



The Christian and mental illness

Introduction

From some points of view the structure of such an address as this is self-evident. First of all there should be a section on the recognition of mental illness, in order that we may learn how to know it when we see it, and know when to recommend people to see a psychiatrist. Secondly, there will be a section on giving support to the patient and his family whilst he is undergoing psychiatric treatment. Thirdly, there will come a section on the provision of support for those who have undergone such treatment and are seeking to return to a more normal life. However, it is the purpose of this address to suggest that such an approach is quite inadequate, indeed misguided, and to outline an approach that is more truly biblical.

That the subject is relevant scarcely needs proof. *The Daily Telegraph* (October 17th, 1975) commenting on the report, *Better Services for the Mentally Ill* writes:

"Mental illness is probably the major health problem of our time, affecting five million people a year in England alone and creating a demand for psychiatric help that is 'virtually unlimited' ... there were about two hundred and fifty thousand adult inpatients a year. In addition there were one and a half million outpatient attendances."

Possibly a number of you will have had experience of this matter either personally or in your family, probably most of you will have had some experience in your churches, whilst it is virtually certain that all of you will have met with cases of mental illness in the world around.

Nor for that matter will you need convincing of the seriousness of the problem. One non-Christian writer with vast experience in this field informs us, that whilst he might not believe in a literal hell he had certainly seen people experiencing hell upon earth. Mental illness is associated with great anguish both in the individual concerned and in those associated with him. A quick survey of recent reports in a local paper reveals two people who had burnt themselves to death, a young man dying through a double dose of morphine, another young man blowing his brains out, whilst an older woman has asphyxiated herself.

The problem, however, is ancient as well as modern. Christian writers for many centuries have dealt with the issue of melancholia. John Cassian (c. 360-435), John of Damascus (c. 675-750), Hugh of St. Victor (c. 1096-1141) to name but a few, have written about it, while there is extant an Anglo-Saxon work on *Remorse of Conscience*. Among more recent writers has been Richard Baxter (1615-1691) who gives a section to the issue of melancholia in his *Christian Directory*.

He writes, *"By melancholy I mean this diseased craziness, hurt, or error of the imagination and consequently of the understanding (this is not the same as rational conviction of sin) and their thoughts are all about themselves, they think they are possessed of devils — yet they refuse to admit they are melancholy and reject any cure for their body. When this disease is gone very far directions to the persons themselves are vain, because they have not reason and free will to practise them ... It is your thinking faculty or imagination which is the broken pained part ... you must not use it ... I have seen abundance cured by physic, and till the body be cured, the mind will hardly ever be cured, but the clearest reasons will be all in vain."*
(*Christian Directory*, p. 314f)

You will notice certain significant points in this quotation. First Baxter distinguishes this condition from *"rational conviction of sin"*. Secondly, he asserts that people in this state are incapable of benefiting from directions because their reason is so affected. Thirdly, he believes that the condition has some physical basis in origin.

Another writer who deals with the matter is John Colquhoun (1748-1821).

He writes, "By this distemper, the mind is so disordered, that, like an inflamed eye, it becomes disqualified for discerning its objects, clearly and justly ... However great a believer's grief for sin and his dread of divine anger may be, he ought not to be called melancholy, so long as these appear to be rational and his imagination to be sound. But, on the other hand, however small his measure of sadness and of fear may be, yet if his imagination and mind be so distempered or impaired that he cannot assign a proper reason for his sadness and fear, nor express them in a rational manner, he is to be counted melancholy."

(Treatise on Spiritual Comfort 1814 — cited in Banner of Truth, September 1971, p. 33)

It is, however, not simply that Christians have written about this subject; they have been confronted with it in their own lives or in the lives of members of their families. We are all familiar with the sadness that afflicted the life of William Cowper (see *William Cowper and His Affliction, Banner of Truth, September 1971*). Another example is to be found in the experience of Thomas Boston of Ettrick (1676-1732). Boston was a man of eminent piety and exemplary godliness. He was married on July 17, 1700 to Katharine Brown of whom he writes: *"A woman of great worth, whom I therefore passionately loved, and inwardly honoured; a stately, beautiful, and comely personage; truly pious and fearing the Lord"* (*A General Account of My Life* by Thomas Boston, p. 134). However, a dark shadow came over their lives. Writing in his journal on May 10th, 1720 he says:

"Being that wherein my wife was seized with that heavy trouble, which hath kept her all along since that time unto this day in extreme distress, her imagination being vitiated in a particular point; and that improved upon and wrought upon by the great adversary to her great disquietment; the which has been still accompanied with bodily infirmities and maladies, exceeding great and numerous. Nevertheless, in the complications of trials, the Lord hath been pleased, not only to make his mighty power appear in preserving her life, as a spark of fire in an ocean, but to make his grace in her shine forth more bright than before." (p. 390)

Boston was a man of prayer and on a number of occasions he set aside times when in a particular way he interceded for his wife. However there was no real improvement in her condition, and about seven years later we find him writing (11th July, 1727):

"For several of these years she hath been free among the dead, like the slain that lie in the grave, remembered no more; being overwhelmed with bodily maladies, her spirits drunk up with terror by means of her imagination vitiated in a particular point, and harassed with Satan's temptations plied against her at that disadvantage ... so the Lord has at times given her remarkable visits in her prison and manifested his love to her soul."

He entertained hopes of her deliverance but these were disappointed and she remained, as far as is known, like this until she died.

William Carey, the great missionary to India, also was beset with similar trouble. *"In 1794 he (Carey) was prostrated with fever and his life was in danger. He recovered, but his son Peter, five years old, died after an illness of a few hours. Mrs. Carey was so deeply affected that she gradually became deprived of her reason and had to be kept under restraint. It was part of the price William Carey and Dorothy paid for winning India for Christ"* (*William Carey — Oussoren, p. 62*).

Finally, in this introductory survey it is worth turning to William Shakespeare. The following quotation is taken from *Macbeth, Act V, Scene 1*. You will recollect the situation. Lady Macbeth has been responsible for the death of the king, who has been murdered to make way for her husband. Now she is deeply troubled in her mind and has taken to wandering about in her sleep and talking to herself of her crimes. Her lady-in-waiting has summoned the doctor, who sees and hears Lady Macbeth as she comes talking and wringing her hands as if to wash off the blood. The doctor then speaks:

*This disease is beyond my practice ...
Foul whisperings are abroad; unnatural deeds
Do breed unnatural troubles; infected minds
To their deaf pillows will discharge their secrets.
More needs she the divine than the physician.
God, God forgive us all!*

What is peculiarly significant is that the doctor, confronted with this situation, this obsessive hand-washing and evidence of the troubled conscience, immediately recognizes that the issue is spiritual. This is the sphere of the minister, of the physician of souls, not of the body. How different is the situation today, when such behaviour is thought of as being the province of the medical profession and not to be dealt with by the minister! Indeed today many ministers confronted with such behaviour would immediately send for the doctor and not attempt to deal with the situation themselves.

What is mental illness?

It is now necessary to ask a fundamental question, What is mental illness? Marion Nelson lists the following physiological causes of mental disturbances:

1. *"Hereditary diseases, e.g. Phenylketonuria — inherited biochemical abnormality resulting in brain damage during early childhood — this may be treated.*
2. *Mental Deficiency — Mongolism; congenital abnormalities; infection; meningitis.*
3. *Physical Fatigue — eventually results in mental breakdown.*
4. *Physiological Letdowns — e.g. after pregnancy; menopause.*
5. *Destruction of Brain Tissue — syphilis, meningitis, tuberculosis of the brain, tumour, abscess.*
6. *Decrease of Blood Supply to the Brain — Anaemia; heart failure; hardening of the arteries.*
7. *Disturbance of Biochemical and Physiological Balance — hyper or hypo-thyroidism; hypoglycaemia (low blood sugar); encephalitis.*
8. *Improper Use of Chemicals and Drugs — alcoholism, barbiturates, narcotics, etc."*

(Marion Nelson — *Why Christians Crack Up*, p. 55f)

Clearly such conditions are to be dealt with by the medical profession. It will be necessary for us to provide spiritual help and counsel to such as are affected in this way, but it will be the doctor who has to treat these conditions. These are clearly cases of mental illness; that is to say, the mind and therefore the conduct is affected by clearly recognizable physiological conditions.

It must be said, however, that the vast majority of cases of so called 'mental illness' do not come into any of the above categories. What we are principally concerned with are those cases of mental illness which have no apparent physiological causes. In considering these cases it is necessary to give some definition of those conditions to which the term 'mental illness' is usually applied. Marion Nelson describes them as 'Functional Disorders' and goes on to describe them in the following way.

"These are primarily due to psychological problems involving frustration or conflict of basic psychological needs,

- a. *Character Disorders — e.g. compulsive thief;*
- b. *Psychosomatic Disorders — e.g. headaches, nausea;*
- c. *Neurotic Disorders — The neurotic patient may develop a feeling of extreme anxiety or illogical fears (phobias) or senseless compulsive reactions (hand-washing);*
- d. *Psychotic Disorders — Anxiety is so overwhelming that the person resorts to a severe distortion of reality — e.g. Schizophrenia — which involves the use of denial of reality and the adoption of delusions in trying to cope with the problem."*

(*Ibid*, p. 84)

Before proceeding any further it is necessary at this juncture to deal with a central issue. That is the question of the so-called 'Medical Model'. By calling the above-named symptoms 'Mental Illness' a whole range of implications ensue. Illness is of course the sphere of the doctor. Ministers do not usually deal with physical illness; they will generally leave such matters to doctors. Plainly, to intrude into the doctor's sphere at this point would be most unwise if the term 'illness' is rightly used. Furthermore, illnesses are usually treated by some form of medication and if they become too acute must be dealt with in hospitals by nurses. By the use of the term 'illness', therefore, all

the immense prestige of the medical profession is arrayed against the minister who is so unwise as to intrude his opinions and activities into this sphere.

There are of course many Christians who are quite happy to accept the Medical Model. Thus a Lutheran Symposium on the subject says:

"The psychoses and most fully developed neuroses are to be considered illness. To a substantial degree there is no difference between these syndromes and the more physical ones. The same organism is involved in both, weakened by sin and prone to disability, with the same physico-chemical structure operating in both physical and mental abnormalities.' Mental and emotional illnesses and their symptoms are beyond the control of the patient, just as are the causes of most physical illness."

(*What then is Man? — Concordia — pp. 264, 271*)

A Christian psychiatrist writes: *"Cain slew Abel, the supreme act of selfishness, the end result of mental illness. An unsound mind is just as much a sickness as a broken leg or an acute appendicitis."* (*The Christian Handbook of Psychiatry — Ryder, pp. 15 & 14*)

The mind simply reels at the first statement. Plainly, ministers have no real work to do! All sin is now the province of the psychiatrist. If Cain's sin is indeed 'mental illness', then the psychiatrists, some of whom are atheists and very few indeed are Christian, are to be given the task of putting right man's rebellion against God. Szasz, speaking of Benjamin Rush: *"The Father of American Psychiatry"*, says, *"Rush maintained that crimes were diseases ... Murder and theft are symptoms of this disease complex"* (*The Manufacture of Madness, p. 142*).

The recent researches of a psychiatrist interested in the relation of Christianity to Mental Illness are significant here. He has produced two charts. On the first there is a description of Anxiety, Depression, Involutional Melancholia, Accidie; according to modern psychiatric techniques, he gives their symptomatology, disposed in relation to the psychodynamics which give rise to them. On the other chart there is a description of Accidie or Melancholy as described by clinical theologians of the past centuries, and an attempt is made to show this is exactly the same as Depression. There are quotations from nearly twenty theologians, ranging from John Cassian, through John of Damascus and Gregory the Great, up to Charles Simeon and Archbishop Trench. Plainly in earlier centuries these symptoms were thought to be spiritual in origin and were to be treated by spiritual means (see Lake — *Clinical Theology — Appendices*). During the last hundred or so years, however, a great change has taken place. What was previously dealt with by the minister has now become the province of the doctor. The role of the minister has been in fact taken over by the psychiatrist and he is sometimes viewed as a meddling and incompetent intruder if he attempts to exercise his responsibilities in this sphere in respect of his flock.

It is pertinent to ask how this change came about. One name comes to mind as of great importance, that of Sigmund Freud. Freud's influence has been incalculable. Not only in the field of psychiatry but also in education, penology, and the bringing up of children. There can be no doubt that from a Christian point of view much of his influence has been malevolent. There can also be little doubt that he has had great influence in procuring the general influence of the medical model. It is true that he taught that there was no necessity for a man to be medically qualified in order to practise psychotherapy. It is also true that he himself used his prestige as a doctor to further his activities and work. We must view his influence in this sphere as being profound.

There is not time in this address to examine his teaching. From a Christian point of view it is relevant to consider what kind of man this was who has so affected man's thinking in this sphere. Freud of course was a Jew by birth but certainly not by religion.

"Freud called himself a 'completely godless Jew' and a 'hopeless pagan.'"

(Adams — *Competent to Counsel, p. 16*)

Bakan writes, *"In his rooms Freud surrounded himself with every heathen god he could find. As if in sheer spite, he pursued 'idols' and their associated trappings with a deep fascination."* (Bakan — *Freud and Jewish Mystical Tradition, p. 134*)

He quotes Freud as saying, *"Do you know that I am the Devil? All my life I have had to play the Devil, in order that others would be able to build the most beautiful cathedrals with the materials I had produced"* (p. 181), although he explains that *"Freud did not believe in the Devil superstitiously as a real personage. He believed in the Devil rather in the profound way in which a great mind might become immersed in metaphor."*

Perhaps one last quotation from this book is significant. *"We find that Freud immerses himself in demoniacal literature and that the desired effects, the liberation from depression and ability to work, are achieved."* (Bakan, p. 221)

What we have to ask ourselves is how we should regard the work of such a man. Surely we must approach with the greatest care and circumspection the work of a man whose habits and statements are, to say the least, so unusual. Remember, he is the man whose influence has promoted the 'Medical Model'.

It is significant that many writers, psychologists and psychiatrists, have begun to question the whole notion of the medical model. Indeed it is worth noting that great confusion seems to prevail in this area. A man has written a book describing thirty-six different systems of psychotherapy. Psychiatrists simply do not agree among themselves over many fundamental issues both of diagnosis and treatment. It will be helpful to list a number of typical comments on this matter.

We find Eysenck writing, *"The medical notion of mental disease entities is not, in fact, entertained seriously by most psychiatrists and it is proposed therefore that it should be formally relinquished."* (Eysenck — *The Dynamics of Anxiety and Hysteria*, p. 10)

"Sigmund Freud did not discover a new form of mental illness. He discovered the troubled, disaffiliated modern individual in conflict." (Leifer — *In the Name of Mental Health*, p. 104)

"Although it has been evident for at least 20 years that classical Freudian psychoanalysis is a therapeutic fiasco, yet the assumptions concerning the nature of man from which this form of treatment was derived continue to be acclaimed as if one could move the world with them." (Mowrer — *Crisis in Psychiatry and Religion*, p. 158)

"The meaning of mental health is "desirable behaviour", mental illness is 'undesirable behaviour' ... Mental illness is a deviation from social standards of behaviour." (Leifer, p. 157)

"Apart from schizophrenia and manic depressive psychoses ... I know of no evidence to do with personality disorders and the psychoneuroses which is not satisfactorily understood by regarding them basically as problems of early and recent interpersonal relationships and their effects upon the whole psycho-physical organism." (Lake — *Clinical Theology*, p. 65)

"Mental illness is a myth ... psychiatrists are not concerned with mental illnesses and their treatment. In actual practice they deal with personal, social and ethical problems in living." (Szasz — *The Myth of Mental Illness*, p. 296)

"In many of its forms insanity is a religious problem rather than a medical problem and any treatment which fails to recognize that fact can hardly be effective." (Boisen — *Out of the Depths*, p. 111)

Jay Adams whose work in this sphere is very significant and thought-provoking even goes so far as to say, *"There is therefore no place in a biblical scheme for a psychiatrist as a separate practitioner."* (Adams — *Christian Counsellors' Manual*, p. 9)

Plainly therefore we must be very careful before we simply proceed as if the concept of mental illness is generally accepted. As Christian ministers we must apply our mind with diligence to this whole issue.

One fundamental issue raised by the idea of mental illness is that of responsibility. A Lutheran writer says: *"As far as mental illness is the result of sin, man is responsible to God"* (*What then is Man?*, p. 263). If mental illness comes on us in the same way as cancer or other diseases, no one would hold the sufferer responsible. However, Menninger writes, *"Evil surrounds us, but when no*

one is responsible, no one is guilty, no moral questions are asked ... we sink into despairing helplessness" (Hielema — *Pastoral or Christian Counselling*, p. 47). The refusal to admit man's responsibility for his own condition leads to apathy and despair, whereas when we assert man's responsibility we stir him up to repentance and activity.

In view of the confusion which seems to prevail in this area it is necessary that we now turn to the Bible. Confronted as we are with profound and grievous problems in this area, we must ask ourselves, What does the Bible say about this? Does Holy Scripture shed any light on these issues? Can we hear God speaking about these phenomena which occur in the lives of men? We believe God has spoken to us in his Word; let us hear what he has to say and submit our minds to his holy teaching.

An outline of Biblical teaching

We now proceed to an examination of the main lines of biblical teaching in this area. What follows is only an outline. It is not in any sense an exhaustive account of what Scripture teaches us on the subject. It is necessary to remember the Bible sets forth man as being in a state of rebellion against and being guilty before God's Word; he will not obey God's truth, he will not acknowledge God's Son as his Saviour.

First of all there is the attribution of madness to those in whom the Spirit of God is working mightily. *"And when his friends heard of it, they went out to lay hold on him: for they said, he is beside himself"* (Mark 3:21). *"And many of them said, He hath a devil and is mad; why hear ye Him?"* (John 10:20). Here our blessed Saviour is accused of madness. So little do men understand goodness, holiness, truth and obedience to God, that when they see it they call it madness. The Apostle Paul had a similar experience:

"And as he thus spoke for himself, Festus said with a loud voice, Paul, thou art beside thyself; much learning doth make thee mad. But he said, I am not mad, most noble Festus: but speak forth the words of truth and soberness." (Acts 26:24, 25)

A modern illustration of this is provided by John Sung. John Sung was an evangelist notably used of God in China and the Far East before the 1939-45 war. He was brought up in China and being academically brilliant went to the U.S.A. to study. He had an evangelical experience in China before he left. Whilst in the U.S.A. he felt called to the ministry and went to Union Theological Seminary, New York, to train. Union is a place noted for its liberalism, and understandably, under the influence of false teaching his soul became deadened. However, God in his mercy met with him and John Sung began once again to rejoice in Christ. He went around the corridors of the Seminary singing the praises of the Redeemer. As a man of some determination of character, at some stage he made a bonfire, in which he publicly burnt his books of liberal theology. All this proved too much for the authorities of the Seminary, who committed him to a psychiatric hospital. Whilst he was there, due to a disagreement with the authorities, he was committed to a ward where there were violent men. Nevertheless in his mercy God soon delivered him and he began a life of eminent usefulness. There seems little doubt that the joy of a salvation restored to him, and a zeal against error, was construed as madness.

Secondly, we have conviction of sin giving rise to symptoms which today would be called mental illness. There are copious illustrations of this to be found in the Psalms, Psalms 6:3-7; 32:3, 4; 38:1-10; 42:3; 51:8; 88; 130:1 and many others. It will be helpful to look at one or two of these passages in detail.

"When I kept silence, my bones waxed old through my roaring all the day long. For day and night thy hand was heavy upon me: my moisture is turned into the drought of summer. I acknowledged my sin unto thee, and mine iniquity have I not hid. I said, I will confess my transgression unto the Lord; and thou forgavest the iniquity of my sin." (Psalm 32:3-5)

Here the guilt of unconfessed sin is terrible burden producing pain in the soul, and from it there is neither respite nor peace. But when sin is acknowledged, through the mercy of God, peace comes to David's troubled soul. After his sin in the matter of Bathsheba David likens the convicting work of

God to the breaking of his bones (Psalm 51:8). A similar psalm is 38 where a consciousness of God's displeasure has overwhelming and widespread consequences. But again in the end conviction of sin leads to confession, *"For I will declare mine iniquity; I will be sorry for my sin"* (Psalm 38:18). The experiences of Luther and Bunyan in fairly recent history are illustrative of such conviction. There seems little doubt that today a person going through similar experiences could very well find himself in the hands of a psychiatrist. The extreme damage that could be done to such a person by a man of Freudian tendencies or atheistic viewpoint, hardly needs to be pointed out.

Thirdly, we have the possibility of malingering.

"And David laid up these words in his heart, and was sore afraid of Achish the king of Gath. And he changed his behaviour before them, and feigned himself mad in their hands, and scrabbled on the doors of the gate, and let his spittle fall down upon his beard. Then said Achish unto his servants, Lo, ye see the man is mad: wherefore then have ye brought him to me? Have I need of mad men, that ye have brought this fellow to play the mad man in my presence? Shall this fellow come into my house?" (1 Samuel 21:12-15)

David was afraid, so he pretends to be mad, and in fact he attains the desired end, namely, to escape out of the hands of Achish. Plainly not all people who behave in a demented way are malingering; far from it! However, Jay Adams gives a number of instances from his experience in the States where people had acted as if they were mad in order to avoid troubles or difficulties. They found a mental hospital a place of refuge. People may behave in a bizarre way in order to obtain some end or to avoid trouble. Thus an elderly person, by threatening suicide, may be able to manipulate her family. Or a young person may act as if mad and thus avoid work which he hates.

Fourthly, we have mental illness, depression which has its roots in physical and mental exhaustion. After his victory at Carmel, in which God's honour was vindicated and false religion confounded, and after running to Jezreel, Elijah experiences some form of collapse when he hears Jezebel's threat upon his life. But he himself went a day's journey into the wilderness, and came and sat down under a juniper tree, and he requested for himself that he might die; and said, *"It is enough; now, O Lord, take away my life; for I am not better than my fathers"* (1 Kings 19:4). Pastor Al Martin, speaking about this, remarked that God recognized and understood his condition. He pointed out that his immediate need was rest and nourishment, and this God gave to him. God made no attempt to deal with the underlying spiritual trouble until he had first dealt with the physical exhaustion. Illustrating from his own experience, he remarked how lack of sleep can lead to great depression. This in its turn will sometimes depart when adequate rest is given. This is a very important matter. A man overworks for months or years; a minister disregards the principle of one day of rest in seven; in the end they crack up. Plainly there must be a dealing with the exhaustion before any other underlying causes of stress can be dealt with. This it should be remarked may be a lengthy process. A man who has abused his body for years cannot rightly expect restoration in a few days.

Fifthly, we have mental illness as a result of sin and the judgment of God. When Ahab coveted Naboth's vineyard and could not get it, we read: *"He laid him down upon his bed, and turned away his face, and would eat no bread"* (1 Kings 21:4). A person refuses to get up, refuses to eat; 'he must be mentally ill', you say. Not necessarily! Ahab was in a rage of frustrated covetousness and hurt pride. It is surprising how people behave when they cannot get their own way. Similarly we read of Ahithophel, *"And when Ahithophel saw that his counsel was not followed, he saddled his ass and arose, and gat him home to his house, to his city, and put his household in order, and hanged himself and died"* (2 Samuel 17:23). Anger and despair turned against himself led to self-destruction. It seems generally recognized that in cases of melancholy and depression there is frequently if not always present an element of anger. This may not always be recognized or admitted. Nevertheless it is present. Underneath the outward symptoms there may be anger and bitterness against God and his dealings with us. This may be suppressed and be turned inwards, thus resulting in self-hatred.

But the Bible not only teaches that sin leads to such misery as a result of man's own constitution, it also asserts that madness may be the direct result of a judgment of God. Thus Isaiah makes the

general and highly relevant statement: *"But the wicked are like the troubled sea, when it cannot rest, whose waters cast up mire and dirt. There is no peace, saith my God, to the wicked"* (Isaiah 57:20, 21). In Deuteronomy 28 there is an enumeration of the consequences of Israel's disregard of the commandments of God: *"But it shall come to pass, if thou wilt not hearken unto the voice of the Lord thy God, to observe to do all his commandments and his statutes which I command thee this day; that all these curses shall come upon thee ... The Lord shall smite thee with madness, and blindness and astonishment of heart ... so that thou shalt be mad for the sight of thine eyes which thou shalt see"* (Deuteronomy 28:15, 28, 34). It is of course characteristic of fallen man to minimize the consequences of sin and the penal justice of God. However, Scripture repeatedly tells us it is an evil and bitter thing to depart from God, and the consequences of such a departure are incalculable.

Perhaps the most significant passage in this respect is to be found in Daniel. In chapter 4 we read of Nebuchadnezzar's dream and the interpretation of it given by Daniel, and then of its fulfilment.

"At the end of twelve months Nebuchadnezzar walked in the palace of the kingdom of Babylon. The king spake and said, is not this great Babylon, that I have built for the house of the kingdom by the might of my power, and for the honour of my majesty? While the word was in the king's mouth, there fell a voice from heaven, saying, O king Nebuchadnezzar, to thee it is spoken; the kingdom is departed from thee. And they shall drive thee from men, and thy dwelling shall be with the beasts of the field: they shall make thee to eat grass as oxen, and seven times shall pass over thee, until thou know that the most High ruleth in the kingdom of men, and giveth it to whomsoever he will. The same hour was the thing fulfilled upon Nebuchadnezzar ..." (Daniel 4:29-33)

The king's insanity is stated unequivocally to be a judgment of God, to teach him about the sovereignty of God. It is stated that his insanity should last a predetermined time, and in due course his reason returned to him. The result of this seems to have been real spiritual blessing to Nebuchadnezzar. Although commentators are divided on this, a number think that he died a true believer. What is certain is that he rendered great honour and glory to God, and the chapter ends: *"Now I Nebuchadnezzar praise and extol and honour the King of heaven, all whose works are truth, and his ways judgment: and those that walk in pride he is able to abase"* (v. 37).

It is also to be seriously noted what use is made of this matter in chapter 5. Here Belshazzar is about to be judged for his wickedness, the writing is on the wall. From verse 18 onwards Daniel makes reference in detail to Nebuchadnezzar's madness, and concludes his rehearsal of these solemn events by saying, *"And thou his son, O Belshazzar, hast not humbled thine heart, though thou knewest all this; ... and the God in whose hand thy breath is, and whose are all thy ways, hast thou not glorified"* (Daniel 5:22, 23). Plainly when we see insanity of this character in others we are required to humble ourselves, to turn from our own pride and wickedness. In no sense are we to think of such as being necessarily more sinful than ourselves; rather we are to humble ourselves and repent.

Sixthly, we have illustrations in Scripture of mental illness which is the result of sin and Satanic activity. There is a full and most sad illustration of this in the life of king Saul. After his failure fully to obey the Lord in the matter of the Amalekites, and the subsequent anointing of David by Samuel, we read:

"But the Spirit of the Lord departed from Saul, and an evil spirit from the Lord troubled him." (1 Samuel 16:14)

Later on, after David's great victories, Saul begins to be envious of David and we read: *"And Saul eyed David from that day and forward. And it came to pass on the morrow, that the evil spirit from God came upon Saul, and he prophesied in the midst of the house: and David played with his hand as at other times: and there was a javelin in Saul's hand. And Saul cast the javelin; for he said, I will smite David even to the wall with it."* (1 Samuel 18:9-11)

It seems quite wrong to discount the work of Satan in mental illness. Plainly it is equally wrong always to look for the work of Satan. As we have seen, there are many kinds of disturbance in which Satan is not directly mentioned. However, the great oppressor of men and enemy of the

human race has real power and great malice. Paul warns us, *"Be ye angry and sin not; let not the sun go down upon your wrath: neither give place to the devil"* (Ephesians 4:26, 27). Sin can plainly be the opportunity for Satan to act.

Seventhly, certain demon possession can produce symptoms akin to madness. Matthew 4:24 plainly distinguishes between demon possession and lunacy; *"And those which were possessed with devils and those that were lunatick, and those that had the palsy; and he healed them."* Other occurrences of demon possession occur in Matthew 17:14-21, in Mark 5:1-20 and elsewhere in the New Testament. Plainly there is often violence, and tendency to self-injury, behaviour which is terrifying to others and yet which is plainly terminated when Christ casts out the tormenting spirits. Evidently the New Testament times were times of exceptional Satanic activity. Nevertheless today it would be wrong to leave this out as an explanation of symptoms of insanity and bizarre behaviour. We need balance and care in this area. (For a detailed study of biblical demonology, see *Satan cast out* by Fredk. S. Leahy. *Banner of Truth*, 1975).

Eighthly and finally, we have situations which seem to be beyond human understanding. It is well to remember the incident of the blind man recorded in John 9:

"And as Jesus passed by, he saw a man which was blind from his birth. And his disciples asked him, saying, Master who did sin, this man or his parents, that he was born blind? Jesus answered, Neither hath this man sinned, nor his parents: but that the works of God should be made manifest in him."

The lessons of John, chapter 9, are substantial and of high interest.

No doubt we are all familiar with the facts of Job's experience. But let me briefly remind you of the most significant features of Job's history. Over all presides the Almighty God; he loves Job and commends his servant's integrity. But Satan seeks Job's overthrow, and obtains divine permission to attempt it, though limitations are placed upon him. He is responsible for much of the trouble that comes upon Job. Revelation lifts the veil and we see what part he plays and what purpose he has in Job's calamities. Then, also, we have the facts which form the background of Job's trials — the activities of his enemies resulting in the loss of his wealth, the ill-weather leading to the loss of his family, all the events in fact that result in the loss of Job's reputation and position. Then there are the various people involved — his wife who obviously is a great hindrance to him, and his so-called comforters. Anyone who is concerned to counsel others would do well to study the Book of Job, in particular the behaviour of his comforters, their words, their effect upon Job, and what God has to say about them in the end.

One noted commentator, Matthew Henry, remarks to the effect that the best thing Job's comforters did was when they came and sat with him and said nothing. As soon as they opened their mouths they caused Job trouble. Their theology, says Henry, was excellent, their application of it very poor. All they could do was to impute secret sin to Job and explain his sufferings as God's judgments on his hypocrisy. It is impossible here to examine this story in any great depth. Nevertheless it is essential we recognize its significance when we are faced with unexplained sufferings in believers. When, to test our graces, God permits us to be tried by the devil and troubled by grievous calamities, it is no help for someone to rush in and accuse us of secret, unconfessed sins as did Job's friends. Of course sin brings trouble, and we have seen that the Bible states this quite clearly. Nevertheless the Book of Job has a significant place in the Old Testament and is put there as a warning. In the end God delivered Job, and rebuked his 'comforters' most sternly. Let us recognize there may be cases where it is not possible for us to discern what is going on. If this be so, by using the promise of God we are to encourage those who are afflicted, not to push them deeper into the mire with our superficial solutions to their problems.

What should we do when we meet with mental illness in a Christian?

Having given a brief outline of the biblical teaching involved, we have to ask a practical question: What should we do when confronted with symptoms of mental illness in a Christian? It is necessary first of all to state reasons why we should seek medical help, preferably the help of a Christian doctor who has a thoroughly biblical understanding of the problems besetting sinful man,

and not one who has capitulated to Freudian speculations and misrepresentations. As we have seen, there may be a variety of physiological causes which underlie mental disturbance. As ministers we are not qualified in this field. Nor of course are we in a position to prescribe medication of any kind. Thus in some cases a few nights' good sleep resulting from judiciously prescribed sleeping tablets may work a definite improvement. We must also recognize that this is not an area to be treated lightly; it is sometimes a sphere in which 'fools rush in where angels fear to tread'. Certainly a sufferer is likely to be better off in the hands of an understanding Christian doctor, or a psychiatrist who has a biblical understanding of human nature, than in the hands of an incompetent minister who makes no real attempt to understand the real trouble and merely trots out, parrot fashion, a few proof texts.

We must be careful here, for the results of wrong diagnosis can be most serious. Three illustrations to emphasize this will show us how careful we need to be. There was a report in a local paper of a lady who had gone on numerous occasions to her own doctor, complaining of stomach pains. He plainly thought she was a nuisance and diagnosed the trouble as 'nerves'. She got absolutely no help from him. In the end she took her own life. A post mortem was held and it was revealed that she was suffering from an acute internal condition and would have only lived for another twenty-four hours if she had not taken her life. Again, a Christian lady was afflicted with stomach pains over a period of years. She went to her doctor who diagnosed the cause as 'nervous tension' and prescribed medication suitable for such a condition. After a number of years the pain became so acute that she was admitted to hospital for emergency surgery. This revealed the presence of a very large gall-stone and that her gall bladder was on the point of rupturing. Lastly, a recent speaker at an evangelical conference narrated the recent case of a fine Christian lady of exemplary character and usefulness. She suffered, however, from depression and this was kept under control by the use of drugs. On attending a neo-pentecostal type of meeting she announced she was delivered from drugs and would use them no more. Within a week she had taken her own life. Plainly, in this area the careless and self-confident are not fitted to operate.

There are reasons therefore for seeking medical help. However, it must be said that there are also substantial reasons for refusing and avoiding help from certain psychiatrists. Eysenck writes:

"A review of all available evidence by the present writer disclosed the sad fact that when comparing the effects of psychotherapy with the various estimates of spontaneous remission rates, there appeared to be no difference between cures accomplished."

(Eysenck, *The Dynamics of Anxiety and Hysteria*, p. 8)

In other words there is statistically as much hope of a cure without psychotherapy as with it. Furthermore it is well to bear in mind the statement of Szasz, *"All psychiatric therapies have as their aim the alteration of human behaviour"* (*Myth of Mental Illness*, p. 205). We have to ask to what these alterations tend and by what means they are to be accomplished. What are the values upon which the psychiatrist proceeds when seeking to change human behaviour? Furthermore we have to question how far a non-Christian psychiatrist is qualified to deal with conditions which may be the result of conviction of sin, guilt before God, and the work of Satan. How can such people proclaim forgiveness and salvation through the power of Christ?

It must be said that while there are a few psychiatrists who are Christian there are many who are not. Many people seem to have come across psychiatrists who have no hesitation in recommending blatantly sinful behaviour as a solution to inner problems and tensions. Such advice, plainly inimical to the spiritual well-being of the patient and directly contrary to God's Word, is not what we would wish for our people. Finally, today in some cases the treatment given seems to involve little attempt to get to the root of the problem and consists in prescribing large doses of drugs which often render any counselling by the minister virtually impossible.

It is now necessary to turn to the issue of how we ourselves should approach such problems.

- **First** of all we require humility. Indeed we need repentance that so often the church and its ministers have evaded their responsibilities in this area. If any servants of God feel that they are eminently qualified to operate here, all they show is that they are eminently disqualified by their pride and arrogance. We need to proceed in humble dependence upon God and his Spirit.

- **Secondly**, we need wisdom. It is possible to make the issue sound very easy. While it is true that Christians should be able to help and encourage one another in their problems, yet it would seem that this is not the area in which the immature and unstable can operate. We have all seen people who, in trying to help others, have become upset themselves and done more harm than good. We need to ask wisdom of God, who gives liberally and upbraids not.
- **Thirdly**, we need compassion. Jesus looked on the needy with great compassion, he saw them as sheep without a shepherd, and he was able to help them. We must avoid professionalism and be truly concerned to alleviate suffering.
- **Fourthly**, we must have confidence in God. We must have confidence in his mercies, his power, his Spirit and his covenant. Let us remember 1 Corinthians 10:13 and other similar verses.
- **Finally**, we must be prepared to use spiritual weapons. We must learn to pray; others must be taught to pray for those afflicted in this way, that God may bless our feeble efforts and uphold and deliver those who are suffering.

The next issue is that of diagnosis. Plainly this is absolutely crucial. We must first try to find out what the symptoms are and what the patient thinks of his own state. We must gather information which is relevant and which will help us to understand the background and history of the patient. This will involve the asking of questions and doing a great deal of listening. We obviously cannot help people unless we are clear what is the condition from which they are suffering and what are the basic causes of it.

In this matter it is well to remember Luther's dictum, 'Prayer and temptation, Bible study and meditation, make a minister.' Certainly ministers in the past seem to have had a gift of discerning the true state of those they were seeking to help (see Kennedy, *The Days of the Fathers in Ross-shire*). Knowing our own hearts and knowing Scripture should be a good basis on which to start. We must look to God to help us mightily so that we get right to the bottom of things. Superficial diagnoses and temporary palliatives are of little value; we must cultivate a real dealing with men in their deep needs.

A word of warning is apposite at this point. There is much to be said for not doing this work on our own; this is obviously an imperative consideration when dealing with members of the opposite sex.

If we are able to come to some conclusion as to the cause of the situation we must then proceed to the issue of treatment.

"Were it possible to provide an adequate amount of genuine acceptance, love and security until maturity, emotional illness generally would be a minor problem generally for the human race."
(Laughlin — *The Neuroses in Clinical Practice* — quoted in Lake, p. 114)

Such a statement accords well with the biblical teaching of the church as the Body of Christ. How good and pleasant it is for brethren to dwell together in unity! (Psalm 133:1). The church ought to be a place where afflicted persons can find true love and understanding. Alas, it is sometimes true that, through sin, churches become places more likely to disturb a person's peace of mind than to promote it. But we know that such things ought not so to be. It will surely be agreed by all, that the people of God should provide true care and affection for those afflicted in their minds.

We must never treat a person out of the context of his family. If someone is mentally troubled we can be virtually sure that his immediate family will be placed under stress and strain; hence we should have an eye to their need of comfort and support. Ideally it is best that people be kept within their families. Where this is not possible or where it is unsuitable, there are at least two places in England and Wales run by Christians where care can be provided if more supervision is necessary. Let us also see that physical help may be needed here. If a woman is utterly exhausted in caring for a young family, and is beginning to crack under the strain, we must be ready to help her and not merely to give advice.

What is most important is of course the application of the Word of God to the particular condition. This again is an issue in itself. Perhaps it is best to illustrate the relevance of Scripture from two psalms.

"Thou, which hast shewed me great and sore troubles, shalt quicken me again, and shalt bring me up again from the depths of the earth ... My tongue also shall talk of thy righteousness all the day long." (Psalm 71:20, 24)

Here the importance of God's righteousness, of justification, is emphasized. At this point an apprehension of God's goodness is fundamental. In Psalm 73:17, 22-28 we see in a similar way how a man was brought out of great depression. Astonished at his own depravity and unspirituality he says: *"Thus my heart was grieved, and I was pricked in my reins. So foolish was I, and ignorant: I was as a beast before thee"* (vv. 21, 22). By consideration of the mercy of God as manifested in 'the sanctuary of God' he is delivered and restored to his joy in the Lord. This involves a deep knowledge of Scripture, but Scripture is very broad and deals perceptively with the great problems that afflict the human race.

Conclusion

In conclusion it is necessary to say something about prevention. Obviously many problems should be dealt with in the context of the preaching of the Word of God. If the preacher is preaching in a manner relevant to his hearers, many issues which if left alone will cause great trouble are certain to be dealt with. When God would deal with Job's difficulty he does so by his Word and then reveals to him his glory. In Psalm 107 we read: *"He sent his word, and healed them and delivered them from their destructions"* (v. 20). Counselling is no substitute for preaching and must not become one. When Job hears God's Word and meets with him, he bows down, repents in dust and ashes, and his inward turmoil is brought to a conclusion. Many, many are the troubles in man that should be dealt with in this way. Nevertheless Scripture gives other examples where the Word of God is to be applied in the context of a personal meeting.

Let us be careful that our preaching is balanced. The age we live in desperately needs to hear the law of God. By the law is the knowledge of sin. Every mouth is to be stopped and all the world is to become guilty before God. Nevertheless let us remember that there are sensitive souls who know of their sins only too well; what they need is the comfort of the gospel. Both Richard Baxter and John Colquhoun recognize this.

"I advise all men to take heed of placing religion too much in fears and tears and scruples, or in any other kind of sorrow, but such as tendeth to raise us to a high estimation of Christ, and to the magnifying of grace, and a sweeter taste of the love of God, and to the firmer resolution against sin. And that tears and grief be not commended inordinately for themselves, nor as mere signs of a converted person."

(*Autobiography of Richard Baxter*, Everyman, p. 217)

"Think as often of the righteousness of Jesus Christ as of your own sinfulness; as often of his fulness of grace as of your own emptiness of grace; and as frequently of the boundless love, grace and mercy of your covenant God, as of his majesty, holiness and justice."

(Colquhoun — *Directions to Christians Afflicted with Melancholy* — Banner of Truth, October 1971, p. 33)

It is the exhibition of Christ in the glory of his offices and the graciousness of his person which is the great means God has ordained for the healing of man's soul, so desperately sick and wounded by sin and Satan. Let the mind be much taken up with our Redeemer, and much darkness and many troubles will be avoided.

If people would avoid mental trouble, let them lead a balanced life. There is a great place for hard work and minds thus taken up will avoid a pre-occupation with themselves. But man needs rest and recreation. The Sabbath was made for man, doubtless because he needed a day of rest from his labours. It is not sinful to have times of recreation, but let the Christian see that he does not abuse the body which God has given to him and which is the temple of the Holy Spirit.

Finally, we must remember the need for balance in our ministries. We have many things to do. What we have spoken about is only one aspect of our work. However, it is an important area, an area in which we are to seek to glorify God.

"Such as sit in darkness and in the shadow of death, being bound in affliction and iron: because they rebelled against the words of God, and contemned the counsel of the most High: therefore he brought down their heart with labour; they fell down and there was none to help. Then they cried unto the Lord in their trouble, and he saved them out of their distresses. He brought them out of darkness and the shadow of death, and brake their bands in sunder. Oh that men would praise the Lord for his goodness and for his wonderful works to the children of men! For he hath broken the gates of brass and cut the bars of iron in sunder."
(Psalm 107:10-16)

May God use us in such a manner in this area that men's lips may be filled with the praises of our gracious Redeemer!

The Lord Jesus speaking in the synagogue at Nazareth at the beginning of his ministry said,

"The Spirit of the Lord is upon me, because he hath anointed me to preach the gospel to the poor; he hath sent me to heal the broken hearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised, to preach the acceptable year of the Lord."
(Luke 4:18-19)

Doubtless the primary reference here is to the salvation of sinners. Can we not believe, however, that Christ's ministry here designated also has reference to the poor souls so grievously affected in their minds and hearts that they are a burden to themselves and a desperate cause of sadness to those with whom they live ? May God's Spirit enable us also to minister by the preaching of his Word and the counselling of his people that great glory may be brought to his blessed and holy Name!

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