Toward a Theology of Mental Illness

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Winifred E. Weter Lecture 2009

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To Nancy,

who makes people laugh wherever she goes, bringing bouquets of joy to the universe



If we are out of our mind, it is for the sake of God; if we are in our right mind, it is for you. For Christ's love compels us.... (2 Corinthians 5: 13-14).

Note: The majority of Scriptural texts in this manuscript are taken from the $New\ International\ Version$.

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Introduction

"I'm going to hell! I'm going to hell!"

My client is seated across from me in my office, screaming. She is pounding her fist against one thigh, as if to punctuate each sentence, adding to the force of her words. She had briefly alluded to her fears about hell in previous sessions with me, since I met her just weeks ago as an inpatient in a psychiatric ward, but now she is screaming these words, repeating the same fears again and again.

"God is going to send me to hell! I'm going to hell!"

"Wait, wait," I say, trying to calm her. "Why is God going to send you to hell?"

She tells me of her lack of faith, of her anxiety and despair. She begins screaming and pounding her fist again. "God is going to send me to hell!"

I do not know what to say. I sit for several seconds and watch her screaming. I try to remember anything I may have learned in my graduate psychology training that would help me respond to her now, but I can think of nothing. Did my professors talk about clients who were terrified of God's wrath? I want to tell her of God's compassion, but I fear that I will step outside my professional role as a psychotherapist. She begins to sob about her inadequacies as a Christian. Then I make a connection.

"Well," I start, hesitating, "uh, I don't know what God thinks about your future, or even about my future, to be honest. I don't know what I can say about that.... But I do know something about you. I know you loathe yourself. I've listened to you say very

cruel things about yourself in these sessions. So I bet if you were God, you would send yourself to hell."

She stares at me, silently, for a second or two, her eyes wide and her fist motionless against her leg. Then she sighs, closing her eyes and lowering her head. We begin to talk about her self-hatred, and her difficulty imagining that God might feel any differently about her. For that session, for that day, she stops screaming. But in sessions to come we will revisit these same issues – this intense sense of her failure as a Christian, and her fears of God's abandonment because of her anxiety and despair.

* * *

I have been a psychotherapist for eighteen years. In that time, I have listened and responded to the psychological concerns of my clients, who have been predominantly Christians, and who have struggled with depression, anxiety, eating disorders, personality disorders, dissociation, and occasionally, psychosis. I know as a psychotherapist that sometimes a single encounter on a single day with a client can serve as a catalyst for personal reflection for years to follow. My session with this client who feared God's wrath had just such an impact upon me.

While I was able to calm my client that day by implying that perhaps her own self-loathing had skewed her image of God, with time I wondered if this explanation fully addressed all the sources of her fears. Was it only self-hatred that had led her to believe that God was disappointed with her because of her anxiety and despair? In future years, other Christian clients would also tell me of their shame about their struggles with these

problems. "Shouldn't a believer be protected from anxiety?" they'd ask. "Isn't despair a sin?"

I wondered if some of these concerns arose from attitudes about mental illness in Christian communities. Over the years, in my own experience as a Christian, I often heard statements in church settings, from both congregants and religious leaders, associating mental illness with lack of faith. I started to investigate this possibility further by reading research in the psychology of religion literature. I would learn that a significant portion of the Christian community in countries around the world endorses the belief that believers should be immune from mental disorder, and that mental disorder may be evidence of either personal sin or demonic influence (Cinnerella & Loewenthal, 1999; Dain, 1992; Hartog & Gow, 2005).

Although I can work privately with my clients regarding these fears, I have wondered over the years if more could be done at the community level to address these religious beliefs about mental illness. I have only recently considered the scholarship of those theologians whose work focuses upon a theology of disability. In these texts, I have noticed the very beginnings of a discussion about a theology of mental illness. This theology does not stigmatize or blame the believer who suffers with these disorders, but instead offers compassion and hope. With this paper, I would like to contribute to this conversation.

My focus, then, will be to consider certain contemporary Christian attitudes about mental illness, to propose potential antecedents supporting their development, and to examine these attitudes in light of Scriptural and theological insights. My central question

is this: What has Christian faith to say about mental illness for believers in the 21st century?

In order to address the complex issues involved, this manuscript draws from the scholarship of multiple disciplines, including those of psychology, sociology, history, and theology. My intent is not to present comprehensive literature reviews of these topics, but instead to offer a cross-sectional and integrated framework of subjects that might reasonably intersect with a theology of mental illness.

Additionally, it is important to note that mental disorder is itself extremely heterogeneous. *The Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM-TR-IV*; American Psychiatric Association, 2000) catalogues literally hundreds of disorders, with thousands of potential symptoms. It is unlikely any theological commentary could comprehensively address each of these disorders. Thus, this paper will consider, in particular, select insights broadly related to those disorders which are considered to be severe and persistent, which may include major depression, bipolar disorder, anxiety disorders, and schizophrenia.

Working Lay Theologies of Mental Illness

Several mainline denominations officially endorse scientific explanations for the etiology and treatment of mental disorders. Even so, it appears that a significant portion of the Christian community worldwide subscribes to uniquely religious conceptualizations of psychopathology, or as I shall describe them here, 'working lay theologies of mental illness.'

I refer to these ideas as 'working lay theologies of mental illness' because they are not the sorts of ideas which emanate from the discussions of trained scholars; instead, they involve an implicit rubric of understanding which develops among a community of committed believers. This rubric may not be consciously examined or even comprehensively understood by those persons, but still it permeates the attitudes, beliefs, and activities of the community as a whole.

Let us consider, then, research from the psychology of religion that documents both the existence and the content of uniquely religious conceptualizations of mental illness.

Persons with Mental Illnesses Experience the Church

Although studies suggest that people in psychological distress more commonly seek assistance from religious professionals than from mental health professionals (Chalfant, Heller, Roberts, Briones, Aguirre-Hochbaum, & Farr, 1990), persons with mental illnesses have not always found the response of the religious community to be supportive or beneficial.

In a recent study, Stanford (2007) recruited Christians who were involved in online mental illness discussion groups. Using an anonymous web survey, participants responded to a series of questions describing their interactions with churches around mental health issues. Most respondents reported positive interactions with the church. However, approximately one-third indicated that the church had viewed their mental illness as "a result of personal sin;" a third reported also that the church had "suggest[ed] that [they or their] loved one did not really have a mental illness," despite a prior

diagnosis by a mental health professional. In some cases, respondents indicated that negative interactions with churches had weakened their faith, or had served as the impetus for them to discontinue involvement altogether with religious organizations.

Attitudes of Various Church Communities toward Mental Illness

While persons with mental illnesses do not always feel supported by the religious community, only a handful of studies have directly assessed the attitudes of Christian groups toward mental illness. In one of these earlier studies, conducted in the United States, McLatchie and Draguns (1984) recruited a sample of Protestants, both liberal and traditional, and examined their attitudes toward various mental health concepts, including their willingness to seek mental health services as needed, and their perceptions about mental illness. Participants who were more theologically conservative expressed greater suspicion toward mental health professionals. They were also more likely to view depression as a spiritual problem, mental illness as evidence of demonic possession, and prayer as a treatment strategy for mental illness.

Studies conducted outside of the United States have also examined lay Christians' beliefs regarding mental illness. While some research has demonstrated greater understanding for persons with mental illness in church groups (Gray, 2001), other studies have shown contradictory results. In Australia, Hartog and Gow (2005) recruited a sample of Protestant adults from a wide range of denominations, including Baptist, Reformed, Methodist, Anglican, Brethren, Churches of Christ, Presbyterian, and Assemblies of God churches. Participants completed, among other surveys, a *Beliefs about Major Depression and Schizophrenia* questionnaire. While 38.2% of the sample disagreed with the questionnaire item stating that mental illness may be evidence of

demonic influence, 37.6% agreed, and the remaining 25.2% offered "neutral" responses to this item.

Hunneysett (2006) also distributed surveys to Catholic, Anglican, and

Evangelical / Pentecostal congregations assessing multiple attitudes about mental illness.

Evangelical / Pentecostal respondents were significantly less supportive of persons with
mental illnesses than respondents from either the Catholic or Anglican congregations.

Evangelical / Pentecostal congregants were also more likely to endorse the belief that
religious faith prevented mental illness. Nearly all respondents from Anglican (99.2%)

and Roman Catholic (100%) groups disagreed that "mental illnesses are caused by evil
spirits;" a smaller group of Evangelical / Pentecostal congregants (75.7%) disagreed with
this statement. Hunneysett noted that many Christian respondents from all subgroups
were unable either to agree or disagree with various items, suggesting overall lack of
clarity among the congregants about mental health issues and faith.

Clergy Attitudes toward Mental Illness

Given the propensity for afflicted persons to seek help from religious professionals, research has also focused upon clergy attitudes towards mental illness. In one study (Leavey, Loewenthal, & King, 2007), researchers interviewed rabbis, imams, and Christian ministers. In general, the interviewees reported that they had received little, if any, training regarding mental illness. When queried, they were typically unable to distinguish among various forms of mental disorders. In addition, those who adopted a more literal understanding of sacred texts (typically Muslim or Pentecostal clergy) explained mental illness in terms of spiritual events. For these religious professionals,

mental illness may denote the presence of demonic activity, requiring exorcism or deliverance.

Some interviewees also described the fear that afflicted persons would behave inappropriately, even violently. One Baptist minister described the adoption of a "utilitarian approach" toward persons with mental illness in his church. When one individual in particular became "troublesome to the running of the church," the church leaders pronounced "a series of judgments" against her, and she was excluded from the congregation. The pastor admitted that the church "withdrew" from this woman, "marginaliz[ing]" her from the broader faith community, but commented that his concern was not predominantly for her welfare, but for "the well being of the community" (Leavey, Loewenthal, & King, 2007, pp. 554).

Content of Bestselling Religious Self-Help Literature

Another means by which to assess perspectives of mental illness in the broader Church community is to consider psychology of religion research examining the content of bestselling Christian self-help literature. My colleagues and I reviewed attitudes toward mental illness in 14 texts by Christian authors, including Joel Osteen, Joyce Meyer, Nancy Leigh DeMoss, and Beth Moore (Webb, Stetz, & Hedden, 2008). Each of these authors had written multiple books; some also had radio and television ministries, DVD programs, and websites available for interested consumers.

Our analysis demonstrated that these texts offered varied reasons for the onset of depression. Demonic forces were cited more often than any other potential source of depression. Authors wrote, "Satan uses depression to drag millions into the pit of

darkness and despair" (Meyer, 1995, p. 166) and "I believe it's one of his [the devil's] specialties because his fingerprints are all over it" (Moore, 2000, p. 250).

Authors also described the role of the believer's negative thoughts, negative emotions, and sinful behavior as influential in the onset of a depressive disorder. One author wrote, "God is certainly positive, and to flow with Him, you must also be positive" (Meyer, 1995, p. 51). When recalling a personal bout with depression, a second author described her own prayer, "God, please help me to admit the part of my torment that has come from rebellion" (Moore, 2000, p. 259). Another author suggested, "...sometimes depression is caused by our own sin" (DeMoss, 2001, p. 206). Finally, one author offered this analysis: "In many cases, the physiological symptoms connected with depression are the fruit of issues rooted in the realm of the soul and spirit, such as ingratitude, unresolved conflict, irresponsibility, guilt, bitterness, unforgiveness, unbelief, claiming of rights, anger, and self-centeredness" (DeMoss, pp. 204-5). It was only in rare instances that authors noted other sources of depression.

Authors offered various forms of advice to depressed believers. Depression could be alleviated through trusting God and involvement in religious activities such as prayer and worship. Believers were encouraged to use personal willpower to ward off depressive moods. They should "refuse to be depressed" (Omartian, 2002, p, 182) and "purposely choose right thinking" (Meyer, 1995, p. 34). They were further advised to "confess any sins that may be causing emotional weakness or sickness" (DeMoss, 2001, p. 210). It was only infrequently that authors offered suggestions regarding nonreligious activities, such as exercise, for the relief of depression. Finally, and also rarely, authors described

various attitudes toward mental health services, including either appreciation or distrust of these services.

Components in these Working Lay Theologies of Mental Illness

In general, then, it seems that among segments of the Christian population, particularly more conservative groups, it is assumed that experiences of psychological distress, such as anxiety and depressed affect, are not expected or appropriate elements of Christian life. They are instead demonstrations of lack of faith or other sin. Christians may bear the full responsibility for both the onset, and the alleviation, of mental illness, when demonic forces are not to blame. Similarly, when Christians do experience psychological distress or disorder, the emphasis may be upon the power of the will to achieve and maintain psychological stability by focusing one's thoughts in a positive direction. Little direction is offered regarding social support or mental health treatment. Finally, there may be a tendency to ignore the incremental and developmental nature of psychological growth, instead assuming that believers can achieve instantaneous change through the appropriate dosage of faith and spiritual interventions such as prayer.

Antecedents of Contemporary Working Lay Theologies of Mental Illness

What are the potential antecedents for these contemporary lay working theologies of mental illness? In the following analysis, I will consider potential cultural forces which may have facilitated their development, particularly in American culture. These proposed

cultural forces are considered here due to their intuitive association with the attitudes described in the psychology of religion research presented above.¹

The American Dream

American culture itself is grounded in collective ideologies of independence and personal agency, with corollaries in notions of self-reliance and self-determination (Fowler & Wadsworth, 1991). An assumption of the American dream is that in a nation of freedom, equality, and opportunity for all, hard work will be rewarded with financial and vocational success. Unfortunately, according to the structures of this paradigm, one's lack of success may then be seen as a lack of effort, or laziness, which is potentially attributable to moral error (Corbin, 2005). The implicit assumption here is that in America, the land of the free, people can control their destinies, if they so choose.

In some segments of American Christian subculture, religious notions of freedom piggyback upon these national themes of independence and personal agency. American religion is steeped in traditions emphasizing the power of one's volition, heralding the "hour of decision" for the believer, when sin is cast off and choices with eternal consequences are made. Among these Christian groups, financial and vocational success may further be seen as an indicator of God's favor for one's dutiful obedience in the marketplace.

¹ However, I am not proposing that these cultural forces have a necessary, exclusive, or causal role in the origin of these attitudes, but instead that they are supportive of their establishment and maintenance. I make this distinction because it is apparent that similar attitudes may be found in cultures outside of the United States, and in religious groups other than the Christian church. Perhaps, then, existential fears about human vulnerability (a factor I believe to be intrinsic to humanity), may be the more appropriate "cause" of these attitudes about mental illness, and stigma toward mentally ill persons, in general.

Individuals with mental illnesses are not exempt from these analyses. These values shape the way Americans view themselves, and each other, including persons with a variety of disabilities (Fowler & Wadsworth, 1991). This may explain in part the presence of widespread stigma in American culture against those with mental illnesses. Research has demonstrated that one component of stigma is the perception that individuals are personally responsible, and thus should be able to control, those characteristics for which they are stigmatized (Feldman & Crandall, 2007). To consider the possibility of limitations in human freedom, such as those limitations seen in mental illness, may feel disloyal, both to the faith, and to the American way.

Yet, this cultural framework leaves little room for understanding mental disorders like major depression and schizophrenia, whose symptoms often include, for example, marked lethargy, lack of personal initiative, and lack of motivation. For persons with severe mental illnesses, financial and vocational stability may also be difficult, reducing the possibility of attaining American ideals of success in these arenas. Unfortunately, given the cultural backdrop, the knee-jerk response to this sort of behavioral dysfunction in some American religious subcultures may only be criticism and calls to "pull oneself up by one's bootstraps."

The New Thought and Positive Thinking Movements

Other cultural developments may have further contributed to contemporary religious conceptions of mental illness. These developments have wedded the hope of scientific advancement with the promise of the American dream.

During the 19th century, for example, scientists discovered multiple ways to harness the mysterious power of electricity, and inventions such as the telephone and telegraph captivated the general social consciousness with an appreciation for the unseen. In medicine, neurologists like Jean Charcot created the technique of hypnosis to tap into the previously unchartered depths of the disturbed mind, laying the foundation for Sigmund Freud's eventual development of psychoanalysis.

In this atmosphere of enchantment with hidden forces, including invisible powers within the mind, a new movement began to form based upon the notion of the creative energies of thought itself. The New Thought movement included a patchwork of religious idealists sharing the same radical conviction that the mind had the potential to shape external reality. Sharing American ideals about one's ability to control personal destiny, the New Thought movement went a step further: one's dreams could be harnessed in the physical world through positive thoughts, and corresponding mental images (Horowitz, 2007).

The messages of the New Thought movement often contained religious undertones. Consider this quotation from one proponent:

Take the thought, "God loves me, and approves of what I do." Think these words over and over continually for a few days, trying to realize that they are true, and see what the effect will be on your body and circumstances. First, you get a new exhilaration of mind, with a great desire and a sense of power to please God; and then a quicker, better circulation of blood, with a sense of a pleasant warmth in the body, followed by better digestion, etc. Later, as the truth flows out of your

being into your surroundings, everybody will begin to manifest a new love for you without your knowing why; and finally, circumstances will begin to change and fall into harmony with your desires, instead of being adverse to them (Cady, 1919, p. 21, quoted in Woodstock, 2007, p. 174).

The tenets of New Thought would ultimately exert a broad influence upon American culture through the eventual development of the positive thinking movement in the 20th century. The impact of this latter movement may be illustrated in the fantastic success of books like Dale Carnegies' *How to Win Friends and Influence People* and Norman Vincent Peale's *The Power of Positive Thinking* (Woodstock, 2007). In these self-help manuals, Americans found their values of material wealth, personal agency, and religion merged as one without conflict. They discovered a broad religious message that embraced the American dream, with its emphasis on the power and success available through one's thought life. Unfortunately, it was also a message that would marginalize those persons already disenfranchised from American culture, including persons with mental illnesses.

The Health and Wealth Gospel

Yet the marginalization of mentally ill persons would not halt the popularity of this vision for future generations. The religious embrace of the American dream would be even more explicit in the eventual teachings of the health and wealth gospel, or prosperity theology, which arose after World War II as an offshoot of Pentecostalism. While there is apparently little comprehensive information about the history of this movement,²

² Even so, one excellent resource examining its development is Andrew Perriman's text, *Faith, Health & Prosperity: A report on 'Word of Faith' and 'Positive Confession' Theologies by The Evangelical Alliance*

historians cite the New Thought movement as one influence upon its emergence in the American religious landscape (Perriman, 2003). The ministers of the health and wealth – including Kenneth Hagin, Kenneth Copeland, Jim Bakker, Benny Hinn, and Joel Osteen – utilized the power of the media in all its forms to transmit its unique gospel to a worldwide audience hungry for the promise of material success. By the end of the 20th century, the name-it-and-claim-it theology had become a global phenomenon, with missionary ports in regions as far away from the United States as Africa, Australia, Brazil, Guatemala, Korea, Liberia, and the Philippines (Perriman). Commenting in particular upon the explosive growth of prosperity theology in Africa, Scholar Paul Gifford reflected as early as 1990, that if "the Gospel of Prosperity continues to be a fairly standard part of the African evangelical revival, it will eventually be a significant element in world Christianity" (Gifford, 1990, p. 383, as quoted in Perriman, p. 6).

Echoing centuries—old American themes of mastery and control, the prosperity gospel emphasized the believer's total responsibility for health and wealth. Kenneth Copeland cautioned, "You need to fight the temptation to be sick just as you would fight the temptation to lie or steal. Satan will tempt you with sickness, but you don't have to give in" (Hagan, 1998, p. 15-16, quoted in Perriman, 2003, p 47). When the believer experiences physical or financial setbacks, it was assumed that the believer has succumbed to these problems due to a lack of sufficient faith.

(UK) Commission on Unity and Truth among Evangelicals, published in 2003 by Paternoster Press. My commentary here is based in large part upon his analysis.

³ However, Perriman (2003) has indicated that Jim Bakker had a "change of heart" regarding the wisdom of prosperity theology following his incarceration, claiming this teaching to be "seriously misguided and potentially dangerous" (2003, p. 5).

For health and wealth ministers, faith was not so much surrender to God, and the willingness to trust His goodness and wisdom despite the mysteries of this life, even the mysteries of suffering. Instead, faith was a spiritual power to be grasped by the believer for the manipulation of external reality in order to avoid and to overcome suffering. It was a formula for the seizing of one's desires; it was not the loving dependency a creature has upon its Creator, regardless of life circumstances. In the health and wealth gospel, God no longer held the reign upon the forces in the believer's world; suddenly the believer wielded this authority. Williams (1987) noted, "God is forced to act by a human technique. This denies the idea of the sovereignty or the freedom of God, rendering human whims absolute. This is pagan myth rather than Christian faith" (p. 35).

While the prosperity gospel continues to infiltrate the contemporary Church, it distorts the message of Christian faith, and relegates the God of heaven and earth to a mere servant of capricious humanity. Yet it also provides a philosophical rationale for bias toward persons with mental illnesses. According to the assumptions of prosperity, individuals with mental illnesses are simply failing to exert the faith necessary to overcome the symptoms of their disorders. Given the popularity of these teachings, it is perhaps no wonder that stigmatized views of mental illness are found within religious sectors.

Stepford Christianity

Perhaps, then, these cultural influences have contributed to the establishment of an approach to Christian faith which holds particular assumptions about mental illness. In this paper, I describe this approach using the term, Stepford Christianity, due to its

apparent uneasiness with the expression of psychological distress (such as anxiety or depressed affect), and its focus upon what I will argue is an artificial depiction of the Christian life. This term is a reference to Ira Levin's 1972 novel, *Stepford Wives*, which was later adapted for production as two separate films. The novel describes the small, seemingly docile community of Stepford in which the wives are disturbingly perfect. The reader eventually discovers, along with the protagonist, that these women are actually robots, not genuine human beings. Similarly, the term Stepford Christianity is meant to connote an expression of Christian faith which is superficially appealing, but ingenuine.⁴

Mental Illness as Anomaly

love for all of God's children.

Mental illness presents a stark contrast to the depiction of human life offered by Stepford Christianity. It exemplifies neither the independence nor the industry of the American dream; it lacks the cheeriness of positive thought; and it fails to deliver on the promises of health and wealth in the prosperity gospel. Instead, mental illness among the committed faithful is an embarrassing anomaly to the paradigm of Stepford Christianity.

This is true, essentially, because mental illness, particularly in its most severe forms, is a portrait of human suffering. While not all persons who suffer will ultimately develop mental illnesses, it is fair to suggest that those persons who are mentally ill are themselves suffering, and their mental illnesses reflect human limitations to cope with that suffering.

⁴ While I understand that the perspective I present here is critical in nature, I offer these comments as a Christian myself, as a participant in the evangelical community, and as a person who recognizes the substantial and beneficial influence of that community in her own life. Despite the critical nature of these comments, my hope is to further discussion about mental illness and faith, and thus perhaps to help alleviate religious stigma about mental illness, in order that the church might more fully model Christ's

In contrast to the American Dream, the positive thinking movement, and the health and wealth gospel, mental illness challenges our assumptions of our personal power and our self-knowledge. It challenges our convictions regarding the stability of our personalities, and our expectations of our individual freedoms over even our own thoughts, feelings, and behaviors. It is a revelation of our most profound need, and our inadequacy to understand, much less to overcome, our frailties and our finitude. Mental illness reminds us of the infirmities we all share as limited creatures in a fallen world. Yet hope remains.

Toward a Theology of Mental Illness

In contrast to the portrait of mental illness offered by Stepford Christianity, I hope now to present an approach to mental illness more faithful to the Biblical witness about the nature of human persons. In order to do so, it seems wise first to reconsider some of the claims of Stepford Christianity, including the notions that psychological distress is itself demonstration of sin (or lack of faith), that psychological distress is a result of sin, or that psychological distress is evidence of demonic influence.

Reconsideration of the Claims of Stepford Christianity

Psychological Distress as Sin

Let us first consider whether psychological distress (such as anxiety and despair) is, in itself, sinful or due to a lack of faith. The contemporary prophets of the prosperity gospel might not tell us so, but Biblical narratives of the faithful do not conform easily to a paradigm of Stepford Christianity. In the Scriptures, we do not find evidence for

cosmetic faith, attractive but superficial, squeamish in the presence of human flaws. Instead, we find faith amid the raw and coarse nature of authentic human experience.

While the Scriptures do not present us with a diagnostic case manual of mental disorders, they allow us to watch God's people in the context of suffering, and the range of psychological distress they experience. These narratives offer glimpses of individuals' lives at moments of decision and change. We see their vulnerability and their strength, their doubt and their triumphant faith. We also see their mood, their cognition, and behavior. Their stories provide us with an indication of the role of human emotion in religious life, whether we call that emotion 'positive' or 'negative.' While the assignment of formal diagnoses for these persons may not be possible or even advisable, we may still learn from their stories how psychological distress in general, and emotions such as despair and anxiety in particular, are not indications of failure, as might be proposed by Stepford Christianity. Instead, they are the frequent companions on the road toward long-awaited victory.

We read, for example, of the esteemed prophet Elijah who becomes so despondent toward the end of his earthly mission he pleads to the Lord for death.

Following continuing threats by King Ahab's pagan wife Jezebel, Elijah experiences

⁵ It seems inadvisable to assign diagnoses to Biblical character for two reasons. First of all, the Scriptures do not present us with the sort of detailed information necessary to consider the possibility of diagnosis.

do not present us with the sort of detailed information necessary to consider the possibility of diagnosis. Second of all, the type, symptoms, and rates of mental disorders may differ across time periods and across cultures. For example, during medieval times, one form of delusion among mentally ill persons was that of lycanthropy, the belief that one was a wolf; this delusion would be very rare in the present day. In the Victorian era during which Freud worked, his patients demonstrated what was then referred to as hysteria, and might now, at least in some cases, be called conversion disorder. This disorder is also not common today. Instead, those diagnoses more often assigned for persons with mental illnesses in the early 21st century include depression, ADHD, and borderline personality disorder. Given the significant role of sociological forces in the development of certain (but not all) disorders, it cannot be assumed that diagnoses described in current versions of the DSM would be valid for Biblical times and cultures, although it is possible that we may occasionally recognize particular symptoms of particular disorders among Biblical characters.

tremendous fear and despair. "I have had enough, Lord....Take my life; I am no better than my ancestors" (1 Kings 19:4). God does not chastise Elijah for his lack of faith, or prod him to improve his attitude. There is no coaxing Elijah for increased prayer, nor any goading for repentance from sin. Instead, God approaches the prophet gently, acknowledging, and attending to, his weary body. An angel of the Lord meets him in his sleep, providing bread and water, and telling him, "Get up and eat, for the journey is too much for you" (1 Kings 19:7). This text is supportive of an integrated, and biopsychosocial, approach to mental health care; it is first through the provision of his basic physical needs that God attends to his ailing servant. Later, when Elijah is stronger (1 Kings 19:8), God also addresses the psychological and spiritual sources of his despair. Again, we see gentleness; God appears to Elijah in a whisper, assuring him of the Lord's victory through two new kings, and that a new prophet will soon succeed Elijah, relieving the man of God of his duties.

Like the Lord's servant Elijah, Jonah also becomes discouraged in the course of his prophetic missions; he is distressed with the prospect of God's compassion toward the Ninevites, a violent and oppressive people. Jonah prays, "Now, O Lord, take away my life, for it is better for me to die than to live" (4:3).

Jonah's reluctance to preach, and his subsequent despair with God's relinquishment of wrath toward the Ninevites, are sometimes viewed as demonstrations of his inadequacies as a prophet. Stepford Christianity might assume that if Jonah were a more faithful servant, he would have gladly accepted his commission to preach and willingly accepted any outcome of his mission. But perhaps we should consider the situation from another perspective: if Jonah were such a fallen prophet, what are we to

make of the rest of the Israelites? Who else among God's people preached in his generation to a nation whom Nahum later decried as a "city of blood, full of lies, full of plunder, never without victims!...many casualties, piles of dead, bodies of dead, bodies without number, people stumbling over the corpses..." (3:1-4). Historical evidence confirms that Assyrian kings did erect edifices of corpses, and of human heads, at the gates of their enemies (Barker, 2000, p. 1377).

A more recent comparison might further illustrate Jonah's dilemma. Consider a divine commission to challenge a genocidal despot of the past century (Saddam Hussein, Pol Pot, Hitler – there are so many from which to choose). Imagine you sense a calling to confront this individual yourself, alone and unarmed, on his own soil, with a message to repent because your God is a God of justice. How many of us would not shudder at such a commission?

Unfortunately, Stepford Christianity tends to ignore the circumstances of the lives of the faithful; instead, Jonah is plucked out of the context of this harrowing situation, and his behavior assessed apart from his confrontation with the war-torn realities of the ancient Biblical world.⁶ Social psychologists call this tendency 'the fundamental attribution error,' a propensity to attribute a person's behavior to fundamental personality

⁶ Contemporary approaches to Biblical interpretation typically include an analysis of the historical and cultural issues relevant to the text; I would suggest, additionally, that knowledge of the impact of a variety of historical and cultural phenomena on human behavior would further aid interpretation. For example, various portions of the Scriptures were composed by, and about, persons in war-torn nations. Exposure to traumatic stimuli is an important variable in the assessment of human behavior, and one which may be overlooked by Biblical readers residing in nations or during periods of history not marked by this degree of political strife. While it would be impossible to determine precisely how traumatic symptoms might emerge in a given individual from an ancient culture (thus precluding the possibility of the assignment of modern diagnoses), the possibility that trauma impacted these Biblical figures remains an important consideration in the interpretation of their narratives. (For example, contemporary research suggests that among those mental disorders which can follow trauma, depression is common. The circumstances of the characters considered in this section of my manuscript – such as Jonah, Job, and Elijah – did include traumatic exposure.)

characteristics (or flaws) within the person, rather than to interpret the person's behaviors in light of the external circumstances in which they emerged.

But if we do consider the prophet within his socio-political context, what is notable about Jonah's story may not be his hesitancy to preach to these people, but his eventual obedience to a "gracious and compassionate" God (Jonah 4: 2) whose justice he did not always understand. It does not appear that the Lord's assessment of Jonah's reluctance and despondency is as harsh as one might hear from a Stepford pulpit. Again, there are no calls for improvements in faith, or for repentance from sin. The Scriptures describe only how the Lord asks a rhetorical question ("have you any right to be angry?" 4:4); and thus He begins to set up for Jonah an analogous experience to help him understand God's compassion. He appeals to Jonah's devotion to a simple plant, and compares this to His own devotion to the innocent children⁷ and livestock who live within the city walls of Ninevah, for whom the Lord remains concerned (4:10-11). In this, God does not chastise the man of God; instead – and remarkably – the Scriptures describe how the God of the heavens and the earth attempts to explain himself to a mere servant. It is to Jonah – a man who believes justice is paramount – that God reveals new mysteries of the vast mercies possible even within justice. Ultimately, the Book of Jonah is a story of an incredible man, who completed an incredible mission, but who worshipped, as even he would see, an even more incredible God.

Perhaps this explains Christ's own testimony about Jonah. Given all the personalities from the Hebrew Scriptures to whom Jesus might have compared himself, it

⁷ I am referring here to the Lord's comment about those who "cannot tell their right hand from their left" (Jonah 4: 11). While I learned this interpretation of this Scriptural phrase years ago, I unfortunately cannot recall its source and was unable to locate one at the time of this writing. To that person or persons from whom I learned this information, I extend my apologies.

is notable that he chose Jonah's experience to serve as an analogy for the culmination of his earthly mission in his death and resurrection. "For as Jonah was three days and three nights in the belly of a huge fish, so the Son of Man will be three days and three nights in the heart of the earth" (Matthew 12: 39). This itself is a remarkable commendation of the prophet, but Jesus does not stop here. He continues, "The men of Nineveh will stand up at the judgment with this generation and condemn it; for they repented at the preaching of Jonah, and now one greater than Jonah is here" (Matthew 12:41). Christ's clear implication is that Jonah is great in God's eyes, and that his Jewish listeners would also understand this; at the suggestion that there is one even greater than this prophet, we can almost hear their hushed response, "Greater even than Jonah?"

It seems unlikely, then, that Christ viewed Jonah in light of Stepford standards of the faith. Given that Jesus lived during a period of Roman oppression, with the threat of political violence a continuous backdrop of his ministry, he perhaps intuitively understood more about the prophet's dilemma than would many Western readers of the Scriptures in today's world.

The Scriptures offer yet another portrait of distress in Naomi. Bereft of husband and sons, an Israelite in the foreign land of Moab, and thus destitute and powerless, she renames herself *Mara*, meaning "bitter," and thus signals the totality of the grief that infuses her. The Lord, she says, has made "life very bitter" for her (Ruth 1: 20; NIV). To the community of Bethlehem, she openly proclaims, "The Lord has afflicted me; the Almighty has brought misfortune upon me" (1:21).

⁸ Jesus also compared himself to Moses (John 3:14), to David (Luke 20:41-44), and to Abraham (John 8:58). These comparisons do not negate the power of his comparison with Jonah; given the status of these three men, Moses, David, and Abraham, their comparisons by Christ only further confirm Jesus' positive view of Jonah.

It is notable that nowhere in the text do we read of the community's chastisement of Naomi for her poor attitude. Neither do we read of their suggestions to her to claim the victories of God despite her circumstances. Instead, we learn of the love of those around her tenderly holding her up during this time of crisis. Her daughter-in-law remains her selfless companion and her relative Boaz attends to the needs of the two widows. And then remarkably, bolstered by their support, Naomi is able – with the quiet provisions offered through God's sovereign plan – to rebuild her life. She finds God's new opportunity for herself and her daughter-in-law Ruth through the wealthy landowner, Boaz. When these three solitary persons find one another, and create a new family, culminating in the birth of a son to Ruth and Boaz, the community rallies around Naomi with a new proclamation, "Praise be the Lord who this day has not left you without a kinsman-redeemer. May he become famous throughout Israel!" (Ruth 4:14) The hidden surprise of this text – which this community could not have known, but which only future generations of readers would detect – is that the kinsman-redeemers of this family would indeed be famous; first King David, and then Christ, would emerge among her descendants.

The bitterness seen in Naomi – with its tortured comingling of anger and despair – is demonstrated again by the character of Job. For more than 30 chapters, the Scriptures catalogue a tirade in which he decries the supposed justice of a God who has permitted unjust suffering into his life. Echoing the prophets of Israel, Job's psychological distress is seen also in his desire for death. "I loathe my very life ... I wish I had died before any eye saw me. If only I had never come into being, or had been carried straight from the womb to the grave!" (10:1, 18, 19; 3:8) He calls himself a "despairing man" (3:18) and

makes his frantic appeal, "Oh, that I might have my request, that God would grant what I hope for, that God would be willing to crush me, to let loose his hand and cut me off!"

(3:8)

While Job's friends question his innocence, suggesting he brought his sorrows upon himself, the Scriptures themselves nowhere blame him for his suffering. Nor do we read anywhere of God's condemnation of Job's distress, nor any admonition to greater faith. To the contrary, the prologue of his tale includes God's testimony to Satan that Job's faithfulness is unparalleled among humans. Prior to the life of Christ, Job *is* the Scriptural exemplar of undeserved suffering.

Ultimately, at the end of the narrative, Job repents not of any specific sin, nor of his expression of psychological turmoil, but of his accusations regarding God's seeming injustice in permitting his suffering (Andersen,1974; Bergant, 1982). Like the prophet Jonah, he has not always understood the peculiar justices of God. Why does God allow the wicked to enjoy blessing, and the righteous to suffer (Job 24: 1 -12)? And yet, following God's revelation of His sovereign power (Job 38-41), Job cannot help but confess about these mysteries, "Surely I spoke of things I did not understand, things too wonderful for me to know" (Job 42: 3).

In response, God again commends Job, no longer before Satan but now before Job's friends. God calls Job "his servant" (42:7-8) and tells him to pray for his friends who have spoken falsely. God then restores the blessings of Job. These multifold blessings do not materialize as a result of Job's adoption of a name-it-and-claim-it

theology, or the recitation of various prosperity formulas, but because of God's sovereign, and mysterious, decision to do so.

Thus, in both the introduction and the conclusion of this tale, God commends Job, a man whose emotional and intellectual agonies are recorded in excessive detail by the Biblical author, comprising the bulk of the narrative. One is hard pressed to find support here for claims that psychological distress in itself is an expression of sin, or an experience inappropriate for the believer's life. However God does assess faithfulness among His servants, stoicism is apparently not a prerequisite for its presence.

The struggles of these Old Testament figures were foreshadowed by the patriarch Jacob who wrestled with an angel of the Lord (Genesis 32:22-32). The angel renamed Jacob *Israel*, meaning literally, 'he struggles with God.' Thus did the patriarch become the father of a people – Jonah and Naomi and Job among them – who would struggle with their God and with humanity, and yet, as did their patriarch before them, they would also overcome (Genesis 32:28).

Despondency and struggle in the Scriptures is not limited to the psychological responses of the Old Testament faithful. The same apostle who counseled the church at Phillipi, "Rejoice in the Lord always. I will say it again: rejoice! (4:4)," also described the distress he and his companions experienced during one missionary trip.

We do not want you to be uniformed, brothers, about the hardships we suffered in the province of Asia. We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead (2 Corinthians 1: 8-9).

Yet examples of psychological distress experienced by God's chosen may culminate in the life of the one man, Jesus Christ, "a man of sorrows, and familiar with suffering" (Isaiah 53:3). Despite the terseness of narratives throughout the Scriptures, the gospel writers slow the pace of their storytelling to provide the reader with enhanced, play-by-play descriptions of the trials, the crucifixion, and the resurrection of Christ. These retellings are not white-washed of psychological distress. In the Garden of Gethsemane, Christ prays in "anguish" that his life might be spared (Luke 22:44). His "sweat was like great drops of blood" (Luke 22:44). He turned to his friends for comfort, telling them, "My soul is overwhelmed with sorrow to the point of death" (Matthew 26:38).

Christ's behavior does not fulfill the prescriptions of Stepford Christianity for the naming-and-claiming of victory. Before his God, he agonized in the Garden of Gethsemane; before his enemies, he was solemn and forthright, enduring his arrest and torment, and the subsequent abandonment of his friends; but in all this, he was nowhere blindly positive; he did not "claim" certain deliverance from death. Nor can it even be said that he was stoic. Instead, the gospel writers testify that he was "sorrowful," "troubled," and "deeply distressed" (Mark 14:33; Matthew 26:37; John 12:27); the Book of Hebrews also tells us that Jesus prayed "with loud cries and tears" (5:7) about his imminent capture and death. Given all the details the New Testament writers might have chosen to describe Christ's death, this portrayal of his suffering is notable.

Some might argue that although Biblical characters like Jonah, Naomi, or Job experience symptoms of depression and anxiety, these experiences may still be sin, or a result of a lack of faith. After all, these persons, however devout, were still sinners. It is, however, impossible to maintain this argument when we consider Christ in the Garden of Gethsemane. When Stepford Christianity proposes that psychological distress is not acceptable for Christians, it finds itself in the awkward position of advising believers to be more "Christian" even than Christ.

But stoicism is not necessary for God's work; the miracle of God at Calvary was not hindered by Christ's anguish. It was, after all, a power greater than positive thinking that reanimated lifeless flesh and rolled away the stone. In this, we encounter extraordinary mystery: how God forges heroism in the hearth of human frailty.

Sin: A Cause of Mental Illness?

Before we consider further the mystery of God's power in human frailty, let us focus upon another assumption of Stepford Christianity, not simply that psychological distress is itself sinful, but that perhaps it results from some other sin in the believer's life.

Let us return to the Book of Job. It is, after all, the conviction of Job's friends that his afflictions result from God's punishment. Like the proponents of Stepford Christianity, they call upon Job to examine himself and to repent of his secret sin in order to be free from the oppressive hand of God. They advise him, "if you will look to God and plead with the Almighty, if you are pure and upright... if you devote your heart to [God] and stretch out your hands to him, if you put away the sin that is in your hand and

allow no evil to dwell in your tent... Life will be brighter than the noonday...." (Job 8:5-6; 11: 13-17). The assumptions of the friends are that believers can control their destinies (where have we heard this before?), and that they are able to compel from God protection and the blessings of this life through their faithful behavior. (Those who might suggest that the prosperity gospel is in fact Biblical are not entirely mistaken. This doctrine is found in the Scriptures; it is in the mouths of Job's friends.)

Psychological research confirms a certain human tendency to reason like Job's friends – that is, to believe in a just world, in which the good are blessed, and the wicked are punished. Studies demonstrate the human propensity to assume that those who are suffering with any number of life challenges – including mental disorder – must have in some way brought those challenges upon themselves. Aided by these assumptions, those who are more fortunate can preserve a sense of entitlement to their blessings, as well as a belief in their control of the future, which might otherwise feel precarious and uncertain.

Yet, if ever a sacred text denounced this so-called 'just' view of life, or God's participation in a simple *quid pro quo* relationship with humanity, the Book of Job is that text. God is not a puppet – a deity on a leash (as the doctrine of Job's friends suggests) – whose sovereign power we can manipulate toward our ends through a certain course of action. Instead, the Book of Job calls us to live in dynamic relationship with a powerful and inscrutable God, and to trust this God amid the mystery of our lives.

But there is more here than the theological inaccuracy of assuming a simple causal link between the commission of sin and the onset of suffering. There are logical problems with advising mentally ill persons to consider whether sin might have preceded,

and thus presumably caused, their disorders. With one possible exception – that of the life of Christ – the Scriptural testimony is that for *all* persons, *all* states of psychological distress (as well as all states of psychological well-being) are preceded by sin. This is true, according to Christian doctrine, because we are all sinners. So it will certainly be the case that persons with mental disorders may notice patterns of sin which preceded the onset or the exacerbation of their symptoms. This is not evidence, however, that individual sins *cause* mental disorders. Instead, it suggests that mentally ill persons share the common fate of humanity, according to the Scriptures; that is, they are sinners, too.

Unfortunately, people who experience mental illness may be particularly prone to unusual degrees of guilt. This phenomenon is so common in depression that the *DSM* lists "excessive or inappropriate guilt" as one of its symptoms (2000, p. 356). However, inappropriate guilt is not exclusive to depression; persons afflicted with anxiety or psychosis can also be particularly sensitive in this area, assuming responsibility for other's behaviors or repeatedly recalling some offense, distorted and magnified in such a way so as not to accurately represent reality. Prompted by a particular sort of superficially religious encouragement, these sensitive persons will readily conjure up any number of "sins" for which they might imagine themselves now to be suffering with mental illnesses. (They were not fervent enough in prayer; they uttered obscenities, and took the Lord's name in vain; they lusted in their hearts; they are failures as children, parents, or spouses.) If these persons are devout Christians, they may feel the necessity to perform this sort of inventory regularly.

For both theological and psychological reasons, then, the hunt for sin as a source of mental disorder is problematic. But this pursuit also ignores another reality: what if

psychological distress may sometimes be indicative – or the result of – what is good, not what is sinful, in persons?

If we consider the prophets, and Christ, it was not sin which caused their distress; it was their alliance with the heart of God. Dr. Dan Blazer, J. B. Gibbons Professor of Psychiatry and Behavioral Sciences at Duke University Medical Center, has written,

...a fallen society's afflictions are often inscribed on the bodies of its members. ...

Embodied emotional pain can be an appropriate response to suffering in a world gone wrong. The author of Lamentations must have felt such pain as he gazed upon the destruction of Jerusalem... "My eyes fail from weeping, I am in torment within, my heart is poured out on the ground because my people are destroyed, because children and infants faint in the streets of the city" (Lamentations 2:11).

... If we have grown numb to the pain and suffering around us, we have lost our humanity (2009, pp. 29-30).

We have perhaps also lost our connection with the spirit of God. One remembers, for example, the life of the great reformer, Martin Luther, a man whose "oscillation of mood" dogged him all his life (Bainton, 1950, p. 28). Professor of ecclesiastical history Roland Bainton commented, "There is just one respect in which Luther appears to have been different from other youths of his time, namely, in that he was extraordinarily sensitive and subject to recurrent periods of exaltation and depression of spirit" (Bainton, p. 28).

Historical records suggest that Luther's despair, his disillusionment with the 16th century Catholic Church, and his terror of eternal damnation, formed the psychic

background for his eventual epiphany regarding the all sufficient graces of God. Catapulted from his despair, now fueled by a sudden and liberating understanding of God's grace, Luther successfully challenged the religious institutions of his day. One might even argue that it was in part through the psychological distress of this one man that both the Protestant reformation and the Counter-reformation in the Catholic Church were launched – events which would irrevocably alter the religious landscape of the Western world (Bainton, 1950).9

Regarding Demons

Now that we have considered Stepford assumptions that psychological distress is itself sin, or that it is caused by sin, let us return to the Scriptures to consider whether mental disorder is evidence of demonic influence. 10

⁹ Curiously, Bainton commented further about Luther's mood swings, "This oscillation of mood plagued him throughout his life. He testified that it began in his youth and that the depressions had been acute in the six months prior to his entry into the monastery. One cannot dismiss these states as occasioned merely by adolescence, since he was then twenty-one and similar experiences continued throughout his adult years. Neither can one blithely write off the case as an example of manic depression, since the patient exhibited a prodigious and continuous capacity for work of a high order (1950, p. 28)." The latter portion of this quotation is of particular interest. Research conducted since the publication of Bainton's biography of Luther suggests that persons with manic depressive disorder may in fact be very productive, and may create works of exceptionally high quality, depending in part upon their degree of intellectual giftedness. (I discuss this in further detail in a later section of this paper, Complexity in Disorder.) My point here is not to suggest that Martin Luther was manic-depressive; instead, I intend only to note that this possibility cannot be ruled out based only upon his impressive scholarly output, as Bainton indicated in the above quotation. And I wonder if Bainton himself was unsure of his assessment of Luther's moods. I find it puzzling, for example, that while he suggested that Luther was not manic depressive, he also referred to him as a "case" and a "patient" in the above quotation. Perhaps Bainton's use of the terms "dismiss" and "blithely write off' in these sentences clarifies this problem of interpretation. I wonder if Bainton was concerned that a diagnostic label such as 'manic-depressive' would have led the reader in 1950 tragically to reject the enormity of this man's genius, his message, and his influence. Sadly, based upon my understanding of the stigma of mental illness, I would be inclined to agree with this assumption, if in fact this was the author's concern. In any event, whatever the nature of Luther's psychological functioning, Bainton did confirm that the reformer experienced profound psychological distress of some sort prior to his remarkable epiphany.

¹⁰ The present analysis reviews Biblical texts regarding the assumption of an association between mental illness and demon possession. I do not in this paper consider the psychological impact of this association upon persons with mental illnesses. However, research has demonstrated that persons who typically assign 'external loci of control' - that is, external sources of causation and influence - to difficult life events are

Despite the plethora of folklore surrounding demon possession, the Biblical narratives tend, with few exceptions, to be rather meager in their details regarding these events. We do not read, for example, of demon possessed persons levitating mid-air, their heads spinning upon their necks; nor are we offered descriptions of the hurling of objects, the melting of nails, the shattering of windows, or the sizzling of religious icons during the exorcism rite. These details may be found in stories comprising the vast extra-Biblical tradition about demon possession; in comparison, however, Scriptural narratives of this phenomenon tend to be rather staid.

Most of the Biblical accounts of demon possession are found in the New Testament, particularly in the synoptic gospels, Matthew, Mark, and Luke. The Gospel of John, for example, does not include a single story of exorcism, while the Book of Acts offers only two stories of this phenomenon (16:16-18; 19: 11-16), with two other brief allusions to exorcism (5:16; 8:7). In his many letters to the ancient church, the apostle Paul does not describe incidents involving demon possession; nor does he include exorcism among the spiritual gifts of the believer (1 Cor. 12: 28-31; Michaels, 1976); he instead tends to describe demonic influence with regard to its role in idolatry (e.g., 1 Cor 10:20-21), temptation (e.g., 1 Cor. 7:5), excommunication from the church (e.g., 1 Cor. 5:5), and the "rulers, ... authorities, ... [and] powers" of the world (e.g., Eph. 6:11-12).

more likely to experience depression. The assignment of Satan as a locus of control over facets of one's personality is a particularly pernicious external attribution. Even the most stable person could find this explanation of various personality attributes rather unsettling. How then might it impact the person already plagued by depression, mania, anxiety, or psychosis? For a more extensive discussion of various psychological issues involved in the association between demonic influence and mental illness, see: Webb, M., Stetz, K., & Hedden, K., (2008). Representation of mental illness in Christian self-help bestsellers. *Mental Health, Religion, & Culture, 11*(7), 697-717.

Even within the synoptic gospels, many of the accounts of demon possession provide no information about its biological, psychological, or social symptoms. A Canaanite woman, for example, pleads with Jesus to heal a daughter afflicted with a demon, but we learn nothing of how this possession is manifest in the child (Matthew 15: 21-28).¹¹

However, the gospels do describe one case with some degree of detail in which the demon possessed person clearly exhibits some form of psychological and social dysfunction. The story of the Gerasene demoniac appears in the three synoptic gospels (Matthew 8: 28-24; Mark 5: 1-17; Luke 8: 26-37), but in Matthew, the story involves two persons and not one. Other features of the stories are similar. In all three narratives, the demon-possessed are violent and live in the tombs; in Mark, he is crying out and cutting himself with stones; in Luke, he roams about without clothing into "solitary places" (8:29). The story of his exorcism is dramatic, not only because of the unusual nature of his behavior, but because of the subsequent and peculiar drowning of a herd of pigs, ¹² and the local community's reaction to this miracle, asking Jesus to leave them. The restored man alone asks to stay with Christ; instead, his Savior returns this man to his community, advising him to tell everyone of God's miraculous work in his life.

The Book of Acts describes an additional incident in which a demon possessed person displays psychological dysfunction, behaving violently by assaulting a group claiming to perform exorcisms in the names of Christ and of Paul (19:11-16). However,

¹¹ See also Luke 4:33-37.

¹² James D. G. Dunn and Graham H. Twelftree (1980) have indicated that this event is perhaps interpretable in light of the widespread ancient belief that exorcism required the passage of a spirit from a person into some object, such as a stone, which was then discarded.

the Scriptures are void of other stories of persons whose psychological or social dysfunction is associated with demonic possession.¹³

Instead, other narratives describe the demon possessed person as afflicted with disorders which we would today describe as predominantly, if not entirely, physiological in nature. For example, the gospel writers record that Christ cast demons out of persons who were mute (Luke 11: 14), and mute and blind (Matthew 12:22). It is likely that these two stories are slightly altered versions of the same event; what is notable here is the differing physical ailments, muteness and blindness, which the gospel writers attribute to demonic possession. Another story reports that a demon-possessed boy suffered with muteness, deafness, and seizures, symptoms we would also describe in medical terms today (Mark 9: 17-27; Luke 9: 37-43).

Similarly, Jesus heals a woman whom the gospel writers describe as "crippled by a spirit...She was bent over and could not straighten up at all" (Luke 13:12). When the Pharisees criticize Christ for healing her on the Sabbath, he responds, "...should not this woman, a daughter of Abraham, whom Satan has kept bound for eighteen long years, be set free on the Sabbath from what bound her?" (Luke 13:16) While the specific

³ It nerhans should also be note

¹³ It perhaps should also be noted that while violent behavior occurs in both of these incidents, and is described here as evidence of psychological and social dysfunction, violence is not a symptom of depression, mania, anxiety, dissociation, or psychotic disorders, according to the *DSM-IV-TR*. Furthermore, recent epidemiological research (involving nearly 35, 000 participants) demonstrates that severe mental illness is *not*, in and of itself, a predictor of violent behavior. Rather, the possibility of violent behavior among persons afflicted with mentally illness is associated with other factors including, but not limited to, (a) substance abuse (involving alcohol or illicit drugs, for example), (b) history of physical abuse, (c) history of parental arrest, and (d) history of juvenile detention (Elbogen & Johnson, 2009). It should also be noted that studies involving this large a sample size are very rare, allowing for the greater possibility of generalization of the research findings to the population at large. Unfortunately, stigma about mental illness includes the belief that these persons are more likely to behave violently than other members of society. I wonder then if this perception of mental illness as a predictor of violence influences the interpretation of these two New Testament narratives describing demon possession.

terminology of "demon possession" or "exorcism" is not used in this story, it is clear by the language of the gospel writer that demonic influence is seen in her bodily impairment.¹⁴

The gospels also contain a variety of brief summary statements describing Jesus' exorcisms; these are usually mentioned in the context of miraculous healings of a variety of ailments. In Matthew 4: 24, for example, we read that "news about (Christ) spread all over Syria, and people brought to him all who were ill with various diseases, those suffering severe pain, the demon-possessed, those having seizures, and the paralyzed, and he healed them." In a review of these gospel summaries, Michaels (1976) noted, "The tendency of Matthew is to put demon possession within the general category of illness, and exorcism within the general category of healing" (p. 49); in Luke 6:18, for example, "healing' refers almost interchangeably to disease and demon possession" (p. 49).

In the Book of Acts, Peter continues this tendency to interchange the concepts of healing and the demonic in his preaching. He speaks about Jesus who "went around doing good and healing all who were under the power of the devil, because God was with him" (Acts 10: 38; Michaels, 1976).

¹⁴ Some authors have suggested that this story should not be considered in any treatment of Jesus' confrontation with demonic possession, given the lack of any specific language around exorcism. I wonder, however, if this caution is due to the modern academic reader's imposition of a linear, detailed, and highly specialized, approach to the categorization of phenomena which I imagine would be foreign to the more wholistic approach of the ancient Israelite. Can we be certain that the New Testament writers made such fine distinctions? Or that they did not conceptualize the role of the demonic as one larger gestalt? Contemporary academics are accustomed to parsing all phenomena down to the finest particle; I'm not sure this is the methodology of the Hebraic mind. In any event, I have described this event here as one indicative only of demonic influence; and it is the case that demonic influence, and not exclusively demonic possession, has been associated with mental illness.

¹⁵ See also Matthew 8:16; Mark 1:32-34; Luke 13:32.

Consider also the testimony of the apostle Paul regarding his "thorn in the flesh," a physical ailment of unknown diagnosis (Howard, 1985), which he describes as "a messenger of Satan, [given] to torment me" (2 Corinthians 12:7). Like the authors of the synoptic gospels, Paul understands this physical affliction in the context of spiritual warfare.

Overall, then, the New Testament writers locate both demon possession, and demonic influence, in disorders which are not characterized by psychological and social dysfunction, but which are instead characterized by physical impairment, and which contemporary Westerners understand and treat medically. While Christian doctrine does affirm the reality of supernatural evil, and suggests that all human affliction is evidence of vast spiritual disorder in the universe, contemporary Christians do not view muteness, blindness, deafness, epilepsy, and arthritis (to use the gospel examples) as particularly Satanic in nature, or use the language of the demonic to describe their symptoms, causes, or treatment. Nor would a return to this language be advisable, given the tremendous medical strides seen over the centuries for the management and cure of these physical

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¹⁶ While some authors suggest that perhaps the physical impairments in these gospel exorcism stories are the result of somatic psychological disorders, including conversion disorder, the Scriptures provide no basis for this assumption. It must be recalled that the first century Jewish community did not have access to medical tests ruling out the physiological bases for various disorders and implicating, therefore, the possibility of psychological etiologies. The notion of psychological bases for medical disorders would have been entirely foreign to the first century audience of Christ's exorcisms. Instead, from the Scriptural witness, we may only assume that the ancient Israelite community did believe that certain physical afflictions were demonic in origin, and it is this belief we must consider in any general review of the Biblical testimony about demonic influence. (Of course, in a similar vein, it cannot be assumed that somatic disorders occurred in ancient Israel in the same way in which they might occur today.) Thus, I would suggest that the simplest, and most straightforward, understanding of the symptoms present in these stories is the most reasonable option for the contemporary reader. Unfortunately, I fear that the recasting of these stories of physical impairment as somatic mental illnesses (such as conversion disorder) may be both indicative and supportive of long-standing beliefs associating mental illness and demonic influence. That is, when authors read somatic psychological disorders into these stories, I wonder if this is a result of conducting interpretation with a priori assumptions associating demonic possession with mental illness. This assumption then ignores the possibility of the range of problems (including physical problems) that the ancient world attributed to demons.

ailments. From a Christian perspective, we might instead welcome the use of scientific language, and the advancement of scientific conceptualizations of these disorders, given the relief this advancement has offered millions of afflicted persons.

In general, it does appear that contemporary Christians are in fact loathe to use the language of the Satanic; for example, research demonstrates that Christians rarely assign causation to demons; in various studies, these attributions have comprised only, on average, 1 to 2% of explanations offered for a variety of events (Lupfer, Tolliver, & Jackson, 1996). Mental illness appears to be an exception to this general rule.

We must ask ourselves then: has the contemporary relegation of the demonic to the exclusive realm of mental illness resulted in a skewing of the original meaning of the term from its understanding in the New Testament? The meaning of terminology can and does change over time. An example of a term's alteration in meaning might be seen in the word "romantic." In previous centuries, this word referred broadly to the faculties of intuition, emotion, artistic impulse, and natural sentiment; while the term "romantic" sometimes did refer to erotic love, this was not necessarily or primarily its meaning. In contemporary lingo, however, this is the only way in which the term is understood.

The fact that our current understanding of the term "demonic" does not reflect the New Testament worldview is seen even in casual language. When people use the phrase "to face one's demons," they are not describing attempts to fill prescriptions for eyeglasses (for vision impairment); nor are they suggesting they need to supplement their diets with glucosamine (for joint stiffness). We understand this phrase only in terms of its connection with the intrapsychic.

Yet, if society has punted the demonic over the centuries to the restricted realm of the intrapsychic, why is this so? Why has language about an association between mental disorder and the demonic persisted? Why has this association not fallen away in a manner similar to the falling away of long standing, ancient associations between physical disorder and demonic influence?

Perhaps the relatively late development of humane and effective treatments for mental illness has delayed a widespread social awareness of the genetic, neurological, psychological, and social aspects of these disorders. It was not until the end of the 19th century that the physician Joseph Breuer developed the "talking cure," a term coined by his patient, Anna O.,¹⁷ and described in his 1895 book, *Studies on Hysteria*, which he coauthored with colleague Sigmund Freud. It was this seemingly simple, but revolutionary, technique that launched the development of psychoanalysis, and a myriad of other psychotherapies, in the decades to follow.

In the centuries preceding the advent of psychoanalysis, persons with mental illnesses were subjected to the most heinous of abuses. They were accused of witchcraft and burned at the stake; they were dismembered in experimental surgeries; they were chained to the walls of asylums, beaten, raped, and left naked to rot in their feces; they were paraded before the public as side-show entertainment to earn money for asylums; they were abandoned to beg impoverished in the streets.

Even with the advent of psychotherapy and other behavioral interventions, lobotomies and strait jackets were still used during the 20th century, only to be deserted

¹⁷ The pseudonym used for Bertha Pappenheim.

with the advent of psychotropic medications mid-century. We are now living in an age when persons who experienced these abuses, or who had parents or grandparents who experienced these abuses, are still alive. The human race has possessed the ability to effectively manage psychotic symptoms (for some individuals) for only about 60 years of the many millennia of our history. Perhaps, then, while the treatment of mental illness has advanced remarkably in previous decades, social conceptions of these disorders – as resistant to any form of treatment, as indicative of a poor prognosis, or as a sign of demonic activity – lag behind.

And, despite our increased knowledge and improved treatment of mental illness, the reality remains that there is much we still do not understand. Our relative ignorance about mental illness is surely due in part to the unparalleled complexity of that organ with which it is associated, the human brain. But Stepford Christianity has never been comfortable with mystery. Mystery, after all, requires that we accept there is knowledge that remains beyond our grasp.

The fact that mental disorder involves dysfunction of personality has not made the situation any easier. It has perhaps been easier to accept that we do not have complete freedom over our physical natures; a broken bone, and an x-ray illuminating that broken bone, may be readily accepted as an explanation for one's inability to play baseball that afternoon. But as a society, we are only beginning to understand, to demonstrate scientifically, and to treat the "broken brain" (Andreasen, 1983).

For centuries, philosophers and theologians alike have also assumed that human rationality was what separated us from the animal world. Rationality, it was believed –

the noblest expression of our mental faculties – was the cradle of the *imago Dei*, that element of the human creation which reflected the divine (Dodson, 1997). Perhaps it was not a great leap of logic, then, for society to imagine the converse of this notion – that persons who did not appear rational were somehow lacking in God's image.

Pope John Paul II challenged these views in a 1997 address entitled, "The Image of God in People with Mental illness." He commented,

Christ not only took pity on the sick and healed many of them, restoring health to both their bodies and their minds; His compassion also led Him to identify with them. He declares: "I was sick and you visited me" (Mt 25:36). The disciples of the Lord, precisely because they were able to see the image of the "suffering" Christ in all people marked by sickness, opened their hearts to them, spending themselves in various forms of assistance. Well, Christ took all human suffering on himself, even mental illness.... Thus ...whoever suffers from mental illness "always" bears God's image and likeness in himself, as does every human being (http://www.catholic.org.tw/vntaiwan/pope/health.htm).

Reformulation of Conceptions of the Christian Life

Now that we have challenged some of the basic tenets of Stepford Christianity, that psychological distress is sin (or a demonstration of a lack of faith), that it is a result of sin, or that it is evidence of demonic influence, we have cleared some theoretical space to reconsider the possibility of a new theology of mental illness. We will now focus upon a reformulation of conceptions of the Christian life. This reformulation attempts to

¹⁸ Pope John Paul II addressed a conference of the Pontifical Council for Pastoral Assistance to Health-Care Workers on November 30, 1996.

embrace the realities of Scriptural portraits of the faithful and the realities of mental illness. Based upon a review of Biblical narratives, we will consider the following themes in their relation to mental illness: heroism in frailty, freedom in finitude, complexity in disorder, and the stranger in our midst.

Heroism in Frailty: God's Mysterious Power

Stepford Christianity proposes a form of heroism for the Christian life which is devoid of psychological distress or disorder, one characterized by a superficial stoicism, and rapid resolution of trials. In contrast, the Scriptural portrayal of heroism may require years, if not decades, to reach fulfillment, and may be accompanied by profound psychological turmoil.

The story of Moses, a man "more humble than anyone else on the face of the earth (Numbers 12:3)," may be illustrative. ¹⁹ Hebrews 11 catalogues the heritage of the Old Testament faithful into which the Christian church was born. Listed among the courageous is Moses, about whom it is said that he

refused to be known as the son of Pharoah's daughter. He chose to be mistreated along with the people of God rather than to enjoy the pleasures of sin for a short time. He regarded disgrace for the sake of Christ as of greater value than the treasures of Egypt, because he was looking ahead to his reward. By faith he left Egypt, not fearing the king's anger (11: 24-27).

¹⁹ I am indebted to Dr. James T. Butler, Associate Professor of Old Testament at Fuller Theological Seminary, for his description of this discrepancy in the Biblical narrative about Moses. Dr. Butler pointed out this inconsistency during an Old Testament course in which I was enrolled as a seminary student during the late 1980s, and, as I recall, he emphasized the importance of the "bottom line," or the end result, of one's faith.

The author of Exodus, however, tells something of a different story. As an adult living in Pharoah's royal court, Moses watched one day as an Egyptian abused a Hebrew slave. In retaliation, Moses secretly killed and buried the Egyptian. When he later discovered that other Hebrews knew about the murder, and that "what [he] did must have become known," Moses was indeed "afraid" (Exodus 2: 14). When Pharoah heard of Moses' act of murder, he tried to kill Moses, but Moses fled the land and travelled to Midian, where he lived for 40 years. It was only after Pharoah died that God met Moses in a burning bush, calling him back to Egypt to save the Hebrews from slavery. Even then, five times Moses expressed reluctance about this commission, culminating in his final plea, "Oh Lord, please send someone else to do it" (Exodus 4: 13).

Moses' aversion – a trait we recognize in other Biblical heroes – might be considered in light of his history. The Lord has asked him to return to that place from which he once ran for his life, where his dual, and conflicted, identity as an exalted member of the royal family and a despised Hebrew could find no healing. Perhaps Moses also feared the Lord would fail to act. As a child, and then as a young man, Moses had watched Pharoah, his own father, daily crush the people of God. Despite their cries for deliverance, the Lord of the Hebrews seemed to take no notice as the years, even the decades, passed. Did Moses doubt that this Father in heaven was more powerful, and more decisive, than his father on earth?

Given the Exodus account describing Moses' trepidation, the author of Hebrews seems a bit short on details in the depiction of Moses' heroism. How do we explain the discordance between these two Biblical versions? Was Moses afraid? Yes. Did he choose still, with time, and with the Lord's assurance and provision, to obey his God? Yes. Did

he thus ultimately demonstrate greater reverence – that is, greater fear – for the power of God than for the power of Pharoah? Yes. Perhaps this is why the author of Hebrews can commend his heroism, even as Exodus acknowledges Moses' psychological turmoil, which he did eventually – and perhaps just narrowly – overcome.

Yet it is this narrow difference upon which the Church is founded, the narrow difference which topples kingdoms and delivers the oppressed into the expansive graces of God. Jesus understood this; when the disciples asked for more faith, he assured them that even the tiniest nub of faith, the size only of a mustard seed, moved mountains (Luke 17: 5-6). From the narratives of Biblical heroes, we learn that this tiny, yet heroic faith may be borne across the span of years amid profound psychological distress.

As a psychotherapist to Christians, I have witnessed heroism emerging in the context of psychological frailty. I worked once with a client who had returned from a missionary excursion in a remote part of the world. His missionary agency contacted me with his referral, describing his psychological symptoms. They wished in particular to emphasize to me prior to my initial contact with him that the stories my client might tell of the violence, espionage, and organized crime he daily encountered on the mission field were accurate depictions of the sociopolitical climate in which he found himself.

Whatever other problems this man might have, he was not delusional.

Shortly thereafter, the client contacted me, and I heard, firsthand, his story. I understood then why the missionary agency felt the need to verify the truth of this man's statements. The events he described were disturbing. He repeated certain particularly perverse details of his experiences in session after session; I wondered if he needed to

repeat these details to confirm to himself that somehow, impossibly, they had actually occurred. With this confirmation, however, came a new, and troubling, awareness: how can people be so depraved? How can human behavior deteriorate to such base levels of evil? Perhaps my client needed each time he recalled these events to see another human face, looking into his face, believing his words when they seemed too bizarre even for him to believe, and experiencing also the absurdity of the corruption possible in the human spirit.

Despite my horror as I heard his story, I also felt awe. This man, I knew, had changed the history of the nation to which he had been sent and I, in a most arbitrary way, had become a secondary and silent witness of these events. No one, I imagined – no journalist, no sociologist – given the chaotic situation in that part of the world – would have recorded any account of his excursions, the obstacles he encountered, the life-threatening moments he faced, and the enduring significance of his work.

My client did not understand his experience in this broad perspective. He felt guilt over his behavior in the midst of these stressors. He recalled how he had snapped angrily at staff members at the missionary site, how he had argued bitterly with the missionary agency, and how, nearly every moment for months on end, he felt exhausted, angry, frightened, or despairing. Upon his return to the United States, he doubted the wisdom and the support of his missionary agency, and of his God, who had left him in such a dangerous place. He believed he had failed as a Christian. When asked by his church to provide a missionary update to the congregation, he balked; how could he put a Stepford face on the most distressing experience of his Christian life? Prior to his missionary excursion, he had listened to a seemingly endless flow of glowing tales at the altar each

Sunday, as congregants from a myriad of ministries described God's activity among them. How could he follow in this queue?

As I sat with this client, I heard an echo reverberating across the millennia. I recalled the trials of another missionary who also argued with church staff (Galatians 5: 10-12) and evangelistic colleagues (Acts 15: 36-40), and who had at least once lost hope (2 Cor. 1:8-9). Yet the apostle Paul was surely one of the unparalleled heroes of the church in his century – or in any century. Were it not for his repeated journeys across a hostile Mediterranean landscape, would the church have exploded in the Western world as it did, catapulting from Israel to Rome in the span of a single lifetime?

Like my missionary client, the apostle Paul was no Stepford Christian. How could he have been? Stepford Christianity will not allow for genuine heroism. Heroism is too messy; it is not polished or pretentious; it takes so many risks; it demands enormous physical and psychological energy; and worst of all, it does not always work. Stepford Christianity is embarrassed by the ugliness of the crucifixion, and the shadow of its presence reappearing in the long-suffering of the faithful for each generation. It wants the appearance of the valiant church without the expense of suffering, and the likelihood of repeated failure, necessary for its ultimate establishment.

Yet it was in the context of human frailty that God's miracle of the establishment of the early church occurred. Paul did not present the victorious Christian life as one characterized by forced and shallow optimism, but instead as one of paradox, manifest most powerfully in weakness. Although the Scriptures testify that Paul possessed the spiritual gift of healing, he admitted that he himself was unable to find relief from

personal infirmity. Instead, he received God's assurance, "My grace is sufficient for you, for my power is made perfect in weakness" (2 Cor 12: 9). In this we hear a clarion call for hope for those with mental illnesses; mysteriously, God's strength is manifest most powerfully in human frailty, not in our artificial and imagined strengths.

In mental illness, we find a unique form of frailty, just as we find potential for unique forms of heroism. We might say of my missionary client that his mental disorder was testimony that he could not bear psychologically the confrontation with, and overthrow of, sociopolitical evil to which he was committed spiritually. And if he could not bear this confrontation, it was through no fault of his own. The Scriptures attest we were created for life in Eden; traumatic confrontations fall outside God's initial design.

Perhaps, then, the cross my client bore for his Lord, for the Church, and even for the world, was the disorder which resulted from his missionary excursion; while Stepford Christianity might describe these symptoms as evidence of spiritual weakness, perhaps instead they were the battle scars one typically finds among the heroic.

By the time they reach the waiting rooms of mental health professionals, it may be impossible to know the battlefields that the mentally ill have traversed. Although he could not have imagined the suffering he would endure, my missionary client chose, as a reasonably healthy and mature adult, to embark upon his overseas assignment. Others with mental illnesses do not choose the damaging genetic, biological, psychological, social, economic, and political circumstances of their births, circumstances which may also expose them to multiple sorrows and disadvantages, and which also fall outside of the protective gates of Eden for which humanity was created. They are veterans of a

fallen world, and in their symptoms we see the repercussions of humanity's collective wounding.

In mental illness, heroism may be disguised in the mundane. It may be found in the daily choices mentally ill persons make to persevere, and to live with integrity, somehow navigating their lives despite a variety of potentially crippling symptoms. I recall one client with extreme social anxiety who reported panic attacks in multiple social settings. Despite this, she rarely took a sick day from her full-time job as a receptionist and attended church two to three times weekly. Years passed – accompanied by perhaps hundreds of panic attacks – before she finally found relief.

The phenomenal 19th century preacher Charles Spurgeon, himself afflicted throughout his life with depression, reflected,

But where in body and mind there are predisposing causes to lowness of spirit it is no marvel if in dark moments the heart succumbs to them; the wonder in many cases is – and if inner lives could be written, men would see it so – how some...keep at their work at all, and still wear a smile upon their countenances (Spurgeon, quoted in Skoglund, p. 68)

Absent a mental disorder, it may be tempting to take seemingly small, routine activities for granted, not realizing the tremendous foundation of psychological health upon which they are built. When depressed, an event as insignificant as brushing one's teeth can be an act of faith. Brushing one's teeth requires that a person get out of bed; getting out of bed requires that one face the day; and facing the day requires committing once again to another attempt in what may seem to the depressed person an endless series

of failed attempts at working out a life that is confusing, frightening, and sorrowful.

Brushing one's teeth is taking hold once more of the hand of God, however tentatively, and trying yet again to embrace one's life, when every impulse may be instead to surrender beneath the bed linens.

Freedom in Finitude: The Contribution of Time

These heroic efforts are not in vain. They are in fact necessary. Despite the hardships of heroism, the alternatives are even worse. Bed linens cannot, after all, provide the safe haven for which the mentally ill person might hope.

I am convinced that, for all of us, as well as for those persons with mental illnesses, there is no way around suffering; there is only the way through, and this way may be, unfortunately, a long and bewildering passage. But there is an end to this journey. C. S. Lewis has written,

If you are a poor creature – poisoned by a wretched up-bringing, in some house full of vulgar jealousies and senseless quarrels – saddled by no choice of your own, with some loathsome sexual perversion – nagged day in and day out by an inferiority complex that makes you snap at your best friends – do not despair. He knows all about it. You are one of the poor whom he blessed. He knows what a wretched machine you are trying to drive. Keep on. Do what you can. One day (perhaps in another world, but perhaps far sooner than that) he will fling it on the scrapheap and give you a new one. And then you may astonish us all – not least yourself: for you have learned your driving in a hard school. (Some of the last will be first and some of the first will be last.) (Lewis, 1943, p. 181-182).

What Lewis assumes here is an interplay between freedom and finitude in personality. While persons with mental illnesses may have unique limitations over their thoughts, emotions, and behaviors, they are not powerless. They may have the potential over time to effect change in themselves. While that occurs, they are developing imperceptible character traits (such as, perhaps, perseverance and hope) which transcend the limits of personality, and which may only be revealed at the fulfillment of God's promise of their full restoration.

Unfortunately, Stepford Christianity has not acknowledged this complexity of freedom and finitude in human character. It has tended to assume that our personal freedoms are vast. There is no apparent limit to our ability instantaneously to control or to alter our emotions, thoughts, or behaviors; these freedoms may even be considered intrinsic to our fundamental moral choice as God's children.

Stepford Christianity has failed not only to understand the limitations of human freedom, it has ignored the incremental nature of development within those limitations. Psychological change may require months, if not years, to emerge. But the promise of a 'quick fix' can set mentally ill persons up for disappointment. I have worked with clients who have wondered why God seemingly withholds from them instantaneous health; if the persistence of their problems is not due to their own spiritual inadequacies, is there some limitation in God's willingness or power to heal?

It is undoubtedly the case that individuals can experience marked psychological change in short periods of time, and that they may attribute these changes to God, or to other catalysts of a spiritual nature. Among psychologists, this phenomenon is called

"quantum change" (Miller, 2004); the lay community recognizes these events as miracles.

And while miracles do occur, I wonder still if the expectation of instantaneous psychological change in all cases presupposes general misunderstandings about mental health. After all, even in those cases where individuals report dramatic, immediate change as a result of God's unusual intervention, it remains the case that *most* of the psychological growth that these persons will undergo in their lives – both before and after any spiritual catalyst – will occur gradually over time.

Perhaps this is because improvements in psychological health require the participation of the person in ways that sudden, supernatural interventions may not always incorporate. It is the person – not a Stepford robot – who needs healing; perhaps then, for some forms of psychological change, it is necessary for the person to be engaged at every step of the process.²⁰

Consider the following analogy. Two students graduate from a private high school. One receives a diploma as a result of the struggle to learn the required material and the necessary skills; the other receives a diploma as a result of a parent's repeated willingness to do the student's homework and to offer a sizable contribution to the school's endowment funds. While both graduates receive their diplomas, emerging from high school with hopes of success in college, and a later career, we know there is a

²⁰ This is true even when we consider those situations in which people take medications to ameliorate symptoms which are otherwise intractable. For example, we could argue that it is not the person's participation in his psychological growth which relieves his psychotic symptoms; it is his antipsychotic medication. However, even people taking these medications must consent to this form of treatment. And, for many individuals, this consent itself may involve a process of psychological growth, including the need to accept the reality of one's illness and to learn to trust one's treatment team. Additionally, even after individuals are stabilized on medications, they typically need help developing many psychosocial skills which medication alone cannot impact.

difference between the two; it is the first for whom the diploma represents actual development. This person has acquired certain cognitive skills, as well as a variety of character traits (e.g., tenacity, humility, self-sacrifice), which have developed gradually through many nights of continued effort. We might guess that this person will experience greater success, and satisfaction, not just in college, but in life, as a result of this educational process.

For all persons, whether or not they experience mental illness, psychological growth is at times akin to earning an education. (And unfortunately, for the person with a mental illness, it may be a particularly long and arduous education, complicated by a multitude of seemingly impossible limitations.) Perhaps there are times when it does not make sense to expect God to do for us instantaneously what in fact we must complete for ourselves – with His help, over time – for our greatest happiness. We cannot always hope to waive these lengthy, internal processes of change and hope still to achieve the same outcomes.

This may explain in part why some elements of psychological growth seem to require the passage of time, even as it makes clear the error of judging persons who struggle along the path. Do we criticize high school freshman for not understanding the formulae of calculus which they may someday easily compute? A freshman who does not understanding the later lessons of high school may still someday surpass her teachers, despite the challenges of a learning disorder, an absent father, and poverty; this only God can detect.

Of course, to suggest that persons with mental illness are not powerless, that they do have certain freedoms even in their finitude, is not to suggest that they are to blame for the onset or for the persistence of their disorders. Instead, it is a call to hope.

I sometimes think that the work of therapy is to help clients find that unique place of freedom within themselves where they may begin their journeys. However limited it may seem upon initial discovery, it is a beacon on the path home.

A long view of the work of God in the believer's life is supported by the Scriptures. We need only to remember Joseph, despised by his multiple older brothers, who still received a vision from God at the age of 17 forecasting his future leadership in the world; thirteen years would pass before this promise was fulfilled by Pharoah's appointment of Joseph, then age 30, as second-in-command over Egypt (Genesis 41: 41-46). Moses also languished in the desert for decades (Exodus 2:23; Acts 7:29-30) during the preparation for his leadership of God's people out of Egypt. In the New Testament, Christ, and later the apostle Paul, spent several years living in relative obscurity before emerging in their ministries. The Scriptures are typically silent about these periods of extensive delay before the fulfillment of God's purposes in a single human life; we cannot assume, however, that this silence suggests divine or human inactivity. Instead, as the apostle suggests, we move – at times perhaps imperceptibly – "from glory to glory" (2 Corinthians 3:18) toward the fulfillment of God's purposes.

Complexity in Disorder: These Treasures in Clay Pots

The need for time to bring about psychological growth implies something more about humanity. It suggests that we are complex and intricate. Why should we assume it

would it be simple for an elaborately designed creature to change? Although it is in some ways a portrait of human suffering, perhaps mental disorder also implies a promise – a promise of human potential. Consider as an analogy a photographic negative, where we see the reversal of light in the image, but the outline of various forms remain distinct. Despite the regions of darkness, we may still detect the figure who once stood before the camera lens.

Recent research suggests a curious possibility: an association between various forms of giftedness and mental disorder.²¹ Although in most cases, mental illness predicts lower ability in multiple cognitive arenas, studies have shown that exceptionally creative people do have higher rates of serious mental illnesses than the general population, including affective disorder and schizophrenia (Andreasen & Canter, 1974; Lauronen, Veijola, Isohanni, Jones, Nieminen, & Isohanni, 2004; Ludwig, 1995; Redfield Jamison, 1989, 1993; and Post, 1994).²² Additionally, family members of persons with mental illnesses – individuals presumed to carry genetic liability for these disorders – tend to show creative strength when compared to the general population (Barrantes-Vidal, 2004;

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²¹ This body of research is not without its critics. Earlier studies were plagued with methodological problems, including the psychometric challenges of assessing both mental illness and creativity, as well as the failure to use blind rating methods. Even so, more recent research (including Kinney, Richards, Lowing, LeBlanc, Zimbalist, & Harlan, 2000-2001) has attempted to ameliorate these problems. In a recent review by Lauronenn, Veijola, Isohanni, Jones, Neiminen, and Isohanni (2004), the authors found 13 studies among multiple considered that did meet more rigorous scientific standards. Of these studies, all but one supported an association between mental disorder and creativity.

²² The majority of this research has focused upon creative ability with art, music, or writing. Individuals displaying genius in these areas who also suffered with mental illnesses are numerous; for lists of these individuals, consider the following sources, provided here in alphabetical order: Claridge, Pryor, and Watkins, (1998), Sounds from the Bell Jar: Ten Psychotic Authors; Hershman and Lieb, (1998), Manic Depression and Creativity; Ludwig, (1995), The Price of Greatness: Resolving the Creativity and Madness Controversy; Redfield Jamison, (1993), Touched with Fire: Manic Depressive Illness and the Artistic Temperament. Some evidence also exists for mental illness in persons with mathematic and scientific abilities, and in their family members, but this possibility has not been as extensively explored. Examples of these persons include Isaac Newton; Albert Einstein's son Eduard; Nobel Prize winner John Nash; his mathematician son, John Charles Martin Nash; and the son of Nobel Prize winner James Watson (who discovered with his colleague Francis Crick the structure of DNA).

Kinney et al., 2000-2001; McNeil, 1971; Nettle, 2006). According to Nettle (2006), "such studies are suggestive of an inherited personality or cognitive trait that has both creativity and mental illness in its range of effects" (p. 877).

Theologically, this makes intuitive sense: the good which was intended for the creation can be distorted in a fallen world. This original good intent includes God's design for a complex human mind.

Evolutionary psychologists have noted the unexplained problem of the continuance of mental disorders across the millenia, despite the fact that persons with severe mental illnesses are less likely to bear children. "Compensatory advantages" (Barrantes-Vidal, 2004, p. 58), including creative ability, may offer one explanation for the continued existence of the genetic potential for mental illness in the population; if persons with this genetic potential do not manifest these disorders, they may instead demonstrate various affective or cognitive-perceptual abilities which are somehow adaptive.

Some researchers have even argued that the potential for severe mental illness may be a necessary, but tragic, correlate of the evolutionary development of complex cognitive functions for all humanity, such as language (Barrantes-Vidal, 2004; Crow, 1997). Language is itself a form of symbolic thought, requiring the ability to create abstract representations of reality. According to some, this same facility carries with it the possibility for a confusion of the internal, representational world, and the external,

concrete world, as well as the abandonment of the latter for the former in psychosis (Lauronen et al., 2004). ^{23,24}

Is it possible that mentally ill persons have a unique calling in a fallen world? What if these persons bear the burden of the statistical possibility that certain beneficial traits can only appear in the general population with the potential that those traits might occur in some manner (and perhaps in the context of other specific genetic traits and environmental stimuli) such that a mental illness will result?

²³Mathematician and Nobel Prize winner John Nash, afflicted with schizophrenia, offered the following comments at the William C. Menninger Memorial Lecture during the 2006 American Psychiatric Association convention. "When there are large populations and behavior of a complex structure, it observably turns out that the individuals of a species can have quite varied forms of behavior and that they may serve the interests of a nest or family or tribe in quite varied fashions. ... One thing about diversity in natural species that is well understood by evolutionary biologists is that the natural phenomenon of mutations serves to prepare a species for adaptation to changing conditions or for improved adaptation to an existing level of environmental circumstances.... This is a topic that has been studied in game theory..." (for which Nash won the Nobel Prize). "If species are considered as players in a game that continually repeats, and if the species are provided with the possibility of change through mutation of their playing behavior... then the effect is that the players or species can be shown to naturally evolve so as to get better payoffs from the game. So a possible, but perhaps questionable, inference is that humans are notably subject to mental illness because there was a need for diversity in the patterns of human mental functions. Nash also commented upon his psychiatric hospitalization at McLean Hospital outside of Boston at the same time that American Poet Robert Lowell was a patient. "It is conceivable that the susceptibility of humans to depression or to bipolar disorder may correlate positively specifically with the composition of poetry." John Nash, quoted in Moran, M. (July 6, 2007). Psychiatric News, 42 (13), p. 2.

²⁴ Timothy J. Crow, Oxford University Professor at the Prince of Wales International Centre for Research on Schizophrenia and Depression, composed an article entitled, "Is schizophrenia the price that Homo sapiens pays for language?" In this manuscript (Crow, 1997), he presented a complex theory regarding psychosis as a necessary, but tragic, correlate of the evolutionary development of language. At the risk of simplifying his ideas, I will attempt a summary here. He proposed that the origin of psychosis is very old, perhaps developing at the same time that language emerged in *Homo sapiens*, and in conjunction with a new lateralization of brain functioning (that is, hemispheric specialization) necessary for language. This specialization, he suggested, was likely the speciation event, or that genetic mutation which did, in fact, produce our current species, *Homo sapiens*. Apparently, this lateralization is not found to a similar degree in other primates. He further predicted that the gene carrying the potential for asymmetry in brain functioning will also be found to carry the potential for psychosis; this is suggested in part based on research which has already demonstrated differences in brain lateralization in some persons experiencing psychosis. (One example of this is seen in the greater incidence of left-handedness or ambidextrous ability associated with schizophrenia). While all features of his theory have yet to be confirmed, Crow offered this commentary, "Schizophrenia, it seems, is a characteristic of human populations. It is a disease (perhaps the disease) of humanity" (p. 130).

How peculiar and tragic it is, then, and how ironic, that the history of the treatment of mentally ill persons is replete with stories of their abandonment and their torment in their own communities – by the very people for whom they may have borne a secret burden.

The Stranger in Our Midst: Christ as Immanuel

The complexity, and thus the secrecy, of the nature of mental illness perhaps implies something further. As persons misunderstood by mainstream communities, those with mental illnesses are often outcasts – estranged and alone, and yet still within our midst. Despite its potential for hidden promise, mainstream communities tend to see only the darker regions of these disorders, as in a photographic negative.

Researchers suggest that mental illness continues to be "one of the most stigmatized conditions in society" (Stout, Villegas, & Jennings, 2004, p. 543). The National Institute of Mental Health describes stigma as the greatest impediment for persons with histories as psychiatric patients (Granello & Pauley, 2000); those with mental illnesses may be refused equitable access to housing, employment, and health care (Warner & Mandiberg, 2003). Insurance policies and research funding for mental illness may also be negatively impacted (Redfield Jamison, 2006). As a result of stigma, those with mental illnesses may be reluctant to seek treatment (Stout, Villegas, & Jennings) and may feel less valued as persons (Corrigan, 2004). The Surgeon General (1999) has reported that stigma "deprives people of their dignity and interferes with their full participation in society" (U. S. Department of Health and Human Services, p. 6).

As a society, we shy from reminders of our frailty. If persons with mental illnesses are conceptualized as separate – as invisible within, or as intruding upon – mainstream society, then mainstream society may deceive itself and imagine that mental illness does not reflect universal truths about the human condition.

Yet God sees the invisible; God welcomes the intruder. The Scriptures describe the stranger as beloved of God. Themes of the alienation of God's people are found throughout the Old and New Testaments (Cohen, 1986; Young, 2007). Abraham hears God's call to leave his homeland (Genesis 12:1), Joseph and his descendants were "aliens in Egypt" (Leviticus 19:33-34), and Moses seeks refuge from Pharoah in a foreign land (Exodus 2:15). Even with Israel's eventual establishment as a nation, the Chronicler records this prayer, "We are aliens and strangers in your sight, as were all our forefathers" (1 Chronicles 29: 22). The prophets would also proclaim this same theme of the strangeness of Israel, and even of Israel's God. "O Hope of Israel, its Savior in times of distress, why are you like a stranger in the land, like a traveler who stays only at night?" (Jeremiah 14:8). Theologian Frances Young (2007) has written that the concept of the stranger

reflects the true soul of the Israelite.... The person who is different, the literal stranger, the "other," is thus a sign of what Israel truly is.... There is a belonging which is also not a belonging (Young, 2007, p.89).

The life of Christ itself is a narrative about estrangement – about a God who was not welcomed into the very universe He himself had designed. At the onset of Christ's ministry, when his community wanted to discredit him, when they hoped to cast him

aside, they used at least these two terms to justify their rejection of him; they called him "raving mad" (John 10:19) and they told him he was "demon possessed" (John 8:48, 52; John 10:19). Perhaps little has changed across the millennia in the conception of the marginalized by religious communities; in this dual designation, Christ shared the stigma of mentally ill persons to this day.

But it was not only from the religious leaders, his disciples, and his community that Christ experienced estrangement. Like the Old Testament heroes who preceded him – Naomi, Jonah, Job, and Jacob too – Christ was in anguish, struggling with His God. He is in himself the culmination of all Israel. The gospel writers do not gloss over Christ's cry on the cross, "My God, my God, why have you abandoned me?" (Mark 15: 34) This cry of dereliction has mystified theologians for centuries; what is the significance of these words?

Did God abandon God?

In the crucifixion, did God choose self-estrangement in order to find us, alone and astray, in the impossible unGod abyss that we ourselves had once grasped? When we rejected communion with God in paradise, did God then pursue us – self-made aliens in the universe, ultimately strangers even to ourselves – into our wandering post-Eden exile? Did God absorb the void between Creator and creature into Himself, so that even there, in this terrible rending, we might still have the hope of finding Him finding us? Despite our desolation, is there a Face looking into our face? Did God abandon God to reunite with us, God-abandoners?

The Apostles' Creed says of Christ that "... he descended into hell," an assertion later confirmed by two ecumenical councils. What are we to make of this remarkable claim? Theologian Regis Martin has written, "What if there were a loneliness so complete and final that nothing in this world could remedy the sorrow of it? An abandonment so definitive that neither word nor gesture could deliver us from it? Would not that frightful condition find its precise and formal theological equivalent in what we call hell" (2006, p. 125)?

Did the crucifixion alter the spiritual structures of the universe? If, as the Apostles' Creed asserts, Christ descended into hell, is even hell – the chasm of all estrangement, the crevice of unGod – not outside of God, but somehow present within the Godhead itself, in the person of the Son, who found us there? The apostle John proclaims that the risen Christ rests "in the bosom of the Father" (John 1:18). Are we – who are now "in Christ" – also with him there, nestled in the hollow between the heartbeats of God?

According to Father Gerald Vann, "The history of mankind is a love-story. It is the story of how man was made for God, and then became estranged from God, but in the end, after many struggles and many sorrows, is to come back again to God, to be happy ..." (1994, p. 1).

²⁵These councils are the Fourth Lateran Council in 1215 and the Second Council of Lyons in 1274 (Galot, *Jesus Our Liberator*, p. 329).

²⁶ Paul's emphasis on the position of the Christian "in Christ" can be seen in multiple texts, including Romans 8:1, 2, 39; 9:1; 12:5; 16:3, 7, 9, 10; 1 Corinthians 1:2, 30; 3:1; 4:10, 15, 17; 15:18, 19, 22, 31; 16: 24; 2 Corinthians 1:21; 2:14, 17; 3:14; 5:17, 19; 11:3; 12:2, 19; etcetera. Although I learned of this Pauline emphasis while a graduate student in seminary, I regret that I am unable to recall the theologian who deserves credit for this idea. To that person, I extend my apologies.

If mentally ill persons find themselves estranged – abandoned by the community around them, in distress, and struggling with their God – perhaps the Scriptural testimony is that in this estrangement they are, paradoxically, not alone. In the person of Christ, God has taken a seat with the estranged. Christ is, for the mentally ill person, and for all of humanity, truly *Immanuel*, "God with us" (Isaiah 7:14; Matthew 1:23).

The Passible God: A Foundation for a Theology of Mental Illness

A theology of mental illness begins, then, at the cross. It begins with a crucified God who knows our distress, who knows our struggle, and who knows our estrangement.

Despite the seeming appeal and the popularity of Stepford Christianity, a recent trend in formal theology offers hope for a reappraisal of mental illness and, ultimately, a reappraisal of the nature of humanity. This trend includes the reassessment of doctrines regarding God's passibility, or God's capacity to suffer. For centuries, theologians have assumed that an omniscient and omnipotent God could not experience suffering. In the last century, however, theologians have challenged these views. ²⁷ Moltmann (1991) has offered this assessment, "The doctrine of the essential impassibility of the divine nature now seems finally to be disappearing from the Christian doctrine of God" (p. xvi).

This revolution in our understanding of God's passibility may forecast other conceptual shifts in our understanding of human nature; research indicates that we tend to view our God and ourselves in similar ways (Buri & Mueller, 1993; De Roos, Miedema, & Iedema, 2001). Joseph Cardinal Ratzinger once observed this curious phenomenon

²⁷ For example, see (listed in alphabetical order): Fiddes (1988), *The Creative Suffering of God*; Harrington (1992), *The Tears of God*; Moltmann (1991), *History and the Triune God*; Moltmann (1993), *The Crucified God*; Moltmann (1994), *Jesus Christ for Today's World*; and Ohlrich (1982), *The Suffering God*. Presenting a contrasting view, a relatively recent defense of the impassibility doctrine is that by Weinandy (2000), *Does God Suffer?*

when describing how the ancient Docetic heresy which portrayed "Jesus' suffering [as]... mere surface illusion was an option congenial to Stoic thought" (1986, p. 57, quoted in Martin, 2006, p. 59). In the same way, an emotionally restrained Savoir and an impassible God may be the preferred correlate to Stepford portrayals of a Christian life absent of psychological distress.

Perhaps over the millennia the Church has sometimes struggled to admit her members may be frail and suffer because we have not accepted a God who was frail and who suffered. We have wanted a God who was impervious to all of those forces in the universe which so terrify us, which remind us of our vulnerability and our need. We have not understood our mysterious God who seems so often instead to submit to those terrifying forces in order ultimately to bring about their full transformation in relationship to Him. Our desire to be "like God" (Genesis 3:5) may include even this unaffected God of our own design, a God supernaturally detached from the afflictions of this world. We have too often failed to recognize God's strength in weakness; in this, we have misunderstood our God and also ourselves. It is only at the foot of the cross we encounter again this truth: it was not just God's power that saved us; it was also His frailty.

Stepford Christianity cannot grasp this mystery; it represents perhaps the apex of our confusion about God's strength in weakness. When asked once to describe American Christianity, the German theologian Helmut Thielicke commented simply, "They have an inadequate view of suffering" (Ohlrich, 1982, p. 107-108). As we acknowledge, and do not shrink from, the reality of suffering, whether for humanity or for God (and ultimately, humanity and God suffer for the same immeasurable loss), perhaps the suffering Church,

and all those with mental illness in her ranks, will know greater comfort in the embrace of her suffering God.

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