

The Story of Our Life: Written by the God Who Suffers With Us and For Us: The Role of the Church in the Treatment of Mental Illness

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Abstract

In the era of the Fall, humankind's suffering is as variegated and ubiquitous as it is relentless. A major instance of such suffering is that concerning the scope, profundity, and diversity of mental illnesses, and the peculiar anguish these illnesses entail. Not infrequently pastors are the first people whom mentally ill people approach for assistance. Yet pastors are often ill-equipped to recognize major mental dysfunction, with the result that the pastor naively assumes the troubled person to be spiritually defective when she is ill. To be sure, she *is* spiritually defective, since her illness does not preclude her being a sinner. At the same time, the pastor who suggested someone's fractured limb or diabetes to be a spiritual problem would expose himself as ludicrous and incompetent. Psychiatrists too often find the clergy's outlook one-sided, simplistic, unsophisticated, and unrealistic. Clergy, on the other hand, have been underserved by a theology whose traditional categories owe much more to Greek philosophy than to Hebrew logic. Such a theology has yet to come to terms with a God whose Son's cross means not less than the Father's limitless vulnerability, and whose Son's resurrection means not less than the limitless efficacy of such vulnerability. While this article discusses major psychiatric categories and the relation of pastor and psychiatrist, it is concerned chiefly with exploring biblical theology with respect to the God whose suffering is the only hope for a suffering humanity.

Introduction

In my final year of theology studies (1970), University of Toronto, I enrolled in a course, “The Human Person in a Stressful World.” The course instructor was Dr. James Wilkes, a psychiatrist connected with the Clark Institute of Psychiatry (now part of Toronto’s Centre for Addiction and Mental Health). Until then (I was 25 years old) I had apprehended no more of psychiatry than the silly caricatures and stupid jokes that popularly surround “shrinks” and “wig-pickers.” Months later I emerged from the course not merely with medical information I had heretofore lacked; I emerged with a new world. Wilkes hadn’t simply added several items to my mental furniture; he had admitted me to a world I hadn’t known to exist.

What was the world? It was the complexity of the human person together with the multidimensionality, pervasiveness and relentlessness of human suffering. It was the configuration of the stresses, frequently swelling to distresses— intra-psychic, social, biological, historical, religious—that bear upon people, together with the configuration of the manifestations of such stresses.

My debt to Dr. Wilkes is unpayable. I gained an appreciation of the scope, profundity, and versatility of human suffering. He spared me lifelong shallowness born of ignorance; spared me a simplistic, unrealistic approach to the people I would see every day for the next forty years in my work as a pastor.

One month after the course had concluded I was ordained to the ministry of The United Church of Canada, the nation’s largest Protestant denomination. In no time I was living and working in northeastern New Brunswick, one of the most economically deprived areas of Canada. And just as quickly I found myself face-to-face with people whose difficulties were the “common cold” of the psychiatric world; e.g., mood disorders, anxiety disorders, schizophrenia. I also witnessed suffering less commonly seen in the 20th Century: hysterical paralysis (episodic leg immobility in someone devoid of a physical impediment), and even hysterical blindness when someone was “put on the spot” in a troubling social situation only to find her vision disappearing and returning repeatedly.

Biblical Logic

As I revisited my theological understanding I developed a constellation of key spiritual themes found in the Abrahamic tradition. This constellation of key spiritual themes formed the matrix of my ministry to psychiatric sufferers.

God is for us

The first spiritual theme is elemental: God is *for* us. Three thousand years ago the Psalmist exulted, “This I know, that God is *for* me” (Ps 56:9). This conviction is the bass note, the downbeat, the ever-recurring throb. It remains the stable basis and the governing truth of everything else: God is *for* us. It’s picked up again in the apostle Paul’s letter to the church in Rome: “If God is for us, who is against

us?” (Rom 8:31). The force of the assertion is, “If God is *for* us, who could ever be against us *ultimately*, regardless of all appearances to the contrary?” Since “appearances to the contrary” abound in anyone’s life, and especially in the ill person’s life, it cannot be iterated too often that God is *for* us.

To be sure, those who read Scripture are always aware that it says much else about God: God is judge, God is wrathful, God’s face is set against evildoers, and so on. Ill people tend to fasten on these texts, convinced that their illness is the result of God’s anger concerning them, and God’s judgement upon them.

Nonetheless, the general tenor of Scripture (to use John Wesley’s expression) is wholly different. Admittedly, God *is* judge (isn’t any person who lacks judgement anywhere in life to be pitied?). Unlike our judgement, however, God’s judgement is always the converse of his mercy. God bothers to judge us only because God has first resolved to rescue us and restore us. (If God didn’t intend the latter he wouldn’t bother with the former: he would simply ignore us.) God’s judgement, then, is always and only the first instalment of our restoration and the guarantee of its completion.

Since, according to Scripture, God *is* love, love isn’t merely something God does (the implication being that God could as readily do something else if he wished; namely, not love); rather, since God *is* love, love is all God is and therefore all God can do. God can never not love; that is, God can act only in a manner consistent with his character. For this reason, said Martin Luther, God’s wrath is God’s love burning hot—but always and everywhere *love*.

Mentally ill people, let me repeat, tend to assume their illness is the result of God’s displeasure with them. Two comments have to be made here: one, their illness isn’t the result of God’s displeasure; two, if elsewhere in life they have mobilized God’s displeasure (ill people like to remind me—correctly—that though they may be ill they are still sinners) God’s judgement is only his love setting us right. God’s judgement is God’s mercy beginning its work of restoration.

God is *for* us. This note has to be sounded relentlessly, for this note determines the rhythm of human existence.

God’s vulnerability

The second item in the constellation of key spiritual themes is that God shares our vulnerability; shares our vulnerability not least because God is vulnerable himself. Ill people, I have found, fault themselves remorselessly for not being invulnerable; for not being strong enough, able enough, competent enough, resilient enough; in short, for not being inviolable. They assume that finitude, limitation, weakness isn’t or isn’t supposed to be part of our humanness. They fault themselves for not being invulnerable in the face of life’s assaults. I have noticed, by the way, that psychiatric sufferers who fault themselves for their fragility

would never fault themselves if they suffered a broken leg in a car accident. Without hesitation they would fault the driver whose car struck them. In other words, when they are physically incapacitated, they can legitimately blame others; when they are psychiatrically incapacitated they can only blame themselves.

There has arisen in our society a miasma that continues to settle upon and soak into the populace at large; namely, we are, or are supposed to be, invincible, devoid of fragility, frailty, and finitude. We are, or are supposed to be, nothing less than titanic in our capacity to withstand assaults. We are, or are supposed to be, possessed of an omniscience amounting to omnipotence. Worse, such omnipotence is deemed to be an attribute of God, and therefore a property of those made in God's image.

Omnipotence, however, understood as unmodified, unconditioned power, is terrible. A moment's reflection should assure us that power for the sake of power; power unqualified by anything; sheer power is sheer evil. Then why attribute it to God? (John Calvin, we should note, insists on this point.)

More profoundly, power, properly understood, is the capacity to achieve purpose. What is God's purpose? It is a people who love him and honour him as surely as he loves and honours us. How does God achieve such purpose? It is through God's own vulnerability. Scripture speaks relentlessly of the One who repeatedly, characteristically suffers at the hands of his people yet never abandons them. In Scripture God's suffering is likened to many things. But it is likened most often to a woman in end-stage labour whose child (conceived in pure joy) has brought her greater distress than she could have imagined, yet who will not renounce the struggle, but must see it through, until the child who is her delight is in her arms, and on her lap.

So it is with God. From an apostolic perspective, the cross attests God's limitless vulnerability (he hasn't spared himself anything for our sakes), while the resurrection attests the limitless *efficacy* of limitless vulnerability.

It is not only that we humans are *unable* to escape our vulnerability (regardless of the messages advertisers beam upon us); to *want* to escape it is to want to be Herculean. And to think we *can* escape it is to fancy ourselves "colossal," and to ignore our Creator who renders himself defenceless before us for our sakes.

At this point we should ponder the matter of God's suffering. To speak of it at all is to immerse ourselves in centuries-old controversies pertaining to the impassibility of God. Few have spoken on it as profoundly, I think, than Karl Barth.

Barth insists that as sovereign Lord, God cannot be made to suffer by anything apart from God or opposed to God. Nonetheless, God is free to will himself to take on the creature's vulnerability, suffering, and death. And in the Incarnation God unites himself with humanity in order to take humanity's misery into himself, in order to destroy it, and thereby triumph over it.

The God who is impassible (he can't be made to suffer, can't be bribed or bought by suffering, can't have his being altered through suffering); the God whose impassibility ensures that he cannot suffer so as to be "bent" into non-God, freely takes on suffering and death. And yet he isn't thereby threatened by them, but rather prevails over them.

Because Barth's Christology is utterly non-Nestorian (i.e., Barth doesn't understand Christ's suffering in such a way that Christ's human nature suffers while his divine nature does not), to say that God suffers in his Son is to therefore say that God suffers in himself.

In short, the impassible God becomes passible by grace (otherwise God is unaffected by our suffering, unacquainted with it, and unable to do anything about it), yet simultaneously remains impassible in that he isn't merely victimized in it, but rather triumphs over it.

Psychiatric sufferers should be helped to see that their fragility isn't a sign of moral weakness, or personal failure, or uncommon ineptitude, or unusual folly. They should be helped to see that owning their vulnerability, rather than denying it or attempting to flee it, might just be essential to their recovery. Sufferers should be helped to see that their vulnerability is the leading edge of their triumph, as surely as God's self-exposure to human anguish is the condition of his prevailing in the face of it.

God is the Ultimate "Story-Writer"

The third item in the constellation of spiritual themes is that God alone is the "story-writer" who can render the negative, seemingly opaque developments and details of our existence a story rather than a chaotic jumble that ultimately defies comprehension.

Imagine a line in the middle of a novel; e.g., "The man who had waited for hours finally walked away, dismayed that the woman hadn't noticed him." If the question were asked, "What does it mean?," the obvious rejoinder would be: "It all depends; it all depends on what preceded this event in the narrative, and, no less, on what follows this event. Ultimately, it all depends on how the narrative turns out; that is, it depends on the last chapter." The mentally ill person persistently comments, "I don't know why I'm ill; I don't understand what it's supposed to mean; I can't make any sense of it." Lack of meaning is a stress in anyone's life, yet lack of meaning is something that confronts us all whenever we are face-to-face with evil.

We should admit that one aspect of evil's evilness is evil's sheer meaninglessness. To the extent that evil could be understood, it would be rational event; its evilness reduced by the explanation. What is evil is finally inexplicable and will always lack meaning, not least the evil of illness.

In the face of the stress of that meaninglessness which makes the burden of illness all the more burdensome, the ill person is always prone to try to reduce the burden by positing a meaning, by “finding” a meaning (as it were) that actually isn’t there, but the “finding” of which is easier to endure than no meaning. The problem here, however, is that the “meaning” the ill person posits is arbitrary, unrealistic, and worst of all, self-deprecating. Now she thinks the meaning of her illness is that it was “sent” to teach her a lesson, or to remind her of personal failure, or to make major changes in her life, or to confirm her inherent wickedness. In the interest of reducing her burden she has only increased it.

The truth is that the meaning of any one event in anyone’s life depends on several factors. In the first place it depends on what has preceded the onset of illness. In the second place it depends on what is yet to occur in that person’s life. Above all, it depends on the meta-narrative that gathers up and determines the ultimate significance of all the events, good and bad, in that person’s life—which meta-narrative no one, ill or not, can write inasmuch as no individual is the author of her own meta-narrative.

All of us like to think we understand how life is unfolding and how life’s ingredients are connected until—until a negativity occurs that is nothing less than a “surd” (in the mathematical sense); i.e., a development that doesn’t fit anywhere, and can’t be seen to fit or be made to fit; a “surd” development that defies the logic by which we had understood our own existence up to this point. Yet since the meaning of a story depends on the last chapter, and since the last chapter hasn’t been written nor can be written by us, we must admit that *for the present* illness remains a surd: we cannot determine its meaning at this time, nor its place in the conclusive narrative that is anyone’s life.

Scripture maintains, we must note, that the ultimate meaning of anyone’s life can be entrusted to the One whose meta-narrative gathers up our self-determined, myopic narratives, and transmutes them into something whose meaning, truth, and splendour we can only await at this time, but which we need not doubt.

Let’s change the metaphor. Instead of an author or master narrator let’s think of a master weaver. A weaver weaves loose threads into a rug whose pattern is recognizable and pleasing; more than pleasing, desirable—why else would anyone find the rug attractive and want to purchase it? Two comments are in order here. One, what goes into the rug are hundreds of loose threads of assorted lengths and diverse materials. Two, even while these threads are being woven into a rug, anyone looking at the rug from underneath would see something that wasn’t recognizable, wasn’t attractive, and would seem little improvement on loose threads. And yet, when the weaver has finished and we can look at the rug from above we recognize a pattern, a completion, an orderliness that is comely and convinces us that the rug is a finished work, elegantly concluded. Only as we are

brought from looking up from underneath to looking down from above do we recognize what the weaver has accomplished.

Right now all of us are on the underside of the rug looking up at it; and while the apparent lack of order and attractiveness may puzzle us or even amuse us, the mentally ill person is never amused and is more than puzzled: she is dismayed, fearing that her life, seemingly a jumble now, will never be more than a jumble. Lacking coherence now, it will always lack coherence. Scripture, however, insists that ultimately no one's life is meaningless; no one has to posit an arbitrary meaning in order to render life enduring, fictively enduring. Instead, we affirm that the weaver gathers up all the elements of our existence, including the most painful and incomprehensible, with the result that our life, our concrete existence, finally is and finally is seen to be coherent, meaningful, attractive, useful, a finished work brought to completion.

The church must embody the truth it upholds

The fourth item in the constellation of key spiritual themes is that a community has to embody the truth it claims to cherish. In short, a community has to embody, exemplify, the constellation of spiritual themes discussed to this point. Since scripture attests, for instance, that there is no human being, anywhere, in any predicament, who is ever God-forsaken, the community that upholds this truth has to embody it.

Note: I didn't say there is no human being who doesn't feel God-forsaken. Neither did I say that people have no reason to feel God-forsaken. Indisputably they have. Nonetheless, since it remains true that God doesn't abandon, despise, or reject, there has to be a community that doesn't abandon, despise, or reject. Our concrete embodiment of this truth takes three forms.

Here we must invoke Martin Luther. Luther maintained that Christians live not in themselves but in another; more to the point, in two others: Christians live in Christ by faith and in the neighbour by love. While there is only one way of living in Christ by faith, there are three ways of living in the neighbour by love.

In the first place, and most simply, the community shares its material abundance with those who are especially needy. Everyone is aware, of course, that there is a government-enforced, non-voluntary sharing of our material resources with the needy. This enforced, non-voluntary assistance is found in the combination of graduated income tax and social assistance and health-care. While this arrangement isn't an explicit aspect of the life of the church, it is the indirect illumination arising from the witness of biblically-informed communities. We ought never to sell it short, and we should continue to ask ourselves what might be the social texture of our society if secularism succeeds in extinguishing the indirect illumination of biblically-informed peoples.

The Mississauga congregation I pastored for 21 years partnered with the local synagogue and Baha'i fellowship in developing two affordable housing projects (value: \$35 million). This housing accommodated needy people, among whom were always many who were in psychiatric difficulty, and more than a few whose psychiatric condition was chronic. Quickly we noticed that many of the people we housed were undernourished; whereupon we developed Mississauga's first food bank. It still operates, and every year it distributes food whose market value is \$12 million. Next we noticed that many children were so poorly fed they were underachieving at school; whereupon we fashioned a "breakfast club" in order to give them a nutritious start to the school-day. The "breakfast club" was headed-up by the rebbitzin, the rabbi's wife. She served unstintingly for 25 years. At one point there were 44 people from my own congregation serving in the "breakfast club."

The most elemental level of community is serving the neighbour's material scarcity through our material abundance.

The second way of living in the neighbor by love, said Luther, is more difficult: the Christian community shares the neighbour's suffering. To share the neighbour's suffering where mental illness is concerned is at least to befriend that person, and thereby at least reduce the suffering person's isolation and loneliness.

The mentally ill person suffers what every human suffers in terms of frailty, disease, bodily breakdown through accident, sickness and aging. In addition, the mentally ill person suffers from her particular psychiatric problem, indeed *lives*—lives out—that problem, as the non-psychiatrically afflicted do not live *that* problem, at least.

The third way of living in the neighbour by love, concluded Luther, is more difficult still: it is to share her disgrace. Unquestionably the mentally ill person suffers social stigmatization.

I cherish the friendship of a woman who has been diagnosed with a bi-polar mood disorder; in addition she has an intermittent borderline personality disorder; in addition she has psychotic episodes; and most recently she has become paranoid. She and I have tea together once per month. We relish each other's company, and we email each other as needed between tea-times. Recently at one of our afternoon get-togethers she said, "I don't care what the genesis of mental illness is. I don't care whether it is physiogenic, or psychogenic, or sociogenic. Just end the stigma."

What is the stigma? What has it been traditionally?: that the mentally ill are *humanly* deficient. (No one is denying a psychiatric deficiency, but human deficiency is something else, and theologically impossible for those God-stamped in his own image.) Or she is thought to be morally deficient; or uncommonly wick-

ed; or—perhaps worst of all—in league with the devil, and therefore a candidate for the witch-hunts that slew over 100,000 people in the 16th and 17th centuries.

The Christian community ought to be aware at all times of the appalling burden of the three levels of suffering. More to the point, the Christian community ought to be schooling itself in Luther’s threefold understanding of how Christians live in the neighbour through love.

When I was a pastor in Mississauga my wife and I invited back to lunch each Sunday a different family from the congregation. Several matters need to be noted here. First, the unmarried person was still a family, and should not be overlooked in a society almost exclusively couple-oriented. Second, in a congregation of 400 families there were always several people who had been diagnosed with assorted psychiatric problems. Third, the mentally ill person is not only suffering atrociously herself; her family is suffering too, in a different manner to be sure, but suffering nonetheless.

I came to see that loneliness is a pervasive problem, found no less even among the socially privileged. How much worse is the loneliness in those whose mental illness heightens their isolation? And not to be overlooked is the loneliness in those whose ill family-member has found the family isolated.

In the course of our simple hospitality we welcomed to our home and table the bipolar person, the obsessive-compulsive, the phobic, the schizophrenic, the substance-addicted, and those afflicted with personality disorders. Among these were the “dual-diagnosed”; e.g., the mentally ill person who is also blind, or in trouble with the law.

The role of the community of faith isn’t to mimic the mental health professional; certainly it isn’t to suggest that medical intervention is superfluous. The role of the community of faith is to render concrete its conviction that ill people matter and shouldn’t be ignored. Not least, the role of the community of faith is to hold up—for the sufferer herself but also for the wider society—the truth that Jesus Christ has appointed the troubled of this earth to a future release and recovery more glorious than their pain allows them to glimpse at this time.