I Shall Gather Them Back From the Countries and Bring Them Back to Their Own Land (Ezk:34.18)

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Abstract: Mental illness is not ordinarily considered to be the domain of Theology. Here I propose to ask the question: Should it be? This is a question for practical theology. What would theology make of the experience of mental illness if it heard it first-hand, through the voice of the witness rather than second-hand, through the filter of the analyst's interpretation? My point here is very simple: understanding as distinct from knowledge about any human experience can only be truly gained by listening to the voice of the witness speak their experience as experience. In this paper I invite theological reflection on only one aspect of mental illness, but it is one of the several aspects universal to every mental illness. Depression! The question for theological reflection is this: Is this an illness as posited by the Human Sciences, or is it an ordinary part of the human condition so misunderstood that it is fostered and nurtured into mental illness by secular ears that do not recognise the existential dimension that underpins depression?[1]

Introduction

We begin by evaluating the performance of the Human Sciences into whose country the mentally ill have been flung.[2] If they are doing the job so to speak, then we can have no quarrel with the status quo. If they are not doing the job should we not at least endeavour to understand why? So let us begin with a few statistics, for that is the evaluative tool

[1] I stand in the unique position of having suffered and recovered from mental illness, as well as having a PhD in theology. My doctoral dissertation, E. Pierce, *A Practical Theology of Mental Health: a critical conversation between theology, psychology, pastoral care and the voice of the witness* (unpublished 2007) came from 20 years of working with mentally ill people at the 'coal face' as much as from my personal experience and formal theological studies.

[2] Throughout this paper I will use the words 'country' or 'land' as applicable in keeping with the title.

used by the Human Sciences. We must not judge Science by criteria that is not its own. The statistics of the United States of America will be used because America is presumed to lead the western world in the land of mental hygiene. Certainly we in Australia follow the lead of the U.S.A. in this particular land.[3] But firstly a reminder of why it is the province of theology to scrutinise a science not considered its own:

> The task of practical theology as an original science demands a theological analysis of the particular present situation in which the Church is to carry out the especial self-realisation appropriate to it at any given moment. In order to be able to perform this analysis of the present by means of scientific reflection and to recognise the Church's situation, practical theology certainly needs sociology, political science, contemporary history etc. To this extent all these sciences are in the nature of ancillary studies for practical theology. However, …. it cannot simply draw on it uncritically as though it were already complete and given. Practical theology must itself critically distil this analysis within a theological and ecclesial perspective.[4]

With Rahner's words in mind and a courageous spirit of truth in heart, let us proceed.

The Statistics:

Last financial year (2007-2008) 69 billion dollars was paid out in medical insurance claims for psychiatric services. In the same period 2 trillion dollars was paid out to psychiatrists for personal consultation fees. Not one instance of healing was recorded, not in that financial year nor in any other since the inception of the World Federation for Mental Health was established in 1948.[5] This might be called the birth year of Psychiatry as an accredited associate of professional Health Care.

The Philosophy:

A walk down memory lane into the history of psychiatry and the care of the mentally ill reads like a horror story.[6] While there is little to be gained by berating

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[3]American, Association Medical. *Diagnostic and Statistics Manual IV (*Washington: American Psychiatric Association, 1994). This diagnostic tool dominates the 'diagnosis' of mental illness in Australia.

[4] Karl Rahner, "Practical Theology within the Totality of Theological Disciplines" in *Theological Investigations* Vol 9, (London: Darton, Longman & Todd, 1966), 104-105.

[5]Statistical information available at Home Page: Citizens Commission for Human Rights available from http://www.nyc.gov/html/cchr/home.html; Internet accessed 6 May 2009.

[6] Emil Kraepelin, *One Hundred Years of Psychiatry*. Translated by Wade Baskin. (New York: Citadel Press, 1962).

Science for its demonstrable inability to heal mental illness, it is necessary to try to understand how and why such inability persists if only to attempt to correct the situation. The founding fathers of psychiatry and psychology have many times been critiqued with questionable benefits to understanding and improving mental health care as it is currently practised. Let us therefore propel ourselves into more modern times; into a more modern conception of mental health care. The words of Colonel J.R. Rees, first President and co-founder of the World Federation for Mental Health should enlighten us.

> We must aim to make it [psychiatry] permeate every educational activity in our national life. ... Public life, politics and industry should all of them be within our sphere of influence. We have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church. The most difficult are the law and medicine.[7]

His co-founder G. Brock Chisholm echoed similar sentiments: "To achieve world government [for psychiatry] it is necessary to remove from the minds of men their individualism, loyalty to family tradition, national patriotism and religious dogma."[8]

The Method:

Bio-chemistry was the path established as the one Psychiatry must travel down to achieve its aims. The chlorpromazine drug Thorazine (1955) was psychiatry's entry into mainstream medicine.[9] In its first year of use it accrued 6.6 million dollars for its distributor. More than ten years after psychiatry knew that its most 'effective' drug caused irreparable brain damage a convention was held in San Juan, Puerto Rico (1967) to lay the foundation for the expansion of psychiatric drugs. At the conclusion of that convention Dr Nathan Kline proclaimed:

> The present breadth of drug use may be almost trivial when we compare it to the possible number of chemical substances

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[7] J.R. Rees "Strategic Planning for Mental Health" *Mental Health* Vol. 1, No. 4, October 1940. Rees laid out his views quite specifically in his book *Background and Belief,* (United Kingdom, SCM Press, 1967).

[8] Interview *Psychiatry an Industry of Death*, DVD presented by The Citizens Commission on Human Rights, North Sydney 2009.

[9] Robert Whitaker, R. *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*. U.S.A.: Persues Publisning, 2003. The history of this and the following information is well recorded by Whittaker.

> that will be available for the control of selective aspects of man's life in the year 2000.[10]

The question is self-evident: Is psychiatry focused upon human mental health or control of human life?

Another Point of View:

Let us leave the Human Sciences there. Let us now address the question: Should mental illness be the domain of Theology?

The journey out of mental illness into mental health can only be undertaken if we understand the nature, indeed the naturalness (in the circumstances) of what we call mental illness.[11] Given that there is no scientific evidence that any mental illness has an organic cause,[12] perhaps the most obvious thing to do is re-examine our assumptions about what mental illness is; its nature; its cause; its ever increasing occurrence. In effect ask the long-silent, confronting question: Did theology allow science to proceed unchallenged on fundamental and essentially theological issues with regard to human life-formation? For example, is the scientific paradigm of 'human person' in harmony with the theological paradigm of 'human person'? If not, will Theology fight *for* this belief as doggedly as it fought *against* the heliocentric universe?

God is Dead?

God and the transcendent dimension were long ago removed from the land of mental health – or the mentally ill were long ago removed from the land of God and the transcendent – without anyone ever seriously addressing the elementary question implicit in such a removal. What will the absence of the transcendent

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[10] Interview *Psychiatry an Industry of Death*, DVD.

[11] Chapter Two "A Matter of Interpretation" in Pierce, *A Practical Theology of Mental Health*; Chapter 3, "Definitions and Conceptions of Mental Illness" Human Rights and Equal Opportunity Commission, *Human Rights and Mental Illness* (Canberra: Australian Government Publishing Service, 1993), 38-46.

[12] Report by the U.S. Congress Office of Technology Assessment, *The Biology of Mental Disorder* (U.S. Government Printing Office, 1992), 46-7; World Health Organisation available from **http://www.who.int/mental_health/evidence/en/** Internet; accessed 6 May 2009; Dr Ty Colbert, *Rape of the Soul*, (U.S.A.: Highland Press, 2008); Whitaker, *Mad in America;* interviews on *Psychiatry an Industry of Death DVD*, Dr Andrew Scull, Professor of Sociology and Science, Professor of Psychology Boston University, Dr Gary Null Professor of Science Fairleigh Dickinson University.

world do to the creature 'human person' if the banished world actually exists and the capacity for discerning it is innate in human nature?

The soul-agony underpinning all mental illness is known to society and its mental health experts only by the trite word 'depression'. Because 'depression' is taken to be a medical condition, comprehensible only to the professionals who 'diagnose' it, there is little if any effort made to explain precisely what it is.[13] Perhaps that is because sight has now been lost of the fact that what is called depression may be a 'condition' only in as much as it is – in potential – integral to the human condition. Depression is potentially present whenever there is enquiry into two questions that, one way and another, every human mind asks: Who am I? Why am I here? These two existential questions underpin all depression and they are innate to human nature.[14] Surely this makes depression an integral part of the human condition in as much as it can be actualised if and when the answers to these two innate questions are insufficient.

Exploring Depression

As it is experienced, depression involves a multitude of emotions encountered within a range of intensity levels from mild to extreme. At mild it is experienced by every human person at some time in their lives. At intense it is experienced by those who are called mentally ill. Yet in living experience it is not the level of intensity experienced that establishes mental illness or mental health. Rather it is how one answers the questions that is the nucleus of mental illness and mental health, but answered they must be for they are innate.[15]

Existential questions demand existential answers. The very fact that it is integral to human nature to ask existential questions necessitates the inclusion of the transcendent dimension and the question of God in the land of professional mental health care.

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[13]Home Page of Beyond Blue www.beyondblue.org.au; Internet sited 12 May 2009. Of the 19 chapter headings of *Research: Targeted Research in Depression, Anxiety and Related Disorders, 2001-2007* commissioned by Beyond Blue, 11 deal specifically with depression. Not one of the 11 chapters describes the experience of depression, only its impact on life and the statistics of its occurrence. The full report is available in PDF format.

[14] Chapter Six "Morality", Pierce, *A Practical Theology of Mental Health*.

[15]E. Pierce, *Ordinary Insanity*, (Sydney Pierce Publisher 1984); Chapter Three "Faith" in *A Practical Theology of Mental Health*. This chapter records the impact a 'sufficient' answer has on the healing journey of one suffering a mental illness.

> What is it that alienates man from himself – the confession of God's presence in history and in man's consciousness or the suppression of him from history and the repression of him from consciousness? How is it that a man or a people comes to desist, to "stand down" from human and civilized rank, to fall away into absurdity and non-existence – through knowledge of God or through ignorance of him?[16]

This is not a question merely for theoretical, theological reflection. It is a question for the practical application of theology in ordinary, everyday life. "It is a matter of some importance that students of practical theology concern themselves with mental health. Mental health is central to any critical theological analysis of contemporary social experience."[17]

But God and the invisible world have long been banned by Science; Science incapable of answering existential questions. Thus society is plagued with an epidemic of mental illness its intellectual paucity can only call 'incurable'. The extent to which the transcendent dimension is allowed entry into the land of mental health care marks the extent to which the land of mental health care can facilitate mental health – which it cannot confer. Happiness and peace of mind are not of this world.

The Potential for Depression

Without God the question 'Who am I?' becomes an absurdity of ego concerned only with ego. There is no transcendent Other to whom the question can be addressed. This leaves ego caught in a contradictory dichotomy. On the one hand 'I' am whoever I choose to be.[18] On the other hand 'I' am whatever genetic and/or environmental heredity determine me to be.[19] 'I' will then either seek society's endorsement for who I am (whether self-made or predetermined) or rebel against society.

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[16] J.C. Murray, *The Problem of God*, (New Haven & London: Yale University Press, 1964),120-121.

[17] Mark Sutherland "Towards Dialogue: An Exploration of the Relations between Psychiatry and Religion in Contemporary Mental Health" in *The Blackwell Reader in Pastoral and Practical Theology,* (U.K.: Blackwell Publishing, 2000), 272.

[18] S. Lash and J. Friedman, Eds. *Modernity and Identity*, (London: Blackwell Press, 1992).

[19] The internet lists 6,390,000 sites that posit 'depression' with 'genetic'.

Without a transcendent Other able to gather diversity into unity, (the Economic Trinity) ego is eternally defined against 'other' that must always be divergent at best, deviant at worst.[20] The only unity possible is then uniformity. Be that as it may, the stage is set for a lifetime of ego ambition that will – in psychological parlance – positively or negatively determine ego's destiny.

Positive ego ambition hunts down physical beauty, physical prowess, intellectual, political or artistic achievement and other such ways of gaining society's endorsement. In the absence of a transcendent Other, social endorsement alone becomes the benchmark of success. However, society pays lip service to what might be called 'transcendent virtues'; compassion, justice, love, trust, loyalty to name a few. But these can be 'understandably' set aside if they get in the way of ego ambition, thereby opening the door to social hypocrisy.[21]

Negative ego ambition focuses on a range of options too numerous to name; as many as the human mind can invent to justify rebellion. This rebellion ranges from passive 'victim' to cultish segregation often expressed as 'religion', to a more or less violent attack upon society and all it stands for.

Whether ego ambition is (psychologically speaking) positive or negative, the escape clause for the failure of either is implicit in 'genetic pre-disposition' which the Human Sciences allow all humans to claim. Our society is awash with innumerable human behaviours which fall increasingly into the basket of 'pre-disposition'; vanity, avarice, violence, obsession, sexual identity, attachment problems, oppositional and conduct disorders and delinquency to name but a few. Personal responsibility is diminished if it is not removed by a psychology that endorses and indeed encourages abdication of responsibility. The symptoms of 'mental illness' continue to increase.[22]

Whether the ego choice is for endorsement or rebellion attention is focused upon the concrete world; there is no other. Yet for all the denial of a transcendent dimension there is incontrovertible evidence that society is caught up in a chaos of

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[20] Pierce,Chapter Five "Relationship: A Trinitarian Paradigm of Reality" in *A Practical Theology of Mental Health*.

[21] Personalist theories, varieties of repressionist theories, lack of values clarification, permissiveness and moral immaturity are all grounds for suspending personal responsibility. *Gale Encyclopedia of Psychology* 2nd ed. s.v. "Stages of Moral Development" (Gale Group, 2001).

[22] *Diagnostic and Statistics Manual IV*. This 'diagnostic tool' was first published in 1917. It has been re-vamped increasing in size four times. Even now the World Health Organisation, which publishes its own diagnostic manual, has gathered a panel of experts to re-examine and re-classify symptoms of mental illness into further categories of syndromes to identify and classify mental illnesses. **http://www.who.int/mental_health/evidence/en/** Internet; accessed 6 May 2009;

mental, physical, spiritual and emotional activity that keeps the transcendent at bay; keeps it from playing any part in life; keeps it from answering the existential questions ... until the ill-fitting garment of life becomes unbearable, disintegrating into a soul-agony beyond description; a soul-agony society calls depression.

Depression Actualised

At extreme, depression – or more precisely, existential anxiety – is so painful it can and often does drive the sufferer who knows no other way, to end the pain by ending life. Depression does not have but two levels, one mild the other extreme. Depression moves along a continuum from one end to the other. It can be experienced at every stage along the continuum. This is probably the reason those not identified as mentally ill fear those who are. From mild to extreme, depression contains experiences universal to the human condition.

What society calls mental illness occurs when the inner person can no longer hold the transcendent at bay, yet for a variety of reasons cannot answer the questions in a way that *naturally* includes the transcendent. The natural place of the transcendent has long been denied by a godless society. Unable to remove an ontological link it has denied, the godless society drives it to the fringes where it is all too readily associated with lunacy. Little wonder there has ever been recognition of the correlation between spirituality and mental illness, yet paradoxically no realisation of the primal necessity of it for mental health.[23] For the Human Sciences, God may or may not be the problem, but He has never been deemed the solution.

Those who have suffered depression at an unbearable level of intensity – and survived – know that depression ultimately has only one solution – surrender; surrender to death – suicide – or surrender to Life. Surrender to Life is an embrace – not just acceptance, but embrace – of all that is life; the pain, the joy, the hope, the despair, the tragedies, the triumphs. Ultimately Life is in the embrace of the God of love and consolation, the God the world has forgotten in its ever growing arrogance; in its belief that it can heal the human condition; in its confidence that it can control an existential pain it has not begun to comprehend.

[23]Both Freud and Jung made the connection between spiritual experience and neuroses, each giving it their own interpretation. The correlation between mental illness and spirituality is becoming more and more evident. The tragedy is that the human sciences still dominate interpretations for this correlation.

The world's solution is drugs. Drugs called 'medication' blunt the intensity of unbearable depression by numbing, to a greater or lesser extent, the entire emotional system. All emotion, both good and bad, is numbed and held in check by substances nature never intended should invade the human body. But they 'control' the pain, making it bearable in the half-life that is left, even if they can never heal it. Anyone who takes medication for depression knows – cease the medication and the pain returns – unless you admit the Reality at the centre of the transcendent; unless you find Life in the God of love and consolation.[24]

Understanding Depression

The multitude of emotions in depression varies from person to person. Among them is fear, loneliness, sadness, isolation, anger, distrust, despair, a sense of futility, of impotence, of worthlessness. Innate to depression is an existential fear society names 'anxiety'.[25] It is a fear that has no object, no face, no name. It is inexplicable. Anxiety experienced in extreme depression is beyond articulation. It is almost beyond communication. Perhaps that is why all words used to describe it sound trite. It is incomprehensible at the level of intellect, yet it can be communicated between sufferers at an unspoken level none can elucidate. It is communicated in silence.

Depression accompanies every mental illness. Indeed depression as potential accompanies every human person on the journey of life. Does that mean that every human person is mentally ill? Or does it mean that those we call mentally ill are initially ordinary people at least as sane as the rest of us, just intensely aware that human happiness needs considerably more than the concrete world can offer? Are we allowing the more spiritual, the more sensitive, the more intuitive among us to be fostered and nurtured into illness by a scientific paradigm that has no way of recognising spiritual dis-ease as distinct from mental disease? Perhaps that is why drug-therapy, which can certainly control, has never healed. What can drugs do to alleviate soul-agony?

Conclusion

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[24] Pierce, Chapter Three "Faith" in *A Practical Theology of Mental Health*.

[25] Paul Tillich, *The Courage to Be*, 2nd Sub. Ed. (London: Yale University Press, 2000), particularly Chapters 2 & 3.

Every priest facing his congregation every Sunday might reflect that one in every five persons listening to his Sunday sermon is suffering from depression.[26] One in every five persons is hoping to find peace of mind if not happiness in drug therapy. One in five is destined to go through life believing they have not the ordinary ability to cope with the human condition; an ability available to their brothers and sisters in Christ. Is it not possible to help them realise that with the Holy Spirit of the Living God as the wind under their wings they are invincible?
And so the question: Should 'mental illness', or more precisely mental health, be the domain of theology?

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[26] Beyond Blue, *Research*, 8. This statistic is agreed upon by several mental health organisations, both NGO and Government.

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