

The Bible and Mental Health

Introduction: Mental Health Today

The reality of mental health in the UK today is very concerning. Among the more worrying statistics are that:

- Almost 10 million British adults are diagnosed with at least one mental health problem each year.¹
- Around one in four adults in the UK have been diagnosed with at least one mental health problem over their lifetime.²
- Mixed anxiety and depression causes an estimated one fifth of all days lost from work in Britain.³
- In 2014, 19.7% of people in the UK aged 16 and over showed some symptoms of anxiety or depression.⁴

The recognition of this has caused an increasing level of political attention. This briefing is designed to look at what the Bible and Christian theology have to contribute to debates on mental health – and how this might guide political responses.

Why do we need to care about the Bible and mental health?

For one thing it has been shown that religion, in general, can have a major impact on wellbeing and mental health. A report from Theos in 2016 found that “higher levels of involvement in religion are more beneficial to mental health overall.”⁵ In particular, it showed a positive relationship between participation in religious group activities and good mental health; and between high levels of subjective religiosity (how important you think religion is) and good mental health, including increased resilience and faster recovery rates from illness. This matters even more when the last census showed that around 60% of the UK identify as Christian, and around 75% as religious.

In policy terms this should have consequences. If religion makes a difference to mental health (and, additionally, matters to a large percentage of the population) then it ought to be acknowledged in policy discussions on this issue. Whether that is in discussions about the proper place of religion within the NHS or the broader question of how faith-based charities can be empowered and supported to work on issues of mental health, there are a number of discussions in which religion is currently viewed at best as having an ancillary role, or at worst as something which should actively be excluded. This, despite the fact that there is evidence of a huge amount of work being undertaken by Christian groups in this area.⁶

Biblical frameworks for thinking about mental health

1. Acknowledgment of the reality of mental suffering

In contemporary western society there still exists significant stigma and even denial of the reality of some forms of mental illness, such as anxiety and depression. The Bible gives a powerful and deeply sympathetic voice to the reality and struggle of mental suffering.

For example, Psalm 88 is sometimes taken as a passage that speaks very closely to the

1 McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (eds), (2009). 'Adult Psychiatric Morbidity in England 2007: results of a household survey.' NHS Information Centre for Health and Social Care. [online] Available at: <http://www.hscic.gov.uk/pubs/psychiatricmorbidity07>

2 ibid

3 Das-Munshi J, Goldberg D, Bebbington PE, Bhugra DK, Brugha TS, Dewey ME et al. 'Public health significance of mixed anxiety and depression: beyond current classification.' *Br J Psychiatry*, 2008; 192(3): 171–177

4 Office for National Statistics (2016) 'Measuring national well-being: Life in the UK: 2016'

5 P15 Spencer et al (2016) *Religion and Wellbeing: Assessing the Evidence*, Theos.

6 See Ryan (2017) *Christianity and Mental Health: Theology, Activities, Potential*, Theos

experience of depression. The psalmist expresses feelings of being cut off and forgotten by God and then laments:

“You have put me in the lowest pit, in the darkest depths. Your wrath lies heavily on me; you have overwhelmed me with all your waves. You have taken from me my closest friends and have made me repulsive to them. I am confined and cannot escape; my eyes are dim with grief.” (Psalm 88:6-9)

A number of other Psalms (e.g. 13, in which the Psalmist asks “How long must I bear pain in my soul, and have sorrow in my heart all day long?) also contain passages which speak of the psalmist’s despair, hopelessness and feeling of isolation. These passages can help to verbalise the suffering of those struggling with mental health.

2. Humans are integrated beings with mind, body and soul.

Christians are used to thinking about the importance not only of spiritual life, but of physical nature. So in 1 Corinthians 6:19 Paul famously warns his audience not to sin against their body because the body is a “temple of the Holy Spirit”.

The Bible also, however, talks about the importance of the mind in human nature, though not perhaps in the same way as we might do today. In the Old Testament, the word heart (*leb, lebab*), refers to the inner self, where decisions are made (e.g. 2 Chronicles 12:14), and where wisdom and understanding are located (1 Kings 3:12; Proverbs 16:23).

The New Testament, and St. Paul in particular, talks more about the mind. The Greek word *nous* is used in a range of contexts, including *talking* about moral inclination, the means of understanding, and the means of determining action.

The important aspect of this is that the mind (or heart in the Old Testament) is critical to our ability to relate correctly with God. As a result the associated noun to *nous* (*anoia*) is used for

the failure to understand, often resulting in a distancing from God. A different term *phroneo* is also used, for example in Romans 8, in which the mind governed by spirit is opposed to the mind governed by the flesh.

This textual contribution from across the biblical material can inform Christians that a full understanding of human nature requires us to cultivate a healthy mind as well as a body and spirit in order to be properly in communion with God and creation. It also raises the point that human beings need to be treated as a holistic whole. We can talk of body, mind and soul as separate in principle, but in practice it is impossible to abstract one from the others. Poor physical health can cause mental symptoms, and vice versa. Poor health in either can hinder our ability to fully live out our humanity, and place limitations on our ability to be in right relationship with God.

This raises the need for policies that take into account a fully holistic view of human nature. Services need to be envisaged as a whole, not split arbitrarily between them. Sufferers need to be treated as mind, body and soul simultaneously.

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3. Humans need relationships

Human beings are not atomised individuals but instead reach their fullness of being in relationship with God and other human beings. In this, the Trinity provides perhaps the most comprehensive model for Christian understandings of relationships. Just as each

person of the Trinity (Father, Son and Holy Spirit) cannot exist without relation to the other two in a single Godhead, so human beings too (made in the image of God) are essentially relational beings.

Our ability to be in relationships can be strained by issues of mental health. This can be either because the issue itself creates difficulties – anxiety, for example, can make social interactions strained or even impossible – or because the nature of the issue is difficult to communicate. Further to that, an oft-identified issue is that of stigma. Some mental health issues are poorly understood (like schizophrenia) and can provoke fear.

This raises the need for policies that address mental health to be maximally relational, rather than isolationist or simply transactional. Not only do people need to be seen holistically in terms of their humanity (mind, body and soul), but they also need to be treated holistically within society. Relationships are critical to the success of any intervention into mental health. Belief, particularly when coupled with communal activity, has a proven positive effect on mental health.⁷

Implications for policy making

The Christian approach to understanding human nature (as authentically mind, body and soul)

recognises the physical nature of mental illness, and the need to treat many of these issues medically. This model prompts a thorough consideration of the place of mental health within the priorities of the NHS.

At the same time the Christian approach recognises that mental health cannot simply be considered a matter of physical health. It also emphasises the need for emotional, spiritual and, above all, relational support and responses. Religious belief and communal activity has a clear claim to be beneficial to mental health and should, therefore, be part of that discussion.

Accordingly, there is a need for public policy and the medical profession to overcome its fear of religion when it comes to mental health, and a need to encourage greater interaction between the political, medical and religious worlds. This also requires churches to step up and become more engaged in this area.

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⁷ *ibid*

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