

“Jesus and Mental Health: A Theological Perspective on Severe Mental Illness”

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Introduction

In a traditional mental health conference my presence as a presenter would probably have been considered totally inappropriate. My academic training has focused on pastoral ministry and academic Bible study. But I sense that in the last ten years or so, the mental as well as the medical sciences have become much more open to the impact of faith on both the onset and the healing of illnesses. At Loma Linda University in particular, we have from the beginning believed that human beings are whole persons. They need to be treated as whole persons, not merely as bodies or minds. So it is especially appropriate here at Loma Linda that we explore what we can learn from the Bible and religious experience about the treatment of severe mental illness.

In addition to my academic Bible studies, I have had the privilege of exposure to some of the issues and practices of the mental health sciences and I will draw on that experience in this presentation as well. Within my own family I have observed and experienced the rippling consequences of various forms of abuse and some of the shattering consequences of World War II and the Holocaust. As a pastor and a professor I have been involved in treatment teams dealing with severe mental illness and, in the opinion of a psychiatric professional who was involved, at least one case involved the demonic. For six years at the Andrews University Seminary I co-ordinated training and treatment on abuse issues for students and faculty. And I myself have benefitted immensely from several counselors. So I hope that my training and experience will enable me to add value to the topic at hand.

I would like to begin with a brief Bible study that suggests how Jesus Himself would approach patients presenting symptoms of severe mental illness. I will then suggest some ways in which faith-based interventions can be helpful as part of a larger treatment team. I will conclude with some observations about the intersection of mental illness and the demonic.

1) The Pool of Bethesda, John chapter 5

I begin the biblical study in John 5:2, New International Version: “Now there is in

Jerusalem near the Sheep Gate a pool, which in Aramaic is called Bethesda and which is surrounded by five covered colonnades." For nearly a century, many Bible scholars considered this story a myth, as no such pool was known outside the Bible. But with the dawn of archaeology, just such a pool was discovered north of the temple mount in Jerusalem and it can be visited today. The pool was shaped in a squarish figure-eight with colonnades all around, so the text's mention of five covered colonnades is confirmed, four around the outsides of the twin pools and one colonnade across the middle. The entire pool complex was more than 300 feet long, 200 feet wide and 40 feet deep. While the pool's primary function was probably as a reservoir for the city and the nearby temple complex, there is archaeological evidence that the site was a Hellenistic healing complex, along the lines of the Asclepion established by Galen in ancient Pergamum. So there is considerable historical confirmation of the details in this story. It was also discovered that the pool was fed by an intermittent spring, which would have caused a stirring of the waters from time to time. In ancient times people came to attribute healing properties to the stirring of the waters.

To us it would be a rather strange healing center. The triage in this healing center favored the person who was least sick. Only the relatively nimble and healthy could reach the waters first and achieve healing. The protagonist in the story, a quadriplegic, had gone 38 years without treatment. By the time of the story, he had been abandoned by both family and friends. The name of that healing center was Bethesda, which means House of Mercy. The irony of the story is clear. The paralytic found no mercy at the House of Mercy. Let me read you the story as told in John 5:5-9, ESV: "One man was there who had been an invalid for thirty-eight years. ⁶ When Jesus saw him lying there and knew that he had already been there a long time, he said to him, "Do you want to be healed?" ⁷ The sick man answered him, "Sir, I have no one to put me into the pool when the water is stirred up, and while I am going another steps down before me." ⁸ Jesus said to him, "Get up, take up your bed, and walk. And at once the man was healed, and he took up his bed and walked."

Let's look a little closer at this story. One could argue that Jesus selected the man in a completely arbitrary fashion. In a healing center packed with sufferers, He chose one man out of the crowd. The man didn't know Him. The man expressed no faith in Him. His potential was limited at best after 38 years of paralysis. And he certainly wasn't the brightest bulb in the complex. Later on in the story, he is confronted by hostile authorities who demand to know who it was that healed him. He doesn't know. But when he finds out, he immediately turns Jesus in to the authorities, not successfully putting two and two together.

The healing of the paralytic is what Christians would call an act of grace. Jesus illustrates that it doesn't matter whether or not a person deserves healing. It doesn't matter if their condition results in part from their own decisions and actions. Grace means that the patient's greatest claim on the healer is their great need. Patients with severe mental illness are often neglected because they can be difficult to treat, unattractive, and not very likeable. But healing love does not stop at those who cannot or will not love back. It embraces the difficult, the unlovely and the helpless. Those afflicted with severe mental illness are as worthy of our healing efforts as anyone else.

An additional dimension of the story is found in verses 9-13: "Now that day was the

Sabbath.¹⁰ So the Jews said to the man who had been healed, 'It is the Sabbath, and it is not lawful for you to take up your bed.'¹¹ But he answered them, 'The man who healed me, that man said to me, "Take up your bed, and walk.'"¹² They asked him, 'Who is the man who said to you, "Take up your bed and walk"?'¹³ Now the man who had been healed did not know who it was, for Jesus had withdrawn, as there was a crowd in the place." Jesus not only exercised His freedom to heal one man out of a crowd, He chose to do it on the one day of the week where the healing would create a problem. Jesus healed the man on the Sabbath. Now the priests and scholars of that time allowed for healing activity on the Sabbath in emergencies. But his was no emergency. The man had been paralyzed for 38 years. By healing the man Jesus modeled his action on God, who brings rain and sunshine on the Sabbath. In other words, the Sabbath is a day to do good.

For me the most significant part of this story is found in verse 14: "Afterward Jesus found him in the temple and said to him, 'See, you are well! Sin no more, that nothing worse may happen to you.'" I want to focus on the phrase translated "sin no more." In Hellenistic period Koine Greek there are two basic types of negative commands. One form uses the aorist subjunctive to express something like "don't even think about it." You are not doing it now, so don't even start. The other form uses the present imperative to express "stop that." But the expression "stop that" in Greek doesn't focus on a single action. It is an extremely continuous form. It is more like "stop what you are doing and what you have been continually doing for the last 38 years."

But if Jesus is addressing a whole lifetime of negative choices and mistakes, it raises the interesting question, *How does a paralyzed man sin? Can he rob a bank on his own? Can he attack and kill someone? Could one ever accuse him of adultery or rape? How does a paralyzed man sin?* There is only one possible answer. It is a matter of the mind. Whatever Jesus meant by sin had to do with what went on in the man's mind for those 38 years. Jesus makes it clear that the man's physical illness was the result of mental dysfunction. Jesus here affirms an intimate relationship between mind and body. What is interesting for us in that report is that Jesus healed the man's body in an instant, but He did not similarly heal the man's mind. Instead he here invites the man to enter into a process of mental healing. Evidently, the instantaneous healing of a mind might be more than a person could handle. A person's mental challenges are so intimately tied up with their identity that sudden change could be devastating. Above all else, Jesus demonstrates here that He wanted to heal the whole person, and that required a process. The physical healing was only the tip of the iceberg.

As far as I know, and this is in my area of specialization, this is the only passage in the entire Bible that clearly addresses the process of mental healing in distinction from the physical. Jesus has addressed the man's physical issues at the pool. He is now walking and strong enough to carry a bedroll about town. But this part of the healing process evidently did not address the mental, emotional and spiritual consequences of being a quadriplegic for 38 years. To deal with these Jesus invites the man into a process. That sounds a whole lot like what psychiatrists and other mental health professionals deal with on a daily basis. Additionally, by distinguishing the two types of healing it also makes clear that both are needed in order to make a person whole. If I may extend this understanding to the professions

today, it underlines the need for a multi-faceted approach to mental illness. There are physical dimensions to mental health as well as psychological and spiritual dimensions. Any or all may be needed in any given intervention and in the case of severe mental illness, the spiritual alone apart from medical and psychological interventions, is not likely to resolve the problem. A whole-person approach is supported by the implications of this Scripture passage.

2) Whole Person Care

As everyone in this room knows, the wounds of life are not just physical, they are also emotional, spiritual and psychological. Even practicing Christians find that the inner life and emotions are often unstable even after conversion. Flashes of anger are presented. The mind is filled with unhappy memories of things they have done or things that have been done to them, at times even unmentionable thoughts. They may feel remorse, regret and failure. In my experience as a pastoral counselor there was abundant presentation by church members of anger, grief, resentment, and bitterness. And I have experienced enough of these things in my own life as well. So reality as well as Scripture affirm the work being done in this place and others around the Loma Linda campus.

What role can spiritual interventions play in the matter of severe mental illness? Let me offer some suggestions for discussion. It is recognized that in the matter of severe mental illness, medical and therapeutic interventions are critical. Pastoral counselors should not encourage or assume that prayer or spiritual counseling alone is likely to avail in such cases. In my experience such an approach may not only do little good but may even do great harm. But is there a role that spiritual counseling can play alongside other interventions? I would suggest there is, especially where people place a high value on pastors or the Bible. The following have been helpful at various times in my experience.

(1) Spiritual interventions can help people to choose healing. When it comes to mental health, many people prefer being right to being healed. They would rather be bitter and vindictive (enjoying the sense that someone else is to blame for their troubles) than to pursue the healing that can come only from forgiveness. But the Bible is clear that self-righteousness, bitterness and vindictiveness are counter-productive attitudes. While the severely ill may have little power of choice, they can be encouraged that recovery is aided when they want it more than anything.

(2) The Bible encourages people to look reality in the eye, to face the reality about things you have done or things that have been done to you, to seek authentic knowledge about the past. It is true knowledge of the past that leads to confession and repentance. Confession is simply telling the truth about yourself. According to the Bible, the original sin resulted in hiding from the truth and lying to keep it hidden. To the degree that a person afflicted with severe mental illness can, they can be encouraged to face the reality of their situation as an important step toward healing.

(3) Such authenticity is most doable when people discover the value they have in God's eyes. People are the most willing to look the past in the eye, when grounded in a fully accepting relationship. According to the Bible, the safest such relationship can be found in Jesus Christ. As the most valuable Person in the universe, He *knows* all about us, yet loves us

with unconditional love. And because Jesus will *never die* again, we can trust to an extent that we cannot trust any other person.

(4) One way to actualize that trust is for people to invite Jesus into their traumatic memories. They can picture Jesus being present during their most difficult experiences, they can picture how He was affected by the event. It can be helpful to recreate the memory to include Jesus healing the situation and offering any forgiveness that might be needed.

(5) The Bible encourages all sufferers to forgive those who have hurt them. To forgive someone else is sometimes a benefit to them, but it is always a benefit to the forgiver. Resentment, hatred and anger may do little damage to others, but they always do heavy damage to those harboring such feelings. To forgive is to break the chains of the past. Forgiveness involves a choice. A person may have to do it several times before it “sticks.” But to forgive is a powerful aid to healing. The Bible offers the power to forgive as a gift that people can claim in increasing measure. As the mentally ill are able to claim it, the gift to forgive others will have a healing affect on the one who forgives.

(6) At the point when self-awareness is achieved, we can encourage the mentally ill to forgive themselves. While the Bible does not address this issue directly, it is a natural corollary of forgiving others. In my experience forgiving oneself is usually harder than forgiving others. We can encourage clients to forgive themselves for all the times that they have hurt other people out of emotional pain (making restitution where appropriate). They may also need to forgive themselves for judging and condemning those who have hurt them.

(7) As people emerge from the cloud of severe mental illness, the Bible encourages them to build a new and positive record. They can practice gratitude and affirming and encouraging others. They can use story of their healing to connect with other hurting people and make a positive difference in their lives. They can memorize Scripture to fill their minds with God’s wisdom. Mental health is not just the absence of dysfunction and mental illness, it is a positive, healthy attitude toward self, others and God. A life of healthy faith can have a major part to play in rebuilding a happy and successful life after mental illness.

3) Mental Illness and Demonic Oppression/Possession

For the final section of this presentation I have been asked to offer some perspectives regarding the relationship between severe mental illness and what the Bible calls demonic possession. The relationship is a problematic one because the Bible has little or nothing to say about mental illness and much to say about demonic possession. Yet many of the ways that demonic possession presents itself in the Bible are familiar to us today as manifestations of severe mental illness. So many mental health professionals and some Bible scholars have drawn the conclusion that what the Bible calls demonic possession is just a naive, ancient way of explaining the puzzling and at times bizarre manifestations of severe mental illness.

Loma Linda University, however, was founded on the biblical world view that supernatural, personal evil is real and at times manifests itself in tangible ways. This belief is founded on the biblical perspective that this earth is a battleground in a much greater, cosmic war between God and supernatural evil. In the process, human beings sometimes get caught

up in that war with devastating results in the lives of real persons. While the mental sciences generally operate as if such manifestations always have natural cause and effect explanations, many mental health professionals, such as psychiatrist Scott Peck, have drawn the conclusion from their own experience that evil is real and personal and sometimes supernatural, just as the Bible testifies. While I cannot prove it, my sense is that this viewpoint is gaining in strength and that Loma Linda is far from alone in embracing this possibility.

But that raises another question. If both severe mental illness, on the one hand, and demonic oppression or possession, on the other, are realities, how can we tell which we are dealing with, or perhaps even more confusing, are they so intertwined that we cannot tell them apart? As I mentioned earlier, I have had at least one encounter with personal, supernatural evil that was affirmed as such by a respected and competent psychiatrist. On the other hand, there have been other encounters with similar presentations that I and others became convinced were manifestations of mental illness rather than demonic possession. Is there a discernable difference between these two and how can a mental health professional tell them apart?

For the sake of this presentation I have examined what has been claimed regarding the demonic by a number of religious practitioners. I have compared that with my own experiences to offer some tentative suggestions toward a rubric that professionals can use to diagnose the symptoms being presented for evidence of severe mental illness as opposed to demonic manifestation. I do not present these with finality but as a starting point for discussion with both mental health and religious practitioners who are open to the possibility of the demonic. Some of these may be obvious to many of you, but since we rarely talk about these things, I offer what I have known and experienced.

First of all, in severe mental illness patients often report hearing voices and strange sounds that nobody else can hear. They also appear to be seeing things that others in the room cannot see. This is evidence that these manifestations are grounded in the internal workings of the brain rather than external reality. But when the reported manifestations can be seen and heard by the professional and others in the room and there is no reasonable natural explanation, demonic manifestation may be involved.

A second rubric has to do with knowledge. If the person manifests knowledge or abilities that there is no reasonable expectation for them to possess in conjunction with the symptoms of severe mental illness, demonic manifestation may be involved. In the case I referred to earlier, a young woman was reciting satanic incantations in Hebrew, Greek and Latin. I knew they were incantations because I have been trained in ancient languages and understood the words she was saying (“Satan is the greatest, God is nothing, Satan conquers all”). I decided to fight fire with fire and asked my wife, who was present and praying, to go to our car and fetch a Greek New Testament. I began reading passages that would counter the content of the incantations she was reciting (such as “Great and marvelous are your works, O Lord God Almighty, just and true are Your ways, O king of the nations”). To my amazement, she began to translate what I was reading as fast as I read, and she did so in perfect and accurate English equivalents. Although there were more than a dozen Hebrew and Greek specialists in the university where I served at the time, not one of them, including myself, was capable of

doing what she did. Those who knew her well, some of whom were present, were equally astounded as this far transcended her education and experience. It seems reasonable to me that her abilities on that occasion cannot be explained as a manifestation of mental illness.

A third rubric has to do with phenomena. The young woman in question was wearing dangling earrings. As her manifestations failed to improve in spite of my efforts and much prayer on the part of those present, her roommate remarked that the earrings were satanic talismans, which she believed carried some supernatural power in them. She suggested we remove them from the room. The young woman agreed to give up her earrings and another pastor and I left the motel room and left the earrings some distance away. I had no specific knowledge or belief in such talismans at the time, neither did the other pastor, but we figured there was no harm in trying. To my amazement, the symptoms the young woman had presented immediately became weaker and weaker until she fell into a slumber. While there is still room in my mind to question whether this was just a coincidence, the effect was quite dramatic and did not seem explainable as mental illness. So I would suggest where such phenomena occur in the context of what seems severe mental illness, the practitioner should be open to the possibility of the demonic.

Finally, I offer the medical treatment test. If a patient presents symptoms that suggest a supernatural explanation and the symptoms are relieved through medication or other medical interventions, the practitioner is likely not dealing with the demonic. If symptoms are relieved by prayer and spiritual counseling, then the chances of demonic involvement is much greater. In the case of the young woman, the primary strategy I used was to quietly counter bizarre statements and claims with the biblical perspective of the gospel, that God loved her no matter what she had done, and that I accepted her as a precious, unique and capable person of worth in Christ. She testified the next day that in terms of her own consciousness it was the constant repetition of the gospel that eventually broke down and removed from her whatever power it was that was troubling her. From my perspective it had been the Greek reading and the removal of the talismans that had the most observable effect. But in her recollection, it was the presentation of the gospel that brought the power that freed her.

Having offered these possible rubrics, I would like to caution that we not draw the line between demonic possession and severe mental illness too sharply. It is possible that severe mental illness lowers a person's defenses against demonic encroachment. On the other hand, when a person has been oppressed by the demonic, I believe that there will be mental, emotional and physical consequences that need to be dealt with. Human beings are living wholes. What happens to one part of the person affects the other parts. Physical and mental illness affects the spiritual and vice versa. So in many or most cases where the demonic is suspected, mental illness may also be involved and vice versa.

In the case of the young woman, she was dramatically changed the next morning. She felt free of whatever had troubled her for the first time in years. She was bright, cheerful and very grateful for what we had done with and for her. Nevertheless, I did not assume that all things were now resolved. I assumed that the demonic has left in her mental, emotional and physical consequences that would need to be dealt with. So I went immediately to a nearby Adventist hospital and asked to speak with the head chaplain. I asked him whether there was a

psychiatrist on staff who had experience with demonic possession and its consequences. He indicated that there was. I contacted the psychiatrist, described our experience the night before and he affirmed my impressions of what had gone on and expressed a willingness to meet with the young woman and help her rebuild her life in that area (I was a speaker at a conference a thousand miles from where I lived at the time). She agreed to meet regularly with him and I was confident that I was leaving her in the best of hands.

Conclusion

The common element in all three parts of this presentation is the importance of using a full range of modalities in the treatment of that which presents as severe mental illness. Religious practitioners should not think that prayer and Bible teaching alone will resolve the issues in most cases of severe mental illness. At the same time mental health professionals should not assume that spiritual care is useless and unneeded. Human beings are whole persons. To make persons whole requires a multi-faceted approach to mental illness. There are physical dimensions to mental health as well as psychological and spiritual dimensions to physical health. A whole-person approach to severe mental illness is supported both by Scripture and experience. While we may be a long way from the full integration of faith and healing, Loma Linda is exactly the kind of place where interprofessional research and practice can truly combine to make human beings whole.