

Season 3 | Episode 24

Mental Health and Loving Our Neighbors Well

Dr. John Swinton

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Crystal Keating:

I'm Crystal Keating and this is the Joni and Friends Ministry Podcast. Each week, we're bringing you real conversations about disability and finding hope through hardship and sharing practical ways that you can include people living with disability in your church and community.

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Today on the podcast, I'm joined by Dr. John Swinton author of *Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges*. Dr. Swinton writes and speaks regularly about faith, mental health, and all the ways in which our culture can exclude those whose lives don't fit the standard format. He shares some new ways of thinking about differences in disability and explains how to better welcome, embrace, and understand others as pathways to loving our neighbors well.

Welcome to the podcast, Dr. Swinton. It's so wonderful to have you here today.

Dr. John Swinton:

It's lovely to be here, thank you for the invitation.

Crystal Keating:

Absolutely. Well, Dr. Swinton, you worked for many years as a mental health nurse, a hospital chaplain, and community mental health chaplain. So, I'm curious to know how have your experiences in those roles shaped your perspective on people living with mental illness and difficult diagnoses?

Dr. John Swinton:

Yeah, I think obviously it's shaped me profoundly in the sense that when I was coming through my early years as a nurse and as a chaplain, these experiences that I had dually just shaped and formed the way you think about people. Not because [inaudible 00:01:54] were only just talking about people. So, we're talking about mental health ministries, or we're talking about disability studies, but at the end of the day, we're talking about human beings and what it means to live together, all of our diversity.

So, I guess that experience taught me how to understand human diversity differently. When you're with people who are going through really difficult times with their mental health and really experienced the world in ways that are completely different from my experience, the temptation is just to say, "Well, this is just all part of an illness process, it's meaningless, so all we have to do is get rid of these symptoms and people will get better".



But the more I spend with people, and this is still the same, the more I saw that these experiences where people are going through whether it's [inaudible 00:02:41] or depression, or the highest maliciousness of bipolar disorder or hearing voices there really meaningful. And yes, they can be extremely disturbing and yes, we need mental health professionals to help us when we are suffering in that way. But at the same time, the part of people's stories, part of people's lives, and so they kind of just get taken away, as if taking them away fixes it, because actually these experiences they become part of who you are.

And so, I learned a lot about what that meant in terms of people's stories. And but I also learned a lot about church communities, because when I worked as a community mental health nurse, my job was to work with people coming up with long-term mental health care and into the community and the United Kingdom, then called community care. Of course, community care is great, if there's such a thing as community, but of course it's not for somebody to take care of people, seeing them thinking differently. It's difficult to say in this space and it's no different within church communities.

And the thing that always saddened me was how excluding church communities could be, both in terms of the lack of welcome but also sometimes in terms of the theology and the way that they tried to explain people's experiences.

So, my job then was to help people to find a spiritual home, which means accompanying people into these situations and helping churches to see things differently. So, I learned these kinds of skills of looking differently and being different and understanding that complicated dynamic within churches, which can be really welcoming but at the same time, it can be really exclusive, not necessarily deliberately, but it just happened sometimes.

So, all of these experiences that I've had inside hospitals, in communities, in churches, I suppose it makes me the person I am, but also enables me to do theology in the way that I do.

Crystal Keating:

Well. And I think a lot of churches, even though well-meaning have struggled to find a category for some mental illness.

Dr. John Swinton:

That's right.

Crystal Keating:

And so, I think that's why your role as integrating people from being in long-term care back into a community, takes a lot of education, which is why I'm so glad we're having this conversation.

And you know, one of the things that you've talked about is the difference between mental illness and mental health. And you've really struck a chord with me on how much language matters and how it shapes how we think and perceive others. So can you talk a little bit about the difference between even talking about and using words like "mental illness" versus "mental health", I'm sure that has an impact on the community in the church.



Dr. John Swinton:

It does. Most churches are very word oriented. So, it shapes and form its members by the words that we use. So, we're used to doing that.

We have to think about it as if you think about the Genesis account of creation. One really fascinating thing is the way that God gives Adam responsibility to name things properly. So, all the animals come up to him and he gives them a name. And as soon as it gives them that name, that's what they become. So, the bunny rabbit becomes a bunny rabbit, or the giraffe becomes a giraffe or whatever it is, once that name given that's what it is. And to me, that indicates two things. One that a primal responsibility of human beings is to name things properly, to give things the right names and creation, which is why something like stigma is so awful because it goes against that whole creation dynamic and the whole responsibility we have to name things properly.

But second, obviously it tells us the power of language because the language that you use is about something that tells you what you think it is that you're talking about. And what you think you're talking about all the time and how you respond to the thing that you're talking about. And the temptation for all of us as Christians is to kind of be a little bit lazy, not really think things through when spoke to the first reason that comes to mind. So maybe we'll say this is caused by sinfulness, or this is caused by the demonic or whatever it is, because that's the only language that we have, it's our own language in that sense.

So, you automatically go there, not really thinking about the implications. But as soon as you do that, you begin to shape and form your experiences in terms of people with mental health challenges, in a very particular way. As soon as you give people that name, that's how you respond to them. And if you can imagine receiving that name, and watch how people respond to it, you can see how difficult that kind of language can be for people that are going through difficult times. So, I think language is profoundly important.

So, the first step towards creating that mentally healthy community is learning to speak well, mind your language.

Crystal Keating:

That is so key. You said it, well, a lot of the churches, maybe, that some of us come from are word-focused and we want to have a biblical worldview and use biblical language. And so, what you're saying is that we need to expand some of those definitions to not categorize people in strictly terms of sinfulness and mental illness, but brokenness.

I think that's the theme our world was broken by sin. And because of that, we live with the effects of a broken body and a broken mind. And it impacts us and so I think that starts to cultivate compassion. And when we have compassion, that brings that sense of humanizing people who live with mental health challenges.

And so, you've talked about this very thing-, mental health challenges seem to have a way of actually dehumanizing a person, cause it's easy to focus on the diagnosis. That goes back to that language and their illness, more so than the person who's living with these hardships. Maybe you can share a little bit more about why this happens and how we can move toward focusing on seeing people as God sees them.



Dr. John Swinton:

Yeah, that's great. The issue that you're really pushing into there is the issue of stigma. Because one of the strange things about mental health diagnosis that's actually extremely important for mental health professionals to be able to gather the group of experiences. Then, use the healing gifts to help the persons who have that difficulty or crisis. So, diagnosis themselves are good things in the context of mental health professionals.

When they kind of leak out into society and people like you and me begin to use the term schizophrenic or depressive or whatever, everything changes there because the intention of the language there is not healing, is to kind of name something in a very negative way. And that's what brings you to that space where stigma becomes fundamentally important because when those diagnoses are very often stigmatized in the way that other diagnoses are not. So, for example, if you have influenza people don't call you the flu, but if you have schizophrenia, people will say you're schizophrenic. So, it becomes part of who you are in a way that physical illness very often doesn't.

But stigma. Yes. So, stigma comes originally from the Greek slave trade, where slave masters would buy a slave, put a mark or a brand on them, and they will be reduced to the size of that. So, we no longer be a person. They no longer have a name. They no longer have a family or a place in the community, but just that mark. And that's the way that stigma works itself out. As soon as you find yourself using the language like "John down the street is a schizophrenic", you're beginning to do exactly that. Because John down the street is a son, is a father, is a brother, is a friend, all of these things. So why would you choose that particular term?

Whatever schizophrenic might actually be, that's what stigma does- it reduces you to one aspect of you and everything else gets forgotten about. And so that's why we have to be careful from a working with diagnosis within the context of church communities as well, that we aren't driven by what we think the diagnosis means. Like, is this helpful to understand some things about these hearing voices or depression or relation or whatever it is. So, it's helpful to sensitize us to some things, but when that's all you see, that's when the problems begin.

Crystal Keating:

When the challenges' kind of take over the relationship of who they... I just think of our friend, Tara Graff, who was on the podcast. She lives with schizophrenia. She's also a mom, she's a homeschooling mom, she's a wife, she's very active in her church and she lives with what she would call "the affliction of schizophrenia", but she's so much more than that.

Dr. John Swinton:

That's right.

Crystal Keating:

And her story really brought to light just how much she clings to the Lord and how her relationship with Christ is really central to her identity. And I think that's what it comes down to. Who does God say we are? Who are we in Christ? What has he said about us? As a church community, let's let those definitions define how we think of ourselves and others. And I think can really shape our relationships.



And I'm sure as a hospital chaplain, and maybe even a nurse, you probably heard so many stories and you had to take the time actually to listen to people share and invite that. You've talked about the power of listening to someone's story. So, when someone tells us their story, what are some ways to affirm their experience and show love? And what are some responses maybe that we should be aware of, that might actually hurt more than help?

Dr. John Swinton:

That's a great question. In terms of listening to people's stories, first thing is, listen, one of the things that's quite interesting about contemporary society is that we're developing a society or a culture where absence is becoming the norm. It's a lot to do with social media. If you can imagine looking at the entire restaurant and seeing four people sitting around the table, they're all on their mobile phones, they're present, but they're absent.

Crystal Keating:

Totally.

Dr. John Swinton:

So, they're present physically, but they could be anywhere in the world. And culturally, that's becoming a norm where spending so much time being absent we forgot what it's like to be present. And when you're in the presence of somebody who's been through an unusual experience, the temptation is to withdraw. That's a natural thing because you're fearful so you withdraw, or you don't listen properly. And so, if you have that difficulty with dealing with difference, combined with a culture that tells you, you should be absent, then there's a problem.

So, I think for us as Christians, one of the things that we can do is concentrate on being present. And to be present with somebody in it, you've got to think about it, and you think about the way that you communicate. A lot of human communication is basically mind reading. And when I'm talking to you I have to imagine what is you are thinking. So, if we were in the same room and I could see you. I'd be kind of trying to read you and think maybe she likes me, maybe she doesn't like me. Maybe I should do this, maybe I shouldn't do that. So, we're constantly mind reading.

If you're in the presence of somebody who's going through a difficult experience and you don't understand, then your mind reading skills have become overwhelming because you're always thinking of the worst scenario. And the temptation that's [inaudible 00:14:06] in your body. Let's say you're sitting with somebody who lives with schizophrenia. And your mind reading skills are developed by watching Hollywood movies, for example, and the idea of split personality. People see that in your body.

To take up in your point, Crystal, if you see the person before you, as somebody who's made in God's image and somebody who finds their identity, not in the diagnosis, but in Christ, as Paul puts it, that's a different dynamic. That enables you to be present in a way that you could pretend to not to be present.

So, the first thing to do is to recognize the person before you, as who they are in Christ, not because of whatever they're going through. And when you get to that space, then everything else moves positively on from that. It's a difficult space to inhabit sometimes, but you know, reading your mind, reading your body as it was used to see the person in front of you ideally in the way that Jesus sees them.



Crystal Keating:

When we think about the struggles many face, like I would say shame, you talked about isolation and misunderstanding. How can we pray for our friends? Should we pray for their healing?

Dr. John Swinton:

There's two aspects to that, I would say. The first one in relation to shame and isolation, you've got to remember that certain mental health diagnoses are culturally devalued, and value is something that you can't get by yourself. Value it's always a gift. It's always something somebody else gives to you. If you're living with a devalued condition where you're not getting any kind of the value given relationships, then you will become isolated. You will become shameful, and you will become withdrawn. And not simply because of the mental health experiences you've gone through, but because of other people's responses to them. So giving people that gift of value, primarily I'd say through friendships is fundamentally important as the first part of that question.

The second part in relation to what you should pray for is there is a difference between healing and curing. Now, oftentimes when we think about the healing ministry, we think really about curing. And so, in the same way, as medicine, if you have lung cancer, identify that dark spot on your lung, a new medical technology to fix it. We sometimes think of the healing ministry in that way, but you see something that's wrong and you fix it, but that's curing. That's not necessarily healing. One way to think about it.

As you think about how Jesus and caring service, the woman with the issue of blood. So, this woman who has a hemorrhage, which means she is isolated from society. She's considered to be polluted and unclean. Makes her way through the crowd and touches Jesus' robe and immediately she is cured. And then she has this conversation with Jesus. At the end of that conversation, it says, "Go, your faith has healed you". You're thinking, but she's already been cured. But what seems to be happening is that the healing comes when she recognizes who Jesus is.

And so, I think that healing is not necessarily the getting rid of the thing that's troubling them, it's holding on to that, which is meaningful. That which is godly even in the midst of the difficulties that you're going through. Because many people with mental health challenges are going to live with them forever. And the last thing they need is to be made to feel like a failure, because somebody has prayed for them but that hasn't [inaudible 00:17:24] in vertical has worked.

But if we think about healing as connection, connection with God, connection with community, connection with self, but I think you can pray for that. You can pray that God can even in the midst of the wild storms they are going through, that God can be with them. That the community can help and support that person to keep that connection with the community and with God and that they can keep that connection of value with themselves. I think these are things that are important to pray about.

Crystal Keating:

And you know, when I think of praying, I think of praying for those of us who are linking arms with people who deal with mental health challenges. That God would give us the compassion, us the perseverance, us the wisdom, us the love to have friendships, to be the kind of community that God intends for us to be.



Because, if I'm really honest, in my experience at Joni and friends, I came from a background where mental illness was reduced, I would say, to sinfulness. If I'm really honest, that was kind of my framework, but being on the phone at least once a week with someone who hears voices or deals with bipolar or some of these really difficult diagnosis, my heart began to change. And I thought, one of the hardest things that they deal with is that they don't have friends. They don't have people, they don't get to have dinner.

You know, I'm exaggerating, but the people that I've talked to, they're calling Joni and friends because they don't have a good church. They don't have Christians who are going to hold hands with them and say no matter what, I'm here because God is here. And so, I just think of myself, maybe I should speak of myself. I need to pray for a deeper compassion, a greater love. And I think that's what you're saying. It brings the healing that God intended. Yes, the cure could happen, but for the most part, if they live with these challenges the rest of their lives. We'll have each other as the body and that's what brings the healing of the heart.

Dr. John Swinton:

That's exactly right and I think also in there, Crystal is the recognition that friendship is not just something that we give, it's something to be seen. And actually, when you've been in a friendship with somebody who's gone through difficult experiences, you'll learn a lot and you'll receive a lot. So, it's like a mutual thing. I think once we get that mutual [inaudible 00:19:55] going, then that works well for all of us.

Crystal Keating:

Thank you for saying that. You're so right. You know, one of the other things I wanted to talk about today is suicidal thoughts and ideations. You know, again, as someone who's been answering the phone with Joni and friends for eight years, people have called us, they feel hopeless in some of their mental health challenges. How can we, as friends and the church step into their immediate crisis to help and then provide ongoing hope and support moving forward. It's a big question.

Dr. John Swinton:

This is a big question. And the first thing I would say that it's crucial that church congregation to liaise with mental health professionals. These are a group of people who have special skills in terms of specialized specialties, to deal with people in very difficult situations like that. And so, developing good relationships with mental health professions enables you to grow in and enables them to grow as well. In the sense that sometimes mental health professionals are not too keen on spirituality and stuff. So, it gives them an opportunity to learn what the church brings to the table in that sense.

So, in relation to suicide, and suicide ideation. I would make sure that you have good contacts with mental health professionals. In more general terms in relation to the issue of suicide I think probably one place to begin to think about it is to understand why it might be happening.



Let me give you an example. So, one woman that I spoke to a number of years ago was looking specifically at depression. She gave a very rich and deep description of depression. She said the present is like tumbling into a deep, dark abyss—a deep, dark pit and you're stuck at the bottom there. And the walls of the pit are lined with some sort of slippery stuff so you can climb up, you look up and sometimes you can see lights, sometimes you can see nothing. You can do absolutely nothing. You're stuck down there. The only way that you can really get out of that, from her perspective, was taking medication. She doesn't want people just to sit with her because she needs to get out. She needed some way of getting out of that situation, but it's horrible. But, she said, when I'm well, it's like walking around the edge of the abyss—looking in and knowing that at any moment in time, I can get it back down there. And she says, it's exhausting. And it's terrifying and sometimes I just don't think it's worth it.

So, you can see that there's a logic there you can understand not saying to justify it, but you can understand how somebody would feel that way. If that's your experience and even your experience of wellness, you have this kind of specter of darkness lining behind you. So, listen to people's stories in that way and getting that thick and deep understanding of what's going on helps us to understand what people are going through, why they may be tempted to think in these ways. And then we understand then we are in a position to offer proper support, both in terms of mental health professionals but also in terms of our communities and our friendships and the relationships that we can offer over time. So that would be my response to what actually is a really complicated issue.

Crystal Keating:

No, that's really good. Well, as we close our time together, I want to touch on one more thing. And that is that true distress for a Christian, I would say in my own life and perhaps for many people around the world who live with a mental illness, is a sense of disconnection from God. I mean, that sense of, Lord, where are you? I don't experience your nearness.

So, as we close our conversation, what are some strategies for helping our friends with various mental health challenges, reconnect with the Lord, and stay oriented to His Word?

Dr. John Swinton:

This is a really good question. Well, the first thing I would say to people is, don't feel alone. If you read scripture, Isaiah talks about, God is a God who hates it's that sense that God is absent. You know, Psalm 88 ends, "darkness is my only companion." So, the psalmist understands what that feels like, although "darkness is my only companion" is the prayer. Jesus on the cross says, "My God, my God, why have you abandoned me?" So that sense of abandonment is certainly very sharp and very painful if you're going through depression. And the temptation that is to say I've fallen out of my spirituality, and I since have let everything down and ask no longer to be. I've done something to God. But actually, if you look at scripture, you can see that experience is there. I see it there even in the life of Jesus. Burying it is not pleasant and trying to find hope in the midst of that is not pleasant, but I think it's important people don't feel isolated for that, because, our tradition says, "sometimes this happens".



Sometimes, I think the key is to take the body of Christ seriously. Sometimes when somebody is really struggling with the darkness of mental health, from that sense of being abandoned at an early age. It's impossible for them to get rid of that, but it's possible for other people to hold hope for them. And so, we persevere together, as part of the body is broken and struggling over here, but we can hold hope for you. We can hold your faith for you until you can get to that stage where you can return and be part of that and enjoy that the Lord in the way that you would normally do.

So, taking seriously the body of Christ that we're intertwined with, what happens in one place is profoundly important for another. That sense of darkness here is something we share in that sense, that person is not isolated because they're going through this, it's something we, as a body of Christ, understand the move through.

So, find the embodiment of the lament of Psalms felt in the congregation. Is there any good way of beginning to gather around somebody who's going through that really difficult period? Rather than keeping more shame or more guilt on them by saying, "Well, pull yourselves together". I don't think that's what the Psalmist is saying. I don't think that would be a particularly helpful response to Jesus crying from the cross. And it's certainly not a helpful pastoral response for us. And difficult context and mental health.

Crystal Keating:

That's beautiful when God seems to hide himself that we are to hold hope for one another. Thank you so much, Dr. John Swinton and for joining us on the podcast today. It's been so inspiring and encouraging to speak with you.

Dr. John Swinton:

Pleasure.

Crystal Keating:

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I'm Crystal Keating. And thank you for listening to the Joni and Friends Ministry Podcast.

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