

# Introduction

*Look to the right and see; For there is no one who regards me;  
There is no escape for me; No one cares for my soul.*

—Psalm 142:4

*The spirit of a man can endure his sickness,  
but a broken spirit who can bear?*

Proverbs 18:14

*Suffering ceases to be suffering in some way  
at the moment it finds a meaning.*

—Viktor Frankl<sup>1</sup>

The ubiquity of mental illness and its exponential growth in the US has made it the primary “medical disability” of our time. This pervasiveness and the destructive force behind it to destroy human spirit demands an urgent attention not only from medical community and social policy makers, but also from the church. In the history of Christian communities, mental illness has tended to be viewed as some form of malignant manifestation that stands against the will and rule of God. It has thus tended to evoke a response from within the church. Today, for the most part, that response has been delegated to the medical profession and the state. I hope that by the end of this book you will understand why the church is so well placed to reassume most of that responsibility.

1. A Country Doctor, “Treating Pain,” Lines 1–2.

## In the Fellowship of His Suffering

The issue of mental illness has invited and ignited many debates in the current philosophical and scientific realms. In this book I show how we have come to frame mental illness in contemporary America. The twentieth century saw an astronomical rise in the popularity of the biological sciences as explanatory frameworks for everything related to human beings. Psychiatry has attempted to develop a scientific context to capitalize on that success and create a framework for how we view and name those experiences that make up the criteria “mental illness.” Here, I evaluate those attempts and explore the challenges of modern psychiatry in normalizing human behavior based on scientific theories. The intention of this study is to determine whether the church could or should intervene in such encounters, and if so, what such an intervention might look like.

Mental anguish can cripple individuals in variety of ways. Among all manifestations of distress, anxiety, fear, and mental confusion, nothing can be more destructive than what psychiatry has called “schizophrenia.” This has been the most elusive, cruel, and puzzling “mental disorder” of all times, leading to prolonged disability and intense personal suffering. Furthermore, it attacks the core of a person’s consciousness, sense of identity, humanity and ability to relate to others and to God. In this book I propose a biblically based Christian framework for interpreting the phenomenon of “schizophrenia” by reflecting theologically on the experience quite apart from what psychiatry may or may not have to say. I argue that not only is “schizophrenia” not pathological, but rather it touches on the most fundamental fragilities of the human soul—hence, it is a very critical pastoral issue. I suggest that madness ought to be recognized as a phenomenon, both *theological* and *teleological*, with a deep prophetic voice, exposing our state of sinfulness, calling the church into repentance. Given that, we will explore how the church ought to encounter it effectively and faithfully.

Every research project is justified by a problem that demands an answer; a problem that baffles the mind and emerges from an experience that challenges existing understandings. At times the questions need to be asked in new ways and the accepted theories may need to be reexamined fundamentally. It was such an experience that motivated this research and that is perhaps motivating your reading of it. What follows is a summary of my personal experience with my daughter’s mental illness, which is vital for understanding the shape and texture of this study. That being so, and in line with the method and approach of my chosen discipline of practical theology, I will begin by laying out the issues I intend to address in this study via my own story.

In this study my intention is to expose the reader to some of the best research in the field of mental health, spanning a variety of disciplines. However, reflection on my experience with my daughter Helia will help to locate the study and offer some provisional pointers as to the issues I intend to focus on in this book. In writing this book I have benefitted from a wealth of wisdom and insight given by many psychiatrists, scientists, journalists, and theologians. To avoid cluttering the message, I have kept the footnotes to a minimum, but an extensive bibliography is provided to guide readers to sources that have influenced my thinking and my writing.

In the middle of 2000, after an intense religious experience, my 22-year-old daughter, Helia, began a journey of madness. She was a healthy, well-educated, stunningly beautiful girl at the prime of her life—a recent graduate of one of the top universities in the country, and was about to be engaged to the love of her life. Helia was a devout Christian, and her life was centered on her faith. By all standards she was blessed beyond measure.

It is an underestimation to say that her illness “caught everyone by a surprise.” The girl who was known to be fun, happy, talkative, and the center of attention in every room she entered had suddenly become removed and self-reflective. She was no longer participating in life. Instead, she spent her days on her knees praying and fasting. This change marked the beginning of what became a downward spiral into an abyss of darkness.

My husband and I, like any “good” American parents, took charge and by force and against her will put her under psychiatric treatment. But regardless of our ardent efforts to bring her back to “normal,” she was not getting “better.” In fact her condition worsened with each and every new treatment. In order to care for her, I gave up my career as a successful senior executive in corporate America. Having come from the business world, my expectations were quite logical. I expected the physicians to have answers to my most basic questions: “What had happened to her?”; “What is the prognosis for her illness?”; “How long will her condition last?”; etc. To my surprise, the physicians offered no convincing answers. In fact, Helia’s diagnosis changed every few months and so did the treatments. She was hospitalized several times against her will and the explanations and the manifestation of her illness were getting more confusing and stranger every day. All our efforts to save our daughter were to no avail. We were losing her and we weren’t sure to whom or what.

The psychiatrists could never settle on a concrete diagnosis for her, mostly because her condition was changing all the time. We had embarked

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on a long journey with no clue about the nature of the encounter. Every year we would change to a new psychiatrist, hoping that maybe this new psychiatrist—who always came with the highest of recommendations—would know what was wrong with Helia. Every one would start with confidence, but when faced with a mixture of “symptoms” that seemed to cross many conditions, from depression to “mania,” to catatonia, to “schizophrenia,” and faced with the ineffectiveness of the treatment, they would wonder whether the problem was something else, or just how to proceed. I was often baffled by the confusion I witnessed among the psychiatrists. After all, I was living in the most technologically advanced country in the world. My child was receiving the most expensive treatments. Why was she getting worse? There was no explanation.

Over the next many years she was seen by several Christian and non-Christian psychiatrists and psychologists. Her diagnosis changed from Psychotic Depression to Anxiety Disorder to Bipolar Disorder to Obsessive Compulsive Disorder (OCD), to Schizoaffective Disorder, and finally to schizophrenia. But none of the diagnoses would ultimately explain the complexity of Helia’s condition. And none of the physicians could fully explain the rationale behind their diagnosis. For example, they thought she suffered from OCD because she was praying too much, or that she was depressed because of her sudden turn toward reclusive-like behavior, but that only touched on a few of her “symptoms” and behaviors.

With each new diagnosis, Helia was subjected to an array of treatment plans. She was given a dozen different psychiatric drugs, including some of the best-known antipsychotic, antidepressant, and anti-anxiety medication. Helia felt the impact of each drug. Some had a positive impact, but most impacted her negatively—her beautiful face became covered with blistering pimples; she gained weight; her cholesterol skyrocketed; she was losing her hair; and, most of the time, she was very irritated. Her facial expression screamed fear, anger, confusion, and death. There was a dark frown covering her face all the time. She did not look like our daughter anymore!

It was so easy to think that God had forsaken us. Regrettably, the church was of no help in the midst of this intense suffering. Most Christians were either at one end of the spectrum, thinking this was a demonic attack, which caused them to want to stay away, or they were at the other end, perceiving this to be purely a biological phenomenon, which rendered them helpless, because then it was the purview of the medical sciences. Helia was dying before our eyes and we could not help her. The situation felt so hopeless. We were scared of what we were witnessing. She

had gone down so deep that we could not reach her anymore. We could not love her enough to overcome the power of evil that had taken her away from us. Her body was lying on the bed, frail, pale, with few signs of life. Her eyes were glazed over; she seemed to be gazing at something far away. We could not get her to look at us; we were not even sure if she heard us when we talked.

Helia's condition continued to worsen. Her behavior had become very scary. She would not eat or drink for days or weeks and was becoming less mobile. She would freeze in strange postures for hours and sometimes days, and then, suddenly, she would transform back to normal postures and movements. There were times when she would keep her mouth open and stare at a single point for many hours without the slightest movement. She did not even seem to blink! She would stand in one location with her body twisted and her fingers twisted, her head held in strange ways as if she were staring at something through the wall! It was as if her twisted body was a picture of her twisted soul. She was driven mad by the sight of what she was seeing. She was speechless, motionless, and seemingly lifeless. Her twisted body in her strange frozen postures was more reminiscent of a piece of dark cubist art than the body of a stunning twenty-something-year-old.

The days and weeks and months and years were passing. Her condition was regressing. Our lives were completely changed. The whole family was pulled into darkness with her.

She was frozen in her bed, not moving, and had lost a lot of weight due to starvation. Though Helia is about five feet, ten inches tall, at one point she weighed only eighty-five pounds. She was appallingly emaciated—we could virtually see her ribs from under her skin. We were very concerned about her physical health. Though she was showing no signs of discomfort, it was very scary to watch her melt away before our eyes. As a caregiver, I was witnessing a phenomenon beyond that which words could describe. Her condition had consumed our family and had transformed us beyond our wildest imaginations. It was obvious to all of us that this was far more than a “brain disease.” It was as if she was speaking to us through every “sign” and “symptom.”<sup>2</sup> Her condition was deeper and darker than

2. We, like most Americans, had been convinced of the medical model of “schizophrenia.” It was only after much research that we came to comprehend the hermeneutical nature of this phenomenon and the fact that psychiatric diagnosis is only one frame in which such experiences can be understood. This construction is true and real insofar as it helps with research, but other discourses construct illness through other images that are harder to grasp and yet are exceedingly powerful. Our encounter was bound to take us beyond the medical to social, political, ethical, and certainly theological areas

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what medical science could explain. It was only when we started really listening to Helia's silent communication that we decided to abandon our quest for medical answers and start exploring a different route.

Suffice it to say that her condition lasted many years. She was mute, catatonic, starving, completely out of this world. Her journey of madness changed everyone around her. It was by the grace of the amazing God she worshiped that one day she rose up and walked out of that grave that had swallowed her in for more than seven years. She got up and came back to this world. That was in 2008. Today, she suffers from many residual problems; by no Western standards can she be considered functional. Though we lost forever the person she was before her illness, we are grateful that she is alive and engaged with life despite all her challenges.

John Foskett, who was the chaplain at Bethlem Royal and Maudsley Hospitals, speaks to the significance of madness: "Madness' is an important matter. Words about it are not adequate even to capture its mysteries let alone to reveal its meaning. To understand it one has, incarnate like, to enter into it—into one's own and other people's madness. It is my experience and conviction that there is meaning to be found there."<sup>3</sup> I entered into Helia's madness during the years I cared for her. What I witnessed there shattered me into dust and has changed me forever. In search of answers, I worked among mentally ill persons for several years. Helia's hospitalizations also brought me into contact with people suffering from mental illness and their families. I spent countless days and hours sitting in the dark and hopeless corridors of mental hospitals conversing with those who were forgotten by their society. Through them, I recognized that what I had experienced and what I had learned had to be exposed and shared with others.

This research and subsequent writing that underlies this book was birthed out of my ardent pursuit of answers to the mysteries of madness. What follows is the result of a very personal and passionate exploration and investigation, one that literally became a matter of life and death for my beloved child. This book is a testimony to her and a challenge to assumptions behind the contemporary Western explanations of mental

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where different meanings were formed; and no one model alone could speak the truth. Bradley Lewis, himself a psychiatrist, explains that alternative interpretive "models of madness" can "counterbalance the dominant-hegemonic psychiatric readings," and they are legitimately developed, not based on science, "but on the perspectives and values of the person and persons involved." Lewis, *Moving Beyond Prozac, DSM, & the New Psychiatry*, 96, 108.

3. Foskett, *Meaning in Madness*, xi.

illness. My experience with Helia is that there is a spiritual dimension to her experience and indeed to that of many others like her. That spiritual dimension not only needs to be brought to light, but actually needs to be allowed to shift, change, and transform both understanding and practice, beginning with the church.

The aim of my research was to investigate the deeper meaning behind “mental illness”—and specifically “schizophrenia”—and to evaluate the related care practices from a Christian perspective.<sup>4</sup> As such, it is necessary to evaluate this phenomenon by reflecting on the manifestation of it through a theological lens. Doing so will help to discern how God is active in the midst of it and, more importantly, what he intends to accomplish through it in his ongoing work of redemption. By discerning meaning in madness, we can then formulate strategies for actions and practices that will enable the church to respond to the call of God. It is important to note that defining a particular form of “mental illness” such as “schizophrenia” with any level of precision is very difficult. In fact, some “symptoms” of “schizophrenia” are shared among several other mental illnesses catalogued in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. For that reason, the terms “madness” or “insanity” are often used to bundle manifestations that project a subjective reality different from what is perceived or experienced by most others in the community.

Although this study will benefit from global research, my primary focus is the American system of mental health care, for this is the context from which my experience with Helia and the church comes and back into which my findings will feed. According to a report published by the National Institute of Mental Health (NIMH), one out of every seventeen Americans suffers from a debilitating mental illness at some point in their lifetime. Mental illness does not discriminate against age, race, gender, or social class. It can and does afflict anyone. Moreover, they claim, “an estimated four million American children and adolescents suffer from a severe mental illness.”<sup>5</sup> The lack of knowledge about the etiology of mental illness has made the treatment challenging and subject to trial and error

4. For the official categorization of “schizophrenia” in American Psychiatric Associations (APA)’s *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, see DNA Learning Center, “DSM-IV Criteria,” 1–18. Also see Brown University, “Schizophrenia (DSM-IV-TR).” It explains: “Schizophrenia is a chronic, more or less debilitating illness characterized by perturbations in cognition, affect and behavior, all of which have a bizarre aspect. Delusions, also generally bizarre, and hallucinations, generally auditory in type, also typically occur.” I will be developing and criticizing such definitions later in the book.

5. Levitt and March, *Transformative Neurodevelopmental Research in Mental Illness*.

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and therefore the cause of incomprehensible levels of suffering. Furthermore, it attacks the core of a person's consciousness, sense of identity, humanity and ability to relate to others and to God. Stephen Pattison believes, "Mental illness will continue to present an enormous, perpetual but hidden challenge to all healing systems for the foreseeable future."<sup>6</sup>

The issue of mental illness has invited many debates in the current philosophical and scientific realms. Some have completely denied its existence.<sup>7</sup> Others, such as American Psychiatric Association (APA), consider it to be a physical (i.e., brain) disease. This position stems from a belief that the mental phenomenon is the byproduct or outworking of the neurology of the brain. In short, there has yet to be a consensus on what constitutes mental illness. Arthur Kleinman, a psychiatrist at Harvard Medical School and a professor of anthropology at Harvard University, defines illness as the innate "human experience of symptoms and suffering." Illness, for him, points to "the principal difficulties that symptoms and disability create in our lives." For Kleinman, illness is "always culturally shaped" and may vary in different contexts. He views an "illness" as distinctly different from a "disease," which refers to "an alteration in biological structure or functioning."<sup>8</sup> Notwithstanding the current debates, the phenomena known as mental illness cause personal and social disruption and have been an integral part of all societies and cultures. George Rosen states:

Every society recognizes certain extreme forms of aberrant behavior as mental derangement or insanity. In other words, along the range of human behavior, from that which a society considers normal to that which it regards as abnormal, there is some point or section at which a social judgement is made and an individual comes to be regarded as mad.<sup>9</sup>

The ubiquity of this illness and the destructive force behind it to destroy human spirit demands an urgent attention from all involved. I agree with Pattison's claim that, "In many ways, there is no more important disorder for Christians to study and respond to than mental illness."<sup>10</sup> Along the same line, Aarne Siirala points to the importance of "the conquest of the powers which cause mental illness," in Scripture, "as a sign of the messianic

6. Pattison, *Alive and Kicking*, 104.

7. Szasz, *The Myth of Mental Illness*, 329.

8. Kleinman, *The Illness Narratives*, 3–6.

9. Rosen, *Madness in Society*, 101.

10. Pattison, *Alive and Kicking*, 103.

age,” and the coming of God’s kingdom.<sup>11</sup> Given such an intense impact on the human spirit, the intent of this study is to determine whether the church could or should intervene in such encounters, and if so, what such an intervention might look like.

Mental anguish can cripple individuals in variety of ways. Among all manifestations of mental distress, nothing can be more destructive than what psychiatry has called “schizophrenia.” This has been the most soul-wrenching and mysterious “mental disorder” of all times, leading to prolonged disability and intense personal misery. The term “schizophrenia,” coined by Eugen Bleuler, a Swiss psychiatrist, has a Greek root and its literal translation means “split mind.” Popularly, the term is known to refer to “split personality.” However, most people diagnosed with “schizophrenia” do not suffer from split personalities at all.<sup>12</sup> Bleuler came up with the schizophrenia label not implying a double consciousness that would control the person alternately, but rather he meant to point at “the ‘splitting’ of psychic functions.” There was a chasm between that part of a person’s consciousness that knew what was happening, versus another part that experientially felt what was happening—what Ian Hacking calls “a split between sense and sensibility.”<sup>13</sup> Hacking explains,

Schizophrenia is an absolutely dreadful condition. There are those who urge that it is the worst illness that is now rampant in the Western industrial world. You can think of schizophrenia, rather than cancer, say, as the worst disease of prosperity because it so often strikes at young people just as they are about to enter adult life. The impact on families is horrible. One of the worst things about severe episodes in the life of schizophrenics is that other people are terrified as they see good sense and order turned upside down, chains of ideas turned into threatening parodies of ordinary life. The withdrawal, the indifference, the fascinations; speech awry, glances blocked, feelings inverted—above all strangeness.<sup>14</sup>

People diagnosed with “schizophrenia” are “besieged by auditory hallucinations, persecutory delusions, confused thinking, and mood swings.”<sup>15</sup> It is the severity of this illness and its damaging blow at the spiritual life

11. Siirala, *The Voice of Illness*, 51.

12. Andreasen, *Understanding Mental Illness*, 19.

13. Hacking, *Rewriting the Soul*, 130.

14. *Ibid.*, 138.

15. Patterson, *The Therapist’s Guide to Psychopharmacology*, 105.

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of the individual and the family that demands a practical solution. How might we understand this illness and its influence on the lives of God's people?

Before delving any further, it should be noted that in this study I have chosen to not use gender inclusive language in general and in particular in reference to God. Since God is generally referred to in Scripture with the pronoun *he*, this pronouncement is respected in this book. Many might object to my use of male pronoun in all my references. For simplicity of writing, instead of using she/he, or referring to the person in neutral ways, as "the one"—which would make the writing convoluted on many occasions—I have chosen to consistently use the male gender as my primary grammatical device. This is by no means intended to offer any hidden meanings to the significance of one gender over the other in relation to the particular subject being discussed.

## Methodology

The discipline within which this study is located is practical theology. Practical theology aids the church in reflecting theologically on life situations in order to facilitate a faithful Christian understanding and response to the problems of the world. There are different schools of thought led by prominent practical theologians. However, what they have in common is that they all advocate the importance of integration of theory and practice. They all want theology, in general, and practical theology, in particular, to be a *reflective* discipline that wrestles with the application of faith to the world and engages in dialogue with other sources of knowledge.

According to James Fowler, "The way forward in practical theology involves placing more radical trust in God's self-disclosure and promises found in our traditions of revelation"; more intentional involvement in our social-historical contexts in anticipation of the inbreaking of God's love, and a greater commitment "through present action and prayer, to make us partners in God's work of creation, governance, and liberation/redemption."<sup>16</sup>

As a result of the influence that social sciences have played on the nature of practical theological studies, Scripture has tended to take a back seat. Can theological formulation afford to play down the role of Scripture? The Christian tradition claims to have received *special* revelation from God and that *special* revelation is the inspired Scripture that points to the

16. Fowler, "Practical Theology and Theological Education," 58.

*soteriological* Truth, and, as such, that Truth is *accessible*. “Were there no ‘general revelation’ there would be no religion in the world of any kind,” says B. B. Warfield, “were there no ‘special revelation’ there would be no Christianity.” In other words, God’s general revelation in nature is almost indisputable (Rom 1), but it is the special *salvific* revelation, revealed only in Scripture, that is unique to Christianity.<sup>17</sup>

The exalted position of Scripture as the master guide in pastoral ministry becomes in focus when we ask: “Is the person in ministry the ‘mouth-piece of the Most High’ to do God’s work among his creation, to bring healing to the oppressed and wholeness to the broken”? “Is he standing on behalf of God before the world which is in pain to make known to them who this God is and what his purposes of grace are, and how he might be accomplishing his purposes”? If the answer to these questions is “yes,” then the nature of theological studies is forced to change. Then it is the knowledge of God that is revealed by him through Scripture that becomes the guiding light in that ministry. As Warfield reminds us, if the aim is to lead people into the *saving* hand of God and to build them up into a true knowledge of their Creator, to know his will for their lives, “which will be unassailable in the face of fiercest assault,” no second-hand rationalistic knowledge of the revelation can suffice the needs of a ruined world.<sup>18</sup>

Faced with incomprehensible mysteries of madness, we are confronted with the challenge of doing the practical theological work with methods that align with a Christian epistemological framework as revealed to us in Scripture empowered by the Holy Spirit. Otherwise, our ministry is not powered by the revealed ways of God, and instead of working toward transformational healing, as Andrew Purves points out, it “languishes in the pride of our own attempts to storm heaven.”<sup>19</sup> In order to ensure the centrality of Scripture, and a theological foundation that is faithful to the Christian tradition, I have aligned my methodology with the work of John Frame, a leading conservative systematic theologian and a Christian philosopher with Calvinistic views. Frame’s commitment to the doctrine of divine sovereignty and covenant theology brings particular sensitivity to God’s workings in the lives of his people. His central focus is on Scripture as the Word of God, which drives all theological work. In that context, he offers a methodological framework for doing faithful Christian theological work without being overrun by secular views. He allows the voice of

17. Warfield, *Selected Shorter Writings of Benjamin B. Warfield*, 25–27.

18. *Ibid.*, 369–76.

19. Purves, *Reconstructing Pastoral Theology*, ix

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other sciences to be heard, but always in submission to Scripture through the use of a “hermeneutical circle.” He explains:

We come to know Scripture through our senses and minds (self) and through Scripture’s relations with the rest of the world. . . . But then what we read in Scripture must be allowed to correct the ideas we have formed about these other areas. Then as we understand the other areas better, we understand Scripture better. There is a kind of circularity here, a “hermeneutical circle” if you will, but that does not prevent Scripture from ruling our thoughts; it merely describes the process by which that rule takes place.<sup>20</sup>

Frame points at a series of triads in the Bible (referred to as triperspectivalism), which all represent significant perspectives on a unified entity, on top of which is the concept of Trinity. The concept of Trinity has been a source of mystery and challenge for Christians throughout the history of Christian faith. The Christian God is one God who comprises three persons: Father, Son, and Holy Spirit. The three persons are divine and participate in every act of God. They may have distinct roles in every divine act, yet they make up one God, not three gods. Scripture points at different activities for each person in the fulfillment of God’s plans. Frame explains that in every divine act *all* three persons are present; even when one has a distinct role the other two are participating toward the fulfillment of plan. The Scripture emphasizes that “the Father and Spirit are ‘in’ the Son; the Son is ‘in’ the Father; and the Spirit is the Spirit of the Son and of the Father” (John 10:38, 14:10, 15:26; Rom 8:9). Now, since each person is “in” the other two, we cannot know each person without knowing the other two, and we cannot know God without knowing all three and their correlations. This Trinitarian model is the foundation for Frame’s triperspectival method.<sup>21</sup>

Frame’s theological formulation is informed by three perspectives on knowledge: 1) it attempts to apply Scripture (*normative perspective*); 2) by persons who bring their own reason, emotion, experience, and faith into the theological work (*existential perspective*); 3) applied to circumstances (*situational perspective*).<sup>22</sup> God’s knowledge is the absolute Truth. Frame explains that “knowledge of God involves (and is involved in) knowledge of His law, the world, and ourselves.” Therefore, these three perspectives

20. Frame, *Knowledge of God*, 89.

21. Frame, “A Primer on Perspectivalism.”

22. Frame, *Knowledge of God*, 80.

are *correlational* and *coexistent*; they “are involved in one another because of their mutual coordination in God’s plan.”<sup>23</sup> In this triperspectival method, Frame affirms the idea that human beings are finite creatures and as such their knowledge is limited to their personal perspectives. It is only God who is omniscient and knows everything there is to know about anything. Therefore, for people to develop an enhanced understanding of any topic, it requires that multiple *perspectives* come into play to create a fuller picture of that reality. This finitude of human knowledge, and our fallibility due to sin, makes it necessary for us to be open and humble before other perspectives. We bring our backgrounds, our education, emotions, our reason and our faith amongst other attributes into our perspectives. Because of God’s sovereignty over all elements in creation, all finite perspectives are interdependent; and God’s perspective governs and includes all other finite perspectives. The process of gaining knowledge is always “communal.” The importance of this communal interdependence for discovery of truth is affirmed by God when he reveals his truth to us by human authors with multiple perspectives (i.e., the four Gospels within the context of the unity of Scripture).<sup>24</sup>

Frame sees the work of theology to transcend the statement of biblical doctrines and to engage in questioning us, commanding us, inspiring us to worship and giving us a sense of awe. For this reason he suggests “adopting new forms of expression,” to engage the world and existential experiences with the fullness of God’s revelation in Scripture.<sup>25</sup> As an example, he draws on the work of Richard Pratt, suggesting that Scripture can be looked at through metaphors of “picture,” “window,” and “mirror.” Scripture as the *canon* is the “object of literary analysis,” in the same way that a piece of art is analyzed by an art critic—a symbol of “Scripture-as-‘picture.’” “Scripture-as-window” functions as “a portal to events through *historical analysis*.”<sup>26</sup> This way, looking through Scripture one would come to see something else, such as learning about the redemption of our souls through God’s acts. Finally, and most relevant to our study, “Scripture-as-mirror,” mirroring “our own lives,” helps us to look at Scripture in search of answers to human questions, that we may find ways to meet personal

23. Ibid., 65.

24. Frame, “A Primer on Perspectivalism.”

25. Frame, *Knowledge of God*, 202. Frame’s contextual interpretation of Scripture is in line with the traditional appeal to *sensus plenior* (“fuller meaning”) as God’s voice is heard into his people’s lives. Kaiser and Silva, *Hermeneutics*, 336.

26. Pratt, “Pictures, Windows, and Mirrors in Old Testament Exegesis,” 156–67.

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needs. Frame sees Pratt's "picture," "window," and "mirror," respectively to correspond to his "normative," "situational," and "existential" perspectives.<sup>27</sup>

The *normative* perspective is about the authority of God's law, but this law can be understood only in "its relations to the world and the self." In other words, its application and meaning are identical. Frame says:

Thus all knowledge is a knowledge of the law. All knowledge also is a knowledge of the world, since all our knowledge (of God or the world) comes through created media. And all knowledge is of self, because we know all things by means of our own experience and thoughts.<sup>28</sup>

Therefore, these "three kinds of knowledge" are the same knowledge, understood from three different "perspectives," each perspective being dependent on the other two.

The *situational* perspective highlights life circumstances, and uses extra-biblical data from a variety of sources, such as language, logic and science, to bring a situation before Scripture. Sciences used for such analyses will function as "tools of theology."<sup>29</sup> Therefore, the church achieves "theological progress" only when she "creatively and faithfully responds to difficult situations on the basis of Scripture." As a Calvinist with belief in the sovereignty of God, Frame explains that every situation reveals God; "for everything is under His control, authority [and] presence."<sup>30</sup> As the theologian brings situations of life before Scripture, it is under the guidance of the Holy Spirit that God's mysteries are revealed in new ways. In regards to sciences as "tools of theology," he values how by "describing the situation," they can aid the church to reconsider her "*interpretations* of Scripture," and yet cautions the church to guard against "unbelieving presuppositions."<sup>31</sup>

Under this perspective, we will look at the content of the experience of mental illness and see how it manifests in the real world. How do all parties involved view the situation? What is the problem with the situation that demands some corrective actions? The intent is to suspend all non-biblical presuppositions and just observe and listen carefully to the actual lived experience of a person, and other forces at work, so that we can truly

27. Frame, *Knowledge of God*, 204–5.

28. *Ibid.*, 89.

29. *Ibid.*, 215.

30. *Ibid.*, 307.

31. *Ibid.*, 313–15.

understand the situation. Additionally, we will look upon extra-biblical sources of knowledge about mental illness, such as psychiatry, psychology, anthropology, with the intent to create a rich, thick description to deepen the key themes that emerge from the original experience. John Swinton and Harriet Mowat explain:

To complexify something is to take that which at first glance appears normal and uncomplicated and through a process of critical reflection at various levels, reveal that it is in fact complex and polyvalent.<sup>32</sup>

By complexifying the situation, we seek to answer the following questions: What are the cultural contexts that impact the way “mental illness” is perceived? How does that perception influence the treatment options? What are the historical and political dimensions of this phenomenon? Who is benefiting from it and who are the victims? What are the real barriers to recovery? Is there a common theme behind the cases of those who have recovered? Can analyzing those recovered cases lead us to a systematic thought about the true dynamics that are at work? How has the church dealt with this phenomenon historically and why? This will open a “window” into the inner texture of the experience separate from any theoretical overlays imposed on it by the outside world. Situations never happen in abstraction. They always happen in a context and have different forces affecting them. Our task is to expose these hidden dimensions.

We will be concerned to learn how the experience of “schizophrenia” might fit within God’s redemptive plan and what the theological implications of our findings might be. If God has revealed himself to man by speaking to him, can his voice be heard in this particular situation? How might this experience and all we have learned about it challenge our faith and vice versa? Are there deeper purposes and hidden meanings that will come to focus through our faith magnifying lenses? Is there a prophetic insight and wisdom that should be brought to bear on the experience? Are the practices involved with the care of the “mentally ill” appropriate in the context of Christian faith? The attempt is to figure out what is going on and what needs to be changed moving forward. This work is critical, analytical, and aimed at challenging us to abandon current false assumptions and beliefs and embody faithful Christian practices.

Frame puts a great emphasis on the “intensely personal nature of theology”—hence the significance of the *existential* perspective. He perceives

32. Swinton and Mowat, *Practical Theology and Qualitative Research*, 13.

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theology to be the application of one's "deepest convictions," and "his presuppositions." Therefore, inevitably, the theologian will share "*himself*" with others at some intimate level.<sup>33</sup> This is a very different view of theology than one depicted by those who conceive of theology as an objective academic exercise. For Frame, impersonal theology is an outright impossibility since theology must address the deepest issues of human life in relation to God. Since God cannot be detected empirically, the knowledge of God cannot be reached "by the experimental methods of natural science." He affirms the value of propositional language to convey information *about* God, but stresses that knowing God is a *personal* journey led by the Holy Spirit. Frame notes that people's ideas are not separable from who they are, as "God's Word is one with God himself." A theology not touched by personal experiences is "a theology without a soul."<sup>34</sup> In fact, the divine authority of Scripture encounters a person in his concrete circumstances, as it did for me in my personal experience with Heli's illness. It allowed me to enter into God's story of redemption.

It is Frame's high regard for the authority of Scripture, his belief in theology's role to "*meet human needs*" through "reinterpretation and re-proclamation of Scripture"—that they may come to know God and his revealed Truth—and his triperspectival approach to knowledge, that makes his methodology attractive for this study. He rejects the application of theology as "a narrowly intellectualist or academic discipline"; it is always about the use of Scripture "in the situations of human life." His theologian is always a *practical* theologian.<sup>35</sup>

## The Outline of the Chapters

In the *first* chapter, I will develop a contextually-driven theological anthropological model, which will provide a lens through which the experience of insanity/madness will be evaluated. I will explore how our anthropological assumptions may shape our views of the phenomenon of mental illness and guide our practices of how to deal with it. I suggest how we

33. Frame, *Knowledge of God*, 319. John Colwell, a theologian who has struggled with bipolar disorder, stresses that all theology is done within a certain context: "Objective detachment is a foolish delusion that is neither desirable nor achievable; there is no theological reflection without a person reflecting, and that person has a story that has shaped them: a story that, in turn and inevitably, shapes their reflection, their speaking, and their writing." See Colwell, *Why Have You Forsaken Me?*, xi.

34. Frame, *Knowledge of God*, 321–22.

35. *Ibid.*, 78–81.

might understand the role of intense suffering in human spirit and how that might shape a Christian soul.

In the *second* chapter, I will examine the principal theories underpinning the medical model of psychiatry (biopsychiatry), in which all problems are diagnosed and treated primarily as physical problems such as other disciplines in medicine. We will examine how well this system of care has been serving the sufferers of mental distress by allowing its scientific findings to inform our critical analysis.

In the *third* chapter, we will try to understand whether an illness has meanings beyond its physical manifestation. We will look beyond the biological and medical model of diagnosis towards what the *voice* of illness might be from a *theological* perspective. We will focus on “schizophrenia” through theological reflection, attempting to discern the voice of this illness through the guidance of Scripture and the Holy Spirit. The author’s personal experience and other scholarly views will be incorporated in this theological reflection.

In the *fourth* chapter, our theological understanding of “schizophrenia” from previous chapters will guide us to proceed on a path that would be glorifying God, faithful to God’s call on church’s ministry and responsive to the needs of the individuals. Thinking more deeply and more theologically on the complexities of illness and healing, how should we formulate meaningful and practical approaches for care? What is the required role played by different parties (i.e., family, the church, pastoral office, psychiatry, and local community)? The proposed solutions will be built on the work of organizations that have applied some of the basic principles behind the arguments of this study and have enjoyed success in helping people with severe mental distress.

In *conclusion* we will summarize the study by highlighting its new findings and the general arguments supporting them, reiterate the case for action, and offer some personal reflections.