

Mental Illness and the Church **By Jeremy Pierre**

BCC Staff Note: Many of you have become accustomed to visiting our *BCC Grace & Truth* blog site every Friday to read our *Friday Five* posts where we collate the best of the best in biblical counseling and Christian living posts from the preceding days. Today, as you can see, is different.

In light of the passing of Matthew Warren, who took his life, and in light of much discussion in the Christian community about suicide and mental illness, we asked one of our BCC Council Board members, Dr. Jeremy Pierre, to share his perspective. As we do, we pray for Rick and Kay Warren as they find Christ's hope in the midst of their grief. And we pray that Dr. Pierre's insights would be helpful to the Christian community.

You can also find two helpful posts related to suicide prevention and grieving a suicide at our BCC Book Review site:

- Paul Tautges, another BCC Council Board member, provides *20 Recommended Resources Related to Suicide Prevention and Grieving a Suicide*. (**Embed Link.**)
- The BCC Staff interviewed Bruce Ray on his just-released e-book, *Help! My Friend Is Suicidal*. You can find his insights at *The BCC Author Interview Q & A with Bruce Ray*. (**Embed Link.**)

Toward a Compassionate, Wise Conversation

The pain is unspeakable, I'm sure.

Many are grieving with Rick and Kay Warren over the loss of their son Matthew to suicide. And many are paying attention to something we typically find hard to think about. Mental illness in the church has taken the headlines.

But to have a productive conversation, we'll need to avoid a couple of unhelpful ways of talking about it. The most obvious one, I think, is to discuss the private state of Matthew's mind or surmise what condition he suffered from. I imagine those closest to Matthew are suffering enough under the *why* question, and they don't need all of us to figure it out for them.

Another unhelpful way to go about this conversation is to lob generalities at the church regarding its failure to adequately care for those with mental illness. I've never seen generalities change anything except people's blood pressure.

Maybe we're not quite sure what the church addressing mental illness even means, though we're hitting on some important aspects of it. Swirling around in the discussion so far are two separate, but closely related, issues. The first is the shame of those struggling with mental illness and the pressure to keep it secret. And the second is what we actually mean when we say *mental*

illness—its nature as physiological disease. While we cannot separate these two issues, distinguishing them for the sake of discussion may help us move forward in a productive way.

Shame and Secrecy

Everyone knows the unpleasant impulse to hide something about himself that others wouldn't approve of. For those who experience overwhelming emotions or find themselves caught in patterns of unusual behavior, this impulse is more than unpleasant—it's terrifying. We are aware of the general standards of normalcy around us, and when we don't measure up to those standards, we feel shame. The easiest way to stay included is to hide those things about us that don't measure up. Lest we demonize the church, let's admit that this is true in any sphere of relationships—the neighborhood, the workplace, the rec league.

Nevertheless, it's right to recognize that the church should be different. And, at least in some churches, it's not. Sometimes it's worse because the standards of normalcy are mixed with standards of morality, and the stakes get even higher. The thought of a guy at work finding out you take meds might be unpleasant to you, but the thought of your pastor finding out might be downright distressing. In your mind, your coworker might think you're a little screwy, but your pastor might think you're screwy *and* sinning. And so you may be more tempted to hide stuff from your pastor than from your coworker.

And this is a tragedy. Christians should know two things better than anyone else in the world: *the deep insanity of the human heart and the patient grace of the redeeming Lord*. This insanity includes both spiritual and physical corruption—so the human heart responds to life in a convolution of virtue and sin, of ability and disability. And this grace is God's undeserved favor resting on such convoluted heaps. The gospel of Jesus Christ teaches that grace, not shame, is the solution for both weakness and sin.

So, before we even figure out the equation of what we mean by *mental illness*, we know that the way we are compelled in Scripture to approach a struggler is with the grace of Jesus Christ. Shame leading to secrecy is toxic in the church, and the only way to undermine this is to work toward a culture of grace.

The Nature of Mental Illness

In many of the discussions I've read so far, there is a presumption that there is widespread agreement on what *mental illness* actually means. Even among mental health care professionals there is disagreement about the nature and causes of mental illness, some emphasizing underactivity of the various neurotransmitters, others focusing on developmental or social causation.

Some have challenged the legitimacy of symptom-based diagnoses, proposing more empirically-based means through advanced imaging and brain mapping. The DSM-4 has always been controversial, and the major changes in the soon-to-be-released DSM-5 show that definitions of mental illness change alongside research interests and cultural pressures. Add to this the wide

variance in quality of care in assessment and diagnosis, and we are left with many uncertainties regarding what mental illness actually is.

If that all sounds skeptical, I don't mean it to be purely so. Thoughtful Christians, who insist on understanding human beings according to Scripture, should have a healthy mix of skepticism and appreciation of the various types of diagnoses of mental illness.

We should be skeptical because the paradigm of mental illness is built without the basic building materials of a biblical view of people. Absent is any consideration of moral agency as Scripture defines it: an active heart responding dynamically to God and His creation with every thought, feeling, and choice. Such an absence of the spiritual aspect of the person results in a critical misunderstanding of the person as a whole. And the care offered is inadequate for the ultimate troubles of the soul.

But we should also appreciate that these diagnoses at times accurately describe physical symptom clusters and could lead to medical interventions that offer some level of helpful influence over them. In other words, because we recognize humans as corrupted in body as well as in soul, we can appreciate medical ingenuity that helpfully addresses the potential neurobiological aspects of people's trouble.

A Culture of Grace in the Church

Various folks have been pointing out the need for the church to pull its head out of the sand on the issue of mental health care. By this, we can be saying something very good or something not-so-good.

Let's start with the not-so-good. We should not mean that the church should just accept that extreme emotional, mental, or behavioral troubles are merely physical problems with physical solutions. Of all people, Christians must insist that we were created spiritual beings with the dignity of moral agency. Our thoughts and actions are not merely the product of our biology. We have freedom to act out of our nature as the image of God. And so, wisdom for living from the Word of God is always necessary in the ongoing care of a person, which includes addressing mental, emotional, and behavioral troubles.

Now let's get to the good. What we should mean by the church pulling its head out of the sand is that Christians should acknowledge that the corruption of the fall warps not just our souls, but our bodies as well. The influence of bodily corruption on the soul is powerful, and the church needs to recognize those suffering under it in a way that points them to help—both body and soul.

Extreme mental, emotional, or behavioral problems are not *either* spiritual *or* physical. They are both, though we recognize a sliding scale of influence. Some troubles may be more neurologically engrained, thus requiring closer medical attention. Others may be less so. But, whether it's more or less, a spiritual heart is always actively in need of the grace of the Lord Jesus.

Here are a few pairs of insight that may help establish a culture of grace toward those who suffer from some of the more extreme cases of physiological trouble:

Pair 1

- On one hand, medical intervention, including psychotropic medication, does not heal the ultimate problem of a person's disordered desires, beliefs, or choices. Medical intervention does not reverse the results of sin and corruption. Only the power of the gospel of Jesus does this. Visiting a doctor apart from considering how your spiritual responses are involved in your condition will not lead to an ultimate solution.
- On the other hand, medical intervention often allays the effects of sin's corruption of the body, including the brain. And so we should affirm the value of medical treatment and should encourage our people to seek medical attention when necessary. The need for medical intervention is not in itself anti-spiritual. Visiting a doctor does not necessarily mean you are failing to trust the Lord.

Pair 2

- On one hand, people who are languishing under extreme mental and emotional problems do not always have the capacity for immediate control over them. We should not instruct them as if they do, but instead should acknowledge the overwhelming nature of what they're experiencing.
- On the other hand, a person's lack of immediate control does not imply he has no control at all. The control is eventual rather than immediate. It is imperfect rather than complete. But it is nevertheless significant. People as spiritual beings can respond in faith within their physiological incapacities. So pointing them to the Word does not make us "faith healers." The Word of God brings life.

Pair 3

- On one hand, not all physiological trouble will be healed this side of heaven, no matter the amount of biblical counsel given. This is clearest in those conditions that are most demonstrably physical: You can't counsel someone out of downs syndrome or autism, for instance.
- On the other hand, by establishing patterns of response that submit to God's ways within their incapacities, people often experiences significant change. In fact, they often grow in subtle and surprising ways. A Christian diagnosed with bipolar *can* respond to their physiological troubles in the obedience of faith. These healthy responses may not eliminate the struggle, but they often alleviate it.

Ultimately, our suffering in this life is meant to make us groan for the life to come, when all creation will be set free from corruption. And we will, too. Body and soul.

I've noticed that people who suffer with the most extreme physiological effects of the fall often groan the best. They experience the insanity of the human heart doubly: their own sin works against them, and so do their own brains. And they long for redemption for both their souls and

their bodies. And both are exactly what Jesus promises for all those who trust in him (Romans 8:18-39).

Join the Conversation

If it's true that Christians should have a healthy mix of skepticism toward and appreciation of the various types of diagnoses of mental illness, where do you fall on the continuum?