

Spirituality and mental Health

This article was adapted from a seminar given by Helen Willcox at the CSNM national conference. Helen trained as a Speech and Language Therapist, is a former UCCF London Team Leader and now works for St Helen's Church in London

I have done some training in mental health as a speech and language therapist, and have had a little experience through being with friends going through depression. But you are the experts. My aim is:

- That we understand mental health well
- That we understand spirituality well
- That we understand how the two interact well

Mental illness covers a wide range of problems including depression, anxieties, personality disorders and eating disorders. Christians are not immune from mental illness, which has either genetic, biochemical or environmental causes or a combination. We are part of a fallen world and we share in the puzzles and the suffering. Like all illness, but especially mental illness, we cannot compartmentalise its effects. It will affect us mentally, physically and spiritually but equally our spiritual health will affect how we respond to mental illness.

What might be some of the issues for you as you work in this area.

Demon possession?

- We are not dualists. The biblical model we are given is that God is the creator, ruler, sustainer and judge of the universe. He stands behind good and evil but he stands *asymmetrically* behind good and evil (Col 2:15). He has disarmed Satan - this does not mean that Satan is not our enemy and that he doesn't prowl but Jesus has defeated him. There is no dual going on between two equal powers (See the book of Job). God gives Satan limited power. We need to be aware of the rationalism of the enlightenment which says that there is nothing beyond what we can rationally understand so there is no personal devil or demonic activity.
- In Multiple Personality Disorder, complex behaviour takes place outside the awareness of one's predominate consciousness. Symptoms can include anxiety, dizziness, trances, blackouts, auditory hallucinations and self-mutilations. Depression is the most common symptom and amnesia is considered the pathogenic sign of MPD. In almost all cases there is a history of physical or sexual abuse in childhood, 50% being through Satanic abuse. In these cases there may well be a right diagnosis of demon possession which needs to be treated through exorcism.
- We do need to take seriously the reality of demon possession. Opposition to Jesus is real; Satan is God's enemy and has a hand in suffering of all kinds (Mat 13:28/39) so in the gospels there are a number of encounters with people who are possessed. They manifest:
 1. Physical symptoms such as changes in character and behaviour. (Mk 1:23)
 2. Incredible strength and indifference to pain (Mk 5:3-5)
 3. An initial adverse response to an encounter with Jesus (Mk 3:11)
 4. Changes in the sufferer's voice (Mk 1:26)

However, there is a danger in exporting a gospel model to modern-day psychiatry that is theological rather than medical. Just as Jesus intervened and healed the physically sick there is no absolute promise that this will be the case for everyone. Sometimes there is no healing and the person dies, sometimes the healing is gradual – but *all* are signs of a loving God being at work so exorcism is not the *only* answer to mental illness. There may be counselling, medication and even intervention such as ECT.

Prayer

Prayer works - James 5:13-18. No one can stop us from praying. Indeed we have a responsibility to pray for all of our patients and neighbours. We do not have to pray aloud with a patient for it to be effective. It may be more appropriate to call on the help of a Christian chaplain or senior member of staff so you are not opening yourself to being accused of behaving unprofessionally.

Witness

1 Peter 3:1,2, 15. Let our lives bear witness. In the field of mental health I would exercise caution because with the emotional frailty of the patient we can cause unintended feelings of guilt and depression and we can load spiritual inadequacy on to the person. However I must be able to say I am a Christian and I find hope and security in being in a right relationship with God.

Spirituality

The secular definition of spirituality is a longing for something beyond the merely material. In Christian terms it means far more, and we must not muddle the two. The phrase 'living as a Christian' describes the whole of the lives of those who have responded to God's gracious call to live in fellowship with him - in Paul's terms true spirituality is expressed by having a genuine love for others (1 Cor 13). It is the life of grace - a wonder but trust in God's provision to live in friendship with us despite our rebellion that has caused such offence against his majesty. We deserve punishment but receive friendship and forgiveness because of the sin- and wrath-bearing death of Jesus in our place. The aim of true spirituality is that Christians will become more like Jesus, so where so-called spiritual exercises do not have him as their object then it cannot be seen as Christian. True spirituality always arises from incompetence, the state of total dependence of the creature before the Creator.

Interaction of the two

- I think we need to see that there is a world of difference between the secular and the Christian understanding of spirituality. We cannot interpret delusional behaviour or new age mysticism as true Christian spirituality. Neither can we impose a Christian framework of ethics and understanding on the non-Christian (1 Cor 5:9-13).
- Christians should care for those with mental difficulties. Much care in hospitals and in the community can be done with a Christian motivation. Going the extra mile in the family context is important so that relatives are not neglected. This can be a considerable witness. Equally allowing professional services to do their job when things are beyond amateur help is important to do without guilt. The local church as a context for care and healing is important. If someone is in need of specialist help, the role of Christian friends to support, share Scripture and pray with them is increased not decreased.

- Christians should not be afraid to use secular expertise. Individual therapists may work within a godless framework but the skills and techniques offer genuine and appropriate help. Thus modern medication for depression is important and should be welcomed in appropriate circumstances, as should psychological techniques such as Cognitive Behavioural Therapy, which can be particularly effective.
- Low mood is often associated with a greater sense of guilt. A sense of God's love and care often goes out of the window when one is low. It is important to be reminded of his love by scriptural statements (e.g. Psalms) or by the encouragement of friends. It is a measure of God's grace that he can and does cover mistakes. It is important to repent of known sins and not wallow in making up ones that one has not committed. An acute sense of failure and worthlessness can be accurate and a genuine spiritual experience. Equally it can be pathological and be related primarily to one's mood and not primarily to how God sees us.
- Flawed people are not useless. The following all had significant difficulties and yet God used them. Adversity is not a bar to achievement.

John Bunyan	Gerard Manley Hopkins
Amy Carmichael	JB Phillipps
William Cowper	Christina Rossetti
CS Lewis	Lord Shaftesbury
Martin Luther	

Questions for Discussion

1. Mental illness is a symptom of living in a fallen world. Think of some of the patients you have cared for or some of the illnesses you have studied. In what way do their experiences reflect the fall? You might consider:
 - a) Issues of self worth and identity
 - b) The reality of the devil
 - c) The search for meaning and value
 - d) The burden of responsibility
2. How might you talk with staff members who don't take Christianity seriously about:
 - a) Demon possession?
 - b) Religious delusions?
 - c) The search for a relationship with God?
3. What are the issues that Christians suffering from mental illness might be concerned with, and how can you help? You might consider:
 - a) The role of doubt
 - b) Feeling guilty about not trusting God enough
 - c) How to understand God's love
 - d) The importance of God's word
 - e) The role of the Christian community
4. How can you care for patients with mental illnesses as a distinctively *Christian* nurse or midwife?