

## MENTAL HEALTH IN THEOLOGICAL PERSPECTIVE – INTEREST GROUP

Topic: Mental Health in Theological Perspective  
Convener: Jessica Coblenz, Saint Mary's College (Notre Dame, Indiana)  
Moderator: Peter Fay, Boston College  
Presenters: Elisabeth T. Vasko, Duquesne University  
Elizabeth L. Antus, Boston College

The inaugural Interest Group gathering featured presentations that emphasized the urgency and challenges of attending to the social and political dimensions of mental illness. Vasko's paper, "Under Pressure: How Can, and Should, Religiously Affiliated Colleges Respond to Student Mental Health Crises?" focused on the experiences and needs of college students suffering from mental illness. After presenting the rising rates of mental illness among students before and during the COVID-19 pandemic, Vasko offered a case study to showcase how she uses trauma-informed pedagogy to facilitate student-led research on campus social issues, including student mental illness. Samples from student work indicate that student researchers and respondents are concerned by social and structural dimensions of mental illness, including mental health stigma, social isolation, and the responsibility of institutions to address mental illness among students.

Vasko then connected the case study to the defining principles of trauma-informed pedagogy to highlight how this approach can aid religiously affiliated colleges and universities in better attending to student mental illness on an institutional level. First, trauma-informed pedagogy focuses on safety, which requires intersectional analyses of the physical and emotional needs of individuals within a community, especially its most vulnerable members. Such analyses can reveal aspects of campus life that regularly engender anxiety. Second, this pedagogy fosters trustworthiness, which depends on transparent and frank talk about cultural and institutional power dynamics. An environment of trustworthiness can unearth the material circumstances of students' lives that contribute to mental illness, such as, for example, housing precarity. Third, trauma-informed pedagogy prioritizes the distribution of choice and control. A commitment to choice and control can help institutions recognize situations where hidden stigma prevents students from communicating their needs and making choices in support of their well-being. Lastly, commitments to collaboration and to empowerment guide trauma-informed pedagogy. These principles foster the kinds of authentic community and belonging that curb the social isolation that contributes to mental illness.

Antus's paper, "What Does a Political, Liberationist Approach to Mental Illness Look Like?" analyzed currents in existing theological reflection to clarify the characteristics and methodological principles that ought to guide a political, liberationist approach to mental illness. First, regarding the shift among many Christians from moralizing to medical accounts of mental illness, Antus affirmed this as a preferable alternative to blaming sufferers for their own pain. However, the biomedical approach to mental illness is not without its own shortcomings, as it often reductively locates mental illness in the individual without regard for the social realities that heighten and complicate the suffering of mental illness.

Second, and in contrast, Antus pointed to “political” approaches to mental illness from Ann Cvetkovich and Karen Bray, which frame it as a cultural phenomenon tied to the hyper-individualism and the relentless productivity of neoliberal capitalism. While agreeing with their social orientation and critiques of oppressive systems, Antus called into question whether these analyses are, indeed, meaningfully political by interrogating a feature they share: Both center narratives of their *own* first-person experiences as evidence that mental illness should primarily be addressed socially and non-medically. Yet as privileged, white academics, the authors have access to a wider range of choices to navigate their illnesses non-medically than do many whose conditions are more severely debilitating or those who suffer with mental illness from a position of much greater social vulnerability. Though neither Cvetkovich nor Bray deny the efficacy of biomedical treatment altogether, their focus on the dangers of medical pathologization and the benefits of social, non-medical responses to mental illness functionally marginalize those who rely on medical treatments.

A truly political, liberationist approach to mental illness must center many experiences—not those of one person—and those it centers must be the people whose lives are chronically and saliently affected by mental illness, argued Antus. As a preferential option for the poor, this approach complicates academic knowledge production, for those with the social positionality to write political theologies of mental illness are rarely those who live most vulnerably with mental illness.

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