

A Sermon for Mental Health Sunday
1 Kings 19:1-18 (NRSVUE)
The Seventh Sunday of Easter
May 12, 2024
Rev. Anita Peebles, Seattle First Baptist Church

A few weeks ago, an email popped up in my inbox. It was titled “I’m Exhausted All the Time”: Exploring the Factors Contributing to Growing Clergy Discontentment.”¹ The email contained the results of a COVID-19 pandemic survey of clergy across the United States and across denominations. The findings were eye-opening.

Almost half of the over 1700 clergy surveyed said they had seriously considered leaving their congregations in the past few years. Over half said they had seriously considered leaving the ministry altogether. From 2015-2021 there was a 400% rise in risk of burnout in clergy.²

This email stopped me in my tracks and prompted me to do some self-evaluation. While I might have been able to guess at some of these statistics from anecdotal conversations among colleagues, seeing them reflected in research was shocking.

You see, we do not do well in this country at talking about mental health. And the highest rates of mental health challenges are shared among people working low-wage jobs and people in helping professions. Even though many clergy, me included, report that ministry is meaningful, that we love our people, that it is an honor to be in ministry for our career...depression and anxiety are also reported at high rates.

On the one hand, this should not be surprising. There’s a lot of mental, emotional, spiritual and relational work that clergy do. But on the other hand, clergy mental health can often be neglected because of the depletion of these resources of mental, emotional, spiritual and relational work.

As I looked at myself, and talked with my therapist, we considered several angles. First, many Christians (clergy or non-clergy) are susceptible to keeping up appearances and feeling like they need to convey an image of “being blessed.” Second, mental health challenges and mental illness are completely reasonable reactions to living in a capitalistic society that values property and performance over people. Third, mental health is hard to talk about, and there are few examples to follow of people talking publicly about mental health and mental illness. A lot of what we see in pop culture are social media posts about mental health, like this one:

¹ <https://www.covidreligionresearch.org/research/national-survey-research/im-exhausted-all-the-time-exploring-the-factors-contributing-to-growing-clergy-discontentment/>

² <https://www.mmbb.org/resources/e-newsletter/2024/january/clergy-mental-health-not-too-blessed-to-be-stressed>

If you feel like you hate everyone: eat something.

If you feel like everyone hates you: sleep.

If you feel like you hate yourself: take a shower.

If you feel like everyone hates everyone: go outside.

But it is only a start. When you notice patterns developing in your own or someone you love's moods or behavior, it is important to say something, because there could be something more going on. And your mental health, like your physical health, is deserving of care. All of you, your brain included, is important!

I also need to remember this. And I am so grateful for the youth in this church who have inspired me and pushed me to do more research and learn more about supporting mental health care and accommodating neurodivergence.

Let's do a couple of definitions so we are all on the same page:

Mental health: a person's condition with regard to their psychological and emotional well-being. We all have mental health needs.

Mental illness: encompasses a wide range of conditions that affect mood, thinking, and behavior; examples are clinical depression, anxiety, bipolar disorder, and more.

Neurodivergence: a non-medical umbrella term **that describes people with variation in their mental functions**, such as people with autism, ADHD, and more.

Let's be clear: there's no shame in seeking care for mental illness. There's no shame in neurodivergence. There's no shame in caring for your mental health.

All too often, Christian churches fail at taking mental health seriously and considering the needs of people living with anxiety, depression, ADHD and more. All too often, Christian spaces are places where people are told to "pray about it" or questioned as to what they did wrong such that their depression is so deep. People are written off as "crazy," or as "not having enough faith," or as being "too much."

All the while, there are stories in the Bible that reflect mental illness as part of the human experience.

This is something that is beautiful about the Hebrew Bible and Christian testament—the stories contained in those texts reflect a wide diversity of humanity. Reflected in the text are people who are rich and poor, monarchs and day-laborers, men and women, children and elders, oppressed and oppressor. And the emotional content of the Bible is, to this day, astounding and humbling: from the psalms to the prophets to Jesus' Sermon on the Mount, the Bible contains prayers and poetry of rejoicing, lamentation, despair, anger, loneliness, questioning, impatience, compassion, exhortation and much, much more.

And there are characters in the Bible who exhibit moods and behaviors that average everyday readers and scholars alike read and relate to mental illness and neurodivergence.

Now, it must be said that, just as the Bible is not a history book or a self-help guide, the Bible is also not a medical textbook. People throughout history have read the stories in the scriptures and tried to diagnose Biblical figures, given their understanding of medicine at the time. But during the times the Bible was written and compiled, from 1000 BCE to 200 CE, medical knowledge changed a lot, and of course, we know it has changed a lot since then. And we are only in recent decades beginning to understand more about mental health and mental illness and neurodivergence, and to talk about these without shame.

So, we have to be very careful when approaching ancient texts with our modern lenses. Joel Baden, in an article for Yale Divinity School, writes, “The Bible, like much modern media as well, uses impairments and disability as a way of communicating a character’s values. We should thus be wary of taking at face value the biblical depiction of a physically or mentally impaired character, lest we fall into the trap of equating impairment with moral judgment in some sort of objective sense.”³

So as we take care with our assessment of Biblical figures and what we know about mental health today, we approach the story of the prophet Elijah. This is one of the most vibrant and descriptive stories in the Bible, and one that humanizes a prophet, part of a group that are often regarded as super-human in some way.

Today, we encounter the prophet Elijah in the 19th chapter of 1st Kings.

Alone. Scared. Threatened. Vulnerable. Anxious. Depressed. Worthless.

That's how the prophet Elijah was feeling. After dedicating his life to serving the One God, Elijah found himself running for his life. You see, immediately before our scripture story, Elijah had spoken truth to power by calling out the king Ahab and his wife Jezebel for allowing the worship of the god Ba'al...and then he had gone ahead and killed a bunch of prophets of Ba'al. Jezebel, known for her vindictiveness and scheming, threatened Elijah's life. So Elijah ran away into the wilderness.

And as he fled, he left behind his servant. He continued alone further and further into the wilderness, into the desert. And depression overtook him.

Many people who experience clinical depression and suicidal ideation recognize themselves in this portion of Elijah's story. Elijah feels alone, he isolates himself, he feels useless, like his life hasn't added anything to the world, he feels his ministry is in vain, and he thinks the world would be better off if he wasn't in it. Elijah wants to die.

If you or someone you love are feeling like you want to or are planning to hurt yourself, please call 911 and ask for help. The world is better with you in it.

Way out in the desert, Elijah lay down under a tree and in his despair, went to sleep.

³ <https://reflections.yale.edu/article/divine-access-disability-and-belonging/mental-illness-evil-spirits-and-scripture>

God did not leave Elijah there. God stayed with Elijah and provided for him through this episode.

God did not shame Elijah. God did not belittle him or talk down to him. God did not accuse Elijah of a lack of faith. God did not ignore how Elijah was feeling.

God sent an angelic messenger to bring some food and water for Elijah. The messenger let Elijah sleep. The messenger listened to Elijah's concerns, as Elijah talked directly about what he was experiencing. And that is so important. Sometimes people worry that if you give voice to the depression or harmful ideation someone is experiencing, it will move them further towards self-harm. But it actually does the opposite. Talking openly about inclinations of self-neglect, self-harm or even suicidal thoughts is shown to be far more helpful than harmful.

The angel sent from God did not stop at leaving Elijah a snack and water and some conversation. The messenger also let Elijah know that there was something for Elijah on the other side of this experience in the depths.

And so, Elijah's journey continues to Mt. Horeb, the place where the One God was thought to dwell. And after resting in a cave for the night, Elijah heard the voice of God ask, "What are you doing here, Elijah?"

To which he responded, "I have been very zealous for the LORD, the God of hosts, for the Israelites have forsaken your covenant, thrown down your altars, and killed your prophets with the sword. I alone am left, and they are seeking my life, to take it away."

Hearing this response, God called Elijah to bear witness to the divine presence by standing out on the mountain.

What comes next is a rock-rending windstorm, a ground-shattering earthquake, a blistering fire, but Elijah, witnessing all of this, comes to know that God is not in the destructive forces. After all that passes, the "sound of sheer silence" gives way to the voice of God, asking a simple question:

"What are you doing here, Elijah?"

And Elijah, having experienced a deep depressive episode, having journeyed forty days and forty nights to Mt. Horeb, having witnessed the awe- and terror-inducing sights of a whirlwind, earthquake and wildfire—Elijah still gives the same answer to God.

The experiences Elijah had, including a keen awareness of God's presence, still did not change the concerns and feelings that Elijah was holding in his heart.

And God still did not shame or reprimand or belittle or downplay any of what Elijah was saying. God called Elijah to continue his ministry, and even to go forth and anoint another prophet Elisha in his place. Perhaps that was God recognizing that Elijah needed a break and needed to care for himself. But even with that last task, God was not telling Elijah that his life or ministry were in vain. God recognized that Elijah, including all of his struggles, had gifts left to share. And God would continue to be with Elijah, and with the people with whom he ministered.

The ebb and flow of Elijah’s journey may sound familiar to many of us who live with or have loved ones who live with mental health challenges or illnesses. And besides the power that lies in seeing your story reflected in someone else’s experience, this story shares the powerful reminder that God is in the depths with us.

This idea is reflected in Psalm 23 as well:

Even though I walk through the darkest valley,
I fear no evil,
for you are with me;
your rod and your staff,
they comfort me.

⁵ You prepare a table before me
in the presence of my enemies;
you anoint my head with oil;
my cup overflows.

In the darkest valley, surrounded by shadow that makes it hard to see the road ahead, the psalmist reminds that the Holy is present, and guiding. The rod and the staff are symbols of protection by the Divine Shepherd who journeys ahead, watching over and defending the psalmist from danger. And even when enemies surround, when threats are realized, abundance and blessing are given to those in need.

There is a reason those words have resonated for so very long, and why they bring such comfort and peace to many.

The shadow of the valley and the sparse chaos of the wilderness are not intimidating to God. There is no shame in being in the valley, there is no shame in being on the mountaintop and yet feeling devoid of comfort. Our happiness, our burdens, our mental wellness, our neurodivergence, our economic status, our academic or social achievement—none of these have anything to do with how much God loves us, how faithful we are, or how much our life is worth.

Though we may go through periods of feeling as though the whirlwind or fire surround us, though we may not be able to see the stars above the mountains forming the valley, God’s presence goes with us—goes before us and after us, holds us in the palm of Their hand, and calls us to remember that there is something on the other side of anxiety, depression, grief, devastation.

Dear church, it’s ok not to be ok. It’s ok to ask for help, to acknowledge difficult feelings, to struggle. It’s ok to go to therapy, it’s ok to pray, it’s ok to talk to a counselor, it’s ok to consult your doctor about using medication to manage your mental health. Your mental health struggles do not define you, but you also need to take care of your mental health as much as you need to take care of your physical health.

Please take a moment to write this down: if you or a loved one need support with your mental health care, or are in danger of hurting yourself or others, you can dial 988 for help finding

resources, or connect with the local Washington state organization Crisis Connections at 206-461-3222.

Beloved ones, the world is better with you in it. The world is more beautiful with you in it. The world displays more of God's creative wonder with you in it. So please stay here.

May it be so. Amen.