



Season 3 | Episode 25

## Mental Health Challenges and Belonging in the Body of Christ

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. Be sure to subscribe wherever you listen to podcasts or find us at [joniandfriends.org/podcast](https://joniandfriends.org/podcast).

I'm joined once again 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.

And in our last conversation, he shared some new ways of thinking about difference and disability, and explained how to better welcome, embrace, and understand others as ways to loving our neighbors well. And today we're focusing this conversation on mental health in the church. Welcome back to the podcast, Dr. Swinton.

Dr. John Swinton:

Thank you.

Crystal Keating:

Well, our last conversation was so impactful to me, especially as we think about us as believers in relation to our friends who live with mental health challenges. And you touched on how sometimes, without even realizing it, we can use scripture in a way that is more harmful than helpful.

So, can you talk about that, especially when it comes to ministering to our friends who may live with depression, bipolar disorder, or other mental health challenges?

Dr. John Swinton:

Yeah. I mean, the whole purpose of scripture is to help us to know God and to love God, and that's what the Bible is about. But one of the problems is that when people go through certain mental health challenges, say, something like depression, is that their cognition begins to change. So, the interpretation that they give on passages of scripture, which normally might be health-bringing and may bring us closer to God, so it becomes problematic because they interpret it in a negative way or in difficult ways.



So, I think what we need to think about is how can we develop a way of reading scripture that recognizes that for some people, certain passages might be difficult at this moment in time, and that we need to read scripture sensitively and compassionately.

It's very interesting. The Puritan pastor Richard Baxter, a very strong evangelical from many years ago, he interestingly wrote quite a lot on melancholia, what we now called depression. One of the things that he said very clearly is that for some people, the pain that scripture can inflict upon them is like trying to make somebody walk on a broken leg.

And he says, so it may be necessary at times for somebody who's going through difficult time with anxiety or depression to put scripture to one side for a moment and allow others to read passages sensitively to the individual and to work with them in a compassionate way to help them define that within scripture which brings them closer to God and helps them to love God more fully. And then once that season has passed, people go back to reading their scriptures in the way that they always do.

Crystal Keating:

No, and I think that's really important to be mindful of. We have so much access to knowing God's word, but aren't we called to walk in step with the spirit and to be asking God, "Lord, what would you want me to communicate to this person? Do you want me to communicate or say anything at all, or is it better just to listen and reflect to them?" And so, I would say it also takes a humble heart of reliance upon God, asking him how he would want us to love our brother or sister who's going through this difficult time.

Dr. John Swinton:

Yeah. Think about something like the psalms of lament. Well, there's more psalms of lament in the book of Psalms than any other form of psalm. So God gives us a language for expressing sadness and being in brokenness, and many people with depression find the psalms of lament really helpful because it gives them a language to articulate the darkness and lostness, the sadness experiences.

But if you find yourself fixating on the end of, say, Psalm 18, if you find yourself fixating on darkness is my only companion, you can see exactly how that becomes problematic.

Crystal Keating:

Yeah, good point.

Dr. John Swinton:

There's not a problem with the beauty of scripture. It's a problem with the way that somebody is focusing at that moment in time. For example, introducing people to the royal psalms instead of that particular psalm, a psalm that's glory and so on and so forth, as a way of beginning to look differently at scripture in a situation where it's difficult. So, sensitivity.

Crystal Keating:

You know, that's a really good distinction. And in our last conversation, you reminded us of the importance of seeing each person as a unique and valuable individual, rather than defining them by their diagnosis. And these are real people with a medical condition that requires treatment often similar to how maybe we view someone with diabetes or heart disease.



So, as our conversation develops and we're talking about mental health challenges and the church, let's talk about discipleship. When we think about Jesus's invitation for us to be his learners and his followers, what could discipleship look like for people who may live with bipolar disorder or schizophrenia, and maybe hearing voices? Dr. Swinton, how we think about and live out discipleship for those with mental health challenges?

Dr. John Swinton:

Yeah, well, discipleship would look exactly the same for people in that situation as it would for anybody. Discipleship is one of these terms that have lots of different ways in which we can define what discipleship is.

But the way I would look at it is in John's gospel, Jesus says to his disciples, "I no longer call you servants. I call you friends." And so friendship becomes the mode of discipleship in the coming kingdom of God. So now we are friends of Jesus and friends of one another.

So, for people who are living with mental health challenges, that kind of friendship is central to what it means to be a disciple in these situations. For friendships to be actualized, to be fulfilled, we need other friends. So, the mainstay of discipleship for people with mental health challenges is to find a means or place within the community of friends, to be given responsibilities, to be given a sense of belonging, rather than simply inclusion. So find that space there which is yours, that space of friendship, where you can become a friend of Jesus.

And then you can discover what your calling is, your vocation is, what specifically that you can do in the congregation. And it may be that what you can do is just be. Because sometimes your vocation is just being who you are. Sometimes we tend to think, "Okay, this is a fantastic thing. I've got to have this big plan for the future." But sometimes it's just being the person you are, being the best you can in the circumstances that you find yourself in.

But also, I think once you get into that kind of friendship mode, discipleship as friendship, friends together with Jesus, then you begin to think about what gifts people bring. Now, I read a really interesting article the other day written by somebody who lives with bipolar disorder and they were complaining, quite rightly, about the way in which the diagnostic criteria, that's used to define what bipolar disorder is is all negative.

So negative things, like to the highs and lows. He's saying, "What about creativity? What about the things that I encountered and experienced when I have these times of elation? Why are these not considered to be part of the person's condition?" That's just very interesting, isn't it? Because we always think about these things as being negative, and actually, although very often they are negative and they can be really difficult, but there are positives in there as well.

It's like the same thing with hearing voices. Sometimes we think that hearing voices is just a terrible thing, but for some people hearing voices is actually a normal thing. Now, if you look at the statistics, it's something like between 5 and 17%, depending on the study you look at. A significant percentage of the non-psychiatric population hear voices. People hear voices all the time. Jesus heard voices. Winston Churchill heard voices. Martin Luther King heard voices. People hear voices all the time.

So, beginning to incorporate these different perspectives into our understanding of what it means to be a human being, then you actually end up with a different perspective or what it means to be a disciple, because to be a disciple is to be a friend of Jesus, to be a friend of Jesus that recognizes the diversity of human beings. And that even in the midst of the difficulties that people go through, there's positive things, there's creative things, there's things that we can learn together in that way.



So, I think that when you begin to think slightly differently about discipleship, then we also began to think slightly differently about vocation.

Crystal Keating:

That's great. That's beautiful. Kind of what I'm hearing you say is even normalizing some of our experiences together, maybe things that we haven't ever expressed. I had no idea that people like Winston Churchill and the others that you mentioned heard voices. I would think that that would be an encouragement for someone else to hear and think, "Okay, this is an experience that's shared by others. I'm not alone in this."

I think that is in itself very distressing to feel like I'm the only one, no one understands, and because of that, I'm going to isolate myself. I feel trapped in shame. I mean, the whole cycle can go, and I think, again, that's why, as you talk about telling the story and hearing the story and accepting and creating a place of belonging for people not just to be supported, but to also use their gifts, talents, and abilities.

If you are a child of God and you have the spirit of God, you have a gift to contribute to the body of Christ. And we need to be communities that are linking arms together in every capacity.

I did want to talk about one aspect that in my church tradition has been a little bit controversial, I would say, if I'm honest, and that's this idea of churches recommending medication for mental health issues, linking arms with psychiatrists, even using the DSM V, which is mental health classifications. In your experience as a pastor, as a mental health chaplain, as a theologian, what kind of weight do you feel these other practices should hold? Do you feel there's a place for medication when a person is struggling with mental health issues?

Dr. John Swinton:

Yeah, I do. I'll explain to you why. First of all, I'll tell you a little story. I spoke to a gentleman who lives with depression a couple of years ago now, and he was telling me, he was explaining to me about his depression. He said his depression runs in three levels. He says level one is where I can function quite well. I can still read my Bible. I can pray. I can do the things that normally I do to add to my spirituality. Level two, I begin to get a little bit more cognitively disoriented. I find it difficult to concentrate in prayer and difficult, but I still manage to hold on to that. They he says level three is just dark. It's a bit like the other stuff I spoke about previously. It's just dark. He said, "I can't go to that." He said, "The only way that I can go that is through medication. There is nothing I can do. It's just dark and painful and horrible. I'm trying to think of a good metaphor," he says.

"So Christians are all climbing the ladder to get to Jesus. They're all doing it in different ways and different ways. I just need medication to get me on that first level. After that I can climb. But I can't go on that first one so therefore I can't climb. And I thought it was a very powerful thing.

So, the way I think about medication is this. If you're dying of cancer and in significant pain, nobody would think twice about giving you pain medication. Most Christians wouldn't be complaining about you having pain medication. Now, what does pain do? It separates you from yourself, it separates you from your community, and it separates you from God, because all you can think about is the pain. That's all you can think about. It separates you from everything.

But if you get pain medication, then you reconnect people with themselves, reconnect people with their community, and ultimately help to reconnect people with God. So, if you give it thoughtfully and carefully, it becomes part of your spiritual struggle in that way.



I think it's the same with mental health issues. When you're in that deep state of pain and loss and alienation, the medication functions spiritually, because it helps to reconnect you in that way. So, the key is that if it's given sensitively, and you could argue if it's given with some degree of spiritual discernment and awareness of the impact of this medication on this person's spiritual life, then I think it's a highly appropriate thing to do.

It brings people a lot of relief. It's a constructive and helpful aspect. It's not everything, but it's certainly a helpful aspect of people's recovery.

Crystal Keating:

Yeah, I really appreciate that perspective because what you're not saying is medication only. It's still in the context of a supportive church community, of friendships.

Dr. John Swinton:

Absolutely.

Crystal Keating:

As we can't fight for hope to, as we're able to pray. And if we're not, that our friends would come in and stand in the gap for us. So, thank you for that perspective.

You know, Dr. Swinton, what recommendations would you give to someone at a church who wants to start an outreach for those with mental health challenges, but maybe feels that they're not qualified because "I'm not a mental health professional, but I have a passion." I want to help. Or even maybe you have someone living with depression or schizophrenia or anxiety and also wants to participate. How can churches better reach out to people with a mental health diagnosis? What can they do? How can they start?

Dr. John Swinton:

Yeah. I think it is important to have conversations and links, as I said before, with mental health professionals to help us understand certain things in certain contexts. But I think the first thing that we should do as church communities is what do we bring to the table? Because sometimes when I say mental health ministries, I'm not too keen that the idea of mental health ministry because it tends to that means that some specialists do this thing and everybody else gets on and does their own thing.

But what I see oftentimes is that people try to look towards the mental health professionals as if that's the only thing that people need. So, maybe we want to start a counseling service, or maybe we feel that we can't cope with a situation because we don't have anything to bring. The question for me is what does the church bring to the table?

What do we specialize in? Well, we specialize in love and human kindness, and that's something that people can get very easily, particularly when you have people who are highly stigmatized in society. So if we think, "I'm bringing to the table love and human kindness as it manifests in Christ-like friendships," then that's a space that we can inhabit.

Crystal Keating:

Amen.



Dr. John Swinton:

Now, there will be difficult times when difficult things arise, and that's why we might have to talk with specialists or bring people in to help us with issues. But that doesn't change our remit. Even if somebody, for example, ends up in a mental hospital, that doesn't end our responsibility. We still have that responsibility to visit, to keep that line of communication open, to keep that friendship going, even though the person for that period of time may not be physically part of that community.

What would Jesus do here? I know that sounds a bit corny, but when you think about it, Jesus, he was friends of tax collectors, sinners, and prostitutes. Not reformed tax collectors, sinners and prostitutes, but people who were going about their business in that. What did he do? He befriended them. Those who were marginalized, those who were rejected, he simply offered that gift of graceful friendship. I say graceful because it wasn't based on anything. It wasn't because he wanted to get something back in the way that a lot of our friendships are. It's just a graceful friendship that gives in that sense.

One of the most important things to bear in mind, I think this is important, is that we oftentimes talk about Jesus sitting on the margins, marginalized. That's actually a mistake because when Jesus, who is Lord, sits in the margins with those who are marginalized, the margins change. Suddenly that's the center of God's coming kingdom. And the danger for churches who don't take these kinds of ministries seriously, is that we're doing exactly the same thing as the religious people did then. Over near the temple, people were looking for God and going through all the rituals to literally access God. And over here, God's doing something completely different. And you can see exactly how that could work within our own churches. But we're over here having a fantastic time worshiping and all these things, and God's actually over doing something else. So keep your eye on the ball, would be the thing. But the actual task of ministry in this area is basic and straightforward.

Crystal Keating:

Well, that's blowing my paradigm right now. So, when you move the margin where God is in the middle and in the midst of people who are struggling and suffering, that's where loving our neighbor as ourself really comes in. Thank you for sharing that.

Well, as we close our time together and you're looking ahead to the future, what is your hope for the church in relationship to our friends who live with mental health conditions?

Dr. John Swinton:

Well, I hope that we can take seriously the idea of the body of Christ. That we genuinely are Jesus's body. I think sometimes we think it's a metaphor, but it's a reality that we can exist in that shape and form that Paul talks about of interconnectedness. Where anybody who is rejected or alienated or stigmatized, actually that means we're all rejected and alienated and stigmatized. And in terms of the congregation, that doesn't mean to say that we then form a group of people who are specialized in mental health. It actually means all of us have to think about what it means to be an inclusive community where everybody belongs.

I think that that term belonging is really, really important. So, it's easy to include people in the sense that, just make sure that you have ramps, make sure that you have access to the worship. People will get in the door, but you don't have to love them. So for somebody to have a community in which people belong, you really have to love them. You have to look for them when they're not there. That's been missed in that sense. No matter how difficult things are for

one individual, it's all of our responsibility to make sure that we can recover together in that way. So, really, the answer is let's be the church.

Crystal Keating:

Yes. Let's truly be the body of Christ. And I know that is our heart at Joni and Friends and for us as Christians, that as God's Spirit animates us, and that we connect to one another, that we actually display as if he was here on Earth what he would do. We are his body. He is the head and that we're living out that call to love and care like Jesus did. Dr. Swinton, thank you again for joining us.

Dr. John Swinton:

It's a great pleasure.

Crystal Keating:

If you want to read more about what Dr. John Swinton has written, please find the book, [\*Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges\*](#), available on Amazon and other booksellers. So, thank you so much for your time, Dr. Swinton.

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