling, but instead are encouraged to pray harder and have more faith.”

In an effort to begin the conversation within a church context, some Christians have found that their personal testimony is the best form of evidence. Singer-songwriter Jennifer Knapp shared her own story with Sojourners, of how discussions of mental illness in Christian circles were largely related to sin and suffering.

“In my own life-long management of depression, I have experienced the best and the worst of faith-based responses to my mental health,” she said. “At its worst, I have experienced utter rejection from the church. Other times, I've been counseled to absorb my sufferings as a punishment for my sins and a call to repentance. At its best, I've been fully embraced as I have come and have experienced healing, restorative empathy in a spiritually knowledgeable community.”

READ: I'm a Pastor With Depression. For Years I Thought I Had to Hide It. ^[6]

Many churches don't have a robust theology that accounts for those who live with experiences of mental illness. Rev. Alba Onofrio, spiritual strategist at LGBTQ justice oriented Soulforce, said that salvation-focused strains of Christianity — like evangelicalism, which emphasizes “tests of faith” on the way to being “born again” into a sinless life — don't leave much room for “a good answer for why good, believing Christians still suffer so much from illness.”

“Some say it's a test, being put through the fire; some ... remind us that ‘God never gives us more than we can handle.’ Both of these, quite frankly, are crap,” Onofrio said. “I don't believe God gives us mental illness or cancer or any other suffering as a test of our faith or a punishment for the lack thereof. And I know from the incredibly high statistics of suicide among certain marginalized communities that some times we are absolutely faced with more than we have tools to handle.”

The bottom line, Onofrio said, is that illnesses and disabilities don't fit in to mainstream theologies. Because of this, Christian ethics and moral imagination often diminish people who live with experiences of mental illness.

Beyond individual care for those in the pews, however, is the question of systemic policies that prevent health and healing. And here, too, Christian narratives matter in the public square.

“Even when we are brave enough to name evil, we tend to focus on individual actions or people as the culprit, not systems of injustice, not empire, not Christian hegemony,” Onofrio said.

From policymakers writing bills that gut expansive coverage for mental health to the ongoing privatization of insurance companies, there are already many barriers to access for care. One-in-five adults in the U.S. experiencing mental illness in a given year means this issue lives in the church, and it’s important to recognize how theological and ethical narratives shape the ways in which we create or don’t create access for mental health care for millions of people.

[READ: 'Too Blessed to Be Stressed:' An Interview with 'Bipolar Faith' Author Monica Coleman](#) [7]

Ott points out that social structures like poverty, racism, sexism, and violence can enhance or diminish health, just as can biological or genetic factors.

“Both of these aspects constrain ‘choice,’ as Christians theologically and ethically understand moral decisions. They also suggest that the response to mental health issues should be equally diversified in terms of advocating for social justice, individual health care access, communal support, research and education,” Ott said “Churches need to make the shift away from stigmatizing mental health as a moral failing or result of personal sin and instead promote theologies and provide resources that support and sustain those with mental health issues and their families.”

Today, our health care system — like the church — is rooted in a culture of whiteness, one that perpetuates a logic of dominance. While completing doctoral work in Colorado, I noticed that Kaiser mental health facilities were located primarily in affluent communities. This creates one kind of barrier to access — for many people of color, even if we can physically get to a clinic, we do not know how to navigate the system, which is another barrier. Oftentimes, we fail, which means our mental illness goes undiagnosed and, worst, untreated.

In 2009, I was diagnosed with a mental illness. As a non-binary trans person of color, my Latinx heritage and family of origin did not school me in ways to access health care. But I was then-partnered with a cis white woman who worked in health care and knew how to navigate the hospital, so I received access to the best health care in Chicago. I was connected with one of the best psychiatrists in Chicago, who was not queerphobic or transphobic, and was able to change medicines easily. And because my cis white partner knew that the integration of head, heart, and body was important, we later joined a support group in Chicago with the Depression & Bipolar Support Alliance.

I was dependent on my white cis partner to not only help me but advocate for me, and my treatment was all due to my cis white partner knowing how to navigate the health care system. Whiteness enabled me to have access to mental health care. And I was lucky.

When white ethics infuse Christian theology, Christians are less compelled to shift the moral discourse around access to care or to advocate for something different. But there are ways ahead, and Christian voices like Pam Rocker's are leading the way.

“Important to us all is the work of the care of the whole self, which can be called ‘intelligent flesh,’” Rocker, from Hillhurst United Church of Canada, said. “ ... ever so slowly, more people

are speaking up in their faith communities about who they are, and how mental health issues affect them and their loved ones. Many faith leaders are being open about their own journeys of mental health, and this makes a huge difference in us knowing that we are not alone and that we are worthy of getting the support we deserve, without the judgment and stigma.”

If one of our greatest social sins is the lack of access to mental health care, it is a moral imperative begin a discourse around mental health in our faith communities so that we are not silencing those who live with experiences of mental illnesses.

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