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Between Mental Illness and Faith:

The Commission of Pastoral Care

A Dissertation Submitted to

the Faculty of Covenant Theological Seminary

In Candidacy for the Degree of

Doctor of Ministry

By

Lawrence Morganfield, III

St. Louis, Missouri

2018

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Graduation Date May 18, 2018

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Abstract

This dissertation was researched to discover how churches are meeting the needs of the mentally ill parishioners. It is not yet known how deeply mental illness has affected the church, but its influences are being felt to the point where the church cannot sit by idly and ignore these needs or hope that they will go away. Unfortunately, many church leaders have not incorporated support for the mentally ill in their pastoral care repertoire yet. The goal of this study is to explore aspects of how the church is responding to this need and how it ministers to mentally ill parishioners and then provide recommendations for spiritual care and growth for this growing segment of the church.

Table of Contents

Acknowledgements

Special thanks and appreciation goes to the leading ladies in my life:

My wife Leatha Morganfield for your prayers and support.

My daughter Leah Morganfield for your inquisitiveness throughout the whole process.

My mother Majornette Morganfield for your encouragement and inspiration at every turn.

Chapter One

Introduction and Problem Statement

Individuals have many ideas and conceptions about the purpose of the church. Some say that the church is a "spiritual hospital," a place where anyone and everyone should be able to come and receive a word from God to minister to their problems. Others feel like the church should be a place where people meet God on a weekly basis to drop off their burdens and receive a blessing in return. An ever-increasing segment of the church population would welcome pastoral counseling to help them understand the "inconveniences" that their illness causes them. One in four Americans suffers from some kind of mental illness in any given year, according to the National Alliance on Mental Illness. "Many look to their church for spiritual guidance in times of distress. But they're unlikely to find much help on Sunday mornings."[1] Amy Simpson, in her book *Troubled Minds*, writes, "The church allows people to suffer because we don't understand what they need and how to help them."[2] She continues, "We have taken our cue from the world around us and ignored, marginalized and laughed at the mentally ill or simply sent them to the professionals and washed our hands of them."[3]

[1] Bob Smietana, "Mental Illness Remains Taboo Topic for Many Pastors," Lifeway Research, September 22, 2014, LifewayResearch.com, accessed October 12, 2016.

[2] Amy Simpson, *Troubled Minds: Illness and the Church's Mission* (Downers Grove, IL: InterVarsity Press, 2013), 19.

[3] Ibid.

No matter what people's opinion of the church is, at its core, it has been a place where they can receive insight for how God can make a difference in their lives. The pastor provides the preaching of the gospel in a way that the hearer can be convinced that they are loved by God and covered by his grace. The pastor is a teacher but also the conductor of a community of people who gather around the hurting, provide support, and bring healing in many ways. A growing number of those suffering from mental illnesses need to know that in spite of their illness, they are still loved by God and will be accepted into their local church. Dr. David Benner, a psychologist and professional in pastoral care, notes, "Regardless of how much a pastor does or does not enjoy helping church members with personal problems, survey data suggest that when people experience distress and decide to seek assistance, 40 percent go to their pastor first."[4]

According to Ed Stetzer, "So often in a congregation, we like to pretend this is not a real issue because we have such a difficult time understanding it. We stick our heads in the sand, add the person to the prayer list, and continue on ministering to the 'normal' people. But it's real, and it isn't going away. In 2009, the Gallup-Healthways Well-Being Index showed 17 percent of respondents as having been diagnosed with depression. There are people in the pews every week – ministers, too – struggling with mental illness or depression, and we need to recognize this."[5]

Thus, the church faces another hurdle to clear: how to adequately provide pastoral counseling to mentally ill congregants. How does the church meet the needs of the

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[4] David G. Benner, *Strategic Pastoral Counseling: A Short Term Structural Model* (Grand Rapids, MI: Baker Books, 1992), 33.

[5] Ed Stetzer, "My Take: How Churches Can Respond to Mental Illness," CNN Belief Blog, April 8, 2013, http://religion.blogs.cnn.com/2013/04/07/my-take-how-churches-can-respond-to-mental-illness/, accessed October 12, 2016.

mentally ill in today's society? Does the church have a protocol? Have pastors and ministry leaders been properly educated on how to minister to and meet the needs of this segment of our population? How well-versed is the church on what mental illness looks like? These and many more questions must be answered in the coming years.

Many years ago if one were to mention mental illness and the church in one sentence, it would have been in light of an isolated situation. But a growing number of documented accounts of people attending churches with schizophrenia, depression, suicidal ideations, and bipolar disorder have appeared, and an increasing number of church leaders are looking for education to know how to help them and minister to their needs.

Amy Simpson writes, "Our culture has become increasingly transparent. Pastors almost universally have told me that people in their churches are now openly revealing things they would have kept silent about a generation ago: struggles with drugs, alcohol, gambling, pornography, affairs, domestic violence, estranged sons and daughters. But in this day of increased openness, one topic is still taboo, mental illness."[6]

Simpson further asserts, "One pastor I talked with said it this way: 'The church has done a disservice to those struggling with mental health, because they have stigmatized it, and they just don't want to deal with it: they don't want to take an honest look at it.'"[7]

Mental health has been an issue that people in the church have struggled with for years; it is only in the past few years that it has become a popular issue. One of the most

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[6] Simpson, 9.

[7] Ibid., 101.

well-known news stories on this issue involved the well–known pastor Rick Warren, whose son who committed suicide after dealing with a mental illness. Warren provided the following personal comments in an article he wrote for *Time* magazine:

> Mental illness is something we are intimately acquainted with as our youngest son, Matthew, struggled with a variety of mental illnesses from a young age. Even as a toddler there were signs that things were not right. At 7, he was diagnosed as clinically depressed, which surprised us as we were unaware that children that young could be that depressed. As the years went by, he began to experience major depressive episodes as well as panic attacks, extreme mood swings, obsessions/compulsions, personality disorder, and heartbreaking problems in school and relationships. Life became a painful revolving door of doctor appointments, medication, therapy, and adjustments to school classes.[8]
>
> Nearly a year later, we are still reeling from his death. We've been devastated, yet not destroyed. Mental illness took our son's life, as it did many of the 38,000 other Americans who took their lives last year, but we refuse to let his death be just another statistic.[9]
>
> There are hundreds of conferences around the world by health professionals, government officials and NGO's which address mental illness from medical, social, and policy perspectives, but the Church, with its vast network of volunteers and resources is rarely included in the discussion. What do churches have to offer to the mentally ill and their families in light of the multi-layered, complex set of issues that surround mental illness?[10]

Gregory Collins and Thomas Culbertson are both clinical pastoral educators, and in their book *Mental Illness and Psychiatric Treatment: A Guide for Pastoral Counselors*, they make a valid point. "At the very least, the pastoral counselor, as part of a multi-disciplinary team, can bring to the emotionally troubled person sensitivity,

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[8] Rick Warren, "Churches Must Do More to Address Mental Illness," *Time* (website), March 27, 2014, http://time.com/4007/rick-warren-churches-must-do-more-to-address-mental-illness, accessed October 14, 2016.

[9] Ibid.

[10] Ibid.

understanding, and measured patience."[11] Collins and Culbertson show a similar assessment of the need of pastoral counseling for the mentally ill when they state, "In our estimation, spiritual illness is a dimension of emotional illness." They continue, "We have frequently observed that severe emotional or psychiatric illnesses often involve spiritual sickness as well."[12] In their opinion, a person's psychiatric problems and deficiencies in spiritual growth are directly linked. Taking their opinion at face value, it could be rationally used to explain the importance of the church as a necessary and vital organism in the "healing" process of the person who has a mental illness. Pastors, utilizing 1Peter 5:7, can hopefully guide those they counsel towards these words: "Casting all their cares upon him, for he cares for them."

Therefore more research is needed to explore the effects of pastors being able to recognize and appropriately respond to those with a mental illness when they see it. Some pastors are seeing the need to be adept at assessing the severity of the illness, knowing the importance of handling the illness with a team approach, and understanding how to counsel the people who come to them for pastoral care.

Purpose Statement

Therefore the purpose of this study is to explore how twenty-first century pastors can adjust their ministries to meet the needs of mentally ill parishioners.

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[11] Gregory B. Collins and Thomas L. Culbertson, *Mental Illness and Psychiatric Treatment: A Guide for Pastoral Counselors* (Binghamton, NY: Haworth Pastoral Press, 2003), 1.

[12] Ibid.

Research Questions

The following questions guided the research:

1. How do pastors use acts of faith to help mentally ill parishioners?
2. In what ways and to what extent do pastors pursue education about mental illness and mentally ill parishioners?
3. What resources do pastors use to minister to mentally ill parishioners?
4. How do pastors ensure the confidentiality of mentally ill parishioners?
5. How do pastors ensure the safety of mentally ill parishioners during crisis situations?

Significance of the Study

This study is significant for pastors and church leaders who perform pastoral counseling and who are responsible for their parishioners' spiritual growth. For years now those with mental health issues have had to hide their true selves from their fellow worshippers in their own churches. Many have reached out for help for years, not really knowing how to ask for it, or how to articulate what was going on with them. It is the desire of the author to provide the necessary qualitative research for the pastor and church leader in order to help enlighten their minds and understanding of what mental illness is, how it affects the individual, and the importance of helping them to feel like they are a part of the church without being marginalized. The researcher's desire is that this study will provide the reader with a starting points for the best way to help the mentally ill in their congregations, as well as a voice and desire to intentionally reach out to those who feel left out. The researcher will count this study a success if one pastor, after reading this

examination, will make a concerted effort to prepare to provide the necessary counseling and environment in ministry for the mentally ill.

Definition of Terms

1. Mental Illness. Mental illness refers to a wide range of mental health conditions: disorders that affect mood, thinking, and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors. These ongoing signs and symptoms cause frequent stress or distress and affect the ability to function. In most cases, symptoms can be managed with a combination of medications and talk therapy (psychotherapy).

2. Pastoral Care. Pastoral care is a term applied when pastors or ministry leaders offer help and caring to others in their church or wider community. Pastoral care can be applied to listening, supporting, encouraging, befriending, and counseling.

3. Psychiatrist. A medical practitioner specializing in the diagnosis and treatment of mental illness.

4. Church. A group or congregation of persons called together for the particular purpose of reverencing God. A Christian place of worship is overseen by ordained leadership who lead said congregation in the process of worship. It is an alternative family and supportive community for many people.

5. Crisis. Dangerous or worrying time; a situation or period in which things are uncertain, difficult, or painful, especially a time when action must be taken to avoid complete disaster or breakdown.

6. Anxiety. Feeling of worry, nervousness or agitation, often about something that is going to happen.

7. Counseling and Psychotherapy. Treatment of mental or emotional illness by talking about problems rather than by using medicine or drugs.

8. Acts of Faith – Commitment to prayer and an application of the word of God.

Chapter Two

Literature Review

The purpose of this study is to explore how pastors adjust their ministries to meet the needs of mentally ill parishioners. In order to enhance the understanding of the subject matter, three areas of literature will be reviewed:

1. Literature that highlights the importance of pastoral counseling.
2. Literature that highlights mental health and spirituality.
3. A biblical/theological framework for the topic.

The Importance of Pastoral Counseling

The researcher found many relevant texts that provide insights into the importance of pastoral counseling for mental illness. Stand-outs include works from Kathryn Greene-McCreight, Howard J. Clinebell, Wayne E. Oates, Marion L.S. Carson, and David Benner, among others. The author would like to clarify that the opinions of Clinebell and Oates are at least 50 years old, but only relevant topics were used.

The Importance of Pastoral Care for Mental Illness

Glenn E. Whitlock, in his book, *Preventive Psychology and the Church*, offers a poignant point about why the clergy and pastoral care is important in the life of the

mentally ill parishioner. “Clergymen today are involved in community mental health care whether they acknowledge it or not. People search them out during personal crises, and they are often involved in some kind of relationship with those in the mental health field.”[13] He continues, “The clergyman is a natural ally in preventive mental health precisely because he is involved in the daily struggles of people.”[14] Further, “He is in a position where he may intervene to prevent some crises, and where he may provide the basis for an adaptive resolution on other crises.”[15] And, “He is available to the members of the congregation that he serves and to the larger community within which he works.”[16] Howard C. Schade, a contributing author to the book *The Church and Mental Health*, agrees. “Contrary to popular belief, ministry to the mentally ill does not necessarily begin in the pastors study. It begins wherever and whenever a minister meets people-in the church, on the street, or in the home.”[17] Kathryn Greene-McCreight furthers their point, “It will be important for clergy to know their flock: personalities, family situations, challenges they face.”[18] Her theme urges pastoral caregivers not overreact when they notice signs of mental illness in their congregants. Clinebell agrees, writing, “The total investment of pastoral energies in counseling is impressive.”[19] And, “If the 246,000

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[13] Glenn W. Whitlock, *Preventive Psychology and the Church* (Philadelphia: The Westminster Press, 1973), 15.

[14] Ibid.

[15] Ibid.

[16] Ibid.

[17] Howard C. Schade, *The Church and Mental Health* (New York: Charles Scribner’s Sons, 1953), 162.

[18] Kathryn Greene-McCreight, *Darkness Is My Only Companion a Christian Response To Mental Illness* (Ada, MI: Brazos Press, 2015), 142.

[19] Howard J. Clinebell, *Mental Health Through Christian Community* (Nashville: Abingdon Press, 1965), 210.

clergymen serving churches in this country average only 2.2 hours per week, a remarkable total of over half a million hours of pastoral counseling occurs weekly."[20] Further, "The fact that these hours are frequently spent with persons whose mental health is in jeopardy gives counseling a qualitative significance for mental health which far outweighs the quantitative investment of pastoral time."[21] Rosalyn Karaban, in her book *Crisis Caring*, echoes this sentiment. "When I responded to God's call to be a pastoral minister, I knew that this would not be a nine-to-five job, but that it would be who I would become."[22]

Wayne E. Oates sums up these authors' point, writing, "Counseling, generally speaking, is a nonmedical discipline, the aims of which are to facilitate and quicken personality growth and development, to help persons to modify life patterns with which they have become increasingly unhappy, and to provide comradeship and wisdom for persons facing the inevitable losses and disappointments in life."[23] He continues, "The counselor's task is to heal sometimes, to remedy often, to comfort always."[24] In another of his writings he suggests, "Pastoral counselors can work to bring wholeness and health to the person and to make him or her, a more effective religious person."[25] Cotton Mather agrees when he addresses the direct role clergy play in the spiritual aspects of the

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[20] Ibid., 211.

[21] Ibid.

[22] Roslyn A. Karaban, *Crisis Caring: A Guide for Ministering to People in Crisis* (San Jose, CA: Resource Publications, 2005), 47.

[23] Wayne E. Oates, *Pastoral Counseling* (Louisville, KY: The Westminster John Knox Press, 1974), 9.

[24] Ibid.

[25] Wayne E. Oates, *The Religious Care of the Psychiatric Patient* (Louisville, KY: The Westminster John Knox Press, 1978), 178.

treatment of mental disturbances. He says, "Pastoral care that focuses on spiritual development moved the individual toward closer relationship with the divine."[26] And, "Discerning the right pastoral response required an assessment of the source of the melancholy."[27]

Kathryn Greene-McCreight is the only author who speaks on how to identify the signs that a parishioner may be in need of pastoral counseling. She states, "If you notice different or 'abnormal' behavior from a parishioner, do not take it personally. Call the congregant, send them an e-mail. Allow the person time to talk. Be warm, open, but not chatty. If you suspect depression, ask the parishioner openly about this."[28] Her advice provides a blueprint for early intervention, especially in taking issues like depression for granted, and she advises that the situation should be addressed as soon as is possible.

Identifying the Need for Pastoral Counseling

However, at the same time, recognizing a need is not easy if the parishioner doesn't accept the fact that something is wrong. Jared Pingleton writes, "Most major mental illnesses have a fairly gradual onset and rarely appear 'out of the blue.' Generally, family members and friends will recognize that something about the individual is unusual, odd, or 'not quite right' about their thinking, speech, behavior, or social interactions. This can be well before the diagnosable indicators of severe mental illness

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[26] Heather H. Vacek, *Madness: American Protestant Responses to Mental Illness* (Waco, TX: Baylor University Press, 2015), 24.

[27] Ibid.

[28] Greene-McCreight, 143.

are fully manifested."[29] Agreeing with him is David C. Clark, a contributing author of the book, *Clergy Response to Suicidal Persons and their Family Members*. He states, "It is not always easy, and sometimes it is difficult, to recognize when another person shows the signs and features that define a serious risk."[30] He continues, "The problem is compounded when the person we want to help is slow to recognize his/her own psychological symptoms, resists talking about his/her feelings and thoughts, insists the chief problem is an external one, or intentionally blocks well-meaning efforts to be helpful."[31]

All of the authors researched believe that once identified, mental illness does deserve a response from the parishioner's church. Clinebell asserts, "Ministers are on the front lines in the efforts to help the burdened and the troubled."[32] They agree that the minister cannot turn a blind eye to mental health issues. Clinebell also adds a purpose for pastoral counseling, writing, "The ultimate goal of such counseling is spiritual rebirth through loving reconciliation with oneself, others, and God."[33] He, like many other pastors, agree that the pastor has an obligation to make sure that the mentally ill in their congregations have the best spiritual care provided to them so they are not marginalized or made to feel isolated in the one place that is designed to accept "whosoever will." Carlson backs this statement up with one of his own, writing, "We need to be more like a

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[29] Jared Pingleton, "Serving Those with Mental Illness," Focus on the Family, Thriving Pastor.com, accessed November 1, 2016.

[30] David C. Clark, *Clergy Response to Suicidal Persons and their Family Members* (Chicago: Exploration Press, 1993), 35.

[31] Ibid.

[32] Clinebell, 211.

[33] Ibid., 215.

hospital and a school; nurturing the injured and equipping the saints."[34] He feels like the church should do its best to make sure that the person who is suspected of the mental illness or who reaches out for help is given the best pastoral care the church can provide. He further asserts, "Rather than increase our bondage with false guilt and rejection, the church needs to be part of the unbinding process."[35] Carlson speaks to an "unpacking" of the issues or allowing the parishioner with the illness to be able to be themselves and not ashamed of the illness they are suffering with. Amy Simpson backs up this assessment when she says, "What is the church if not a place where everyone can be honest about brokenness? What are grace and healing worth if no one needs them?"[36] Her reasoning is taken even further when she asserts, "Be the person who represents Christ's tenacious and bold love, refusing to be driven away by what you don't understand. Don't leave just because you can't answer all the questions. Don't wash your hands of a family because you've given them a referral to a mental health professional. Like others in crisis, people affected by mental illness need to know that you care. Try to treat them as you would a person who suffers from arthritis or diabetes."[37] Harold G. Koenig furthers this point in his book, *Counseling Troubled Older Adults*. He opines, "Most people who seek pastoral care report that they find clergy effective when offering emotional support and encouragement."[38] In fact, when Americans are asked to compare psychologists and

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[34] Dwight L. Carlson, *Why Do Christians Shoot Their Wounded? Helping (Not Hurting) Those With Emotional Difficulties* (Downers Grove, IL: IVP Books, 1994), 117.

[35] Ibid., 119.

[36] Simpson, 180.

[37] Ibid., 185.

[38] Harold G. Koenig and Andrew J. Weaver, *Counseling Troubled Adults: A Handbook for Pastors and Religious Caregivers* (Nashville: Abingdon Press, 1997), 19.

psychiatrists to clergy on interpersonal skills, they rate clergy as warmer, more caring, more stable, more professional, and similar in listening skills."[39] Simpson goes further, believing that mental health issues should be prepared for before they happen, that pastors should be aware of the potential and not let it catch them unprepared. "Educate yourself. Unless your congregation consists of mannequins or life size cutouts, you can't afford to be clueless about mental illness. You need to understand the people you're ministering to and the types of problems they might have."[40] Her advice is to make sure pastors understand that they have to be prepared and not allow this to cause them to pass it off or ignore it. Simpson adds, "A Christian leader who refuses to abandon a family in crisis may be a powerful symbol of the truth that God has not abandoned them either. Make yourself obviously and consistently available, even if it's not clear what else you can do to help."[41] Sarah Rainer offers a similar assessment, saying, "The goal of counseling should always be to help the counselee. It is possible that the best treatment for someone is to receive therapy from a mental health professional while simultaneously receiving mentoring and discipleship from their pastor. There are trained biblical counselors, psychologists, social workers, and other mental health professionals equipped to handle mental health issues."[42]

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[39] Ibid.

[40] Ibid., 181.

[41] Simpson, 185.

[42] Sarah Rainer, "Pastors Counseling and Mental Health: 6 Guidelines for Pastors to Consider," Christianity Today The Exchange (website), August 2015, https://www.christianitytoday.com/edstetzer/2015/august/pastors-counseling-and-mental-health-6-guidelines-for-pasto.html, accessed November 2, 2016.

What Does Pastoral Counseling to the Mentally Ill Look Like?

While the need for pastoral counseling seems to be undebatable, the application itself requires several different approaches. Clinebell's opinion is relative Simpson's when he says that initially the pastor or pastoral team provides care that is spiritual in nature. "Pastoral care is the multifaceted ministry of caring for the spiritual welfare and growth of persons of all ages."[43] He takes his identification further when he says, "The minister's caring symbolizes the caring of the religious community and of God and is expressed in many ways -- for example, by a friendly word, or a helpful word in time of crises (marriage, birth, death, sickness, accidents)."[44] His approach to pastoral counseling is simple and to the point. "Counseling is the utilization of a one-to-one or small group relationships to help persons handle their problems in living more adequately."[45] Greene-McCreight backs up the Clinebell opinion when she says, "It is important for clergy to know their flock: personalities, family situations, challenges they face. "[46] And, "Clergy can support the parishioner by meeting regularly in pastoral care or spiritual direction."[47] Other authors note that the approach may differ from one counselor to the other, but its importance should never be misunderstood or diminished. Carlson believes, "The church needs to help its hurting members clear away the 'rocks' in their lives so their emotional and spiritual health can be nourished. The Word and Christ are certainly sufficient, but

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[43] Clinebell, 211.

[44] Ibid., 212.

[45] Ibid., 213.

[46] Greene-McCreight, 141.

[47] Ibid., 142.

the church must acknowledge and deal with the reality of 'rocks' if these people in our congregations are to grow in the Lord."[48] His use of the term "rocks" is relative, such as a psychotic episode or a mental health crisis. He believes pastoral counseling is most effective once these are removed so congregants with mental illness don't have to leave the church to get the help they need. Simpson agrees that pastoral counseling is indeed this kind of help, but she provides some additional prerequisites. "Besides sermons, public prayers are a good place to mention mental illness. As you're praying for those facing other illnesses and obstacles, why not mention (in general, unless you have permission) people struggling with depression, anxiety disorders, and other mental illnesses?"[49]

The theme concerning pastoral counseling is first, its necessity, and then, the application. Oates says as much, writing, "The effective pastoral counselor can work directly at challenging the idea that a person who seeks help for a mental illness has a lack of faith. He or she can teach that suffering is a characteristic of all humanity. One of the purposes of suffering is to learn from the suffering in order to be able to be instructive to others who are caught in such problems."[50]

The Mentally Ill and the Need for Professional Help

Dr. L. Kim-van Daalen writes, "The stance Christians should take towards secular psychotherapy involves critique, analogical comparison, dialogue, witness, a careful

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[48] Carlson, 118.

[49] Simpson, 182.

[50] Oates, *The Religious Care of the Psychiatric Patient,* 222.

evaluation of the presuppositions, translation, and reconstruction."[51] He continues, "It should be noted, however, that the level of involvement with secular psychotherapy depends on the individual calling of Christian scholars and counselors. Though no one should reject the good the Holy Spirit may bring through secular psychotherapy, the call to fully engage with the field is not everyone's."[52] Simpson also highlights the courage needed to admit when professional help is necessary. Simpson asserts, "Pastors should not fool themselves into thinking they can handle everything. Sometimes you need to call in a professional to either handle an immediate crisis or provide long term care."[53] Further, "If you suspect a person in your congregation is struggling with mental illness, refer him or her to a professional counselor or psychiatrist."[54] While she feels calling in professional help is sometimes necessary, she also adds a bit of advice for when the congregant is in professional care. "Continue to minister to people who are in professional care. Remember to extend an offer to talk with the counselor or psychiatrist to discuss ways your church can help support the person's health."[55] Donald F. Tweedie offers a similar but different response, "Psychology and psychiatry ought to be taught right out of the pages of the Bible – for there is a psychology there which needs to be gathered and worked up into a course of its own, separate from the rudiments of men."[56]

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[51] L. Kim-van Daalen, "The Holy Spirit, Common Grace, and Secular Psychotherapy," *Journal of Psychology & Theology* 40, no. 3 (Fall 2012): 234.

[52] Ibid., 236.

[53] Simpson, 191.

[54] Ibid.

[55] Ibid.

[56] Donald F. Tweedie, *The Christian and the Couch* (Grand Rapids, MI: Baker Book House), 1963), 111.

Alternatively, there have been cases where psychiatrists have been reluctant to work with clergy. David A. Boyd, Jr., M.D. writes, "Psychiatrists have always been wary of discussing the principles of counseling with clergyman because of the dangers of limited knowledge. Reluctant to give recipes or answers, they have been concerned lest clergymen go beyond their depth and begin to flounder, taking parishioners with them."[57] While the authors provide a wealth of information on why pastoral counseling is important and what it looks like, they differ slightly on how it should be applied.

Clinebell offers this approach to pastoral counseling, writing, "It is usually short term and does not aim at radical changes in personality. It deals mainly with contemporary relationships and problems rather than exploring childhood relationships. Its aim is to help a person mobilize his inner resources for handling a crisis; for making a difficult decision; for adjusting constructively to an unalterable problem; for improving interpersonal relationships, including his relationship with God."[58] He feels like the counseling pastor should care for the members of the flock who are mentally ill with the same passion he would anyone else. "The counseling pastor walks in the footsteps of the great pastors of the past. He seeks to follow the example of one who was called the Great Physician whose healing influence brought the release of the captives of inner conflict, recovery of sight to the spiritually blind, and let the broken victims of mental illness go free."[59] Simpson agrees but takes this example a step further when she says, "If the lead

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[57] David A. Boyd, Jr., *Psychiatry, The Clergy and Pastoral Counseling* (Collegeville, MN: St. John's University Press, 1969), 18.

[58] Clinebell, 213.

[59] Ibid., 212.

communicator of God's Word is vulnerable about his or her brokenness, it creates an atmosphere where everybody can be honest about their brokenness."[60]

According to these two, the people conducting pastoral counseling ought best remember that they set the tone for how mentally ill people will be accepted in the church. If counselors remembers their own fallibility, they will be better able to minister to those in the congregation in need of similar help. Also, any amount of help that the pastor can provide is useful. He should not allow his limited knowledge to prevent him from providing counseling. "In spite of the limited training in counseling of many ministers, the majority apparently function with impressive effectiveness."[61] Marion L.S. Carson backs up this point when she says, "Part of good pastoral care is to be able to recognize one's limitations and gifts, and to act accordingly."[62]

The Pastor's Responsibilities after the Referral

The authors agree that pastors should not let their perceived limitations prevent them from stepping in to provide help or counseling to a mentally ill congregant. But the authors do have a word of caution for pastors before they bite off more than they can chew.

Simpson advises, "It is also important to have a basic understanding of the differences between various types of disorders and some of the indications to watch

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[60] Simpson, 180.

[61] Clinebell, 211.

[62] Marion L.S. Carson, *The Pastoral Care of People With Mental Health Problems* (London: SPCK Publishing, 2008), 1.

for."[63] Greene-McCreight also writes, "A pastoral caregiver who doesn't want to 'overreact' is putting everyone in physical, emotional, and spiritual danger. Don't fool yourself into thinking you can handle such a situation on your own."[64] If pastors begin to feel like their efforts are not enough, the authors provide further advice. Greene-McCreight reminds pastors, "Major mental illnesses are not for the pastor or priest to diagnose or treat unless he or she is also a medical doctor. Professional psychiatric help should be sought immediately."[65] According to Simpson, a mental illness may have been overlooked and therefore grown into a bigger issue than it was in the beginning. She provides some insight into what to do if the mental illness gets out of hand and becomes dangerous. "If someone in your church is in danger or is endangering another person, always call 911. This is not a situation for you or your congregation to handle; it's a situation for the police. Once everyone is safe, you can move to referrals and pastoral care as appropriate."[66] Clinebell agrees that at that point a referral is necessary and offers the following advice. "After the pastor makes the referral, the person should make their own appointment. This keeps the initiative where it belongs and also begins a relationship with the new helping resource."[67] Clinebell's advice also provides insight into the fact that the mentally ill have a part to play. Having them set the appointment helps them feel empowered. He also advises, "The minister should let the person know that his pastoral concern and care will continue undiminished after the referral. This will lessen the sense

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[63] Simpson, 181.

[64] Greene-McCreight, 144.

[65] Ibid.

[66] Simpson, 191.

[67] Clinebell, 229.

of rejection. However, it is essential that a person referred for counseling or psychotherapy not also continue to counsel with the pastor."[68]

The authors all seem to agree that pastoral counseling and professional counseling should not be performed at the same time. Only Simpson offers advice on the importance of the pastor not being the only person in the church able to provide pastoral care. She submits that the church should have a team of individuals who collaborate to help each mentally ill congregant. "Create an advisory council for your counseling and recovery ministries, so that you don't have only a well put together staff member or a person who's never been through therapy; you have a team of people who manage the authenticity and effectiveness of your ministry to people with mental illness."[69] She believes that based on the ministry, it would be too overwhelming for pastors to take on the responsibilities of counseling every mentally ill parishioner by themselves. She wants pastors to understand that because of the seriousness of the issue, all precautions should be taken to help make sure the health and recovery of the mentally ill individual is assured. Greene-McCreight adds the importance of pastoral care when she says, "Being a friend or pastor to a mentally ill individual can be difficult. Because of the stigma of mental illness, the ill person may not feel able to open up to you. Do not be offended. Be consistent in your concern, prayer, and gentle inquiries. Let them know that your friendship and care as a clergyperson is unconditional. And remember, since mental illness can be a terminal disease, you may be helping even to save a life."[70]

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[68] Ibid.

[69] Simpson, 194.

[70] Greene-McCreight, 147.

Finally, the research makes clear the need for supporting the efforts of the clergy. Responsible agencies — including church authorities and professional psychiatrists -- can make a contribution in this regard. The results presented provide both a basis and a direction for the public and private support of faith-based organizations. The increasing pressure on public and private mental health care resources requires the work of secular mental health professionals with that of their clergy colleagues. The importance of pastoral counseling for mentally ill parishioners cannot be overstated, which begs the question, what role does faith play in the development of mental health?

How Educated Should Pastors Be About Mental Illness?

Most of the literature documented the need for pastors to know their limitations when counseling the mentally ill in their congregations. Glenn Whitlock speaks to this, writing, "Informal consultation has taken place as pastors have sought the counsel of mental health specialists in emergency situations."[71] He recommends further, "A pastor may call for assistance about what to do in the case of a suicidal threat, the problem of hospitalization for an emotionally disturbed person, or any such emergency problems."[72] Dana Charry in his book, *Mental Health Skills for Clergy*, agrees, although he organizes his categories based on illness. He states, "The first category of individuals who should be referred consists of those who are psychotic, who are out of touch with reality to a major degree. These are people who show delusional thinking or very inappropriate behavior. These people, in most cases, can benefit from medication and may need to be

[71] Whitlock, 59.

[72] Ibid.

hospitalized. They also require a very specialized form of psychotherapy."[73] Next, he writes, " The second group includes those who are overtly suicidal or who have a history of making suicide attempts in the past. These individuals may also need hospitalization, and their treatment calls for special therapeutic approaches. Treatment of these people also involves ethical and legal responsibilities which the average clergyperson should not be expected to assume."[74] After that group, "Third is the group of people with significant problems of drug addiction of alcohol abuse. Medical problems of detoxification and drug withdrawal often arise in the treatment of these people, and they may need to be admitted to a medical hospital or a specialized drug or alcohol treatment program."[75] Then, "In the fourth category of people who should be referred are those who show signs of severe depression which interferes with their physical functioning and their day-to-day activities. These people usually need medication, hospitalization, or other specialized treatment."[76] And, finally, " The last category includes those people who show signs of brain disease-signs which include confusion, disorientation, and memory loss. Many of these people respond well to medical therapy, and they may need the attention of an internist or neurologist, as well as a psychiatrist.

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[73] Dana Charry, *Mental Health Skills for Clergy* (Valley Forge, PA: Judson Press, 1981), 18.

[74] Ibid.

[75] Ibid.

[76] Ibid.

Mental Health and Spirituality

Faith does play a central role in the progress of health and ministry to the mentally ill. A dangerous and damaging battle – a battle to understand how faith can be fostered and matured despite mental illness– is being waged daily in churches throughout the world. The goal of this section is to explain a "spiritual" application to mental health to help foster a better appreciation for the battles the mentally ill face.

The Mentally Ill and Their Struggle of Faith

Mental illness brings with it issues of acceptance, often most difficult in the church. Simpson asserts, "In many churches, intentionally, or unintentionally, the overriding emphasis is on 'victorious Christian living,' with the basic assumption that real Christians don't have problems – or at least not crippling, persistent problems that a prayer or two won't cure."[77] She notes, "People with mental illness and their families run up against a stigma that means immediate, mindless, irrational rejection because they are 'tainted' by mental illness. They are marked for shame. They are labeled, stereotyped, misunderstood, and dismissed."[78]

One of the overarching struggles for those besieged with mental illness is the balance of the illness with their faith. Oftentimes it is how they are perceived by the church that determines their own view of themselves and their illness. If the church doesn't provide direction, sometimes the mentally ill feel lost. Simpson asserts, "Nearly everyone I've spoken with has referred to the church's deafening silence on mental

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[77] Simpson, 104.

[78] Ibid., 100.

illness. I believe this is rooted in stigmatization. Because we believe mental illness is shameful and dooms a person to a life that's not worth living, we are reluctant to mention it in our sermons, Sunday school classes and public prayers. So we simply don't say anything."[79] She continues, "In one sense, the church is full of misfits. As flawed, sinful people, none of us will ever be truly whole this side of heaven. And because our collective sin erects barriers between us, none of us consistently feels completely and truly loved, accepted, and at home."[80]

The Responsibility of the Local Church

On the other hand, some churches do address mental illness and its effects on the church. But in those addresses, mentally ill congregants find more condemnation than care and concern. They are made to feel as if the condition they suffer from is unique to them and theirs alone to bear. Again Simpson speaks to this situation clearly, "People with mental illness and their families - especially parents of children with mental illness – often feel condemned for their suffering. Instead of walking through the doors of the church to find the no-condemnation grace of Jesus, they find an assumption that they must have done something to deserve their punishment for sin. They find a subtle explanation that they'd better fix themselves if they want to be part of the fellowship. And again, they face a viewpoint that people who struggle with mental illness are beyond hope until they get their act together."[81] For the mentally ill who attend the church, oftentimes the requirement from their leaders is that they need to seek God for an

[79] Ibid., 111.

[80] Ibid.

[81] Ibid., 110.

increase of faith. They are often given the understanding that what they are dealing with is their own issue and it needs to be handled before they can be accepted. Because some churches are not well versed in how to minister to the mentally ill in their congregations, the run of the mill advice is to get treated so they can get over their illness, or strengthen themselves in their spiritual disciplines. The church often has few resources to offer and doesn't want to forsake the needs of the many to focus on one or a few individuals with mental illness. Thus, many believe there is no way out of the illness they suffer.

Can God Still Use the Mentally Ill?

Another wrinkle in the approach to the ministry to the mentally ill is what to do when they want to become leaders in the ministry. Some are told no, they won't be allowed, while others are stonewalled and put off every time they inquire. In many churches, the stipulations placed on inclusion and qualifications for leadership lead people to believe they're not qualified to minister to others because they may not always be able to bring their best selves to church. Some churches have an expectation for how they want their quality of ministry to be seen and observed. This priority will often disqualify the mentally ill and relegate them to observers of the ministry, never participants.

The need of faith, or the lack thereof, is often bandied about by church leaders for how the mentally ill should approach their illness. The measure of faith and its use in the life of the depressed and the schizophrenic has been a topic of discussion in faith circles for a while now.

The requirements put on the ill to get help for their issues forces them to look for outside help to augment their faith. Simpson speaks to this issue as well. "Among people who feel that Christian faith inoculates against troubles like mental illness, accepting the truth that faithful Christians within their own congregations are touched by mental illness opens the possibility that they might be vulnerable as well."[82] Rodney Knier provides similar insight. "When we first find ourselves in the well of mental illness, we frequently don't understand what happened. We determine that we just need to read the Bible more and pray harder or that we just need to 'pull our head out of the mud"'and climb out."[83] The battle for understanding is great and is one that the individual by themselves finds it hard to discern. Many questions abound for them of what they may have done to bring this about or what punishment they are enduring for a previous sin.

For the mentally ill, the stigmatization of their illness will often cause them to hide or withdraw themselves for having more questions than answers in handling it. Many opinions abound in the church for how it should be remedied.

For some their conclusion is that they are suffering due to a lack of faith altogether and that taking any medications would make the situation even worse. Matthew Stanford in his book *Grace for the Afflicted* addresses this. He writes, "Mental disorders do not discriminate. They affect believers and nonbelievers alike."[84] Rodney Knier agrees with Stanford's assessment. "Imagine yourself struggling with emotions and thoughts you can't control and now you are being told that your loving God is causing it

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[82] Simpson, 148.

[83] Rodney Knier, *New Wine: Mental Illness and the Church* (self-published, CreateSpace, 2013), 47.

[84] Matthew Stanford, *Grace for the Afflicted* (Downers Grove, IL: IVP Books, 2008), 229.

because of something you did but that God is keeping it hidden from you. Perhaps worse, you begin to remember and /or imagine past sins, great and small, and believe that God must not have forgiven them after all."[85] He continues, "The sufferer can, and frequently does, begin to question their very salvation as their faith wavers. They are being told that God is punishing them for some sin while at the same time telling them that God loves and forgives them."[86]

Greene-McCreight asserts, "Mental illness is not an indication of the weakness of one's faith. It may be, however, a test and should be met like all other tests: with prayer that God will see us through it faithfully, that we may be seen faithful, and that we should be found at the last without reproach, that God will use it to our benefit."[87]

Mental Illness and Its Spiritual Ramifications

These authors agree that mental illness is not the result of spiritual mismanagement. But at the same time, spiritual care and guidance are key to navigating through its rough terrain. Mentally ill congregants need for the leaders in their churches to understand that they still need to be ministered to even while in the care of a psychiatrist or mental health care giver. When they have breakdowns or manic episodes, they need to be reassured the most that their spiritual family is looking out for them. The love and support of their church family is immeasurable especially during this time of loneliness and despair.

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[85] Knier, 43.

[86] Ibid., 27.

[87] Greene–McCreight, 117.

Knier speaks to this as well. “People with mental illnesses are even told that they ‘are giving place to the devil’ and that if they just surround themselves with songs and shouts of deliverance it will “go away.”[88] The idea is that the mental illness is no greater than God’s ability to handle it. Therefore all the mentally ill person needs to do is to seek God to provide the necessary deliverance, and anything less is a lack of faith. What most theologians have come to realize is that mental illness does not show a lack of faith, and neither can faith be used as an antidote for complete healing. Karl Barth, a Swiss reformed theologian of the twentieth century, writes, “The creaturely counterpart to the grace of God is gratitude. Is it possible for the depressed soul to be grateful? If not, does this mean that people living with mental illnesses cannot respond to God in creaturely counterpart?”

Spiritual vs. Psychological

Another stratum of this discussion centers on the question of whether mental illness is spiritual or psychological. Most in the secular community believe that it is strictly psychological and needs medication to provide stability, although adding faith helps. The faith community has a more complicated response due to the fact some feel that mental illness is strictly spiritual and therefore can be eradicated with the exercise of enough faith in God. Stanford states, “Mental disorders are indeed real illnesses that in many instances have a biological origin.”[89] He further asserts, “Having a mental disorder

[88] Knier, 46.

[89] Stanford, 67.

is not a question of faith, but it does have spiritual effects."[90] The prevailing opinion is that an illness of this type is something that God must be able to handle and cure, and therefore, the issue is not God's ability to heal, but the lack of faith in the person for him to do it. As a result, a great many individuals who would like to be participating members in some churches are not allowed the opportunity.

Some churches have found that the core of mental illness does stem from the psychological, but it can be managed with medicine and faith. God may not completely rid a person of their illness, but with help from the spiritual community, an illness can be better understood and maintained. Simpson writes with similar sentiments, "Even among churches that do acknowledge that Christians have problems, for some reason many have a hard time accepting that mental illness is not simply a spiritual problem. "[91] Further, "Spiritualizing mental illness translates to blaming sick people for their illnesses. It also means that family members of people with mental illness also get the message that their sin and lack of faith may be the problem. It traps people into working harder and harder to achieve a level of righteousness that will justify their freedom from illness. This is not the gospel message, and it is very effective in discouraging people from acknowledging their struggles and seeking help."[92]

Conversely, T.A. McMahon challenges Simpson's premise when he asserts, "Psychological counseling often promotes the belief that problems adversely affecting a person's mental and emotional welfare are determined by circumstances external to the

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[90] Ibid., 229.

[91] Simpson, 107.

[92] Ibid.

person, such as parental abuse or environment. The Bible tells us that a man's evil heart and his sinful choices cause his mental, emotional, and behavioral problems."[93]

One may wonder how many people are suffering in silence with the misunderstanding that they are the reason for their own mental illness. One could also guess how many people stay home from church and choose to isolate due to their not being understood by their pastors or fellow parishioners. If not handled properly, mentally ill parishioners may even deny they have an illness in order to fit in and be "accepted" in their perspective faith community. The pressure put on the mentally ill to conform to the strictures of their particular churches will only add to their already present and demanding stress of wanting to not stand out. Simpson speaks to this issue well. "Denying the reality of mental illness has the same effect as denying the reality of other illnesses: it discourages treatment and stands in the way of redemption. It hinders agonized people from crying out in their pain, bringing their illness to Jesus and finding ease for their suffering. It forces sick people and their loved ones to choose between the church and life."[94]

Perhaps because brain disorders affect a person's cognitive abilities and emotional processing, and therefore spiritual expression, many Christians are deeply confused about what causes mental illness. Therefore some churches have seen the need to institute training or classes that will help their laity and congregants understand the needs and complexities of mental illness. Educating people helps to erase the stigma and loneliness of the mentally ill in our churches. Stanford poses, "While many people will have

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[93] T.A. McMahon and Dave Hunt, *Psychology and the Church, Critical Questions, Crucial Answers* (Bend, OR: The Berean Call, 2008), 41.

[94] Simpson, 107.

significant changes in their thoughts, emotions, and relationships, during a normal lifetime, the changes usually are not severe enough to require treatment. A mental illness, on the other hand, is a debilitating experience in which the person is simply unable to function normally over an extended period of time."[95]

Author John Swinton alludes to the fact of the mentally ill wanting to be understood. "One thing that has emerged from the research presented in the previous chapters is the desire of many people with mental health problems to have their spiritual experiences accepted as both real and significant within the process of care."[96] Teaching about the struggles of mental illness and its effects on the parishioners has in some churches morphed into a ministry and a support group. The attempts of some churches are helping the mentally ill in their congregations. The conclusions they are coming to are helpful. The mentally ill in our congregations want to be accepted and not made to feel like they don't belong. They want to be a part of the ministry. They don't just want to be ministered to but in some cases to minister.

According to Carson, one of the main imperatives is to not suggest to them that if they had the right amount of faith or practice in their spiritual disciplines that they could somehow get over the illness. Carlson states, "There are many struggling Christians who are already praying and poring over the scriptures. I have seen people in deep emotional trouble who were spending four or more hours a day in Bible study and prayer. To simply tell them to do more of this is a pat answer – and the wrong answer."[97]

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[95] Stanford, 44.

[96] John Swinton, *Spirituality and Mental Health Care* (London: Jessica Kingsley Publishers, 2001), 135.

[97] Carlson, 48.

Support groups for the parishioner and their families can be church sponsored, or they can be prescribed by a psychologist referred to by the pastor. In either way the Christian support group can help members learn skills to help them cope with their illness. The group also has the potential to help the participants gain a sense of self understanding which will aid their efforts to reduce the severity of their symptoms. The authors of *Counseling Families: Across the Stages of Life* offer leadership guidance, writing, "Self-help groups for those with a chronically mentally ill relative are increasing in number and can be supported by congregations that are seeking to help these families."[98] W. Brad Johnson and William L. Johnson also allude to this point. "These groups are ideal for parishioners with limited financial resources, those who are more needy or dependent in personality style, and those with very focused difficulties (e.g., alcoholism, drug use, grief from death of a loved one or divorce, or weight problems)."[99]

Even though the use of these groups is good, there are also some dangers that have to be avoided, namely the mentally ill thinking that the use of the group is all they need to help them. From what the research has provided and revealed in the study of this subject, a referral to a qualified psychologist is necessary in order for them to get the competent counsel and leadership they deserve.

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[98] Andrew J. Weaver, Linda A. Revilla, and Harold G. Koenig, *Counseling Families Across the Stages of Life: A Handbook for Pastors and Other Helping Professionals* (Nashville: Abingdon Press, 2002), 205.

[99] W. Brad Johnson and William Johnson, *The Pastor's Guide to Psychological Disorders and Treatments* (New York: The Haworth Press, 2000), 163.

The Misconceptions of Mental Illness and Sin

One of the biggest errors in thinking regarding mental illness is usually discussed in these groups, and that is the misunderstanding that mental illness is the result of sin, or that it is the result of a flaw in one's character. The author Barrett W. McRay echoes this opinion, stating, "Rooted in a biblical worldview and theological understanding of the fall, the Christian church has historically viewed human beings as disordered -- all of us."[100] Further, "Our thoughts, emotions, behaviors and relationships are not what they should be -- not what they were created to be."[101]

Sin does have its consequences with the ultimate costs being death of the body and separation from God for eternity. The first instance of sin and its ramifications is introduced in the Garden of Eden with Adam and Eve. The influence of sin opened their eyes to their nakedness. The result of their infraction causes every individual to have to deal with its effects on a daily basis. The effects of sin can also be passed down from one generation to the next. When a parent or elder has a sinful lifestyle, his children are likely to follow suit and replicate the same sinful lifestyle. When sin goes untouched, it becomes the meditation of the heart, taking the place that should be filled with the Lord. Sin is seen as an intangible entity whose movements are undetectable. But, as sin uses the members of one's body in exercising its dominion, a Christian can learn to recognize it at work. Sin can be the root cause of some mental illness, but just not necessarily personal sin.

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[100] Barret W. McRay, Mark A. Yarhouse, and Richard E. Butman, *Modern Psychopathologies: A Comprehensive Christian Appraisal* (Downers Grove, IL: InterVarsity Press 2016), 33.

[101] Ibid.

Knier asserts, "I think the greatest ignorance at work is the belief that mental illness is always the result of personal sin and/or weakness. A mental illness is not generally the result of personal sin any more than cancer is generally the result of personal sin."[102] Greene – McCreight offers a similar opinion, "Sin, suffering, and despair are thus linked in mental illness, yet not in a straightforward, one-to-one correspondence."[103]

Most of the authors the researcher has read seem to agree that sin and supposed character flaws cannot be used as a direct reason for a person's suffering from a mental illness. While sin may play a minute role, for most professionals, it cannot be seen as the "main ingredient." To not see the difference between the need for help and struggling with the cause has the potential to cause ill parishioners to question the validity of their relationship with God and whether God is punishing them for a sin or an overlooked offense. Greene-McCreight again suggests that ill parishioners may be forced to question themselves. "Is my disease making me a sinner? I find it hard to believe that a biological deficit in my brain could make me more of a sinner than I already am."[104] People with mental illnesses, just like anyone else, may be suffering on account of the power of sin in the world; indeed, all suffering can be seen in this way.[105]

All of the authors cited agree that mental illness cannot be blamed on sin alone, if at all. But a myriad of situations and life experiences can and do contribute to a person's mental illness. What the researcher has found is that the mentally ill may need to be

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[102] Knier, 27.

[103] Greene–McCreight, 111.

[104] Ibid., 109.

[105] Ibid.

informed and reminded that they are not at fault for having a mental illness and that no matter how they have it, their faith community will be with them to help them. If not for the reassurance of their fellow Christian brothers and sisters, the mentally ill parishioner may be left to believe that their illness is their "fault" and that God has somehow punished them and turned his back on them.

According to Oates, forgiveness can be a big issue. "The inability to feel forgiven. They are scrupulous to a fault and are usually persons who have borne heavy responsibilities in their churches. They feel like they need to make professions of faith again and again."[106] There are times, according to Knier, when the criticism and stigmatization come from someone close. "When a depressed person is faced with the admonition that their illness is the result of sin in their lives, especially when it comes from a loved one or someone in spiritual authority, it can be spiritually and physically devastating."[107]

The potential is strong for the ill to feel like the Spirit of God has left them or that they can no longer communicate with God. There are just some truths that have to be accepted, according to Simpson, who asserts, "I appreciate the idea that we need to strive for sanctification and holiness. And people with mental illness need to work hard to manage their illnesses as effectively as possible. But they might still 'stay screwed up' over the long term, even after working hard and taking required medications."[108] All of the authors cited agree that the supporting church body who ministers to these ill brothers

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[106] Oates, *The Religious Care of the Psychiatric Patient*, 79.

[107] Knier, 27.

[108] Simpson, 114.

and sisters will have to come to grips, along with the ill themselves, that there may be no change in the behavior and symptoms of the parishioner. But that doesn't change the goal and mission of the church in helping to make sure their spiritual needs are being met.

Mental Illness and Demonic Possession

Ultimately the biggest stigma that most mentally ill Christians have to endure is the question of whether or not mental illness and demonic possession are one and the same. Many assume demon possession or demon attack is always to blame. Others believe it can be cured by more faith or confessing unconfessed sin.

How is demonization defined? According to the authors of *Transformative Encounters*, it is defined thus: "Possession implies ownership, and demons do not own the believer in that the believer is already the possession of Jesus Christ."[109] Akin to their opinion is Albert Deutsch's, author of the book *The Mentally Ill in America – A History of Their Care and Treatment from Colonial Times*, which states, "From time immemorial, the confounding of mental illness with demoniacal possession has existed. It survives today over great areas of the earth, not only among primitive tribes in Africa, the East Indies, and Australia (where the belief is found in its most pristine forms), but even among highly civilized people, whether openly espoused or concealed under the cloak of religion."[110] While it may not be as prevalent as it once was, there is still a pocket of the religious community who believe demon possession has a direct involvement in mental

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[109] David W. Appleby and George Ohlschlager, *Transformative Encounters* (Downers Grove, IL: IVP Academic 2013), 83.

[110] Albert Deutsch, *The Mentally Ill in America – A History of Their Care and Treatment from Colonial Times* (1937; repr., New York: Columbia University Press, 2007), 2.

illness. But at the same time this is not a new phenomenon according to Deutsch. He writes, “In Egypt the art of healing was exclusively practiced by the priesthood, who jealously guarded the secrets of their craft as sacred mysteries. To the temples came those suffering from mental and physical ailments, to be exorcised by the priest-physicians.”[111] He continues, “Since the insane were usually thought to be possessed they were brought to the priest rather than to the physician for treatment. Amid elaborate ceremonies that outdid the ancients for impressiveness, the rites of exorcism were performed.”[112]

Stanford has an interesting take on the difference between the two. He states, “Mental disorders are complex states that result from an interaction of biology and environment. If we accept the argument that demons are presently active, then it is likely they are involved in some cases of mental illness. Demons are involved at many levels of existence, and it certainly isn’t necessary for demonic powers to purposefully cause a given mental illness in a person for us to be able to say that they were involved in the disorder.”[113]

Churches and pastors, specifically, will have to be in the forefront of educating their congregations at large. They will need to comfort those who aren’t dealing with the illness in order to help them understand that mental illness is not akin to demonic activity. While demon possession cannot be ruled out 100 percent of the time, it surely is not the sole reason for a mentally ill person to have a manic episode. It is possible that even on a regimented pill taking cycle and church attendance, and Bible study, that an episode will

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[111] Ibid, 4.

[112] Ibid.

[113] Stanford, 35.

happen. There is no schedule for when they will show up, and according to Oates, a person who is involved in demonic activity is someone who is essentially looking for a place to fit in. He asserts, "The group members of a group or cult, first believe in demons and demon possession."[114] Further, "They gravitate on the same basis that other people gravitate toward coercive, authoritarian leaders."[115]

People with this mindset are looking for something outside of themselves to associate with. While the church should never condone willful sin, it must learn to accept that people within it suffer from emotional symptoms that do not stem from personal unconfessed sin. They may be weighed down with depression, anxiety, obsessions, false guilt ,or some other disorder, and they need help and understanding, not condemnation. Dr. Richard Winter in his book, *When Life Goes Dark*, augments this point. "It is cruel and very harmful to tell someone in the depths of depression that she is possessed by an evil spirit – unless there is obvious evidence of such activity."[116]

A Biblical/Theological Framework

Before concluding the section on literature studied, the ample biblical evidence for the support of the mentally ill and their need to be provided for must be included as well.

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[114] Oates, *The Religious Care of the Psychiatric Patient*, 76.

[115] Ibid.

[116] Richard Winter, *When Life Goes Dark* (Downers Grove, IL: IVP Books, 2012), 245.

Mental Illness and the Scripture

One of the major questions that clergy have to answer is, "Is mental illness biblical? Is there a prescription or exhortation for it in the scriptures? If so, what does the Bible say about understanding it?" John Owen offers a thorough and clear understanding for how mental issues and faith are balanced in his book, *The Mortification of Sin.* He asserts, "There is a tremendous need today for theology to inform human experience, specifically the observations of psychology and the other social sciences on the nature of human beings."[117] Owen writes that Christians have followed the reverse formula, allowing the observations and experiences of psychological and sociological researchers to determine their theology. His conclusion is the best way to help parishioners is by looking at them through a theological lens first and thereby requiring every other social discipline to come afterwards.

Much of the time religious involvement provides balance and spiritual growth. It helps to prevent depression and buffers against the stress that causes fatigue and irritableness in persons with mental illness. If church leaders are inclined to use a theological/biblical approach to minister to the needs of parishioners, they must understand the right approach and use of the scriptures. Initially they need to understand that the practice of religion for the mentally ill has to be presented in a way that they are not made to be fearful that their illness has marginalized them from God. Allowances and concessions must be made for them, all the while helping to remind them that they are loved by God and their church. Clinebell submits, "Authoritarian religious leaders, theologies, or ecclesiastical systems produce adults who are infantilized to some degree

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[117] John Owen, *The Mortification of Sin* (1656; repr., n.p.: CreateSpace, 2013), 78.

in their spiritual lives."[118] Further, "Healthy religion encourages a person to accept himself as he is – imperfect, finite, sinful – and then to move ahead." And, "Self-acceptance, based on God's acceptance, is the starting point of spiritual growth."[119]

Using the Scripture to Help and not Hinder

Individuals with mental illness in the church may suffer from a desire to be perfect and go above and beyond in their desire to serve God and be accepted by the church. Behind the different manifestations of perfectionism are deep vulnerabilities including the desire to avoid scrutiny, the fear of losing control and a gnawing sense of insufficiency. Author Eric l. Johnson suggests that helping the mentally ill to have a healthy view of God will aid in their growth and wellness. He states, "Another soul-care benefit of the tradition regarding God's sovereignty has been its high view of divine providence. Since God is sovereign over all things, the believer can be encouraged that God is working all things together for good."[120] Perfectionism is a safety mechanism that proposes to offer lasting affirmation while at the same time suffocating whatever fragments of self-esteem a person had left within them. Winter writes, "Those who are very self-critical often set high standards for themselves and others, this may be seen in their perfectionist approach to life. Some of us tolerate disorder and imperfection without anxiety; others have to have everything neat, orderly and clean before they can have any

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[118] Clinebell, 32.

[119] Ibid., 36.

[120] Eric L. Johnson, "Reformational Counseling: A Middle Way," *Reformation and Revival Journal* 13, no. 2 (Spring 2004): 17.

peace of mind. Some are perfectionists in just a few areas of life while able to tolerate imperfection in other areas."[121]

For example, in Matthew 5:48, Jesus says, "Be ye therefore perfect, even as your Father which is in heaven is perfect."[122] If not interpreted correctly for them, the mentally ill may be made to believe that they are flawed due to their illness not realizing that the meaning of the word "perfect" should be interpreted as mature and not as much as a finished product. Mentally ill parishioners have to be given some leniency and consideration otherwise they may downgrade their own selves in relation to a God who loves them.

Because the Christian cannot be fruitful without seasons of sufferings, the mentally ill in churches would do well to be taught about their illness through God's eyes. It would be of great benefit in helping them to come to grips with taking medications and understanding that doing so is not evidence of a lack of faith. The Bible is replete with scriptures that exhort the Christian to remain faithful to God and do not specify what the readers' particular thorn in their flesh might be. Paul wrote of "a thorn in his flesh, a messenger from Satan to torment him to keep him from becoming proud." When he begged God to take it away, the Lord did not remove it but assured him that his power works best in our weakness.[123] Even Jesus Himself had to ask for help in his weakest moment on the cross asked why he had been forsaken.

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[121] Winter, 80.

[122] Matthew 5:48.

[123] 2 Corinthians 12: 8-9.

Administering Hope to the Mentally Ill

The mentally ill in today's churches have to be reassured that all need help and strength from God and the scriptures. If they are helped to understand that everyone will have to suffer during some season of the Christian experience, and not everyone suffers the same burdens, a great many misunderstandings could be alleviated. Such reassurance allows for the mentally ill to be comfortable in their own skin and in their churches. Transparency is necessary, not only for the maintenance of emotional and spiritual health but also to foster an environment where those who are ashamed can feel accepted. Carlson backs this up, writing, "Too many churches today are filled with executives who get together to talk about the bottom line."[124] He continues, "Most churches have their measures of 'success': a certain number of converts, a specified increase in giving, a 'star' pastor, or the numerical growth of the congregation."[125] Further, "When we focus on these external things, however, all too often we neglect and inadvertently hurt the wounded among us. We need to be more like a hospital and a school: nurturing the injured and equipping the saints."[126]

Another help for the mentally ill would be if sermons are preached or biblical teaching on mental illness studies taught about the care and inclusion necessary for the mentally ill in every congregation. According to most of the authors read, less than 50 percent of the churches in the United States touch on the issue and even less have a ministry specifically set up for the needs of the mentally ill in their church. Without

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[124] Carlson, 117.

[125] Ibid.

[126] Ibid.

leadership from their church many mentally ill people are lost as to how to relate to God and their fellow brothers and sisters in Christ.

Most of the authors agree that there has to be an understanding, or a "spirit of inclusiveness" in today's churches. Christians can no longer allow the mentally ill to feel stigmatized or isolated, as if they do not belong. Simpson, says, "God will and does minister to people with mental illness through the bumbling efforts of church leaders, through the presence of silent companions who keep quiet only because they have no idea what to say, through the efforts of caring people who don't know Christ. When people turn to the church for help, I wish they could always receive accurate and helpful information from caring people who see them as God sees them and not just as people marred by illness."[127] She states, "We may never get there. But if we take steps in that direction, loving people in Jesus' name, God will honor our efforts as if we were ministering to Him (Matthew 25:40)."[128] The directive given by Jesus in Matthew 25:40 states, "And the King shall answer and say unto them, 'Verily I say unto you, inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.'"[129] Simpson reminds the church that when ministering to the mentally ill, believers must remember do it as if ministering to Christ. Psalms 34: 18-19 concurs, "The LORD is nigh unto them that are of a broken heart; and saveth such as be of a contrite spirit. Many are the afflictions of the righteous: but the LORD delivereth him out of them all."[130] God is close to them who are of a broken heart. He even knows their situation and has

[127] Simpson, 119.

[128] Ibid.

[129] Matthew 25:40.

[130] Psalm 34: 18-19.

compassion on them. Pastor Stephen Altrogge sums up the point more concisely, "When interacting with Christians who experience anxiety, depression, PTSD, or any other form of mental illness, we need to treat them as whole people. We need to treat people as both body and soul. Do they need to exercise faith in the wonderful promises of God? Sure. But they also need to deal with the physical aspects of mental illness as well. Doctors are a wonderful gift from God who can offer help to those who struggle with mental illness."[131]

A level of patience for the mentally ill must be exercised by the church as well. Many mentally ill parishioners suffer from delusions, spiritual confusion, and sometimes inappropriate behavior. At times they feel like God is speaking to them, and them alone, things that no one else can hear or understand. It will require the patience of a family member, friend, or church leader to practice endurance and compassion for them to help keep them focused. To elaborate on this point Carlson says, "Earlier I discussed 1Thessalonians 5:14, which says to the strong, 'And we urge you brethren, admonish the unruly, encourage the fainthearted, help the weak, be patient with all men.'"[132] He continues, "This passage acknowledges the presence of individuals with all kinds of weaknesses. We are to be supportive and tender with them."[133] The church has to be as supportive as possible with those the Bible refers to as the "feeble minded." The scripture does not tell how long it will take for the feeble minded to grow in strength; therefore it is the responsibility of the church to soldier on.

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[131] Pastor Stephen Altrogge, Bible Study Tools (blog), "Is Mental Illness Actually Biblical?", 2017, https://www.biblestudytools.com/blogs/stephen-altrogge/is-mental-illness-actually-biblical.html, accessed December 3, 2016.

[132] Carson, 134.

[133] Ibid.

Ministry in Action

Small group Bible studies are another creative way to help make sure the mentally ill's spiritual needs are met. If they are not able to make it to church for whatever reason, it will do them good to have their church come to them. Clinebell speaks to this, saying, "To meet the challenge of our society, a church should experiment with new patterns of group life. This is precisely what vital churches in many places are doing."[134] Small-group leaders are in a unique position because they minister so closely to a few people. When mental illness affects someone in a small group, either personally or as a family issue, that person brings a burden to every meeting. People with mental illness are no less important than others, and people with symptoms are no less valuable than when they're not experiencing symptom.

[134] Clinebell, 163.

Chapter Three

Methodology

The purpose of this study is to explore how pastors adjust their ministries to meet the needs of the mentally ill. Consequently a qualitative study was designed to understand the point of view and the experiences of pastors. Learning how to meet needs and minister to the concerns of their congregations is of great importance. To examine these areas more closely, the following questions served as the intended focus of the qualitative research:

1. How do pastors use "acts of faith" to help mentally ill parishioners?
2. To what extent do pastors desire to be educated about mental illness and mentally ill congregants?
3. What resources do pastors use in their learning to minister to mentally ill church-goers?
4. How do pastors ensure the confidentiality of mentally ill church members?
5. How do pastors ensure the safety of mentally ill parishioners during crisis situations?

Design of the Study

The research design of this study will follow a qualitative approach. Qualitative research is designed to reveal a target audience's range of behavior and the perceptions that drive it with reference to specific topics or issues. It uses in-depth studies of small

groups of people to guide and support the construction of hypotheses. The results of qualitative research are descriptive rather than predictive. Sharan B. Merriam in her popular text, *Qualitative Research and Case Study Applications in Education*, defines a qualitative method as, "an interest in the understanding of the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world." Qualitative research is about exploring issues, understanding phenomena, and answering questions by analyzing research. The qualitative research design was used to research this issue, as it is especially appropriate for evaluating relatively new research questions. A plan of semi structured, in-person interviews of seven pastors, with analyzed interview questions, comprised the research.

Participant Sample Selection

This research required participants able to relate experiences in pastoring those with mental illness, as well as how those experiences affected how they ministered. Therefore, the purposeful study sample consists of a criterion-based selection[135] of pastors from the St. Louis, Missouri metropolitan area. These individuals are ministers who have pastored at least five years. Requiring five years of ministry experience ensured that a pastor had the knowledge and skill necessary to give the research personal familiarity. Each pastor also had to be one who devoted time throughout a given week for pastoral counseling among their other responsibilities and who was willing to draw conclusions based on those responsibilities.

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[135] Sharan B. Merriam, *Qualitative Research and Case Study Applications in Education*, 2nd revised & expanded edition (San Francisco: Jossey-Bass, 1998), 77.

Participants were chosen to provide variation in denomination and gender. They also varied in worship style. This diversity provided a nuanced spectrum of ministries for the study. The final study was conducted through personal interviews with pastors in the Christian church. They all were invited to participate via an introductory letter, followed by a personal phone call. All expressed interest and gave written informed consent to participate in the research.

Each participant was asked to complete a one-page demographic questionnaire before the interview. The questionnaire asked for information concerning the selection criteria above.

Data Collection

This study utilized semi-structured interviews for primary data gathering. Merriam defines semi-structured interviews as the middle ground between highly structured or standardized interviews.[136] Semi-structured interviews are preferred for this research because they allow the interviewee the flexibility to answer the researcher's questions without being boxed in to a predetermined line of thought. Interviewees were informed that the interviewer expected them to answer every question asked; however they did not have to answer any question they were uncomfortable with or did not understand. At the same time, if an interviewee wanted to add any additional information during the interview, they were free to do so. This structure required that the same questions be asked of everyone but also allowed the interviewer to probe with additional questions if needed. The open-ended nature of interview questions facilitated the ability to build upon participant responses to complex issues and explore those issues more

[136] Ibid., 89.

thoroughly.[137] The researcher contacted the interviewees in advance to seek their permission and to inform them of the researcher's goals. The interviews were done in person with a personal recording device. The information gleaned from this recording device was used for additional information in the research. Seven pastors were interviewed for up to one hour each. Prior to the interview, the pastors received a letter reiterating and explaining the purpose of the interview. After each interview, field notes with descriptive and reflective observations were written for additional information to use in the research process.

Data Analysis

The data gathered was examined through the constant comparative method of analysis. Merriam describes this method as comparing one segment of data with another to determine similarities and differences. Data are then grouped together on a similar dimension. The dimension is tentatively given a name; it then becomes a category. The overall object of this analysis is to identify patterns in the data. Ultimately these patterns are arranged in relationships to each other in the building of a grounded theory.[138]

As soon as possible and always within one week of each meeting, the researcher personally transcribed each interview using computer software to play back the digital recording on a computer and typing out each transcript. This method provided for the ongoing revision, clarification, and evaluation of the resultant data categories. Any unique similes or analogies that are given by the pastors will be categorized as well.

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[137] Ibid., 172.

[138] Ibid., 30-31.

The interview protocol contained the following questions:

1. Tell me if you've discovered if any of your parishioners have a mental illness.
2. How did you know or discover it?
3. In what ways did your seminary training prepare you for providing pastoral care to parishioners with mental illness?
4. What methods have you used in the past to help parishioners who have a mental illness?
5. How prepared do you feel you are to handle a crisis that a mentally ill parishioner might have?
6. How many crisis situations related to mental illness have you personally dealt with in your pastorate?
7. What opportunities do mentally ill members of your church have for coming to you for counseling?
8. Are you in contact with any additional resources that will help you meet the needs of any mentally ill parishioners in your congregation?
9. How connected are you to the family members of your mentally ill parishioners?
10. What additional education or teaching do you have that can help you adequately minister to mentally ill parishioners?
11. What role has spiritual disciplines played in your ministering to parishioners with mental illness?

12. How often do you see the need to reach out to health professionals such as a counselor, a social worker, psychologist, or psychiatrist?

Researcher Position

Since in qualitative studies the researcher is the primary instrument for data collection and analysis, all observations and analysis are filtered through the researcher's perspectives and values. Therefore, researchers must be aware of how their own bias or subjectivity shapes the research process. As Merriam states, "Investigators need to explain their biases, dispositions, and assumptions regarding the research to be undertaken." She continues, "Even in journal articles authors are being called upon to articulate and clarify their assumptions, experiences, worldview, and theoretical orientation to the study at hand."[139]

The researcher conducting this study understands that his biases, personal opinions, and views of the world are contributing factors in how this study is conducted. The researcher has limited experience in this field, in fact much less than the individuals interviewed for the study. The researcher pastored a small church of twenty members for seven years and is currently an assistant pastor of a large church of over five hundred. With this information in mind, the researcher will not have any bias regarding the size of a ministry or church. However the researcher attends an African-American church and is a member of a denomination that is largely African-American. This bias might influence the reader's perspective when the study is read. However the researcher plans to utilize the experience of pastors of multiple denominations and worship styles. The researcher is

[139] Ibid., 219.

better acquainted with pastors of his same denomination and will receive most of his information from them. However, the researcher will seek out the expertise of pastors of other denominations in order to get a well-rounded understanding.

Study Limitations

Due to limited resources and time, six pastors in the St. Louis, Missouri metropolitan area, and one in Columbia, Missouri were interviewed for this study. The interview analysis is not necessarily universally applicable to all times and situations. This study will not attempt a far-reaching review of the literature and information available. Yet, despite this fact, the researcher believes the data collected will prove useful to provide thorough viewpoints and assistance to those who minister to those with mental illnesses.

Chapter Four

Data Report and Analysis

The purpose of this study is to explore how pastors adjust their ministries to meet the needs of mentally ill parishioners. Four research questions guided the study. The research questions were:

1. How do pastors use acts of faith to help mentally ill parishioners?
2. In what ways and to what extent do pastors pursue education about mental illness and mentally ill parishioners?
3. What resources do pastors use to minister to mentally ill parishioners?
4. How do pastors ensure the confidentiality of mentally ill parishioners?
5. How do pastors ensure the safety of mentally ill parishioners during crisis situations?

Each of pastors interviewed welcomed the opportunity to participate in the study. As mentioned earlier, the researcher contacted them either in person or by phone. All of the pastors knew the researcher was working on his doctorate and were willing to help in the process. The interviews took place over a two-week period. All interviews were transcribed within five days of each particular interview.

The interviewees responded directly, helpfully, and authentically. The researcher gained the participant's permission to participate and record the interview. Also at

thattime, the researcher gave a quick explanation of the project and why this topic interested the researcher. The interviews lasted from thirty minutes to an hour.

Introduction to the Participants

Seven pastors participated in the research process. All of the participants were Christians. Six of them were male, and one was female. Their pastoral experience ranged from five to twenty years. Each of them had experience ministering to or pastoring mentally ill parishioners. Some of the participants have college degrees, and all of them have taken ministry or pastoral care classes. Most of the pastors live in the greater St. Louis area, while one lives in Columbia, Missouri.

Wherever names or ministries need to be referenced, an alias will be used.

Acts of Faith

The responses to the first research question varied based on the age and background of their parishioners. Each participant made continuous attempts to ensure acts of faith are used to help their mentally ill parishioners.

For the understanding of the reader, “acts of faith” are the commitment to prayer and an application of the word of God. Each pastor agreed that acts of faith are a necessary ingredient in the pastoral care to their parishioners, yet the application of acts of faith varied based on their understanding of its importance. They were united in the feeling that if acts of faith were utilized to minister to those who are mentally ill, the chances were great that they would be used in their personal lives. Acts of faith set a

foundation for how they interact with the congregant, and they also serve as a guide for future communications.

Carol Gregory pastors a large church in the suburbs of St. Louis. The membership of her church is made up mostly of retirees. Her usage of acts of faith is different from the other pastors in that she stated, “What really helped me was CPE . . . It was the training we received in clinical pastoral education that helped me see the seriousness of using it; before then it was only practiced for sermons and Bible studies.”

Ken Little is a bishop in a different area of the suburbs of St. Louis. He pastors a large church, but because he is a bishop, he is responsible for a large group of pastors in the Missouri and southern Illinois area. His sense of the need for acts of faith in ministry to mentally ill parishioners was different. “We try to help people understand that God can make a way for your problems and provide help for them. If you don’t get to the place where you feel as though you’ve been delivered, there’s still grace and mercy in your life in order to help you learn how to live with it.” Ken is not alone in his assessment. Several of the other pastors interviewed held similar opinions.

Bridging the Gap Between Faith and Mental Illness

Howard Newton, another pastor in a suburb of St. Louis, added the following, “I believe counsel is necessary for them to understand that God’s grace is sufficient. There’s nothing that trumps the word of God. I believe that God and his presence and purpose can be seen in a mentally ill person’s life regardless of their mental state.” He continued, “I believe it is our responsibility as disciples of Christ to be diligent and sharp in reminding people of that.”

He and Peter Thornton had similar approaches to using acts of faith. Peter's church is in the city of St. Louis, and he informed the interviewer that mental illness is prevalent in the areas surrounding his church's neighborhood. "As the pastor I try to provide words of encouragement in order to help build their faith." He added, "I believe in a ministry of presence," concluding, "I willingly pray for them and will remind them that the church is behind them no matter what."

Bill Smith pastors a church in the downtown Columbia, Missouri area. His church is old and historic and is made up of a cross section of college students, professionals, and people who are "passing through" or are in transition in their life. He is also a former college professor and said that most of his experience with utilizing acts of faith has been with the students who have attended his church over the years. "My approach is simple," he said. "We pray for them, but we don't try to take them through deliverance or anything like that." He explained, "We're not looking for a grandiose show of faith," adding, "We do ask if they are taking their medications. But if they tell us they're hearing voices, we don't try to pray that away; we don't take any risks or chances."

Bill also commented, "I also don't do any teaching or preaching on it," believing the best act of faith for mentally ill congregants was counseling. He made sure he has qualified people on staff to do it. "When we do altar work, we actually have two licensed counselors, and they're both ministers," he said. "So I and the other ministers meet once a month about the needs of the church, but if mentally ill parishioners need help, we funnel them to the two licensed counselors we have." He said, "It makes it very easy."

Pastor Steve Davis pastors a church in a different section of the city than Peter Thornton, but his assessment of the residents of the neighborhood around his church was about the same. Because of this, his exercise of the acts of faith was similar. He said:

> As a pastor, he has to be mature in the word, and the Spirit will guide him. And certainly we do know we all preach God is a healer, so whatever illness that you may have, whether its heart disease or AIDS, or if you have a problem, God can heal you of that mental illness. And in some cases they almost can work hand-in-hand, the mental illness as well as the enemy. A man can be delivered from that mental illness. That's what Jesus has come to do, to bring deliverance. If we don't teach and preach to people about faith, we are discounting the power and the work of God, what He can do in a man or woman's life in this area. With his stripes we are healed.

Pastor Norman Wallace leads a small congregation in the suburbs of St. Louis also. His opinion of exercising acts of faith for mentally ill parishioners was intriguing because he looks at mental illness as a process. "There is an understanding of Christ and the church regarding redemption to help minimize the impact of mental illness, in that mental illness and hurt and brokenness tend to be bedfellows. And what pastoral care can do is bring forgiveness and minister to people, leading them to forgive some events in their lives that caused the psychotic break that triggered whatever in their lives. There's a benefit and blessing in that."

Summary of the Use of Acts of Faith

Each pastor believed in acts of faith and felt they are necessary in the exercise of leadership in a faith community. Each of them performed acts of faith based on their belief system and the community in which their particular church was located. While each of them acknowledged they do minister to mentally ill parishioners, the way each of them provided pastoral care was an amalgamation of their own beliefs and the geographic

location of their church. Each concluded that acts of faith cannot be overlooked, but at the same time they were only a part of the pastoral care process.

The Education Gap

When each of the pastors was asked about their level of education and background in ministering to the mentally ill, each one of them voiced regret over not having enough information. None of them felt like their education prepared them. Even those with seminary training confessed that they didn't feel sufficiently trained. They all admitted that if they could do it over again, they would make sure more attention was paid to studying the mentally ill. Some of these pastors did admit that the issues of the mentally ill were not as prevalent ten or fifteen years ago. These pastors realized that even though they do not feel as prepared as they would like, they can make it their business to gain all the knowledge they can.

Carol was the only pastor who had a seminary degree. She was asked if her training met the needs of her ministry in this area.

> I'm not sure it did. We had a class on pastoral care, and my professor's big thing was to just see them three times and then refer them. Because I'm not a professional counselor, I used to work the suicide hotline for two years. I'm always making that assessment on people, and I use it also in our grief group here at the church. We had elective classes you could take in pastoral care, but it wasn't necessarily required. One of the classes I ended up taking dealt with violence and people who had experienced severe trauma. I did do some chaplaincy, and I mainly worked with patients who had experienced trauma. I did do some time on a locked ward which was a very interesting experience.

Carol, even though she was the most educated of the interviewees, felt that because her training didn't meet the need, getting more training was important.

The rest of the pastors interviewed have followed a different path to get to the same conclusion as Carol: they all see the need for further education. Some of the pastors interviewed saw it as their responsibility to be educated, but others felt differently and wanted to make sure they had members of their congregation educated to help meet the needs of the mentally ill. Again, it was Carol who best voiced the sentiment of the pastors when it comes to being educated, "Lots of resources. I'm always collecting resources and brochures."

Pastor Norman Wallace didn't go to seminary, but he was able to explain what he did learn from a Bible institute.

> First of all, I don't have strictly seminary training. Victory Bible Institute is what we used. For the most part, really hardly any attention was paid to it, because it's really more of a unique subset of pastoring. It really is more of a learning how to listen well. Doing my own personal reading on mental illness, I did take some classes at Covenant in the counseling department, which was very helpful. I did learn a lot from the professors. Those were helpful in being able to understand the dynamics of mental illness and faith.

Pastor Steve Davis offered an identical assessment.

> Now I didn't go to seminary school. I did attend a Bible college, and that was probably in the early 90's. We didn't have any classes or curriculum on this subject. Basically we received classes on counseling. Just people in general in your congregation but not on this line of topic of mental illness. I think the reason being is because that as time goes on, as we see as we are a twenty-first century church, you see more and more in our church and our society that people have mental illnesses. But we're finding out as we get more educated is that mental illness is just like having a heart problem or a kidney problem. I have to wear glasses otherwise I can't see.

Lastly, Pastor Howard Newton had a similar background. "My training has been, I would say, outside the realm of seminary. But the training has helped me to identify cases, situations that require resources outside of the church and then how to connect a person to that resource that they can get the necessary help that they need."

All of the pastors interviewed, in spite of not having the training they would've liked, are seeing the need for it now. They rue not having the training that would have better prepared them for the mentally ill parishioners in their church.

Identifying Mental Illness

There's an additional problem that lack of education posed: the inability to identify a mental illness when they see it. None of the pastors interviewed claimed to know how to diagnose mental illness or to know it when they saw it. However each one of them communicated that they were able to tell when a parishioner they communicated with seemed, "off" or "different." Pastor Ken Little alluded to this when he was asked if he had discovered if any of his parishioners had a mental illness. He stated, "Yes, we discovered by their behavior and their sense of being obsessive of myself or others in the church," he said. "In some cases they announced it themselves."

Pastor Norman Wallace said, "Primarily, sometimes it comes up when a leader would have an interaction with somebody, and it would come out that way. It doesn't have to be a good or bad interaction. It could simply be in conversation or whatever and then that would get filtered to me in some way, whether it being a casual conversation or a concern we would have to address." Pastor Bill Smith had a similar estimation. Other pastors said the decision was made for them, and they didn't have to worry about guessing because the individual was willing to come forward and tell them exactly what was going on with them. He said:

> We have some members that we know of who were willing to share information about their particular mental health issue. We have other members who have gone through drug addiction, particularly one young man who got some bad drugs in high school, and it altered his mental health. He came and spoke to me privately

> about that so I know that. We have another member who is a brilliant guy and well educated, a fraternity guy who was an electrical engineer working for the government. He was diagnosed as bi-polar but wasn't diagnosed until he was in his twenties. So he's lost his job and lost a lot of things like that.

All of the pastors surveyed felt relieved when this happened because it alleviated the pressure of having to guess or assume a parishioner's mindset. They all appreciated that even though they didn't feel as educated about mental illness as they should be, their parishioners affected by the illness felt comfortable enough to bring the matter to them. Pastor Carol Gregory added, "Some have shared their mental illness with us. Some have told us about their diagnosis so that we can help them, when they've had issues. Some we've helped them diagnose it or shared our concern with them."

All of the pastors were in concert on how the mentally ill were received when they announced their illness. All of the pastors expressed their encouragement and volunteered their help when mentally ill parishioners came to them because they know how hard it must have been to confess their issue in the first place. At the same time, none of the pastors felt prepared to minister to mentally ill parishioners on their own.

Pastor Carol Gregory mentioned, "We have several who want to use the senior pastor and me as their counselors. Our rule is three and refer. I will meet with you three times, but beyond that I'm not a professional counselor, and I don't pretend to be."

Summary of Education Gap

Each of the pastors interviewed admitted to feeling a certain amount of inadequacy due to not being as educated about parishioners with mental illness. They admitted that due to their lack of preparation, each of them was, and still is, willing to look for ways to learn more about it. In addition, they confessed that they were happy that

some parishioners were able to confide their illness with them, and they took their trust seriously. While they were happy over the trust confided in them, they were also wary of advising mentally ill parishioners without looking for professional resources to handle the diagnosing and counseling.

The Search for Additional Resources

Because the pastors interviewed weren't comfortable with the education they received to pastor mentally ill parishioners, they were all more than willing to refer them to professional counselors, psychologists, and psychiatrists. Pastor Ken Little admitted as much when asked what he did to ensure that the mentally ill in his congregation were able to get the best pastoral care he had to offer.

> They are more than welcome to come in for us to talk. But I try to recognize my own limitations and not step onto ground that I'm not able to handle. In talking with them, if I see the need I'll recommend they see a psychologist, or someone who is trained for that, and they may direct them better from there. But we try to let people know that no matter what, they can come in and talk. If they can't come in and talk, they can call on the phone, and we'll talk, but we try to let them know the door is always open so they can know here is a place of comfort where they can be consoled and given direction.

Pastor Steve Davis' response was somewhat the same.

> Number one, I will start out saying any pastor should have a good relationship with his parishioners. The Bible says, "My sheep know my voice." So what I'm saying is the relationship you have with your parishioners, if they act out or hear voices or have some kind of behavior, you're able to speak to them and say, "Hey Joe or Mary, are you alright?" And maybe hearing your voice as their pastor, that may bring things under control and may de-escalate a situation. Then there's other cases where you have to have your parishioners or your deacons or your elders trained and educated in that area, and that's where we are lacking right now in the church. We do not have our elders or deacons trained and educated in that area as a first responder or a go to person.

The next three pastors all pursued resources a step further. Pastor Norman Wallace said, “We actually had a pastor on staff who was a licensed professional counselor who we would refer people to and then he would refer if something was beyond his capability as a counselor. We keep a notebook in our office of doctors and therapists that we would refer. One of our main referrals is Covenant Seminary, sending them to the program there. I would not be opposed if a mentally ill person who has a doctor or a therapist, and they would want to talk with me, or the patient would want that; I wouldn’t have a problem with that at all.”

More pastors are not only learning more about mental illness on their own but are seeing the need for their congregations to be prepared to help minister to them as well. They all admitted that a one-person approach is not wise. These pastors have learned their limitations and have seen the value in reaching out to professionals.

Pastor Peter Thornton’s church partnered with the Missouri Department of Mental Health to train some of his congregants. “Within this partnership, they have agreed to train several people in our church to reach out to counsel people who have mental illness. The Department of Mental Health came and trained at least fifteen to twenty people for about three to four days, and we received certification for reaching out to individuals in the community. They gave us some very strict guidelines on how we can best minister to people with mental illness, and we are still in partnership with the Department of Mental Health. We received a grant also to pay for those people who were trained. Individuals came from Chicago to St. Louis to train individuals here at this church.”

Pastor Thornton explained to the interviewer that the neighborhood around his church is one rife with mental illness. He was approached by a DMH employee because

they see mental health as important in the city of St. Louis. In their efforts they decided to include any church in the area that was willing to host training and workshops on how to help meet the needs of the mentally ill. Pastor Thornton was happy that the opportunity presented itself. “Before the training, it was simply by referral. We referred people to an organization that helped people with mental disabilities. Prior to the training, we weren’t as sharp in identifying people who had mental illness. If we thought someone had a mental illness, we would pray. But we didn’t have the expertise in referring people who had mental illness.”

Dual Roles of the Pastor and the Professional

Pastor Howard Newton added a different approach for reaching out for resources. “The first thing is, any time the assessment is made that professional help is needed, the person is reassured that they are being referred to get the specific help that they need, but that they are never left alone . . . the church and my role as their pastor is not relinquished or diminished in any form or fashion. As a matter of fact, it’s enlarged because in many cases when the person consents to professional help, I reach out to the professional source and in some cases go with them on the first visit.“ Even after he referred parishioners to professional counselors or psychiatrists, he felt it was his responsibility to maintain contact with them or even go with them to their appointments. He was asked why that is important to him. He responded, “I try to maintain a pastor/professional source relationship with the professional. This always establishes the exclusivity -- that what happens between them and the client cannot be discussed -- so I respect that, as well as what happens between me and the individual -- that’s exclusive as well. So we

maintain a professional liaison when the person is still in care, along with what further care needs to be extended from a professional standpoint. So we complement each other with regard to where the person is in their state of recovering making progress or moving forward. We believe in meeting the needs of the whole person. We've been charged by Jesus to do that."

The interviewer learned that this practice is not as common among St. Louis pastors. Pastor Newton believed this practice ensures that the parishioner will be helped by the professional and that a weight can be lifted off of the parishioner's shoulders, knowing that the church or faith community hasn't forgotten or turned their backs. Pastor Newton believed a mentally ill parishioner may already be uneasy about submitting to the leadership of a psychiatrist, due to embarrassment, or that going to the visit will show a lack of faith. Pastor Newton says that he tried to assuage their feelings by practicing a ministry of presence, so the parishioner could see the love of Christ in action.

Pastor Carol Gregory adds a new wrinkle to this exercise. Pastor Gregory not only attended visits with mentally ill parishioners; she also made sure they were made to feel comfortable by their prospective doctors. She stated, "I'm asking people what doctors they like and who they don't. I give them permission to fire their doctor and find a new one based on their experiences with them. We've helped them financially to help finance their visits with the doctor." She figured that if the parishioner was going to see the doctor they might as well be someone they liked and felt comfortable with.

One last thing some of the pastors did was to join ecumenical groups of pastors to form a network. Within this group they exchanged information necessary for the health and welfare of their fellow ministers' churches. It was explained to the interviewer that

these networks are put together without reference to denomination or theology. The pastors saw the need for more communication and education and realized they were able to share and distribute more information this way. The pastors all had the same assessment, that it did them all good to know they were not alone and that their experiences were similar. These pastors did not claim to be experts or professionals, but they provided the names and addresses of those who were. Every pastor who was part of a group like this was very appreciative and grateful.

Summary of Search for Resources

Each of the pastors interviewed worked hard to ensure that once they identified mentally ill parishioners, they found ways to provide pastoral care. They didn't allow the lack of education or the lack of resources to prevent them from searching for them. These pastors all had different approaches to and opinions of what pastoral care looked like to the mentally ill in their church. However, no matter the differences, they all saw the need and took the initiative to get the individual's need met.

Confidentiality

One additional aspect of providing pastoral care for the mentally ill was keeping their confidence. Confidentiality placed a duty on clergy not to disclose information shared with them in private. Confidentiality was also the ethical and often legal responsibility to safeguard congregation members from unauthorized disclosures of information given in the context of a confidential pastor-parishioner relationship.

Historically, pastors have had only a moral obligation to maintain the confidentiality of information given to them by congregation members. In recent years, however, people have brought an increased number of lawsuits against pastors for invasion of privacy.

Some of the pastors explained what they did when they were made aware of a mentally ill parishioner. Also several of the pastors said that one of the best resources for helping provide good pastoral care for the mentally ill was to work in conjunction with their family. Pastors have found that families of mentally ill congregants in their churches know exactly what to say and do to help.

Pastor Little mentioned that his church works with the National Alliance on Mental Illness (NAMI), and they helped him stay in contact with other churches in the area. Some of the pastors belong to their own grassroots organization that does the same thing that other, more popular, organizations have done.

Another wrinkle in the confidentiality agreement was that all the pastors admitted that keeping confidences was not hard. But they also had to communicate to their mentally ill parishioners that just because they were pastors does not mean they know everything, and if they saw any behaviors or actions that were dangerous or questionable, they would call a professional. The pastors said that they wanted their mentally ill parishioners to know that calling a professional didn't break trust, and it should be understood as a failsafe or a last resort. They wanted everyone to know that confidences can still be kept even though more help was provided.

Summary of Confidentiality Issues

Each of the pastors interviewed realized that keeping the confidence of the mentally ill in their congregations was important. They each learned that keeping the trust of these parishioners was paramount to open communication. They realized that trust breeds trust. But they also learned that confidentiality can only be kept as long as there was no present danger or harm involved. Each of the pastors interviewed admitted that if they saw behavior that was potentially dangerous to the parishioner, or anyone in their church, that they would call the authorities immediately.

Safety and the Handling of Crisis Situations

The pastors also regarded themselves as crisis managers. Even though no two of them had identical crisis management stories, they all were acquainted with the concept. For the purposes of this dissertation, the word "crisis" will be defined as a time of intense difficulty, trouble, or danger where an important decision must be made. The pastors interviewed admitted they had all dealt with crisis during their pastorate; however a mental health crisis was not something all of them had seen or experienced. Only one pastor articulated a crisis event in his church. Pastor Steve Davis recalled the following:

> I remember one in particular. This young man lost his mother, and his mother's passing was a real trauma. She passed in the church, and everybody saw this. She was on our praise team, and her sister came to me and said that something was wrong with her sister, and I ran over to her and saw that her eyes were almost in the back of her head, and then she slumped over, and then I told one of my assistants to go see about her right now. We decided to pray for her, and actually she really had had a heart attack right there in the service, and we had to call 911. Her grandson was in the service watching what was going on, and this is crazy what's happening. And I'm asking God to not let her die in the service.

Another pastor, Howard Newton said that while he's never had a real crisis as defined in this interview, he was prepared for one, should it occur. "We've had drills for that purpose. Fire drills. Drills for a disturbance within the congregation, and we have teams that are designated and composed of security and deacons to isolate the person from the congregation and to de-escalate the situation. We have people that are trained in de-escalation techniques. Simultaneous to that, outside sources would be called as well -- EMT, and etc." The majority of the pastors interviewed admitted that even though they'd never had a crisis, they still wanted to be prepared. They agreed that emergency services may be necessary, and if so they would be prepared.

Another sentiment that all pastors agreed on was making sure mentally ill parishioners knew that they were welcome to come back to the church even after a crisis. The pastors were unanimous in saying that no matter how severe a psychotic episode was in their church, they would be more than willing to accommodate this individual back into their congregation. All of the pastors believed that it was their Christian duty to make sure those individuals were reassured that they did not need to fear or worry about being welcomed back. Pastor Carol Gregory provided insight into her method for this. "Yeah, I think they would invite that person back. We have one woman who does go off of her meds and gets a little bizarre. And people here are used to that. I have some parents who will make sure their kids take their ADHD meds during the week and take them off on the weekends. But I tell them that they need to be consistent, because then it becomes a roller coaster. We have a young man, he is 18 years old, and he does not talk, needs help walking, and he wears a diaper. No one can sit in front of him in the service, or he will

bite them, so he has to always sit up front. I don't know what the deal is. I've never really gotten into that. But you begin to see the stress on the families' faces."

Pastor Norman Wallace offered a similar procedure for how he handles crises.

> We have had that maybe once or twice in my twenty-eight years of ministry at church and maybe once or twice in a small group. The group leader would call me and ask what to do. But then after that, it's the follow up. Pastoral care for that person is so vital because they have just been embarrassed in public with this break they've had, and it's just so important that the pastor in particular to immediately follow up, visit them in the hospital or wherever they are and love on them, reassure them of the church's acceptance of them. Because it will be the hardest thing in the world for them to come back to church because they feel shamed. Part of it would be talking with that person, asking how much can I help you re-engage with the community, which may mean I will talk to people if you want me to. You don't want to divulge private information that they wouldn't want shared. Do they want me to share where you were at in that situation? Try to be a bridge between them and the people who experienced that break?

For these two pastors, their preparation for a crisis or a psychotic break was based on their years of experience and the acknowledgement that because it has happened once, it can happen again.

Pastor Wallace also explained what pastoral care looked like for him after a parishioner had a crisis.

> A huge part of it is just having compassion. Recognizing and realizing that this is an illness, that is not having control over different things, and having compassion on them is huge. Not labeling, not fearing. Exhibiting that acceptance of them, that's a huge part. As far as ministry goes, there would be times that we we've actually had a small group/support group for people struggling with mental illness, and it could be a variety of different things on how faith and spirituality informs and supports the individual in their mental illness. So that was one of the things we do also. It was interesting working closely with an individual who was bi-polar, but who was very healthy in their mental illness in that they were very accepting of it, understood it, and was very regimented in making sure they took the medicine in order to notice anything unusual happening, so they could get help. So they would be ones that we had the small group for, for people who have the mental illness.

All of the pastors interviewed admitted that the needs of mentally ill parishioners had to be met and could not be overlooked. They were all in agreement that education and resources were necessary in order to know how to best meet their needs. None of the pastors was content with referring resources to mentally ill parishioners without going over the information with them to make sure they understood it and sticking with them until they found a therapist or a licensed counselor. The pastors all informed the interviewer that they had seen too many times how not making provisions for the mentally ill backfired because churches weren't prepared.

Summary of Findings

This chapter examined the experiences of pastors and their use of pastoral care in ministering to mentally ill parishioners. They commented on cases of crisis, acts of faith, confidentiality, and education. For the purpose of this study, seven pastors were interviewed using a semi-structured, constant comparative interview process.

The findings are the result of information gathered from the five research questions to best understand how pastors were able to understand and minister to the needs of mentally ill parishioners in their congregations. All of the information provided was gathered from transcribed interviews.

The next chapter will discuss the results of the study, recommendations from the literature review, and the findings of this chapter. The next chapter will also include discussion from the author on what further actions can and need to be taken to attend to the needs of mentally ill parishioners.

Chapter Five

Discussion and Recommendations

The purpose of this study was to explore how pastors provide pastoral care to parishioners with mental illness. Chapter two provided the blueprint and foundation for how the information in this dissertation was gathered and compiled. In chapter three, the literature review highlighted the opinions of authors who provided an in-depth view of their experiences and exposure to mental illness. Chapter four described the personal encounters of seven pastors and their efforts to provide pastoral care to mentally ill parishioners. This fifth and final chapter will focus on the findings and recommendations from the research and the literature review.

Summary of the Study and Findings

The purpose behind this study is to find out how knowledgeable pastors are about the needs of their mentally ill parishioners. The church has always had and will always have mentally ill parishioners. That is not the question. The question is, are the pastors ready to help facilitate their needs, and if not, how prepared are they trying to be? The literature review has shown that many volumes of publications catalogue the importance of pastoral care to the mentally ill. However not many of them show how educated churches are in the practice. The preponderance of my research found that the need for pastoral

care to the mentally ill is not a secret, but not enough time and attention is being paid to its maintenance.

The majority of the reference materials mostly recount the errors or lack of education our churches have. In speaking with the six pastors, the theme was the same. The majority, if not all, of them were not educated about the need. Also, the procedures they have now set up in their ministries were established only after individuals showed up who needed them. From the research done on this subject, it is clear that not enough of our churches see the importance of knowing how what pastoral care looks like to the mentally ill in their congregations. Again, the following five research questions were used as a basis for this study:

1. How do pastors use acts of faith to help mentally ill parishioners?
2. In what ways and to what extent do pastors pursue education about mental illness and mentally ill parishioners?
3. What resources do pastors use to minister to mentally ill parishioners?
4. How do pastors ensure the confidentiality of mentally ill parishioners?
5. How do pastors ensure the safety of mentally ill parishioners during crisis situations?

Discussion of Findings

Now more than ever attention must be paid the needs of the mentally ill in our churches. Thousands upon thousands of people, all members of their local churches, are dealing some form of mental illness every day. Some may not know much about their mental illness, if they know they have one at all. However some do know about their

illness, and not only are they suffering from the illness, but they also are suffering from the lack of pastoral care afforded to it.

Through the compiled research and the interviews conducted, the conclusion of this author is that not enough attention is being paid to our mentally ill parishioners. In the readings and research performed for this project I learned that a lot of pastors weren't educated about the need for this.

Based on the research and the questions asked this author discovered some interesting facts which I will explain the following sections.

The Church as a Spiritual Hospital

In my upbringing, we were always reminded that the church in our communities was, and is supposed to be, the spiritual hospital. The church is the one place in our neighborhoods where anyone and everyone is welcome, no matter who you are or what your background is. The church is the place where the presence of God exists, and the scriptures instruct us that all who are heavy-laden can come to Jesus because he is the one who provides us with the necessary rest for our lives.[140] The church was presented as a place where no one is bigger or better than anyone else.

However, through careful observation, in this author's opinion, the church has a long way to go to meet the needs of a section of its population, the mentally ill. Historically mentally ill individuals have suffered through stigmas, misdiagnoses, and misunderstandings about their shortcomings. Many people of faith are too ashamed, guilty, or embarrassed to take the risk of revealing their struggles with mental illness. As

[140] Matthew 11:28.

a result they haven't been given the best level of pastoral care they deserve. To find out how deep this dilemma runs, I read the writings of professionals on this subject. Much to my surprise, my suspicions were correct to a certain degree. While some churches and ministries do try to meet the needs of the mentally ill, a great many parishioners in our society are still going underserved.

The Importance of Pastoral Care

The research shows that some pastors and churches see being mentally ill as more spiritual than anything else. Studies have shown that mental illness, while it may have a spiritual connection, is also physical and mental. What does this mean? Some churches in their rush to diagnose a person with lack of faith or demonic possession have actually made the situation worse. Misdiagnosis and misunderstandings of this issue lead to misapplication of the scripture in pastoral counseling. The point may be true, but it will not help if the church and the pastor are addressing a problem that the parishioner doesn't have. The stigmas of misunderstanding have caused a great many to hide or to ignore their illness altogether.

Some pastors in their attempts to use acts of faith to help the mentally ill have come to the conclusion that prayer and exhortation do have their place. But in addition, they would do well to not think that a mental illness cannot be "prayed away." Ministries of presence and encouragement are most helpful. When we acknowledge that mental illness is a real category of suffering, it allows those who are suffering to open up to others. It also allows other Christians to pray for and serve those who are suffering. The Bible has so many words of encouragement for those who are suffering, but we won't be

able to encourage others unless we first recognize that they really are suffering. Pastors are learning that instructing parishioners to take their medications and seek professional help is not a lack of faith as much as it is an act of wisdom. Pastoral care needs to include visitation to persons and families struggling with mental illness as with any other physical illness. Devotional material from a faith tradition can be given to individuals in a counseling setting. Scripture and other resources can bring comfort to persons in a psychiatric hospital, group home, or other setting.

Pastors are slowly but surely coming around to the wisdom that mental deficiencies like schizophrenia, anxiety, dissociative identity disorder, and others are not a punishment from God. They are realizing that these shortcomings can most times be assuaged through the taking of medications and therapies. I believe if we are able to turn the corner in this area of our churches it will be a big help to the church as a whole. We have to help our mentally ill parishioners understand that when Jesus said that everyone who is burdened and heavy laden can come to him, he meant everyone.

Mental Illness is Real and Must Be Acknowledged

Pastors are now seeing the importance of receiving more education on this subject. It was invigorating to know that some pastors see that they don't know enough about mental illness and want to be educated. Most of them saw how mental illness affected other congregations and had the foresight to get ahead of the learning curve.

In my opinion, more and more pastors are learning about what it means to be pastor to the whole man. As I stated earlier, pastors must know their limitations and try not to be experts in areas they aren't called in. But at the same time, to have the wisdom

and maturity necessary to refer a parishioner to a professional is a part of pastoral care. This author believes the referral process to a professional is just as important as preaching a sermon or even teaching a Bible study. We have to know that ministry to the whole man may not be done all by us but being able to refer means that we are still part of the process. In addition, not losing communication with a parishioner while they are in the hospital or meeting with a psychologist is paramount. In my opinion, it shows this individual that their pastor really cares about them and didn't just drop them off like a heavy burden. Pastors who do this are able to show by example that these members are still members of their particular faith community, and nothing that affects them will prevent the love of God from being shown to them.

Another ray of hope I learned throughout this process is that some pastors are leading their churches to understand the need for education and training in this area. Some pastors are sending certain members of their churches to training or even going themselves. Some pastors are working together and crossing denominational lines to network and share information that is helpful through experiences. One pastor I spoke to says that his church is associated with NAMI, the National Alliance on Mental Illness. According to NAMI, the nation's largest grassroots mental health organization, nearly one in five adults in the U.S. — 43.8 million people — experience mental illness in a given year, and 21.4 percent of youth 13-18 years of age will experience a severe mental disorder at some point during their lifetime. Through this program the pastor is able to receive resources and training that will help equip his church and himself with techniques that will help the mentally ill.

One other illuminating bit of information I learned about mental illness in the church is that the illness isn't only plaguing the parishioners, but oftentimes it affects the pastors as well. Some pastors have tried to fight depression for a long time and working overtime to try to hide it. Who provides pastoral care to them? Who comes through for them when they need it?

The Faith Struggle

Persons with a mental illness often struggle with issues like the inability to experience God's love and acceptance, the inability to accept oneself, the need to confess one's sins and know God's forgiveness, the need to be reconciled with others, and the lack of hope that things will get better. Pastors and other faith leaders can offer wisdom and hope from their level of faith and understanding. In listening carefully to a person's struggle, faith leaders can explore the feeling of one's separation from God, share the biblical stories of persons struggling with similar issues, and share stories of God's forgiveness and acceptance.

There seems to be a turning of the tide when it comes to understanding how faith and mental health worked together. For the longest time there was a misunderstanding that mental illness was a sign of a lack of faith. People erroneously believed that mental illness was a sign of a weak or nonexistent faith. Many questions were asked, and chief among them was, "How can you say you have faith in God, if he hasn't healed you of this mental illness?" Or others have asked how has the person sinned in order for God to punish with a mental illness? This mindset is akin to the one Jesus' disciples had in John 9 when they asked him about the man born blind. "Master, who did sin, this man, or his

parents, that he was born blind?"[141] Many people look at mental illness as a punishment or a testament to a person's lack of belief.

Pastors need to be leading the charge in making sure the mentally ill parishioners understand that this is a grave misinterpretation. The reason God allows mental illness in the lives of some is not something we may know personally. However we as clergy need to remind them that God has not forsaken them just because of a mental illness. We have to help them understand that God still loves them in spite of their conditions. We have to teach them that one can still have great faith and belief in God in spite of their condition. Actually, sometimes God will allow thorns in our lives in order to understand the depth of his grace. The Apostle Paul sought the Lord three times to remove the thorn in his flesh. The response he received was that God's grace is sufficient for him and that his strength is made perfect in our weakness.

It is my firm belief that we as faith leaders have to help our congregations understand that there may be infirmities in us all. One person may deal with a mental illness while another may have tendencies in another direction. However the grace of God is strong enough and sufficient enough for all of us to be able to lean on it. Paul takes the understanding of the will of God in his life a step further when he confesses, "That's why I take pleasure in my weaknesses, and in the insults, hardships, persecutions, and troubles that I suffer for Christ. For when I am weak, then I am strong."[142] I pray that God help us to remember that in the spiritual hospital of the church, we are not members because we are perfect, but we are patients because we are works in progress.

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[141] John 9:1.

[142] 2 Corinthians 12:10.

God Can Still Use the Mentally Ill

Because faith leaders are respected by their congregations, they can model an acceptance that will help diminish the stigma associated with mental illness. This stance is easier if mental illness is treated like any other physical illness in sermon illustrations and in small group educational settings. By including persons with mental illness in pastoral prayers and sermons, clergy are helping to educate the congregation that mental illness is not caused by lack of faith or spiritual commitment. One of the heartening things I learned from the pastors I interviewed was that they would not allow a mental illness to prevent a parishioner from being used in their ministry, even being in a leadership position. More and more pastors are accepting the fact that mental illness is not always a debilitating disease that prevents them from being used. If a pastor takes it upon himself to be innovative, he will look for opportunities for the mentally ill to come forward and be used. Such inclusion would require making sure the church he/she leads is one that is well taught in the acceptance of all, including the mentally ill.

In addition, it would be wise for the pastor to remind mentally ill parishioners of the need to continue taking their prescribed medications. Again, taking medication is not an act of faithlessness. After all, it's wrong to assume that medicine and faith are necessarily opposed to each other, or that illness is only the result of a lack of faith. We live in a sin-infested, fallen world, and as a result we're all subject to sickness and death. Only in heaven will all sin and illness be banished.

Recommendations for Practice

What can the church do to make sure that the mentally ill are made to feel comfortable and welcomed? The church will have to open itself up to the understanding that the mentally ill still need to be ministered to. The pastors of our churches will need to see the importance of being educated about mental illness and how to provide the best pastoral care to them. The church is the one place in our society that is supposed to accept anyone no matter who they are or where they come from. If the church wants to remain relevant and in accordance with God's will for it, it will have no other choice but to prepare itself for those who are mentally ill. But just opening the doors isn't enough. The body of Christ as a whole needs to welcome them, love them, and most of all be prepared for them. We have to remember that none of us were born perfect, and there are areas of our lives that aren't perfect. We were and are accepted into the body of Christ, and if we are, so should everyone else. We need to make sure we are open to learning about how to minister to the people and not allow the illness to define them. Once we learn to open our arms and our hearts, the practice will become easier.

Recommendations for Further Research

I would love to see more pastors taught about pastoral care for mental health in seminaries and Bible colleges. I think it would serve our pastors and church leaders well to know how to minister to them if they are members of our churches or in the hospitals. Most seminaries are not teaching courses for students to know how to minister to the mentally ill. I think now is the best time for that to start.

Appendix A[143]

These are among the findings of a recent study of faith and mental illness by Nashville-based LifeWay Research**.** The study, co-sponsored by Focus on the Family, was designed to help churches better assist those affected by mental illness.

- Most Protestant senior pastors (66 percent) seldom speak to their congregation about mental illness.
- That includes almost half (49 percent) who rarely (39 percent) or never (10 percent), speak about mental illness. About 1in 6 pastors (16 percent) speak about mental illness once a year. And about quarter of pastors (22 percent) are reluctant to help those who suffer from acute mental illness because it takes too much time.

Researchers looked at three groups for the study.

They surveyed 1,000 Protestant senior pastors about how their churches approach mental illness. Researchers then surveyed 355 Protestant Americans diagnosed with an acute mental illness—either moderate or severe depression, bipolar, or schizophrenia. Among them were 200 church-goers.

A third survey polled 207 Protestant family members of people with acute mental illness. Researchers also conducted in-depth interview with fifteen experts on spirituality and mental illness. The study found pastors and churches want to help those who experience mental illness. But those good intentions don't always lead to action.

[143] LifeWay Research Poll, 2014.

A summary of findings includes a number of what researchers call ‘key disconnects’ including:

- Only a quarter of churches (27 percent) have a plan to assist families affected by mental illness according to pastors. And only 21 percent of family members are aware of a plan in their church.
- Few churches (14 percent) have a counselor skilled in mental illness on staff, or train leaders how to recognize mental illness (13 percent) according to pastors.
- Two-thirds of pastors (68 percent) say their church maintains a list of local mental health resources for church members. But few families (28 percent) are aware those resources exist.
- Family members (65 percent) and those with mental illness (59 percent) want their church to talk openly about mental illness, so the topic will not be a taboo. But 66 percent of pastors speak to their church once a year or less on the subject.

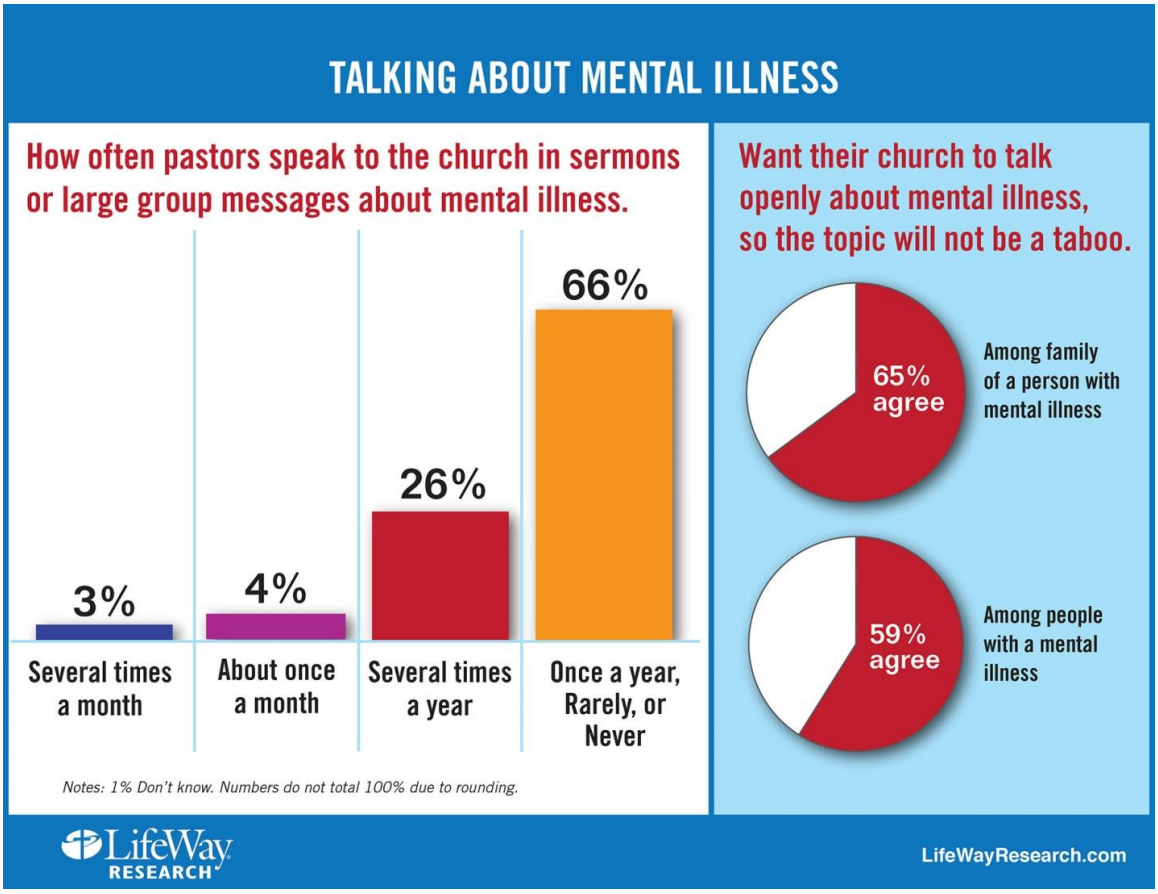
Most pastors say they know people who have been diagnosed with mental illness. Nearly 6 in 10 (59 percent) have counseled people who were later diagnosed.

Researchers asked those with mental illness about their experience in church.

- A few –- 10 percent — say they’ve changed churches because of how a particular church responded to their mental illness. Another 13 percent either stopped attending church (8 percent) or could not find a church (5 percent). More than a third, 37 percent, answered, “Don’t know,” when asked how their church’s reaction to their illness affected them.

- Among regular churchgoers with mental illness, about half (52 percent) say they have stayed at the same church. Fifteen percent changed churches, while 8 percent stopped going to church, and 26 percent said, “Don’t know.”
- Over half, 53 percent, say their church has been supportive. About 13 percent say their church was not supportive. A third (33 percent) answered, “Don’t know” when asked if their church was supportive.

Appendix B[144]



[144] LifeWay Research Poll, 2014.

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