

The Seminary at Lincoln Christian University

LOVING THE AFFLICTED:  
THE ROLE OF THE MIND AND MENTAL HEALTH  
IN THE LIFE OF YESHUA'S DISCIPLES

An Extended Research Paper  
Presented in Partial Fulfillment  
of the Requirements for the  
Master of Arts Degree

by

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May 2016



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## INTRODUCTION: A PERSONAL PERSPECTIVE

In December 1998, my wife presented me with a very troubling request that went something like: “Shoot me, as I am evil (she was convinced she was Satan) and it is better to fall in the hands of a merciful God than the hands of sinful men.” We later came to learn that she/we were experiencing what they called Postpartum Psychosis, which was later diagnosed as a bipolar condition. (However, I have come to wonder privately if we are struggling with a schizoaffective disorder. The lines blur and ultimately treatment is little different, the difference in labels means little to our lives). This was very difficult for us, as previously we believed depression and other mental illness like bipolarity was simply a weakness of mind, will, or faith. We little anticipated how our perspective on this topic would change.

While we have significant personal antidotal experience and have done a sizable amount of reading, we have struggled to reconcile this experience solidly with God’s Word. We have also wrestled with the various responses from fellow believers, and the Church, while dealing with my wife’s condition. We have heard some deny that any such a physiological condition exists, thereby questioning her/my faith (sometimes explicitly questioning it). Conversely, we have heard from others the complete denial that there could be any spiritual dynamics; i.e., the issues are purely physical. Some have gone even so far to propose that it is demonic activity. Furthermore, others have implied or stated that it is a result of the conditions she has experienced in the past: developmentally, relationally, situationally etc. Clearly, we have witnessed that the Church lacks a clear or unified position on how to deal with the mentally ill, and perhaps more importantly, lacks a Biblical understanding of the issues involved. As a result, those who suffer from the affects and effects of mental illness are often left isolated and wounded.

Consequently, this work is very much a personal journey, specifically a journey to more clearly understand what God speaks about and to those who suffer from mental illness. This is obviously, a very serious issue since some of these conditions not only can but do raise questions regarding the issue of salvation, especially when the afflicted hallucinates and loses all apparent sense of contact with reality.

It is my hope that this work will contribute to a deeper and more theological response to these issues. I intend to offer the results of careful study about how God desires for us to respond to those who are experiencing this suffering with love, compassion, and hope. I will also present suggestions for the Church in ministering to the needs of those wrestling with these issues, whether they are the afflicted or those who love the afflicted (just as our Savior has loved us in our suffering). Therefore, it is my hope to present pastoral response, or tool, to assist those on the front lines of care, pastors, laymen and those who care for the afflicted, and perhaps for the afflicted themselves.

This journey will begin in the Word of Yahweh, the Great 'I AM,' examining both Old and New Testament. The goal will be to examine key words in both the Hebrew and Greek related to humanity, the mind and the spirit, with the goal of finding a unified Biblical perspective to understanding the intangible aspect of humanity. Furthermore, possible biblical examples of those afflicted with mental illnesses will be examined in an effort to understand how God has interacted with these individuals.

Once this foundation is laid, we will briefly explore the history of psychology, attempting to understand how we have come to our present understanding of these issues. Indeed, the Church has spoken in the past on these issues, but it has largely been the secular world that has addressed mental illness, often applying scientific or naturalistic methods to the study of the

mind based on God-less assumptions. Consequently, the Church today, has been left largely marginalized in the conversation of this matter.

Following this survey, we will briefly note some of the current physiological and psychological research on mental illness interfacing such with the foundational principles from Scripture. In this section, we will address the questions: “Is there primarily a *physical* causation for mental illness?”, as well as, “Is there also a spiritual explanation for mental illness?”

In the final section of this paper, we will offer possible suggestions on how we should view the human mind in a comprehensive manner, and propose how this more complete understanding shape how we respond to those who are suffering from these conditions. In short, the goal of this extended research paper is to provide the scientific and theological basis to guide the Body of Jesus [Yahweh Saves], the Savior, in loving outreach to those who are afflicted with mental illness.

## CHAPTER 1

### WHAT DOES GOD HAS TO SAY ABOUT THE HUMAN MIND

<sup>29</sup> Jesus answered, “The most important is,  
‘Hear, O Israel: The Lord our God, the Lord is one.

<sup>30</sup> And you shall love the Lord your God with all your **heart**  
and with all your **soul** and with all your **mind** and with all your **strength**.<sup>1</sup>

As we begin to investigate mental health and illness, it is necessary that we proceed with respect and caution. Respect is due because humanity is created in God’s Image, bearing the ‘Imago Dei’ (see Genesis 1). Caution is advised because to proceed without this knowledge and assumption, we are in danger of ignorantly dishonoring God, or worse intentionally rebelling and coming to conclusions which are harmful. We therefore proceed with the knowledge that God is utterly Holy and other from ourselves, yet somehow, we have value because we are made in God’s Image and He has ascribed us worthy of the sacrifice of His Son, Jesus, to atone for our sins.<sup>2</sup>

Because humanity bears the ‘Imago Dei,’ there are implications when it comes to the study of Humanity. As God is one<sup>3</sup> yet is triune<sup>4</sup>, Father, Son and Holy Spirit, likewise humanity reflects this unity in being and yet triune nature of its Creator through with body, soul and spirit<sup>5</sup>.

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<sup>1</sup> Mk 12:29–30. Emphasis added. Unless otherwise noted all Biblical references in this paper are to *The Holy Bible: English Standard Version* (ESV) (Wheaton: Standard Bible Society, 2001).

<sup>2</sup> Rom 5:6-8.

<sup>3</sup> Dt 6:5, “Hear, O Israel: The Lord [Yahweh] our god, the Lord [Yahweh] is one.”

<sup>4</sup> Wayne Grudem gives the following explanation about this triune nature of God: “In one sense the doctrine of the Trinity is a mystery that we will never be able to understand fully. However we can understand something of its truth by summarizing the teaching of Scripture in three statements: 1. God is three persons. 2. Each person is fully God. 3. There is one God.” (Grudem 1994, 231). Grudem goes on to examine this discussion at in some detail which exceeds the purpose of our current examination. New Testament support for this idea can be found in Mt 28:19, 2 Cor 13:14 and other passages.

<sup>5</sup> Whether Humanity has a triune nature versus dichotomy or even monistic, has been a debated topic for many years. Many theologians hold that humans are a dichotomy by nature, consisting of body and soul/spirit. For example Wayne Grudem maintains a dichotomy view explaining that the word for soul and spirit are used interchangeably throughout scripture (Grudem 1994, 472-482).

This author holds to the trichotomy view that we consist of body, soul and spirit based on the understanding that, while Scripture uses the terms interchangeably (or nearly so), there are passages which clearly indicate a separation of soul and spirit (examples are include Mk 12:29-30, 1 Thes 5:23 and Heb 4:12). Whether we are a trichotomy or

We cannot accurately study one aspect of the essence of what it means to be human without seeking to understand the unity of all three aspects. Failing to recognize this unity (this integrated interaction between the three-fold composition of what makes a human in God's Image<sup>6</sup>), we cannot fully grasp what it means to be Human. Therefore, from a Christian perspective, Psychology and Psychiatry intersect with Theology, if not actually falling as a subsets of Theology because Humanity is spiritual and made in God's Image.

The triune nature of Humanity presents additional problems in 'objective' empirical study as well. While the study of the physical and biological sciences are largely, even mostly, separate from the observer, secular Psychology and Psychiatry attempt to empirically study the mind, behavior related to the mind, and possibly the body/soul 'interface' in relation to the physical body only, denying anything which cannot be empirically recorded. Yet Hebrews 4:12 implies that only the Word of God is capable of separating the Spirit of Man (Humanity) from the soul. There is an additional complication, the observer is also a member of the human race and is no longer truly objective in the observations made, and those observations are significantly influenced by the presuppositions and worldview of the observer. Worse, in our fallen state, even the observer's mind is affected by Adam's the fall in the garden, raising questions as to whether the observations made can be rightly interpreted. For these reasons it becomes imperative that we begin with the Word of God rather than ourselves.

Mark 12:30<sup>7</sup> proclaims the greatest command we are given as believers: "And you shall love the Lord your God with all your **heart** and with all your **soul** and with all your **mind** and

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dichotomy is not an essential issue to the agreements of this paper. The essential issues are that we are made God's Image and that we are cannot humanly or clearly separate the aspects of the mind, soul and spirit in psychology, psychiatry and treatment of mental illness.

<sup>6</sup> It is important to note that any analogy of comparison to God is also a contrast. In this case, humans, like God, have a triune nature, yet this triune of humans does not adequately explain the nature of the Triune Godhead.

<sup>7</sup> Also see parallel passages in Mt 22:37, Lk 10: 27, all quoting Dt 6:4-5.

with all your **strength**.” Here we find what it truly means to be made in God’s Image, we were made to love Him. We were made to love Him with every aspect of what it means to be human. Heart, mind and soul all refer to aspects of our being which are intangible. Strength (or might) could be more closely associated with the physical/bodily efforts of our being. The point is we are to love (i.e. obey and serve; John 14:15; Romans 6:16-19) God with our entirety. Of particular note in our discussion is the relation of the intangible aspects of our being, and the interface between these and the physical aspect.

Hebrew and Greek cultures did not appear to associate the thinking process and essence of humanity directly with what we know physiologically as the ‘brain.’ Nor is there a clear distinction between mind/heart (i.e. ‘thinking center’), soul and spirit; yet as seen from Mark 12:30 (and related passages) distinctions are made, they are somehow each separate from the others. It becomes necessary therefore to explore the language used to convey thoughts about thinking within the text before we can fully explore what the Bible might say about the mind of Humanity. It is also useful to recall that even in the English language we often use synonyms to provide variety and specify various nuances of meaning, though not always significant in their differences. Case in point would be the interchangeable use of the words mind, conscience, soul and heart. We might say that we have had a change of mind, or a change of heart, concerning an issue. We might say that our heart, or conscience, has been pricked if we perform an illegal act. Likewise, Greek and Hebrew have words which are used interchangeably as synonyms, yet have differing shades of meaning. We will find in our investigation of ‘mind,’ ‘heart,’ ‘soul’ and ‘spirit’ in Greek and Hebrew often have related if not overlapping usage and meaning, and are related to our discussion.

## Scriptural Insights

Studying words translated from Koine Greek found in the New Testament (or Biblical Hebrew in the Old Testament) to modern English often presents several challenges. As we examine the Greek words for ‘mind,’ ‘heart,’ ‘soul’ and ‘spirit’ we find that ‘mind’ is translated from several words; however, ‘heart,’ ‘soul’ and ‘spirit’ are each translated<sup>8</sup> from one word each, yet each occasionally, and variously, translated as one of the other words in our examination.<sup>9</sup>

### *Soul*

Ψυχή, our Greek word for ‘soul,’ and the word from which we get ‘psyche,’ is found 102 times in the New Testament, and translated in the ESV as soul in 46 of those occurrences. It was also translated 40 times as life, lives or living. Other occurrences include 3 as mind (which could have been soul), two as ‘being’ and a variety of one time occurrences such as ‘selves,’ ‘fainthearted,’ ‘thing’ or the pronoun ‘me.’ It would seem that ψυχή is closely associated to life as well as soul, yet “...it is often impossible to draw hard and fast lines between the meanings of this many-sided word”<sup>10</sup>. It is used in many instances as physical life such as in Matthew 2:20 where Joseph is informed in a vision that those seeking Jesus’ *life* are dead. Jesus tells us “Therefore I tell you, do not be anxious about your *life*, what you will eat or what you will drink, nor about your body, what you will put on. Is not *life* more than food, and the body more than clothing?”<sup>11</sup> (emphasis added). Silva indicates that Homer and others from ancient Greek

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<sup>8</sup> For the sake of simplicity, the *English Standard Version* (ESV) is used for translational references. Research was done using *The Greek New Testament: SBL Edition* and *Logos Bible Software*.

<sup>9</sup> It is important to note that words examined outside of the context in which they are used can be questionable, as Greek and Hebrew words, like English words, often have a range of meanings. Attempts have been made to examine each of word within at least some limited context.

<sup>10</sup> Bauer 1979, 893.

<sup>11</sup> Mt 6:25.

literature clearly connect ψυχή with the life of the body, so much so that should the ψυχή leave, the body dies.<sup>12</sup>

Yet ψυχή is used, by Jesus, in other passages clearly referring to the soul, the “seat and center of the inner life of humanity in its many and varies aspects.”<sup>13</sup> An example which indicate this, and that the soul is separate from the body, would include Matthew 10:28, “And do not fear those who kill the body but cannot kill the soul. Rather fear him who can destroy both soul and body in hell.”<sup>14</sup>

Jesus considers the soul valuable.<sup>15</sup> The soul can be sorrowful, strengthened, troubled/unsettle, doing evil, doing the will of God, in unity with other souls, kept blameless, and purified.<sup>16</sup> Silva reports that “Socrates taught that, more than any other human trait, the soul (ψυχή) ‘partakes of the divine.’”<sup>17</sup> Clearly the ancient Greeks saw ψυχή (soul) as more than simply the source of one’s life. In the New Testament, Peter indicates that the flesh (body) and soul can even been in conflict.<sup>18</sup> Peter also tells us the soul can even be the object of salvation.<sup>19</sup> All of these give evidence that the soul is more than a physical-life force, a source of conscience, and would seem to also have a trans-corporeal aspect to it.

While this close, yet separate, association of ‘soul’ and physical-life can be found in ψυχή, this word is also closely associated with πνεῦμα, or ‘spirit.’ In addition to Mark 12:30 and associated passages, we find ψυχή in Hebrews 4:12 reference to the nature of the Word of God being “... living and active, sharper than any two-edged sword, piercing to the division of *soul*

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<sup>12</sup> Silva 2014, 4:726.

<sup>13</sup> Ibid, 893.

<sup>14</sup> Mt 10:28.

<sup>15</sup> Mt 8:36-37.

<sup>16</sup> Mt 26:38; Acts 14:22, 15:24; Rom 2:9; Eph 6:6; Phil 1:27; 1 Thes 5:23; 1 Pt 1:22.

<sup>17</sup> Silva 2014, 4:726.

<sup>18</sup> 1 Pt 2:11.

<sup>19</sup> 1 Pt 1:9.

and of *spirit*, of joints and of marrow, and discerning the thoughts and intentions of the heart.”<sup>20</sup> The point of the passage is about the nature of God’s Word, yet we can see there is a closeness, perhaps such that only the Word of God can separate, between the ‘soul’ ψυχή and the ‘spirit’ πνεῦμα.

Turning to Biblical Hebrew we find for ‘soul’ the word נִשְׁמָה which is used 728 times in the Old Testament, most often translated soul (31%) and the life, living, live(s), persons and heart accounting for 38% of the occurrences. Silva indicates that ψυχή is used almost exclusively in translating נִשְׁמָה given the close similarities in their range of meanings.<sup>21</sup> The remaining instances are largely pronominal usages of the word, twice the ESV translates it ‘mind.’ נִשְׁמָה is the word used in Genesis 1 when God creates ‘living’ creatures.<sup>22</sup> In Genesis 2, God “breathed into his nostrils the breath of life, and the man became a living creature [נִשְׁמָה].”<sup>23</sup> This word is tied very closely with life. Yet it is repeatedly used throughout the Old Testament as is used to describe the relationship between David and Jonathan, “...the soul of Jonathan was knit to the soul of David, and Jonathan loved him as his own soul.”<sup>24</sup> Somehow this ethereal soul is connected to the life of the body, yet is tied to the conscience as well, very much like we found in ψυχή above.

### *Spirit*

Πνεῦμα is the Greek word translated ‘spirit’ in the ESV. It occurs 379 times in the Greek New Testament and is translated ‘spirit’ 374 times in the ESV. It is also translated ‘breath’ or ‘wind’ the remaining (5) five times. Πνεῦμα has a range of meanings not unlike our English

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<sup>20</sup> Heb 4:12 (emphasis added).

<sup>21</sup> Silva 2014, 4:727.

<sup>22</sup> Gn 1:20-21.

<sup>23</sup> Gn 2:7.

<sup>24</sup> 1 Sm 18:1.

word ‘spirit.’ Bauer in his lexicon indicates that πνεῦμα could mean ‘blowing,’ ‘breathing,’ ‘breath,’ ‘spirit’ “as part of the human personality,” ‘spirit’ “as an independent being” both good or evil, and the ‘spirit’ “that differentiates God from everything that is not God” in its various aspects.<sup>25</sup> While intangible like ψυχή ‘soul,’ the ‘spirit’ πνεῦμα is a separate aspect of humans, similar in nature to that of God, the Holy Spirit. Curiously, Silva shares that “prior to the NT [New Testament literature] the word [πνεῦμα] is not applied to human (or divine) spirit.”<sup>26</sup> Silva goes on to share that Aristotle used the word to indicate the life giving force from embryo onward was used by the soul to control the body.<sup>27</sup> Silva also reports that Stoics would regard:

...it [πνεῦμα] as an elemental principal that gave coherence to the different entities of creation, while at the same time differentiating them one from another. Thus, as an ethereal, fire-like, extremely fine-textured substance, πνεῦμα arranged the world in terms of descending scale, without which the world’s very existence would have been an impossibility. In its purely ethereal form it was the Logos or God; as a spiritual fire it was the human soul; ...<sup>28</sup>

In examining the 374 instances in which πνεῦμα occurs that vast majority of them are to the Holy Spirit, other supernatural spirits and more general uses about state of mind.<sup>29</sup> Of the 374 occurrences only about 16 are directly related to the idea of the human spirit. Given that these verses were not written that we would be given a definitive answer about the nature of the spirit of humans, and that there are relatively few with which to work, we will avoid making dogmatic claims and seek to discern what we can about the spirit of a humans as it might apply in regards to mental health.

While it is clear that each man (and woman) has a spirit, it is also unclear how that spirit is ‘attached’ or resides within that human. In fact, Silva states “Often it is not completely clear

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<sup>25</sup> Bauer 1979, 674-678.

<sup>26</sup> Silva 2014, 3:802.

<sup>27</sup> Ibid, 803.

<sup>28</sup> Ibid.

<sup>29</sup> The order of these is relative to the usage, the Holy Spirit or Spirit of God being most numerous.

whether the language refers to the spirit of the person or to an outside power experienced through this human dimension.”<sup>30</sup> We find in Luke 8:55 the spirit of Jairus’s daughter returns to her when Jesus raises her from the dead. On the cross, Jesus in commits his spirit to the Father<sup>31</sup>; Stephen, being stoned by the Jewish council with Saul nearby, asks Jesus to receive his spirit.<sup>32</sup> Yet in Matthew 12:43-45, Jesus teaches that unclean spirits can leave and enter a person, indicating some kind of ‘vacancy.’ In John 3:5-8 Jesus teaches Nicodemus “that which is born of the Spirit is spirit” and that we must be born of the Spirit to enter the kingdom of God; the imagery of birth perhaps indicating that the spirit may not have be initially present. Though there is clearly an understanding that the spirit is distinct from the body.

Paul’s statements about the spirit (of a human) giving us further insights. Paul seems to indicate only one’s spirit “knows a person’s thoughts” indicating the closeness of the spirit to the soul and the mind.<sup>33</sup> Paul also reminds the Ephesians about their past life and how spirit of the “prince of the power of the air” is “...at work in the sons of disobedience...” and that it had previously been at work in them.<sup>34</sup> In urging the Corinthians on the disciplining an erring brother he states the brother should be handled over to Satan that his spirit “may be saved in the day of the Lord.”<sup>35</sup> And in our continuing sanctification, Paul states that we need to “...cleanse ourselves from every defilement of body and spirit, bringing holiness to completion...”<sup>36</sup> Warning the Corinthians about immoral, sexual behavior, Paul states “But he who is joined to the Lord becomes one spirit with him.”<sup>37</sup>

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<sup>30</sup> Silva 2014, 3:807.

<sup>31</sup> Lk 23:46

<sup>32</sup> Acts 7:59

<sup>33</sup> 1 Cor 2:11

<sup>34</sup> Eph 2:1-3

<sup>35</sup> 1 Cor 5:5

<sup>36</sup> 2 Cor 7:1

<sup>37</sup> 1 Cor 6:17

Our goal in reviewing these particular occurrences of πνεῦμα is not to provide proof texting as much it is to obtain a general overview of what the πνεῦμα of a human means to better understand the nature of humanity. We find our spirits are broken by the fall of Adam leaving us vulnerable to the influences of unclean spirits, needing salvation to be reborn, our spirits cleansed and made one with the Lord. Our spirits are so closely tied to our souls that the spirit knows the thoughts of the mind as no other can. Thus, the tightly intertwined the soul and the spirit cannot be easily separated, so much so that they likely cannot be separated by humanity (e.g., psychology and psychiatry).

Again we turn to Hebrew to find our Old Testament word for ‘spirit’, רוּחַ. In רוּחַ we find a word very much like that in the Greek often translated ‘spirit’ (57%) and wind/breath (36%). It carries a distinctly ethereal nature, intangible like the wind, ‘invisible’ to the eye, yet the effects of it can be seen when it moves.<sup>38</sup> This word is used nearly identically with the Greek πνεῦμα reviewed above.

### *Heart*

Καρδία is a Greek word that many will recognize as we get the cardiology and other related word from this Greek word meaning ‘heart.’ It is translated 150 heart of the 156 times it occurs in the Greek New Testament by the ESV. Once it is translated ‘mind,’ while the remaining 5 times are ‘himself,’ ‘steadfast,’ ‘were enraged’ and ‘their.’ Clearly καρδία is *the* Greek word for ‘heart’ and is used in many of the same ways that it is in English. Bauer indicates that it can be translated as the heart being the “seat of physical, spiritual and mental life” or

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<sup>38</sup> Jn 3:8.

figuratively as the center of something.<sup>39</sup> It has been included in this study as it is used in a spiritual or mental sense.

Reviewing the passages related to καρδιά reveals that the ‘heart’ is associated with cognitive issues, yet it serves more significantly as the emotive and the moral center of humans, often representing the “totality” of the person.<sup>40</sup> Where ‘thinking’ is involved it is often qualified with moral overtones such as “pure in heart,” “think evil in your hearts” or “hardness of heart,” though there are references to “understanding with their hearts” or “questioning in their hearts.”<sup>41</sup> The ‘heart’ is the place where Mary is said to “ponder” and “treasure” events of Jesus’ early life.<sup>42</sup> After the church was initiated at Pentecost, they were said to “receive their food with glad and generous hearts.”<sup>43</sup> Ananias was held accountable for allowing Satan to fill his “heart to lie to the Holy Spirit...”<sup>44</sup> Yet Luke reports that “The Lord opened her [Lydia’s] heart to pay attention to what was said by Paul.”<sup>45</sup> An act of God on the heart of a woman that she might respond to the Good News of Jesus. Paul indicates that to “believe in your heart that God raised him [Jesus] from the dead...”<sup>46</sup> is part of process of salvation, and that we are given “his [God’s] Spirit in our hearts as a guarantee”<sup>47</sup>. So much so that Paul prays that the Ephesians will be strengthened “...so that Christ may dwell in your hearts through faith...”<sup>48</sup>

לֵב, ‘heart’ in Hebrew, and its derivatives account for better than 80% of the instances that the ESV translated the word ‘heart.’ It is used to speak of God’s heart when he was grieved

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<sup>39</sup> Bauer 1979, 403-404.

<sup>40</sup> Silva 2014, 2:624.

<sup>41</sup> Mt 5:8; 9:4; Mk 3:5; Mt 13:15; Mk 2:6 are simply representative examples.

<sup>42</sup> Lk 2:19; 2:51.

<sup>43</sup> Acts 2:46.

<sup>44</sup> Acts 5:3.

<sup>45</sup> Acts 16:14.

<sup>46</sup> Rom 10:9.

<sup>47</sup> 2 Cor 1:22.

<sup>48</sup> Eph 3:16-17.

of having made Humanity.<sup>49</sup> It is used when speaking of man's heart, as the hardening of Pharaoh's heart is described as being the result of God's action and also that of Pharaoh himself.<sup>50</sup> As with καρδία in the Greek, לֵב in the Hebrew seems to involve a human's (and God's) cognitive function, also being the seat of the moral thinking and resolve of the will<sup>51</sup>.

Clearly the καρδία and לֵב are part of what we might call the heart or even the 'psyche' today, part of the intangible intra-workings of a human. It involves the will and conscience and is included in the thinking process. The heart includes emotions of gratitude and harbors evil. It is place of understanding, or a place of resistance. God can move and change the heart, even writing His Word on it. It is a place where the Holy Spirit of Christ can dwell. Silva shares that in extra-Biblical literature such as Homer, καρδία is sometimes used to represent the physical organ we refer to as the heart though frequently it was used to represent the religious and more source of thought within man<sup>52</sup>. Nonetheless, the heart of Scripture seems to be closely associated with aspects of the primary object of study in the fields of psychology and psychiatry today.

### *Mind*

Finally, we turn our attention to the 'mind.' Surprisingly, we find that there is no word associated with the mind in Biblical Hebrew. Silva confirms this in that only a limited use of νοῦς in the LXX Old Testament. He states that "Biblical Hebrew, not having a separate term for

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<sup>49</sup> Gen 6:6.

<sup>50</sup> Ex 7:3, 8:15. This is an interesting discussion concerning God's sovereignty and Humanity's free will which is beyond the scope of the current discussion.

<sup>51</sup> Silva 2014, 2:623.

<sup>52</sup> Ibid., 2:622-623. Silva, and Brown (1971, 2:182), indicates that Philo and Josephus used καρδία almost exclusively as the physical organ.

‘mind,’ uses לֵב/לִב to denote the seat of the nonphysical faculties in general—intellectual, volitional, emotional, and spiritual.”<sup>53</sup> Silva also shares:

Because OT anthropology knows nothing of a division of the soul into parts, human understanding is not isolated, nor is it pushed into the foreground, as tends to be the case, at least to some extent, in the Gk. [Greek] world. In the OT the understanding belongs together with the will, and aims less at theoretical contemplation than at right conduct. The intellectual sphere is thus anchored more firmly in the whole person than it is in Gk. thought.<sup>54</sup>

(This serves as a reminder that even as we attempt to understand our modern categories in Biblical terms, our culture emphasizes different ideas and values than the Hebrew culture.)

The ESV translates a variety of Hebrew word to mind a total of about 67 times, לֵב ‘heart’ is the most commonly translated word for mind (30 times) yet within context it generally could be translated ‘heart’ just as easily. This is also the case for נַפְשׁוֹ (soul) and רוּחַ (spirit). It would appear that to the Hebrew mind that cognitive function resided in the ‘heart.’<sup>55</sup>

However, the English Standard Version translates 24 Greek words 73 times as ‘mind.’ Among those words are καρδία (heart, one time) and ψυχή (soul, three times). English apparently has many overlapping meanings and nuances for the word ‘mind.’ For our purposes we will narrow our search to νοῦς (22 times) and διάνοια (eight times) as these seem to best relate to our concern about the mind itself.

νοῦς as a root occurs 163 times in the New Testament in various forms and within derivative words. As νοῦς it occurs 24 times and is translated as ‘mind’ 22 times and ‘understanding’ the remaining two times. Seventeen times it represents the seat of thought and reason and seven times it reflects a mental attitude. Only the highest portions of thought, not the

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<sup>53</sup> Silva 2014, 3:428.

<sup>54</sup> Ibid., 3:429.

<sup>55</sup> Ibid., 2:623.

complete realm of thinking is held in the notion of νοῦς, reports Silva about Plato’s writings.<sup>56</sup>

Νόημα is a derivative of νοῦς which is also translated ‘mind’ three times though translated thought in the other six occurrences. When looking at the verses where νοῦς and νόημα occur it is difficult to draw any connection to the physical body, since νοῦς would seem to be the intangible cognitive ‘center’ of humans.

Luke uses the word to describe Jesus opening the disciples’ minds to the Scriptures prior to His ascension.<sup>57</sup> John writes for a need to have a “mind with wisdom” in discerning the heads and mountains upon which the ‘woman’ in Revelation sat upon.<sup>58</sup> Most if not all of the remaining instances are used by Paul in his letters. Paul writes of the minds of unbelievers being debased, hardened, blinded and defiled<sup>59</sup>, indicating the moral qualities of their minds. He also writes that our hearts need to be guarded (along with our hearts) and renewed “in the spirit of your minds.”<sup>60</sup> Further he tells us of “serving the law of God with my mind” and singing and praying “with my mind.”<sup>61</sup> νοῦς and νόημα it would seem speak of the mind as the cognitive center of man, capable of good and evil, apparently vulnerable and needing protection that comes from God.

Διάνοια also finds its root in νοῦς. Bauer describes διάνοια as being the organ of understanding and perception, i.e. the mind, as well as a kind of thinking and an “unfavorable sense of imagination.”<sup>62</sup> It is used by Matthew, Mark and Luke in the same parallel passage that we “...shall love the Lord your God with all your *heart* and with all your *soul* and with all our

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<sup>56</sup> Silva 2014, 3:427.

<sup>57</sup> Lk 24:45.

<sup>58</sup> Rv 17:9.

<sup>59</sup> Rom 1:28; 2 Cor 3:14; 4:4; Ti 1:15.

<sup>60</sup> Phil 4:7; Eph 4:23.

<sup>61</sup> Rom 7:25; 1 Cor 14:15

<sup>62</sup> Bauer 1979, 187.

*mind*.”<sup>63</sup> Paul speaks in Ephesians about “...we all once lived in the passions of our flesh, carrying out the desires of the body and the *mind*...” indicating that we all started with debased minds.<sup>64</sup> We are reminded by the writer of Hebrews that the Lord “...will put my [the Lord’s] laws into their *mind*, and write them on their *hearts*,...”<sup>65</sup> indicating that God can influence, even make permanent changes to the mind, and that His law is obeyed with both the *mind* and the *heart*.

In summary, we find our brief examination of the Biblical words associated with the human mind provides some assistance in understanding the nature of man, yet it does not provide a clear, detailed knowledge of relationship between the body and the heart/mind/soul/spirit. What is clear is the body is distinct yet connected to the rest and that the heart, mind, soul and spirit are intimately intertwined together. As humanity is made in the Image of God and our heart, mind, soul and spirit cannot be clearly separated even from our physical bodies (i.e. the brain), it is clear that we must view all endeavors to investigate the nature of what it means to be human from Scripture first and foremost (to provide the only available point of objectivity) and explore the ‘gaps’ of our knowledge from ‘general’ revelation in subjection to Scripture and Biblical Theology.

#### Madness in the Bible

Having looked at what God’s Word has to say about the heart, mind, soul and spirit, we need to consider what His Word has to say about insanity, or as the Bible often describes it, madness.

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<sup>63</sup> Mt 22:37; Mk 12:30; Lk 10:27.

<sup>64</sup> Eph 2:3.

<sup>65</sup> Heb 8:10; 10:16.

In the Old Testament the ESV translates six Hebrew words as mad, madness, etc. These terms occur around 31 times. They are used in contexts that include curses and prophetic words from God, yet these cases of ‘madness’ do not always include use of these words. Therefore, rather than examine these words themselves it may be better to examine representative texts on the matter, whether they include a word for ‘madness’ or not. The first reference encountered is Deuteronomy 28 where the Yahweh is sharing the consequences of not honoring the covenant that Israel is making with Him. Among an extensive list of consequences, madness is listed with blindness and confusion of mind. It is listed such that it may be the result of seeing the other consequences imposed on them. It is not clear that all the Israelites would experience this, nor is it clear that madness is always a punishment. In Zechariah 12:4, Zechariah foretells that God will, in the final days, strike horses with panic and rider with madness of those who oppress Jerusalem.

In 1 Samuel 16:14-17, King Saul is tormented by evil spirit, after the Spirit of the Lord left Saul due to Saul’s disobedience. This tormenting would cycle, seemed often to be relieved by David playing music. While this might seem to be a mental condition, Scripture indicates that a spirit is responsible.

When running from King Saul, David flees to King Achish of Gath. In realizing that he had made a mistake, David behaves as a madman (apparently in a convincing manner). Achish’s response is to send him way. Curiously, Achish seems only to see the madman (David) as an annoyance. There seems to be no moral assumptions associated with David’s ‘condition.’

One last example from the Old Testament is the classic scene when Nebuchadnezzar suffers the consequences of his pride. In Daniel 4:31-34, as a penalty of his pride, Nebuchadnezzar is struck down by God to behave as an animal, and then after a time restored to

his right mind that he might glorify God. Again, we see a mental condition imposed as a punishment, yet nothing to indicate that all such conditions are the result of divine punishment.

Turning to the New Testament, we find four words which relate to madness (or insanity): *μαίνομαι*, *ἐξίστημι*, *παραφρονία* and *σεληνιάζομαι*.

The first word which we translate to ‘madness,’ *μαίνομαι*, means to be out of one’s mind (verb). The noun from this root is *μανία* from which we get our word ‘mania’ in modern psychology. Together these words are used about 5 times in the New Testament. The first occurrence is in reference to Jesus by some of the Jews divided about Him saying “He has a demon, and is insane; why listen to him?”<sup>66</sup> In Acts, Rhoda was accused of being out of her mind when she reported Peter’s presence at the door of the Mary, mother of John Mark.<sup>67</sup> Then Festus accuses Paul of being out of his mind when he shares about the resurrection of Jesus with Festus and King Agrippa.<sup>68</sup> In all of these cases, the cognitive function of the person is drawn into question, yet in none of these cases is the moral aspect of the person ever questioned. None of these cases indicate a moral failure, but rather a dysfunction of the ability to think.

*Ἐξίστημι* is used twice in the sense of mental dysfunction, all other occurrences express amazement and astonishment. Again the soundness of Jesus’ mind is drawn into question, this time by his family during his early ministry as he was teaching to a gathered crowd.<sup>69</sup> The second occurrence of *ἐξίστημι* is used by Paul to conditionally describe his state of mind.<sup>70</sup>

*Παραφρονία* is used once by Peter describing the mental condition of Balaam when his donkey spoke to him.<sup>71</sup> Bauer simply describes this word as madness and insanity in reference to

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<sup>66</sup> Jn 10:20.

<sup>67</sup> Acts 12:15.

<sup>68</sup> Acts 26:24-25.

<sup>69</sup> Mk 3:21.

<sup>70</sup> 2 Cor 5:13.

<sup>71</sup> 2 Pt 2:16.

this occurrence.<sup>72</sup> This is the only reference to madness which could carry a moral inference based on the reference to Balaam's story in the book of Numbers.

Σεληνιάζομαι is Greek verb used only twice in the New Testament whose root is σεληνη, the word for moon. Bauer's short entry states σεληνιάζομαι simply means to be "moon-struck" and in this instance it is connected with the condition of epilepsy, which is how the ESV translates the word.<sup>73</sup> Given the word's connection with the moon we could easily draw the conclusion that it is associated with lunatics and lunacy, yet neither of the two instances in the New Testament indicate any such association. From one of the two occurrences we derive that it appears to be associated with modern epilepsy as indicated.

Both instances occur in Matthew. The first occurrence describes a list of those afflicted whom Jesus healed (of note σεληνιάζομαι is listed separately from those afflicted by demons).<sup>74</sup> The second instance used by a man whose son suffers from seizures and is beseeching Jesus to intercede.<sup>75</sup> Again, the use of this term implies no moral judgment but only the description of one suffering.

In summary there is little evidence that madness (or insanity) in the New Testament is tied to moral failures of the afflicted, though Festus suggests that too much studying and mental effort can lead one to become deranged (a statement that many students would likely agree with). Only once was there an association with demonic activity, which may be one of the detractors of Jesus and does not necessarily make for an authoritative source on the association of the words. While we have few instances from which to draw inferences, we find that those suffering from

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<sup>72</sup> Bauer 1979, 623.

<sup>73</sup> Ibid., 746.

<sup>74</sup> Mt 4:24.

<sup>75</sup> Mt 17:15.

‘madness’ should be treated more like the afflicted and suffering than like those whose hearts are debased and hardened.

### What role does *demonic activity* play?

When the ESV is searched for ‘unclean spirit(s),’ ‘evil spirit(s)’ and ‘demon(s),’<sup>76</sup> we find approximately 145 instances of these terms in the New Testament of which only 11 do not refer to some kind of direct interaction or implied interaction (generally an accusation) between a demon and a person. The three terms are used interchangeably sometimes within the same verse. We are not concerned with every instance, but those that would relate to influence and/or possession of a person, as this could hold critical information in how we should view mental illness/health. Thus, in examining these passages we can make the following general observations:

- 1) Demonic influence or possession is not the cause of every illness, disease or lameness. In listing of such infirmities, demonic influence was listed as simply one of several things listed.<sup>77</sup>
- 2) Manifestations of demonic activity seem to be limited to deafness, muteness, blindness<sup>78</sup>, convulsions<sup>79</sup> and evil, rational (rational in the sense that the demon can converse with Jesus and others) behavior which over powers the afflicted by one or by many demons/spirits.<sup>80</sup>

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<sup>76</sup> References to Satan and ‘the devil’ were generally in reference to the person/entity himself. There were some instances in which Jesus addresses Peter as Satan which is disputable as to the exact meaning of this. There are references to Satan entering Judas. As a fallen angelic being, Satan would exhibit the same qualities as other demons. However as a created being, Satan is not omnipresent. Therefore most references to Satan in reference to regards to believers in general are better understood as representative of all demonic influences. Further discussion on Satan and ‘the devil’ is of little value to our discussion.

<sup>77</sup> Mt 4:24; 8:16; 10:1,8; Mk 1:34; 6:13; Lk 6:18; 7:21; 8:2; 9:1; Acts 8:7; 19:12.

<sup>78</sup> Mt 12:22; Mk 9:25; Lk 11:14.

<sup>79</sup> Lk 9:42.

<sup>80</sup> Mt 8:28ff; Mk 5; Lk 4:33; 8:2,27-39; Acts 19:13.

- 3) Madness only appears to be associated with demonic activity in accusations made against Jesus.<sup>81</sup> In short, madness and demonic activity appear to be distinct afflictions, though they may manifest similarities. Because of this, it will be necessary to seek a means of distinguishing between the two.

One excellent set of ‘diagnostic’ criteria can be found in expanded form in *Strength for His People* by Steven Waterhouse where he suggests the following list:<sup>82</sup>

1. Attraction versus Aversion to Religion [Christ]
2. Irrational Speech versus Rational Speech
  - a. Irrational speech is generally representative of a mental condition.
  - b. ‘Rational’ speech (though not normal) may be representative of demonic influences.
3. Ordinary Learning versus Supernatural Knowledge
4. Normal versus Occultic Phenomena
5. The Claim to be Possessed [Those who generally do not make this claim]
6. The Effects of Therapy
  - a. If responsive to prayer, not likely a medical condition
  - b. Drugs on the other hand are not likely effect on demons

This list is intended as a guideline to assist those caring for the mentally infirmed, not a medically or spiritually diagnostic tool. Often those caring for the afflicted are initially in a confused crisis and the need for assurance in what they are actually dealing with is invaluable. As we wrestled with my wife’s initial behavior and diagnosis, this list proved to be very helpful.

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<sup>81</sup> Jn 8:48.

<sup>82</sup> Waterhouse 1994, 107-112.

## CHAPTER 2

### A BRIEF HISTORICAL PERSPECTIVE ON PSYCHOLOGY

“The fear of the Lord [Yahweh] I the beginning of wisdom,  
And the knowledge of the Holy One is insight.”<sup>1</sup>

In recent decades there has been a tremendous debate about the role and validity of secular Psychology, Psychiatry and Counseling within the Christian community. Opinions range from ‘Levels-of-Explanation’ view (Myers) to ‘Biblical Counseling’ view (Adams).<sup>2</sup> ‘Levels-of-Explanation’ assumes clear boundaries between fields of study, in particular psychology and theology<sup>3</sup>, whereas ‘Biblical Counseling’ maintains that psychology is essentially heathen in origin and practice and that only the Bible can speak to the issues associated with humanity, mentally and spiritually.<sup>4</sup> How we treat and care for those struggling with mental health issues is very much dependent on how we resolve this debate, especially as the Church. As we currently have no clear consensus, it is import to review the foundations of psychology historically to determine a proper path forward to meet our object of glorifying God by ministering to those who are made in His Image and yet are suffering.

#### Pre-Christian Influences

The study of the nature of Man (or Humanity) and soul care has a history which extends even before the Christian era. This precursor to modern empirical psychology extends to the wisdom literature of the Old Testament as well as into the writings of Ancient Greek philosophers such as Aristotle, Plato and Epicurus.<sup>5</sup> The Old Testament wisdom literature is intended largely as instructions in the way to live, therapeutic and concrete in its admonitions,

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<sup>1</sup> Prv 9:10.

<sup>2</sup> Johnson 2010, 29-36. Eric Johnson as general editor moderates a very helpful discussion between five views of the integration of psychology with Christianity ranging from ‘Levels-of-Explanation’ through ‘Biblical Counseling.’

<sup>3</sup> Ibid., 30.

<sup>4</sup> Ibid., 29.

<sup>5</sup> Ibid., 12.

rather than as a systematic study in the nature of humanity. The Greek Philosophers were among the earliest of systematic psychologies, as they reflected on human nature within their philosophies.<sup>6</sup> These two lines of thought, philosophy and theology, were the primary sources of psychology until much later in history, extending through much of the Christian era.

### Christian Era Influences

Following the New Testament era, as the Church was becoming established, two of the most influential Christian thinkers, Augustine and Thomas Aquinas, provided many of the ‘theoretical’ insights for fifteen hundred years.<sup>7</sup> Augustine brought much to the table, the teachings of Plato in conjunction with the Scriptures and the teachings of the early church fathers, he added to the body of knowledge about the nature of what it meant to be human. Aquinas built upon Augustine’s work, integrating Aristotle’s efforts and providing a more systematic framework for thought about the nature of knowledge, memory and other psychological thought.<sup>8</sup> Throughout the Middle Ages, these two lines of thinking from antiquity continued, those who thought along the lines of philosophy inclined towards to seeking to understand the structure which lay inside of humans, and those who sought the development through spiritual insight and a relationship with God.<sup>9</sup> It is of interest that it is the second group who was often moved to action.

Prior to the thirteenth century, smaller bodies of the Church sought to provide comfort to the afflicted, though perhaps not therapeutic treatment as we perceive it today. Between the fourth and sixth centuries, St. Basil of Caesarea, St. Jerome of Bethlehem and St. Benedict of Monte Cassino were among those who established facilities and monasteries, to care for those

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<sup>6</sup> Johnson 2010, 12.

<sup>7</sup> Ibid., 13.

<sup>8</sup> Ibid., 13.

<sup>9</sup> Ibid., 13.

who suffered from mental illnesses.<sup>10</sup> Christians were in the vanguard of those caring for the afflicted, likely motivated by Jesus' words to "...care for the least of these..."<sup>11</sup> In the years that followed, the Church continued to care for the afflicted, including the mentally ill, establishing hospitals and asylums, throughout the Middle Ages and into the Enlightenment. Late in the Middle Ages, governments began to establish 'asylums,' many times not living up to their title as a 'safe haven' and instead becoming places of imprisonment, torment and abuse.<sup>12</sup> This was likely the result of unconcerned oversight and desire to simply remove these 'troublesome' subjects from interfering in the daily life of the community. Still, in the midst of these differing environments, therapeutic treatment was yet to be developed.

The Renaissance and Reformation led to renewed thinking in many scientific disciplines including psychology within the Church. These two movements laid the ground work for the Enlightenment to follow. The two ancient lines of thinking continued, philosophy and theology. It is of note that during the Reformation "writers like Richard Baxter, John Owen, George Herbert, William Law, John Gerhardt, John Wesley, Jonathan Edwards and John Newton developed sophisticated and nuanced understandings of psychospiritual problems—like sin, melancholy, assurance and spiritual desertions—and how to promote spiritual healing and development in Christ."<sup>13</sup> While subjects are being considered as new ideas to be explored empirically today, these men were building on the thoughts and ideas which had been building for centuries, and are largely ignored today. During this period and a little earlier the Renaissance blossomed and philosophy grew as well. The reasoned thoughts of philosophers continued their quest to understand the human essence, including "René Descartes, Giovanni

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<sup>10</sup> Entwistle 2010, 37.

<sup>11</sup> Mt 25:31-46.

<sup>12</sup> Entwistle 2010, 37.

<sup>13</sup> Johnson 2010, 14.

Vico, John Locke, Bishop George Berkeley, Thomas Reid, Bishop Joseph Butler, Gottfried Leibniz and Blaise Pascal—some of these are recognized as figures who influenced the later founding of modern psychology.”<sup>14</sup> It is important to note that all of these gentlemen were Christian believers. As we move forward, this will soon change. The Renaissance and Reformation brought new methods of thinking, which would lead to revolutions in scientific disciplines later during the Enlightenment.

With the Enlightenment, there was a shift in the way humanity thought about governments and the sciences. The mid-seventeenth century brought an “almost simultaneous occurrence of revolts, uprisings, or revolutions in the different parts of Europe”<sup>15</sup> leading eventually to the American and French Revolutions. Within the sciences significant changes were developing as well. This same period saw the efforts of Kepler, Galileo and Newton make profound changes in the way that research in science was pursued. Building on the work of those before them, Galileo being one example, they moved from mathematical theory to application in a physical context and proceeded to test these findings through experimentation within a physical environment.<sup>16</sup> The success of this methodology radically changed the nature and speed of scientific discovery. Over time, these changes would bring what some refer to revolutions in the sciences as the Christian worldview reached ‘critical-mass.’

It should also be noted that these methods were repeatable, meaning that observations made by the initial ‘discoverer’ could be replicated by anyone who wanted to confirm them. As we live in a rational, God ordained creation, this would be expected. However, this also means that reference to God’s ‘Special Revelation’ (The Scriptures) is not needed study His ‘General

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<sup>14</sup> Johnson 2010, 14.

<sup>15</sup> Cohen 1985, 78.

<sup>16</sup> *Ibid.*, 79.

Revelation’ (Creation/Universe). While this did not have a significant impact on development of the physical sciences, the implications of this would have significant impact later on biology, ‘origin sciences,’ social sciences and, of particular interest to us, psychology.

In the midst of these political and scientific revolutions, the eighteenth century and into the twentieth century saw the establishment of institutions dedicated for caring for the afflicted, including the mentally ill, established by people of Christian faith, examples including:

1756	Quakers	Philadelphia, PA	Friends Hospital (dedicated building)
1796	Quakers	York, England	York Retreat for Humane Care of Insane
1817	Quakers	Philadelphia, PA	Friends Asylum
1886	Dutch Ref.	Netherlands	Veldwijk (private Christian asylum)
1910	Dutch Ref.	Grand Rapids, MI	Pine Rest Chr. Mental Health Services
1910	Mennonites	Russia	Bethania Hospital
1932	Mennonites	Ontario, CA	Bethesda Hospital
1945	Mennonites	Paraguay	Hoffnungsheim <sup>17</sup>

Like those Christians of the Middle Ages, these believers sought to carry out their Lord’s command to “...care for the least of these...” putting hands and feet to the convictions and thought to developing a theology of pastoral care and models seeking to understand the suffering of the mental ill. Yet none of these included empirical observations and convictions would come in conflict with modern thought, the church would later have difficulty integrating with the emergence of scientific psychology at the turn of the twentieth century.<sup>18</sup>

It is difficult to comprehend and communicate all that was occurring during the Enlightenment and the years that followed, bringing to mind the snippet from the prophecy given to Daniel “Many shall run to and fro, and knowledge shall increase.”<sup>19</sup> Philosophy, like Science was a discipline experiencing growth and laying the ground work for the change about to occur in psychological thought. In the early 1800’s, Søren Kierkegaard, a Christian Danish

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<sup>17</sup> Entwistle 2010, 38.

<sup>18</sup> Ibid., 40.

<sup>19</sup> Dn 12:4.

philosopher, wrote about psychology, the nature of man, the unconscious state and belief in profound ways that influenced many in the years to come and into the present; so profound was his influence that Eric Johnson, professor of Pastoral Care at Southern Baptist Theological Seminary, considers Kierkegaard as “the only Christian thinker who can be considered a father of a major modern approach to psychological theory and therapy—existential psychology...”<sup>20</sup> Yet Kierkegaard’s contributions had a greater impact than simply adding to the philosophy of psychology. Francis Schaeffer shares about Kierkegaard’s contribution of existentialism: “...Kierkegaardianism did bring to full tide the notion that reason will always lead to pessimism. That is, one must try to find optimistic answers in regard to meaning and values on an ‘upper level’ outside of reason. Through a ‘leap of faith’ one must try to find meaning without reason.”<sup>21</sup> Kierkegaard’s ‘leap of faith’ created a philosophical separation of faith from reason which has wide-ranging, enduring impact theologically, philosophically and within the social sciences, including psychology. In theory, theological thought was no longer needed to help make sense of the world, and meaning was as simply a matter of faith. This dichotomy led to the separation of faith from scientific endeavors, as science was relegated to only what could be observed and measured and ‘positively’ known, this became known as ‘positivism’ or ‘logical positivism.’ In this environment, the revolution of psychology began.

#### Modern/Freudian Revolution in Psychology

As the psychological revolution began, Wilhelm Wundt began in 1879 established a laboratory in Leipzig, Germany to measure, using empirical methods, various physiological responses of the human mind associated with perception, various thinking processes, etc.<sup>22</sup>

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<sup>20</sup> Johnson 2010, 15.

<sup>21</sup> Schaeffer 1976, 163.

<sup>22</sup> Entwistle 2010, 40.

Wundt helped to establish psychology as an experimental endeavor,<sup>23</sup> though the more significant changes would come through Sigmund Freud and his controversial methods. This shift in psychology to an empirical methodology also led to "...biblical study and philosophical reflection were systematically excluded as sources of knowledge about human nature..."<sup>24</sup>

Entwistle shares "As psychology moved from psychophysics to psychopathology, it seemingly encroached on theology's domain, the soul."<sup>25</sup> Suddenly, the Church and pastors would begin to be marginalized as secular psychological counseling becomes mainstream with the apparent backing of empirical science.

The revolution which was sparked by Sigmund Freud (1856-1939) in this volatile environment had sudden and vast repercussions. Freud, an atheistic Jew, developed a counseling method known as 'psychoanalysis' which, as Cohen describes, "aroused a continued stream of hostile criticism, from philosophers or scientists concerned with methods to prudish men and women who cannot abide Freud's open discussions of sexual matter."<sup>26</sup> These concerns have continued to be voiced throughout the years that have followed, even with Freud long dead. Cohen also states that this revolution "...differs from all other revolutions in science ... in that the central core of the science was created almost entirely by a single individual, Sigmund Freud."; so much so that some charge it resembles a faith or religion rather than a science.<sup>27</sup> At issue in particular are Freud's theories and methods addressing the unconscious aspects of the person. In pressing into this area, a godless Freud addresses issues which the Scriptures, the Church and theology had long concerned themselves.

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<sup>23</sup> Entwistle 2010, 40.

<sup>24</sup> Johnson 2010, 19.

<sup>25</sup> Entwistle 2010, 42.

<sup>26</sup> Cohen 1985, 352-53.

<sup>27</sup> Ibid., 353.

Freud was also concerned with extending the work of Darwin, expressing:

the third and most wounding blow [to] human megalomania [comes] from the psychological research of the present time, which seeks to prove to the ego that it is not even master in its own house, but must content itself with the scanty information of what is going on unconsciously in its mind.<sup>28</sup>

Intentionally or not, Freud is setting his theories and methods against the commonly held theology of his day. Yet Freud's methods are not measurable in an empirical sense, but records and reflections of the thoughts that people subjectively shared. It is also interesting to note that Freud did not convert the established professionals of his day, instead his influence was upon the young and less-conservative who later become practitioners of his psychoanalysis methods.<sup>29</sup>

In the midst of the introduction of Freud's psychological determinism, Darwinian thought established other footholds in psychology, including B. F. Skinner (1904-1990) who is known his work in behavioral determinism and Francis Crick (1916-2004) who is associated with genetic determinism.<sup>30</sup> These were all the result of the reductionist thinking of logical positivism tied with Darwinian assumptions. The end result led the thinking of humans as little more than meaningless machines. Meaning for humanity could no longer be found in history or the reality of the world around us.

In the years that followed, until about the 1950s, a void was left by the Church which clinical psychology filled, a void that was filled with without reference to Scripture or its God; that void was the soul care of people.<sup>31</sup> Gradually, the Roman Catholic Church and more liberal Protestant churches began to accept modern psychological methods.<sup>32</sup> While these churches were

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<sup>28</sup> Freud, quoted in Cohen 1985, 362.

<sup>29</sup> Cohen 1985, 357.

<sup>30</sup> Schaeffer 1976, 228.

<sup>31</sup> Johnson 2010, 20.

<sup>32</sup> *Ibid.*, 25.

seeking to influence the field, it was largely a one-way relationship, often resulting in modern psychology having more influence than the Scriptures.<sup>33</sup>

During the 1960s, logical positivism was found lacking in its comprehensive empiricism, especially in regards to the study of psychology, resulting in a “partial correction”<sup>34</sup> of limiting particularly clinic practices to deterministic methods. This created an opening for conservative Protestants to begin a dialog with clinical psychology. To this date, this dialog has also been “largely one-directional” with the Church receiving much influence from modern psychology, while contributions by the Christians being very limited, and even resisted by the establishment of modern psychology.<sup>35</sup>

Psychology has a “‘long past,’ of course, belongs to Christianity; whereas the ‘short history’ belongs to late modernism.”<sup>36</sup> Much of that Christian past is a rich heritage of believers seeking to be Jesus’ hand and feet, “...care for the least of these...” Our final example of this occurred in Germany. In 1867 a community called Bethel was begun “as a Christian community for people with epilepsy, but by 1900 included several facilities that cared for 1,600 disabled persons.”<sup>37</sup> By 1933 it had grown to include “a whole town with schools, churches, farms, factories, shops and housing for nurses.”<sup>38</sup> All of this out of the loving concern of Christian believers for those who were afflicted, faith lived out. Yet, in 1933, six years before Freud’s death, “the anti-gospel of Hitler was moving the legal murder of these people, who like the Jews, were categorized as unfit”, as “useless eaters” and “life unworthy of life.”<sup>39</sup> The “anti-gospel of Hitler” is the logical conclusion of Darwinism and logical positivism. The point here is without

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<sup>33</sup> Johnson 2010, 25.

<sup>34</sup> Ibid., 18.

<sup>35</sup> Ibid., 24.

<sup>36</sup> Ibid., 22.

<sup>37</sup> Metaxas 2010,184.

<sup>38</sup> Ibid.,184.

<sup>39</sup> Ibid.,184.

understanding that Man is made in God's Image, no human has value. How we approach the study of the nature of humans and of the human mind is of the utmost importance. As we lean forward to learn about the possible physical causes of mental illness, let us remember that humans have value because God has declared we are made in His Image, that He loves us, and He has declared us worthy of His Son.

## CHAPTER 3

### A CURSORY PHYSIOLOGICAL PERSPECTIVE

For you formed my inward parts;  
you knitted me together in my mother's womb.  
I praise you, for I am fearfully and wonderfully made.  
Wonderful are your works; my soul knows it very well.<sup>1</sup>

Mental health is seldom discussed and often taken for granted. When we and those around us are well, there is little if any reason to discuss the subject, and it generally falls into the realm of the theoretical, or the realm of philosophy, as far as it concerns the everyday man or woman. Yet when someone near wrestles with depression, anxiety, psychosis or even schizophrenia, the stakes suddenly become enormous and overwhelming. And because the symptoms are emotional, mental and behavioral, many question whether they are truly have physiological sources. Even among the most educated there are those who will ignorantly expect that one who struggles with these conditions to simply will it away, just have more faith, or pray it away.

This chapter comes in the midst of a manic-depressive, schizoaffective episode for my wife. Our goal this week is simply to keep her healthy enough to stay out of the psychiatric ward and restored back to a point where she can manage her condition again. My role is to support her as she faces the thoughts and fears that are very real to her regardless of how different reality appears to the rest of us. Over time she has learned to manage her condition very well, better than most, well enough most people cannot really comprehend what she struggles with every day. Yet the stressors have gotten the best of her this time. Our daughter is in Laos on a mission trip, we are dealing with significant changes in our lives, both physiological and vocational. And

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<sup>1</sup> Ps 139:13–14.

for many with mental health issues, the change to and from Daylight Saving Time can cause major issues. Whether they are real for anyone else, these issues, fears and conditions are *very real* for us.<sup>2</sup>

## Introduction

From our previous study, we have seen that the Scriptures draw little connection between mental illness and sin, though God had used mental illness in at least one case as a punishment for pride.<sup>3</sup> It would seem that mental illness could be seen from a theological perspective as one would leprosy, diabetes or other physical ailments, as results of living in a fallen world though not necessarily the direct result of a specific sin.<sup>4</sup> We are all well aware that a traumatic blow to the brain or a stroke can cause not only death but a host of mental issues affecting the ability to walk, communicate or even control one's emotions. In fact, those struggling with diabetes face some of these issues intermittently as they experience significant drops in blood sugar. Therefore, it would benefit us to examine what we currently understand in regards to the causes and extent of mental illness from a physiological stand point, and to seek to understand what the limits of physiological causes.

Determining physical correlations between the brain and mental illness has not been a simple task. The brain, being the apparent source of cognition for the human mind, takes offense at being tampered with directly, further most patients don't take kindly to having their skull opened. As a result, diagnoses are generally made from symptoms exhibited. Some diagnoses can only be made postmortem such as Alzheimer's (though not technically a mental illness).<sup>5</sup>

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<sup>2</sup> I share these details that my readers might have a greater sense of the personal nature all these struggles are for those struggling with any of the disorders discussed.

<sup>3</sup> Dn 4.

<sup>4</sup> See Jn 9:1-7, where Jesus the question of sin in the case of this blind man.

<sup>5</sup> Stanford 2008, 48.

Only in recent decades has it been possible to make non-invasive observations through the use of brain scanning equipment such as PET scans or fMRI imaging with patients, and that generally at great expense, which the afflicted often do not have available (provided they would submit themselves to testing).

As we consider the physiological causes of mental illness, the question is raised “If these behaviors are labeled disorders does that mean they are no longer sins?” Often a knee jerk reaction to this question is to assume the labeling of disorders is a liberal attempt to discredit God, implying that God didn’t know that sinful behavior might be the result of physiological influences. Matthew S. Stanford, a professor of psychology, neuroscience and biomedical studies, shares the following perspective:

In the context of medicine, a disorder is a condition in which there is a disturbance of normal functioning. To be disordered is to be broken, thrown into a state of disarray or confusion. In no way does labeling a behavior as disordered cause one to assume that the behavior is normal or accepted.

In fact, just the opposite is true:

**disordered behavior is abnormal and implies the need for change.<sup>6</sup>**

Stanford goes on to share how in using both labels, ‘sin’ and ‘disorder,’ we are better equipped to address issues as needed to help those afflicted, through observing the behavior from multiple perspectives.<sup>7</sup> The behavior may not always involve sin, yet when it does we must still address it as such.

### Selected Conditions

Describing the physiological causes of mental illness with meaningful organization is challenging. Mental illness has numerous manifestations, causes and treatments. This subject ranges widely from schizophrenia to eating disorders, multiple personalities to substance abuse,

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<sup>6</sup> Stanford 2010, 112. Emphasis added.

<sup>7</sup> Ibid., 113.

PTSD to sexuality issues. For the sake of simplification and brevity, we will examine a small selection of conditions, schizophrenia and mood disorders, and touch briefly on the biology of sin to discuss the moral implications.<sup>8</sup> This is intended in no way to minimize the conditions which are not addressed, yet rather by looking at the few we hope to gain a sense of the issues surrounding the many related conditions. Our goal continues to be discovering how we can better minister to and love those who are afflicted. (What follows is merely informational and is not intended to be diagnostic in any way. Questions and concerns should be directed to health care professions.)

Schizophrenia is probably the most common, stereo-typical image our society has of those with mental health issues. Unfortunately, motion pictures often stereo-type those suffering from schizophrenia as dangerous raving lunatics, perhaps with murderous intent. However, this is generally not the case. Instead we find that many of these individuals suffer from a variety of symptoms including: “hallucinations, delusions, grossly disorganized [disconnected] behavior, decline in speech, altered emotions, lack of motivation ...disorganized thinking, difficulty staying focused, poor memory.”<sup>9</sup> Those suffering from schizophrenia may be paranoid, disorganized or catatonic depending on the set of symptoms they exhibit and other conditions such as bipolar and depression may be present as well.<sup>10</sup> These descriptions are very cold and dull compared to the vibrant ‘color’ of how these symptoms manifest themselves in the life of the afflicted. Paranoid hallucinations may include fear for self or/and family members are in danger from unknown (or perhaps presumably known) agents. To ‘normal’ people this would seem absurd except in movies and novels, yet how would we respond if we were utterly

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<sup>8</sup> For the sake of additional simplification, treatments for these conditions will be ignored as they are beyond the scope of this work.

<sup>9</sup> Stanford 2008, 85.

<sup>10</sup> Ibid., 85.

convinced these things were true. These symptoms seriously impede the afflicted's ability to interact with our 'reality' when their 'reality' doesn't coincide with ours. The result is suffering on the part of the afflicted and those who love them.

With this scant description in mind, let us consider what we know of the nature of this condition. The causes of schizophrenia are complex and not entirely clear, with a number of environmental factors ranging to prenatal conditions to urban births to winter time births to family history.<sup>11</sup> While the causes are not clear, the effects of schizophrenia on the brain has become clearer as the non-invasive technology such as PET scanning and fMRI imaging utilized. Such evidence has shown that those with schizophrenia display a decreased number and density of brain cells and greater fluid cavities compared to those who do not exhibit symptoms, and postmortem examinations have exposed differences on the microscopic level as well.<sup>12</sup> Further, it has been found that certain drugs affecting dopamine (a brain chemical affecting neurotransmitters) can be used to reduce psychotic symptoms in patients.<sup>13</sup> While not a direct indicator, this chemical evidence in conjunction with the brain imaging, implies a physical causation of the condition. This physical evidence clearly indicates that there is a physiological causes for schizophrenia, though our current knowledge is limited on the exact nature of the causes and mechanisms involved.<sup>14</sup> The body, in this case the brain, has a profound impact upon the proper function of the mind in those suffering from schizophrenia.

While schizophrenia is among the most recognized mental disorders in our society (with reluctant thanks to the media), mood disorders are very prevalent, and yet are more often

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<sup>11</sup> Stanford 2008, 86.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid., 87.

<sup>14</sup> This is not so much a statement about the uncertainty of the nature of the condition as it is about the state of our knowledge; our knowledge is simply limited and finite.

stigmatized and less recognized for the disorder they are. In fact according to Kessler’s research estimates indicate that as much as 20% of the population experiences mood disorders at some point in their life time, 29% anxiety disorder, and any disorder with as much as 46% of the general population.<sup>15</sup> With such prevalence within the population, it would be reasonable to assume nearly everyone in the church today comes in contact with some suffering from such disorders. Mood disorders range from major depression to bipolar mania with possible psychosis.<sup>16</sup> Major depression should be distinguished from episodic or reactive depression which is generally the result of circumstances such as the death of a loved one, sudden job loss, traumatic experience, etc. Major depression on the other hand presents multiple occurrences of chronic mood changes which inhibit one’s ability to function in everyday affairs, often spontaneously without reasonable environmental cause, though environmental causes can be triggers.<sup>17</sup> Bipolar can exhibit aspects of major depression but often includes additional symptoms including mania when the patient rides a high, being greatly agitated, feeling on top of the world, filled with boundless energy and grandiose thoughts, possibly pushing into psychosis losing contact with reality.<sup>18</sup> Those wrestling with bipolar can potentially cycle between extreme highs and lows (depression) with days or even hours. Mania/psychosis can even occur in conjunction with depression (these are particularly dangerous periods for the one afflicted). Peter Whybrow, a M.D. specializing in mood disorders, shares in his book *A Mood Apart* “Many paths of pleasure in the brain employ dopamine messengers [chemical messengers in the brain] in their reinforcement...Many addictive drugs, likewise, alter dopamine in the brain and stimulate this

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<sup>15</sup> Kessler et al., 593–602.

<sup>16</sup> Stanford 2008, 58.

<sup>17</sup> *Ibid.*, 58.

<sup>18</sup> *Ibid.*

reward system, sometimes producing manic-like behavior.”<sup>19</sup> Like the highs experienced by drug addicts, the mania experienced by patients with bipolar can be an extremely pleasurable high, and *some* use illicit drugs to self-medicate for this reason when experiencing the lows often following the highs. Since new technologies became available in the 1950s, research has been drawing an increasingly clear connection in regards to chemical changes occurring within the brain and the emotional/cognitive effects experienced by those with mood disorders.<sup>20</sup> Although less specific, Magnetic Resonance Imaging (MRI) has indicated structure differences exist between those wrestling with bipolar (mood disorders) and those without.<sup>21</sup> While we have growing evidence of a physiological causation of mood disorders such as depression and bipolar, we still lack medical testing with which to make definitive diagnoses. Therefore, we are largely left with making diagnoses and giving treatment via evaluation of symptoms, which may leave patients frustrated and feeling like Guinea pigs as their unique combination of medications is determined via trial and error.<sup>22</sup>

At present, we lack a clear understanding of the causation of mood disorders, though we can see or infer the physiological effects on the brain. It is believed that a combination of genetic, environmental and psychological factors all have a role in determining the nature, onset and severity of mood disorders.<sup>23</sup> Environmental and psychological factors may include family environment, physical or sexual abuse, poor diet and/or consistently negative thinking.<sup>24</sup> Of additional interest are the effects of hormonal changes in women postpartum, as those who have a family history or prior personal history with bipolar are at significant risk (200-300% greater

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<sup>19</sup> Whybrow 1997, 213. Information in brackets added.

<sup>20</sup> Whybrow 1997, 206-207.

<sup>21</sup> Strakowski, MD et al., 254-260.

<sup>22</sup> Medical diagnosis is often made this way for a variety of common illnesses, for instance when a medication is less expensive than the testing (if available), and there are no negative deterrents from prescribing the medication.

<sup>23</sup> Stanford 2008, 60.

<sup>24</sup> Ibid.

than those without) of experiencing mania after giving birth.<sup>25</sup> Whybrow explains through the case of one of his patients, ‘Melanie,’ as follows: “For the individual neurons in Melanie’s brain, the physiological challenge that confronted them was similar to that facing an addict who, having adapted to nine months of escalating use of a stimulant [hormones], is forced to kick the habit ‘cold turkey.’”<sup>26</sup>

While there are numerous other disorders or conditions, in the few we have examined as representative we find that there seems to be physiological conditions present detectable via brain scans, though at present we are not able to definitively diagnosis using such means. We have also seen that chemical processes in the brain are often connected with the symptomatic problems experienced by those suffering from the conditions. Additionally, we have found that environmental factors can play a significant role, particularly as triggers. Environmental factors may include traumatic experiences so severe that brain chemistry is changed in an attempt to compensate with the stress involved, leading to conditions such as PTSD and dissociative disorders. Given the complexities of these conditions related to brain/mind function, it is necessary to use a variety of treatments. Review of treatments for these conditions described by Stanford in *Grace for the Afflicted* reveals some common threads.<sup>27</sup> Treatment for all these conditions always entail some form of therapy such as psychotherapy, cognitive behavior therapy or behavior modification, or some combination of the above. All of these conditions have medications associated with their treatment, in some cases such as schizophrenia requiring lifelong usage. With almost all of these medications there are noticeable, even significant, side-

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<sup>25</sup> Whybrow 1997, 201.

<sup>26</sup> Whybrow 1997, 212. Information in brackets added.

<sup>27</sup> Stanford addresses mood disorders (depression and bipolar), anxiety disorders (PSTD), schizophrenia, dissociative disorders, eating disorders, AD/HD, substance abuse and borderline personality disorders.

effects which must be managed as well. The necessity of hospitalization is a very real possibility with any of these conditions, with the possible exception of ADHD related disorders.

The only treatment which was not common to all disorders is electroconvulsive therapy (ECT). Whybrow introduces ECT stating: ECT “is a valuable medical procedure used by both the cardiologist and the psychiatrist, and it can be an important intervention prior to starting stabilizing treatment.”<sup>28</sup> Whybrow goes on to explain that just as the heart may establish an unhealthy rhythm, called fibrillation, as during a heart attack, the brain can do the same. And just as the heart needs to be ‘defibrillated,’ the brain can sometimes benefit from the same treatment, as both are electrically driven organs.<sup>29</sup> ECT is an option in the treatment of schizophrenia and mood disorders, often with very positive results.<sup>30</sup> While ECT continues to suffer from a poor reputation from early application and media stereo-typing, it has become a much more humane treatment, less disturbing today when used in conjunction with anesthetics to calm muscle reactions during the procedure.<sup>31</sup>

### The Biology of Sin: Implications

As mental health issues involve thoughts and emotions, which often lead to actions, it would be beneficial to address the issue of how to address the boundary of behavioral responsibilities of the afflicted. Stanford as a neurologist has studied the biological issues surrounding *rage* and has researched and written on other sinful behaviors which may have biological influences.<sup>32</sup> Earlier Stanford was referenced as indicating that to label a condition

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<sup>28</sup> Whybrow 1997, 215.

<sup>29</sup> Ibid., 215-16.

<sup>30</sup> Ibid., 216. Stanford 2008, 63.

<sup>31</sup> Ibid., 217. Whybrow records a description of Melanie’s recovery follow as series of such treatments.

<sup>32</sup> See Stanford 2010, *The Biology of Sin: Grace, Hope and Healing for Those Who Feel Trapped*. Other sins with possible biological issues include, though are not limited to, lust/adultery, lying, stealing addiction, and homosexuality.

medically as a disorder does *not* remove the validity of labelling the behavior as a sin.<sup>33</sup> By recognizing both terms, the afflicted can receive assistance from both the medical establishment and the church to overcome the sin/disorder. In midst of all of this we should recognize from observations in science that we are so to speak hardwired for sin, though each in unique ways. For instance, should an individual with schizophrenia or rage issues have murderous thoughts as a result of his disorder, and acts on these thoughts, he is still a murderer, a sinner. While his murderous thoughts are certainly a spiritual issue as well, it would be wrong to prevent him access from medication which could help to alleviate these troubling, even painful, thoughts. This is an extreme example, yet there are similar implications for all mental health disorders, and the afflicted deserve assistance not only from the medical establishment but encouraging discipleship from the Church as well.

Treating mental health disorders can be complex and intense. Most often professional medical help is needed, though those afflicted and those around them often think they can deal with it themselves, either through will power or adjusting their lives, not realizing that the problem lies deeper, often having a physiological component, and perhaps emotional issues from the past feeding the problem that need to be addressed by professional assistance. While procedures and medication need to be left to healthcare providers, those near to the afflicted, loved ones, church members and pastors can *encourage*, and *perhaps assist* (with appropriate education/awareness), with psychotherapies and counseling. Whybrow shares, “Even in madness we are each entitled to civility and an honest introduction from those who offer their healing prescriptions.”<sup>34</sup> He goes on to say “Small miracles, even with the powerful medications now available, continue to draw upon old-fashioned trust, and the first step necessary in any healing

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<sup>33</sup> Stanford 2010, 213.

<sup>34</sup> Whybrow 1997, 204.

relationship is a genuine alliance between doctor and patient—built by proxy, if necessary, upon some secure attachment that already exists.”<sup>35</sup> These sentiments are an echoing, reoccurring theme within modern psychological integration literature. Whether medical doctor or therapist, relationship is crucial to recovery and wholeness. While Whybrow speaks of the doctor-patient relationship, much more could be said for the day-to-day support of family and members of the body of Christ encourage, bless and strengthen those struggling with these afflictions. Civility and *acceptance* make a tremendous impact with all people, even more so with those who feel that their condition separates them from everyone else. Those afflicted with mental health disorders are among the “least of these” that Jesus has called us to reach out to and serve as His disciples.

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<sup>35</sup> Ibid., 204.

## CHAPTER 4

### WHERE DOES THIS LEAVE US?

...what is man that you are mindful of him,  
and the son of man that you care for him?<sup>1</sup>

Once I asked him to explain to me, so that I could understand it, why spin-1/2 particles obey Fermi-Dirac statistics. Gauging his audience perfectly, he said, 'I'll prepare a freshman lecture on it.' But a few days later he came to me and said: 'You know, I couldn't do it. I couldn't reduce it to the freshman level. That means we really don't understand it.'<sup>2</sup>

Academically, my first love was physics, classical, Newtonian physics. It was clean, clear-cut and relatively simple compared to other aspects of life for a socially awkward young man entering college, unsure of himself, yet confident of the universe around him. The universe was orderly and rational. As I moved more deeply into the realm of physics, I found that Newton's laws were simply the surface of the vast ocean of the field. In fact, our quantum physics professor referred to quantum physics as the 'black magic' of our field. He was not being superstitious, though he was trying to drive home just how much we don't understand about the universe. Quantum physics continues to remain mysterious and when Richard Feynman, a renowned quantum physicist, died in 1989, the quote above was shared in a *Physics Today* tribute and remained with me as I moved from physics into philosophy and theology. I appreciated Dr. Feynman's honesty, that if we cannot reduce a topic to a freshman seminar, we really don't understand the topic yet. However, our lack of understanding about a subject does not change the reality of the world around us. Reflecting on this, I wonder if our understanding of quantum physics is not more certain than our understanding of nature of humanity.

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<sup>1</sup> Ps 8:4.

<sup>2</sup> David L. Goodstein. "Richard P. Feynman, Teacher," *Physics Today* 42, no. 2 (1989): 75. Goodstein sharing Feynman's response for an explanation relating to a concept in quantum dynamics.

What does it mean to be human? What does it mean to be made in the Image of God? Men and women, philosophers and theologians, kings, peasants and shepherds have pondered these questions for millennia and none have found an answer which satisfies universally. To the list of those pondering these questions we now add psychologists, psychiatrists, neurologists and more. Are we to trust science with its empirical evidence yet ever changing theories? Shall we turn to atheistic philosophers who have travelled a path that seems to lead to life without meaning? Should we turn to one of the religions of the world, or simply make up one of our own? We somehow seem to have become like Dr. Feynman seeking to develop a freshman seminar on what it means to be human, only to find that we really don't know.

We frequently make the Bible, Christianity and Theology out to be more complicated than necessary, and likely intended. God used shepherds, fisherman, tax collectors and priest to write various portions of it. Granted, God is the author, yet it was written for the contemporaries of these authors, with the intent that it could be understood by all, at least to the best of their ability. While we may be able to use advanced scholarly techniques to gain a better understanding, even the simple can have a relationship with God and His Word. Therefore one would think even the simple should be able should come to a basic understanding of what it means to be human from God's Word. Yet we also recognize that God's Special Revelation speaks only in limited terms about the His General Revelation. The study of His General Revelation is perhaps best described in Proverbs: "It is the glory of God to conceal things, but the glory of kings is to search things out."<sup>3</sup> With these basic assumptions we will proceed with a Christian worldview in an attempt to address the question of what it means to be human and how

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<sup>3</sup> Prv 25:2.

are we to integrate what we know from Scripture with what has been learned from the study of the physical nature of humans.

### Defining Human Nature

We began our journey investigating God's word concerning the human mind, heart, soul and spirit. As we continued our journey we visited the history of how the mentally ill were treated and how we investigated human nature, and most recently acquainting ourselves with physiological descriptions and treatment of mental illness. With humility and respect, we attempt to integrate this information and try to understand human nature better.

In regards to *orthodoxy (right teaching)*, we recognize that God's Word is the final authority to the issues about which it speaks, specifically, God's working in Creation, interaction with Humanity, providing Salvation and Restoration for Humanity's fallen state and addressing the return of Jesus and the restoration (re-creation) of the Heavens and Creation. While we may wrestle with various interpretations, we still recognize God's Word as the Special Revelation delivered to humanity to address these concerns. An additional challenge comes as we consider the relationship between Special Revelation and the General Revelation of Creation.

From a point of *orthopraxy (right practice or doing)*, we all understand and have a sense that the Bible does not speak to all things in God's Creation. For instance, Scripture does not speak directly about nuclear science, quantum physics or smartphones. While God's Special Revelation does speak about many aspects of God's General Revelation in Genesis 1-11, the specifics of these fields of study are not addressed. It is left for us to "search things out." For fields such as Physics this seems rather straight forward as there are few moral or ethical implications from the results of empirical study of the rules of the universe. We might disagree with some interpretations outside the reproducible results, but the rules seldom have direct

implications in regards to Special Revelation.<sup>4</sup> However, as we focus our investigation on the nature of humanity, both Special Revelation *and* General Revelation play a role in our understanding. This has produced *the* point of conflict for many in the Church with the field of psychological studies, particularly with those founded upon atheism; this also is *the* point of conflict for many that are atheistic and empirical members of the psychology community with the Church. Christian psychologist David Entwistle recognizes this when he shares: “Yet we must hasten to add that what we see through theological and psychological viewpoints will be shaped by the assumptions that we make at the outset. *Psychology, for the Christian, is infused with theological beliefs about our place in God’s world.*”<sup>5</sup> Conversely, this statement is true for the atheist or agnostic, though it is likely to go unrecognized or ignored. As Christians we need to recognize that this is the crux of the matter, understanding how we should study the nature of humanity, and where the jurisdiction for study and authority lies.

We need to recall that Scripture does not give us detailed, empirical evidence about the various aspects of being human, it does indicate that these aspects, *body*, *soul*<sup>6</sup> and *spirit* are so closely intertwined it is difficult for us to separate them. We might benefit by considering the *mind* as the *interface* (point of interaction) between *body* and *soul*, and the *soul* as being the interface between *mind* and *spirit*. These aspects of the human nature are so intertwined that it should require consideration of their interaction as we seek to counsel or treat the afflicted.

We must remember that the essence of our humanity is being made in the Image of God. Therefore our Biblical worldview must impact and direct how we treat people and study the

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<sup>4</sup> Interpretations about cosmology do have implications. However, cosmology or the science of origins is largely a theoretical field addressing speculation about scientific *history*. Worthy of study, yet should be distinguished from empirical science.

<sup>5</sup> Entwistle 2010, 3. Emphasis added.

<sup>6</sup> For our purposes, *Soul* here represents *soul*, *heart* and *mind*.

afflictions from which they suffer. Lawrence Crabb shares that “For the Christian who believes in a fully authoritative Bible, no psychology can claim to be Christian which directly or indirectly denies to the Scripture the role of final arbiter.”<sup>7</sup> Yet, because we have a physical body, about which the Scriptures do not give us empirical testimony, we:

...should not deny an important role to the scientific study of empirical data in our search for truth and we should freely and non-defensively acknowledge that for some questions the revelation of God in nature provides data far more relevant than the revelation of God in Scripture.<sup>8</sup>

Our challenge is finding the proper balance and recognizing where proper authority lies in treatment and research. Understanding there are limits to our understanding physiologically, we can take physiological findings and properly apply them. When findings are ‘made’ which are out of line with Scripture, questionable empirically or not reproducible, we need to set these finding aside. Yet, in the midst of this we must also remember that what happens to the *body* impacts the *mind/soul* which in turn may have spiritual implications, and the individual will likely need assistance through Biblical counsel as well as medical treatment or therapy.

As we seek to treat and help people through their afflictions we need to have a goal in mind. Within Scriptures we have found answers about the nature of humanity, and we can find humanity’s purpose and aim. Our initial purpose is defined during our creation event, being God’s representative (in his likeness) and being responsible for the care of what God had created.<sup>9</sup> We see additional purpose given as Jesus responds to the question about which of the commandments is greatest:

<sup>29</sup> Jesus answered, “The most important is,  
‘Hear, O Israel: The Lord our God, the Lord is one.

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<sup>7</sup> Crabb, 305.

<sup>8</sup> Ibid., 306.

<sup>9</sup> See Gn 1:28, 2:15, and Grudem 1994, 443. Grudem shares that the meaning of the Hebrew word for *image* refers to *likeness* and *representation*, stating that Gn 1:26 “would have meant to the original readers, ‘Let us make man to be *like* us and to *represent* us.’”

<sup>30</sup> And you shall **love** the Lord your God with all your **heart**  
and with all your **soul** and with all your **mind** and with all your **strength**.  
The second is this: You shall love your neighbor as yourself.’  
There is no other commandment greater than these.”<sup>10</sup>

Our ultimate purpose is to utterly and wholly love our God and to love our neighbor.<sup>11</sup> Jesus is our archetype in this, He is our perfect model of humanity which we are to imitate and follow.<sup>12</sup>

The practical implications of the triune nature of humanity are two-fold. The first being more obvious physiological nature. We have clearly shown that mental health concerns can be, and often are, tied to physiological influences and possibly causation. When this is the case by best diagnosis, medical treatment should be sought that is in line with the condition from trained professionals. The body needs to be cared for, including the brain, as best we understand it at the present time. We also need to remember that physiology is science; additional evidence accumulates, theories and treatments change over time. Should there be conflict between a treatment and Scripture, Scripture should prevail. However, treatment should be sought as best can be provided for the time. An addition to treatment, some form of therapy will likely prove beneficial as well, because of the interwoven aspects of the brain with the mind/soul.

Therapy is the more controversial aspect of mental healthcare. We remind ourselves of Entwistle comment: “As psychology moved from psychophysics to psychopathology, it seemingly encroached on theology’s domain, the soul.”<sup>13</sup> Mental therapy is an attempt to assist an individual to manipulate, so to speak, their mind, their soul, in order that the afflicted person will reach a better condition mentally. This domain rightly belongs to the Church, the Body of Christ, yet somewhere in the past we seem to have sold our birthright and know we are left

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<sup>10</sup> Mk 12:29–31. Emphasis added.

<sup>11</sup> Our neighbor is also made in God’s Image, which is likely the reason for we are to love our neighbor. We are given no injunction to love any other part of Creation.

<sup>12</sup> Phil 2:1-11.

<sup>13</sup> Entwistle 2010, 42.

trying to catch up with the influence of secular, modern psychotherapy. This is not to say that psychotherapy has not made positive developments, however these positive developments are rightly found in General Revelation and likely will be confirmed in Scripture. Such research as is done on forgiveness and anger have been done and proper credit should be given to those who performed said research. Yet there are therapies which are found only in theory and philosophy, without foundation and oppose Scripture. Sorting these out for proper use is one of the challenges we face today, and the afflicted are seldom in a position to sort these issues out in the midst of their struggle. When possible, knowledgeable, trained Christian counseling should be sought to help wrestle these issues out.

There is a third implication which we have set aside: “What about the spirit?” By and large the secular establishment has ignored or denied the need to address spiritual issues, though there is a growing need to accommodate spiritual beliefs, which is further evidence that therapy is actually soul care. Again Christian counsel should be sought from pastors and Christian counselors. This question about the spirit though leads to a more important question.

#### Implications for Salvation

The issue we have yet to address about the spirit is: “How does being afflicted with a mental illness effect the salvation of an afflicted individual?” This issue is often an especially troubling issue for the afflicted and those who love and care for them. Unfortunately, Scripture does not address this issue directly, so we lack a clear black and white answer. We can, however, take principles found in Scripture and make some assumptions, though the topic is somewhat speculative.

Because of the Fall of Adam and Eve in the Garden of Eden, we are spiritually dead until we become believers, followers of Jesus Christ and the Holy Spirit awakens our spirit.<sup>14</sup> At this point our spirit is alive, at one with the Holy Spirit.<sup>15</sup> Jesus died for *all* of our sins, past, present and future.<sup>16</sup> Jesus, and Paul, tells us that nothing can separate us from His love, not even our own sin.<sup>17</sup> Because of these things, we can have assurance of our salvation, as we have fellowship with Him through His Spirit. Paul assures us in multiple places that we will receive new, transformed bodies as Jesus had following His resurrection, and by implication transformed brains will be included.<sup>18</sup> Based on these things, it seems reasonable to assume, and believe, that the disciple of Jesus, suffering from mental health issues, who has submitted themselves to His Lordship can have assurance that Jesus' sacrifice is sufficient for anything that they will go through.

This is a significant issue for many of those suffering from mental health issues. While some develop mental health issues from sinful behavior, such as from drug use or stress from immoral behavior, yet others may encounter such health issues through no action of their own, instead perhaps through hormone changes in puberty or postpartum, stress induced from combat or other events. Schizophrenia, bipolar, PTSD or other conditions are not indicators of the sinfulness of the person. Yet, in their broken state, their thoughts may take them places they would never have gone on their own, and often without their volition. The afflicted may experience delusions, thoughts of grandeur, megalomania, irrational fears and other diverse conditions. In some cases, from the outside, it would seem that they have become apostate,

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<sup>14</sup> Eph 2:1-7; Jn 3:1-8.

<sup>15</sup> 1 Cor 6:17.

<sup>16</sup> Grudem 1994, 504. Also see 1 Cor 15:3 and Heb 9:24-28, 10:10-14.

<sup>17</sup> Jn 10:22-30; Rom 8 (entire chapter).

<sup>18</sup> 1 Cor 15:42-49; Phil 3:20-21.

unbelievers. Then later, after mediation is applied, they come to their senses, sometimes oblivious to what has occurred or what they may have said. For believers, these events are particularly troubling.

It would appear in such cases that their *mind* has ‘malfunctioned.’ Physiological evidence certainly makes an excellent case that this is what has occurred. However, if the mind, soul and spirit are one and the same, serious questions are raised. If the mind has ‘malfunctioned’ and perhaps blasphemed God, does this mean that they have lost their salvation, as their soul and spirit would have also ‘malfunctioned’ and separated themselves from God. If instead we were to understand that the *mind* and the *soul* are one (and act as an interface with the brain in the body, and the *spirit* as separate but integrated with the *soul*), we would have a model which would support the continued salvation of a suffering saint.<sup>19</sup> Granted, this triune model of humanity has been debated for years by theologians. However, there is Scriptural support for the model, even if it is debated. And from my own experience with believers who struggle with such affliction, I believe the evidence supports the model. Further, such believers need our support rather than our continued condemnation. If they suffer condemnation from such episodes, which they are powerless to control, how can the ‘mentally healthy’ expect assurance of salvation for continuing to lust, gossip or any number of other sins while in their ‘right’ mind?

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<sup>19</sup> Examples of saints who have suffered at least mental anguish and perhaps illness would include Job (Job 6:2-4, 7:11), Moses (Num 11:11-15), Hannah (1 Sam 1:7,16), David (1 Sam 30:4-6), Elijah (1 King 19:1-18), Paul (2 Cor 1:8-10), and various authors in the Psalms (42:1-3,9 ;88). Jesus himself experienced mental anguish (Mat 26:38-46)

## CHAPTER 5

### OUR RESPONSE AS BELIEVERS

And a leper came to him [Jesus], imploring him, and kneeling said to him, ‘If you will, you can make me clean.’ Moved with pity, he [Jesus] stretched out his hand and **touched him [the leper]** and said to him, ‘I will; be clean.’<sup>1</sup>

Our allegiance to Jesus Christ, our confession of him as Lord, entails a profound commitment to further his interests—and **it does not take much reading of Scripture to perceive that his interests are tied to the well-being of his people.** Moreover, if we joyfully confess the lordship of Christ, then when we ask what is best for people our answers will be cast in terms of what he [Jesus] thinks is best for people, not necessarily what people think is best for themselves.<sup>2</sup>

Lepers during the time of Jesus were *social outcasts*. *Social outcasts*, such a nice, sterile, academic label. Labels tend to strip suffering people of very real experiences, making the people and the conditions more sterile and tolerable for others. Lepers in the time of Jesus were **SOCIAL OUTCASTS**. Lepers were *unclean* which meant they were not allowed to enter the temple to worship God, and forbidden contact with others to prevent them from being unclean.<sup>3</sup> Lepers were not permitted to live within city walls, though perhaps inside an un-walled village.<sup>4</sup> Lepers were required to announce their presence in warning to others, wear torn garments of mourning and cover their face to the nose.<sup>5</sup> It is reported that some rabbis would throw stones to drive lepers off and refuse to buy eggs in market streets which lepers passed through.<sup>6</sup> In short,

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<sup>1</sup> Mk 1:40-41. Emphasis added.

<sup>2</sup> Carson 1992, 66. Emphasis added.

<sup>3</sup> Chad Brand et al., eds., “Leprosy,” *Holman Illustrated Bible Dictionary*, 1025.

<sup>4</sup> Brenda Heyink, “Leprosy,” ed. John D. Barry et al., *The Lexham Bible Dictionary*.

<sup>5</sup> Ibid.

<sup>6</sup> Elwell 1988, 1324-1325.

lepers were not only unwanted, they were shunned and cast out. Denied basic human contact.

*Social outcasts...*

In to this world, near this leper, enters ‘God *with* us,’ Emmanuel, Jesus whose name means ‘Yahweh saves.’ This emotionally deprived and scarred individual, likely identified as *the leper* for years, barred from associating with people and their embraces of greetings and love, even of their nearest family, this suffering man comes to Jesus, kneeling, *imploring* Jesus with the reluctant statement “*IF* you are *willing*, you can make me clean.”

“Moved with pity, he [Jesus] stretched out his hand and touched him...”

Jesus touched this man, a *leper*. Jesus knows the heart of a man, and he knew the heart of this man.<sup>7</sup> It appears that Jesus touched this man before he healed him, knowing that this man needed the *emotionally* healing *touch* of Jesus, perhaps more than the physical healing. Note the man was made *clean*. He would be welcome at the temple again, to worship his God and give thanks for his healing. He would be able to enter walled cities again. He would be able to embrace loved ones again...and again... and again. Jesus healed more than just a man’s skin condition. He healed this man’s *life*.

Our journey has not been about leprosy, yet in many ways, the least of these, those in prisons, addicted to drugs, physically handicapped, impoverished and the *mentally ill* are all very much like the man with leprosy, marginalized from the rest of society, and sadly even within the Church. We have reached a point in our journey when we must ask:

*“How are we to respond to these individuals struggling with **mental illness**?”*

Though, perhaps, we need to ask another question(s) first:

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<sup>7</sup> Jn 2:24-25.

“Are we, am I, willing to be Jesus in the lives of these people?”

“Am I willing to inconvenience myself, sacrifice my time, effort and resources to step into their lives, like Jesus stepped into the leper’s life, into **my life**, to speak and **act** Jesus’ love into their lives?”<sup>8</sup>

If we are unwilling to answer *yes* to this question, there is really no point in continuing our journey. If we are unwilling to change and do the hard, nitty-gritty work of loving people, what follows are simply words, words without meaning. Working with the suffering is difficult; Hessamfar shares:

Indeed, caring for a “schizophrenic” person is ministry at its messiest, most inefficient— and maybe also at its most meaningful state. It is stepping into darkness, where one can detect the light at its brightest. It is allowing oneself to become muddied and stinky, so that one experiences “the fellowship of His suffering” and gets a glimpse of what he bore on the cross. It is where, at the depth of weakness and helplessness, his “power is perfected” and his grace becomes “sufficient” (2 Cor 12: 9). It is stretching out one’s arms not only to touch the leper, but also to embrace him, holding him next to one’s naked body, until one experiences all his burdens and wounds for oneself. Then, indeed, one has “fulfilled the law of Christ” (Gal 6: 2).<sup>9</sup>

If on the other hand, we are willing to pour ourselves out like a “drink offering” for others like the apostle Paul, like Jesus for His Bride (the Church), we can show the world that we are Jesus’ disciples, by our love for another, for the glory of God.<sup>10</sup> As we move forward we need to respond in three ways: repentance in the life of the Believer, comfort for the afflicted on the personal level, and repentance on the part of the Church (which includes a pro-active response). While we will focus on the issues related to *mental illness*, many of the general principles could *and* should be applied to those with disabilities, oppressed peoples, and those otherwise marginalized by our society.

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<sup>8</sup> Jas 4:14-26.

<sup>9</sup> Hessamfar 2014, 251.

<sup>10</sup> Phil 2:17; Eph 5:25-27; Jn 13:34-35.

## The Believer—The Presence of the Anointed One

Before we can move forward, we must come to a point of repentance, a decision point not simply to grieve for our suffering brothers and sisters, but to change our behavior on their behalf, to actually be willing to suffer ourselves in some way to bless them. “It is the fellowship of the Cross to experience the burden of the other. If one does not experience it, the fellowship he belongs to is not Christian.”<sup>11</sup> As Christians we are called by Jesus himself to enter into the lives of the suffering, consider that story of the Good Samaritan and the account of Jesus returning in his glory. In the good Samaritan, Jesus was clearly teaching that to love God and to love your neighbor, you are going to reach out to those who are hurting regardless of their social position of ethnicity.<sup>12</sup> Jesus goes further to indicate that this will be a criteria when he comes in his glory, as he separates the sheep and the goats.<sup>13</sup> One could make the case that Paul’s theme in Philippians was to be incarnational in the lives of others as Jesus was in ours.<sup>14</sup> Our role as Christians is to be Christ in the lives of others, that we might be known by our love (exhibited by action) for one another. As expressed by Hessamfar “...what matters most is that when Christians encounter a person who is ill, oppressed, confused, and tormented, they take it upon themselves to “*make space* in their lives” to care for those persons as if they were caring for Christ himself.”<sup>15</sup> Jesus was the good Samaritan, stepping out of eternity, deliberately seeking us out in our brokenness. Jesus is calling upon us to step out of our busy lives and care about those who are hurting and without hope.

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<sup>11</sup> Bonhoeffer, *Life Together*, 101, quoted in Elahe Hessamfar, *In The Fellowship of His Suffering*, 246.

<sup>12</sup> Lk 10:30-37.

<sup>13</sup> Mt 25:31-46.

<sup>14</sup> Based on the call to have the mind of Christ and example of the creedal statement in Phil 2:5-11.

<sup>15</sup> Hessamfar 2014, 247. With reference to Shuman, *The Body of Compassion*, xvi.

Jesus was the Christ, the Messiah, the Anointed One. If he tells us, as he did his disciples that he came to serve, not to be served, that the greatest among us will be the servant, the slave to all as he did, we will do likewise, *especially* if we are filled with His Spirit.<sup>16</sup> With this in mind, we proceed to tell the world about the Love of Jesus by loving and serving the afflicted in our midst.

### The Afflicted—Made in God’s Image

As mentioned previously, humanity is created in God’s Image. Yet in our desire to live with “personal peace and affluence,”<sup>17</sup> as Francis Schaeffer refers to it, we push those who make us uncomfortable, inconvenience us, or perhaps even convict us of our own sinfulness, to the edges of society, for instance hospitals and prisons. Sadly, this happens not only in society at large, but within the Church as well. Amos Yong, speaking about those with disabilities (and I would add mentally ill) shares:

What is at stake is not biological healing of disabilities or the removal of blemished bodies from the holy sanctuary, but the purifying of the unholy stigmatization that socially excludes, divides, and pollutes the people of God.<sup>18</sup>

Yong is not speaking against the healing of individuals so much as against the attitudes within the Church that either implicitly or explicitly, separate those with various disabilities from the rest of the body of Christ. In essence, making them second class citizens, and implying somehow that they are less a part of the Image of God than those who are ‘whole.’ As if to make matters worse, families suffering from second hand affliction, are often included with the plight of the afflicted. We need to examine the circumstance of both the afflicted and their families to determine how best to respond to their needs.

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<sup>16</sup> Jn 13:1-17.

<sup>17</sup> Schaeffer 1976, 227.

<sup>18</sup> Yong 2011, 45.

*What can I do to help those hurting from mental illness?*

Often in the face of daunting and overwhelming experiences and circumstances we hesitate, even throw up our hands in despair, wondering “What could I possibly do?” Issues with mental illness can easily fall into this category, often because we lack experience with people suffering from such conditions. Yet “... God gave us a spirit not of fear but of *power* and *love* and *self-control*.”<sup>19</sup> We are called to bear the burdens of others, deliberately entering into their suffering in some way to share and ease their burden, as Paul commanded the Galatians “Bear one another’s burdens, and so fulfill the law of Christ.”<sup>20</sup> With as much as 46 percent of our nation dealing with these issues in our society,<sup>21</sup> we need to arm ourselves with knowledge about these issues as followers of Jesus. One of the first places we should begin, is by listening to the voices of those who are afflicted, if necessary asking them how we can be of assistance, how we can come alongside them as Aaron and Hur held up the arms of Moses during Joshua’s battle.<sup>22</sup>

In the October issue of *the Lookout*, Ruth Eleos (pen name of someone who struggles with bipolar) shared “It seems few people know how to treat the mentally ill. We suffer in silence.

Here are my suggestions as to what you can do to love us:

- Know it might feel like trying to pet a porcupine, but keep caring; please keep asking questions and listening. Sometimes when friends began to probe and I tried to verbalize what I was experiencing, I’d discover my own irrational thoughts. It was a helpful process.
- Remember that bizarre thoughts are not sins; only sinful behaviors are sins.<sup>23</sup>
- Don’t minimize our struggle by telling us that what we are experiencing is typical. If you’ve not needed psychiatric hospitalization, we have a hard time believing you can truly relate.
- Give grace for questions and doubts. ...

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<sup>19</sup> 2 Ti 1:7. Emphasis added.

<sup>20</sup> Gal 6:2–3.

<sup>21</sup> Kessler 2005, 593–602.

<sup>22</sup> Ex 17:8–16. There would even be value in setting up a memorial after such battles are ‘won.’ A reminder of what God has done in our lives are needed, just as they are in lives of Moses and Joshua.

<sup>23</sup> While this comment seems to be in conflict with Mt 5:28 and other texts, the context of Eleos’ comment is relation to irrational thought, not the rational, meditated thought concerning sin.

- Remind us that you love us.

Eleos goes on to share that those with mental struggles need understanding employers, that work gives purpose and personal dignity.<sup>24</sup> While it may be helpful to learn more detailed knowledge about various conditions, the most of the suggestions Eleos shares are the very actions we should take with all who are suffering. It is interesting to note that she used the description of loving a porcupine, a dangerous proposition. Yet, Jesus did not come to us because we asked; no He came out of love for us, even with the foreknowledge that we would kill him. We should not turn back simply because loving the afflicted may be uncomfortable. Yet, as we read the rest of her article, we find that these suggestions are a cry, a plea, from a position of isolation and a fear of being cast aside, much like the leper described at the beginning of this chapter.

It is important when responding to those struggling with mental disorders to approach them with few preconceived ideas, as each generally has somewhat unique experiences. However there are some general ideas to keep in mind. Those with bipolar or schizophrenia may be sensitive to stimulation, therefore trying to include them in active environments may be detrimental to them. They may have peculiarities in their own experience. Those with other issues such as PTSD or personality disorders may have other needs. Many of the medications used have adverse side effects as well including, but not restricted to, weight gain (self-image issues), kidney damage, sexual function (relationship issues), etc. We should not shy away from the unknown, rather we should be all the more proactive in seeking out how we can help in the specific situation our brother or sister may be suffering through. In doing this we should also consider how to help the families who are going through this experience as well.

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<sup>24</sup> Ruth Eleos, "Mental Illness: An Insider's Journey,." Lookout Magazine (October 25, 2015), accessed April 18, 2016. <http://www.lookoutmag.com/mental-illness-an-insiders-journey/>.

### *Second-Hand Affliction*

Often, the families of those suffering from schizophrenia, bipolar and other conditions face a myriad of trials which produces what we will refer to as *second-hand affliction*. Much like experiencing second-hand smoke, those closest to the afflicted one suffer as well. Family and caregivers often suffer from guilt/shame (often false guilt), anger, loneliness, stress, fear and depression as well as accusations and financial loss through no action on their own part.<sup>25</sup> Waterhouse shares that many families feel as though the afflicted family member has a terminal illness and never dies.<sup>26</sup> Worse, the family may experience accusations that they, or the afflicted themselves, are or might be at fault. This may come from their family of faith or mental health professions.<sup>27</sup> These accusations bring on tremendous feelings of guilt and anger, and can contribute to the conditions the family members themselves don't deserve. Often the stresses of caring for those with schizophrenia and other conditions leads to isolation of some or perhaps the whole family.<sup>28</sup> In short, these conditions have effects that have profound influence on the entire family.

The family has needs similar to that of the afflicted individual, noted above. Depending on the ages of those involved and the severity, the needs may be greater. Symptoms are apt to ebb and flow, affecting attendance at Church functions. There may be times when the best assistance may be the presence of close, trusted family, friends, or church member who can give the family members relief by staying with the one afflicted, allowing them time to shop, get a haircut or even just to go fishing for the morning, perhaps with another friend or pastor who can lend a listening ear without judgement. Or more involved action may be needed, such as staying

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<sup>25</sup> Waterhouse 1996, 47-73.

<sup>26</sup> Ibid, 48.

<sup>27</sup> Ibid, 11, 55.

<sup>28</sup> Ibid, 62.

with the children while others from the Church drive them to the nearest psychiatric ward during a severe episode. Perhaps we may need to help them seek competent Christian professionals, for themselves as well as for their loved ones. Counseling, either lay or professional, may be among the most important aspects we offer. The condition(s) and the medications used to treat them all have a drastic impact on all family relationships. During these times, the family needs to know that their God has not left them alone, that His people are there, loving them, helping them carry this special burden He has given them.

The apostle Paul reminds us,

On the contrary, the parts of the body that seem **weaker** are **indispensable**, and on those parts of the body that we think **less honorable** we bestow the **greater honor**, and our **unpresentable parts** are treated with **greater modesty**, which our more presentable parts do not require. But God has so composed the body ... that there may be no division in body, but that the members may have the same care for one another. If **one** member **suffers**, **all suffer together**; if one member is honored, all rejoice together.<sup>29</sup>

We would do well to remember that we are *one* body, and that even those afflicted with mental illness, and their families, are even *required* and *important parts* of the Body of Christ.<sup>30</sup> Paul follows this with the functions of the church which God has appointed for the body, and then with a discourse on loving sacrificially. We are called to love sacrificially as individuals, and as a community.

### The Church—The Body of the Anointed One

The modern response to anything which does not fit into our pleasant, pain-free lives tends to be pushed aside, or we seek an immediate fix for the issue at hand. The idea of facing the unpleasant is uncomfortable, and the idea that there is something to be gained in suffering is

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<sup>29</sup> 1 Cor 12:22-26

<sup>30</sup> Yong 2011, 92. Yong states “In this context, the point is that the most disregarded, despised, and denigrated individuals associate with the Corinthian congregation are as important if not more important than the power brokers.”

foreign to our thinking. Our society pursues youth and stamina. Even in the casket, we are doctored to look better than we did in death, as if to deny the effects of sin even in death. We do not want to face the effects of sin in our lives. And in doing so, we miss opportunities to participate in the suffering of Christ in our lives, and learn from our God.<sup>31</sup>

As the Body and Bride of Christ, we must repent of our apathy and indifference, we must repent and resist the influences of the culture. Further, we are to contrast the culture in the way we handle the suffering of others and ourselves. We need to embrace it, recognizing it as a participation in the suffering of Christ, learning from it about the effects of sin in our world and the need for our redeemer. And we need to do this as a community.

Acting as a community of disciples of Jesus, we have at least two avenues that should be considered. First, we need to consider how we should reach out to those already in our midst who are in need, as an extension of individual believers acting together. Secondly, we need to address how we can effectively reach out in the name of Jesus to assist in the treatment of those in Churches too small to help effectively and those without a family of faith to turn to for help. Each of these will be examined in turn as after we consider a comprehensive treatment possibility. Elahe Hessamfar has written *In the Fellowship of His Suffering*, a theological and academic work largely in response to the trials her family experienced in response to her daughter's schizophrenia.<sup>32</sup> Of special interest are her recommendations for treatment of the mentally ill, especially those experiencing schizophrenia, though any psychiatric condition would at least partially benefit.

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<sup>31</sup> Phil 1:29.

<sup>32</sup> Hessamfar's detailed research is very helpful, especially in regards to critiquing the psychiatric community, and investigation of alternative methods of treatment. Also of interest is her perspectives on the theology of suffering and the possible purposes of schizophrenia, including the possibility that God has allowed schizophrenia as an opportunity to learn about ourselves as a community and society from the afflicted. However, she does seem to take the theological perspectives regarding to schizophrenia to extremes. As such her book is recommended with caution.

We have addressed some of the needs above looking at individual responsibility in response to the needs of the afflicted and their family. Yet, we are a community of believers who need to act as one. In reference to the disabled, Yong suggests: "...the church should dare to be different and creatively reconsider how the Spirit might empower interactions that are inclusive of people who are blind, deaf, blind and deaf, *and* sense-impaired in other respects."<sup>33</sup> This should hold true for the mentally suffering as well. Can it be difficult to make accommodations? Yes, yet Jesus so to speak made accommodations for our sins, surely we can find creative ways to accommodate those who have been neglected in our midst.

Perhaps the best place to start would be with the families themselves. The elders, pastors and/or other leaders could approach the afflicted and their family and do a survey of their immediate needs. This communicates that the family is cared for and includes them in the process, giving them dignity as well. Once this is done, responsibilities could be delegated and distributed among the elders, deacons and members at large as might be appropriate. It is important that the leaders and congregation be sensitive in this process, giving as much ownership as possible to the afflicted and family. Further, it must not be forgotten that this may be a chronic condition, as described above for the family it may seem like a terminal illness when the suffering never dies, or rather is continually dying. The congregation needs to consider how to approach the family's needs in the long term. If Christian mental health professionals are not present in the congregation, it might be wise to hire one to come in and advise the leadership early in the process.

While simply being more proactive is the first and most nature response to our collective repentance, the needs of the afflicted are greater than simply those in our midst. Smaller

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<sup>33</sup> Yong 2011, 78.

congregations may not be able to care for those in their midst and we need to have a method for addressing the mental health of “the least of these” who are not among us in the congregation. After examining a few models of alternate methods of care for those suffering from schizophrenia, Hessamfar offers a model that the Church as an institution, either as a large corporate entity or as a parachurch organization, might adopt in caring for those in mental crisis, and which could be used as a model for those in other types of crisis as well. Hessamfar’s response to the research on these models found: “If there was one element common to all the models that have been successful in dealing with the mentally ill, undoubtedly it was nurtured relationships that are meaningful and ingrained in daily lives.”<sup>34</sup> Who better than Christians to live lives incarnationally with others, specifically the mentally ill.

Hessamfar suggests integrating the following four elements into a care model:

1. A place one can call home;
2. Pastoral care and counseling structure for the person suffering and his family’
3. A partnership with the psychiatric community;
4. Operational management.<sup>35</sup>

The models Hessamfar examined from around the world which had the most success in treating mental illness with the least amount of medication, or none at all in some cases, typically involved residential care, either in the suffers own home, or in a residential setting with accepting caregivers around the clock or nearly so. Some of these residences were host families, and most often were located within rural settings with less stimulation than urban or metropolitan

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<sup>34</sup> Hessamfar 2014, 280.

<sup>35</sup> Ibid, 281.

environments. In some cases, the entire families were invited into these settings with the afflicted.<sup>36</sup>

Ideally, Christian counsel should be available. While Hessamfar suggests that “The primary purpose of the pastoral care function is to help the person and his immediate community—this includes his church—to hear the voice of his illness,”<sup>37</sup> the role of pastoral care extends beyond this to give a theological context and comfort in the midst of healing. Hessamfar is almost insistent that the experience of those suffering from schizophrenia is in some manner a prophetic reaction to the environment around him, this may not always be the case. Yet the need for competent, Biblical counsel cannot be understated in these circumstances. Indeed, both the afflicted and the family are apt to have questions that need to be at least heard, and if possible answered, as the afflicted experiences often include religious tones and images. In fact Hessamfar suggests that:

Recovery takes distinct shape and content for each individual. It is never a linear process, and will require discernment and flexibility to attend to the issues as they surface. In the proposed model here, counselors should be appointed to the host family, the individual, and the natural family.<sup>38</sup>

Without the opportunity to process the experience, in light of Biblical counsel, healing is not likely to come, and the experience is more likely to reoccur. Waterhouse suggests that the church is better equipped to actually deal with the issues and questions that arise.<sup>39</sup> Truly, in light of the Anointed One’s suffering for our sin and having a theology of suffering, who other than the Church would be better equipped to offer comfort, counsel and encouragement?

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<sup>36</sup> Hessamfar, 281-285.

<sup>37</sup> Ibid, 286.

<sup>38</sup> Ibid, 293.

<sup>39</sup> Waterhouse 1994, 13.

“Partnership with the Psychiatric Community” is needed as there is evidence that some, perhaps even most, of those suffering from mental illness have a biological component.<sup>40</sup> It is important if this model is adopted in some form or fashion that the local psychiatric community buy into the model. In fact, it would be best if a Christian psychiatric professional could be involved, perhaps as a liaison to facilitate the relationship. Because of the effects of the common medications used, often it might be best to minimize their use. Yet, the need will often exist for the medication to alleviate symptoms and suffering, and their use would necessitate careful management.<sup>41</sup>

Finally, the *operational management* should not be ignored. Our purpose here is not to spell out specific strategies, but to explore the general ideas and raise concerns. The commitment of an effort of this magnitude would require substantial resources. Substantial research should be given in developing a more complete model for the specific congregation(s) taking on this task, specific to the setting in which it would be implemented. The financial resources needed to treat mental illness on a personal level can be substantial, and it should be the goal that no one should be turned away if possible.<sup>42</sup> Fund raising of some kind would be needed. Part of the role of such an organization would need to be the voice of the mentally ill, as they are rarely heard or taken seriously in our society.<sup>43</sup> Hessamfar goes on to quote King Lemuel:

Open your mouth for the mute,  
for the rights of all who are destitute.  
Open your mouth, judge righteously,  
defend the rights of the poor and needy.<sup>44</sup>

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<sup>40</sup> Hessamfar 2014, 296.

<sup>41</sup> Ibid, 297.

<sup>42</sup> Ibid, 298.

<sup>43</sup> Ibid, 299.

<sup>44</sup> Prv 31:8-9.

In short, as followers of Jesus, we must repent of our apathy and indifference those who are suffering, whether it be mental illness, disability or persecution, here at home or abroad. We need to enter into their lives sacrificially, as Jesus did our lives, to bring comfort, encouragement and where possible healing. Hessamfar quotes Bonhoeffer:

Bonhoeffer stresses, ‘We must be ready to allow ourselves to be interrupted by God. God will be constantly crossing our paths and canceling our plans by sending us people’ who are disruptive to our pre-planned affairs. We may turn our face away from them, ‘preoccupied with our more important tasks’ as the priest and the Levite did toward the man who was beaten by the robbers and left to die. ‘When we do that,’ says Bonhoeffer, ‘we pass by the visible sign of the Cross raised athwart our path to show us that, not our way, but God’s way must be done.’<sup>45</sup>

We must be willing to inconvenience ourselves for others, in the name of Christ, the Anointed One. We must be willing to do these things on an individual level and on a corporate level, as the Body of the Anointed One. We need to be Jesus to the helpless and hopeless, providing comfort and most importantly, hope.

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<sup>45</sup> Bonhoeffer, *Life Together*, 99, quoted in Elahe Hessamfar, *In The Fellowship of His Suffering*, 280.

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