

## Christianity and Mental Illness: Evil or Sickness?

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### Abstract

Despite the widespread prevalence of mental illness and the increasingly high need for mental health care, patients with mental illness continually fail to receive adequate or timely treatment. Among other reasons, stigma against and misunderstandings of mental illness prevent millions of people from promptly seeking appropriate medical attention, thereby distressing not only those affected, but also their families and communities. In particular, recent research on attitudes toward mental illness among Christian leaders and members of the Christian community has demonstrated that knowledge regarding causation remains limited among Christians, as well as that negative views toward mental illness are widespread in that community. In response, this paper highlights the considerable amount of stigma and misinformation, if not outright lack of knowledge, regarding mental illness, its causation, and approaches to treatment among Christians, all of which are factors that can contribute to the under-recognition and undertreatment of people with mental health disorders. Its aims are both to improve the understanding of attitudes and views toward mental illness among Christian leaders and the Christian community and to illuminate how those perceptions can prompt the under-recognition and undertreatment of individuals with mental illness. To those ends, a systematic search of international literature was conducted from September 2015-April 2016 to analyze current literature on Christianity and mental health, Christians' attitudes toward mental health, and their impact on treatment-seeking behavior in the Christian community. The paper's contribution is part of an important effort to de-stigmatize mental illness and increase awareness among clergy to promote the use of mental health services among Christians given the services' role as a source of care for members of the community.

**Keywords:** Christianity; Mental Illness; Evil; Sickness

### Introduction

There are two equal and opposite errors into which our race can fall about the devils. One is to disbelieve in their existence. The other is to believe, and to feel an excessive and unhealthy interest in them. They themselves are equally pleased by both errors and hail a materialist or a magician with the same delight.

– C. S. Lewis, *The Screwtape Letters* [1]

Although mental illness affects a substantial portion of the population, often with debilitating or even life-threatening consequences and complications, recent studies have demonstrated that individuals and organizations that remain skeptical about the causes and effects of mental illness continue to resist addressing the topic. The World Health Organization has estimated that one in four people worldwide are or will be affected by mental or neurological disorders [2-4], and research has shown that mental illnesses are strongly related to the occurrence and course of many chronic diseases, including diabetes, cancer, cardiovascular disease, asthma, and obesity [5], as well as devastating consequences such as suicide. In fact, it has been estimated that nearly one million people worldwide commit suicide every year, and most experts agree that at least 90% of all suicides are related to mental health disorders [3,4].

In the US context, data from the Centers for Disease Control and Prevention indicate that suicide was the tenth leading cause of death in 2013 [6,7], while other remarkable data from 2014 show that an estimated 18.1% of all US adults had a mental illness that same year [8,9]. However, despite the prevalence of mental illness and the increasingly high need for mental health care, patients with mental illness continually fail to receive adequate or timely treatment. Stigma and misunderstanding of mental illness are among the reasons why millions of people do not promptly seek appropriate medical attention, thereby distressing both those affected and their families and communities [10]. Among the diverse segments of the population, Christians continue to be a powerful social force that not only affects current understandings of mental illness, but are also affected by those understandings. Christianity and Christian leaders enjoy tremendous presence and influence in the lives of millions of US citizens and billions of people worldwide, to whom both the belief system and its leaders convey a message of love, hope, and healing. Surprisingly, however, the overwhelming majority of church leaders continue to resist speaking openly about mental illness [11,12].

Christianity originated among the surviving disciples of Jesus Christ, a Jewish preacher from Galilee in what is now northern Israel and who was executed by occupying Roman forces in circa AD 30. Christianity has since spread to nearly every culture on Earth [12], and as of 2010, it was the religion with by far the most followers, who totaled an estimated 2.2 billion and thus nearly a third (31%) of the world's 6.9 billion people, followed by Islam's 1.6 billion adherents (23%). By country, with nearly 247 million adherents, the United States has the largest Christian population in the world, although other countries have higher proportions of Christians in their populations [12-17].

Historically, Christians have been actively involved in ministries of healing and stressed the importance of caring for the human body. Surprisingly, however, as at least one study has suggested, among the various groups of Christians, members of more theologically conservative Christian groups generally have more negative attitudes toward people who face mental health difficulties, primarily due to the association of mental illness with personal sin and demonic possession [11,18]. Although a movement has emerged with the aim of raising awareness of mental illness in US churches, it has failed to reach the entire Christian population in the country [19].

The relationship among religion, spirituality, and mental health has been a subject of great interest, and most studies on the topic highlight the important connection among religious activities, mental health, and spiritual wellness. However, the nature and significance of that relationship remains a contentious topic [20]. For instance, an array of responses to medicine are observable among Christian Pentecostals, ranging from total rejection to complete, unequivocal acceptance [21-25]. More broadly, although 70.6% of adults in the United States describe themselves as Christians [13], recent research on Christian attitudes toward mental illness has demonstrated that knowledge regarding its causation is limited and that negative views toward mental illness are widespread [11,26-31].

Despite Christianity's clear influence on the world stage, the religion's core beliefs about mental illness and the barriers that prevent Christians from seeking timely mental health treatment remain unclear. In response, this paper analyzes current literature on Christianity and mental health, as well as Christians' attitudes toward mental health and their impact on treatment-seeking behavior. Its aims are to improve current understandings of the attitudes and views toward mental illness among of Christian leaders and the Christian community, to illuminate how those perceptions can prompt the under-recognition and undertreatment of individuals with mental illness, and to facilitate the promotion of help-seeking among parishioners who need mental health care. The paper's contribution is part of an important effort to de-stigmatize mental illness and increase awareness among clergy to promote the use of mental health services among Christians given the services' role as a source of care for members of the community.

## Materials and Methods

### Search Strategy

A systematic search of peer-reviewed literature was conducted from September 2015 to April 2016 on PubMed, MedLine, PsychInfo, Google Scholar, and Scopus. The search terms were "Christianity," "religion," "mental illness," "psychiatric disorder," "attitude," "evil," "demons," "beliefs," "pastors' perceptions of mental illness," "pastors' knowledge of mental illness," and "Christians' views".

A total of 21 publications were identified that have estimated the perceptions and understandings among Christians of the contributing factors of mental illness and help-seeking behavior among members of the Christian community. Information collected from the studies was both quantitative and qualitative in nature and included data from Christian clergy and US churches. The data were analyzed for themes specific to the perceptions, knowledge, attitudes, and responses among church leaders regarding mental illness and treatment-seeking behaviors, the prevalence of mental health conditions, and their contributing factors.

Seven of the publications that addressed the beliefs and attitudes of Christians in the United States in representative samples were especially analyzed. Furthermore, data from Christians who completed the Study of Acute Mental Illness and Christian Faith Lifeway Assessment were included in the analyses, systematically reviewed, and organized by cross-referencing them with actual search results from the literature and surveys completed by participants in the studies.

The qualitative analysis of data collected for the study allowed a better understanding of forms of improvement regarding attitudes and doctrines and their interconnections, as well as a more balanced view on how the Christian church addresses the anomalies of mental health among its members.

## Results

### Christian knowledge of and attitudes toward mental illness

In 2007, Matthew S. Stanford studied 293 self-identified Christians who completed an online survey addressing a range of psychiatric disorders, including mood disorders (39.9%), schizophrenia and other psychotic disorders (30.4%), anxiety disorders (15.7%), substance use disorders (6.8%), eating disorders (4.1%), and other forms of mental illness (3.1%). Stanford's results showed that churches were significantly more likely to dismiss women's mental illnesses than men's or to tell women more often than men to avoid taking psychiatric medication, if not both. Although most mentally ill survey respondents were accepted by their churches, approximately 30% of them reported negative interactions with their congregations, including abandonment, the church's equating mental illness with the work of demons, and the suggestion that the mental disorder had resulted from personal sin [30].

In a 2012 study published by Baylor University that examined 5,899 members of 24 Christian churches representing four Protestant denominations, only 27% of people with mental illness and their families reported attending church. A major reason expressed by respondents who reported nonattendance was that they did not feel welcome at their churches. By extension, the study highlighted that although most families with mentally ill members wanted their churches to assist them in dealing with mental illness, most of their churches neglected to address such illness in their congregations [31].

In 2013, LifeWay Research interviewed 1,001 Americans in a telephone survey that posed four questions about mental illness. The results indicated that nearly half of all pastors interviewed rarely (39%) or never (10%) spoke about mental illness. In fact, only one in six pastors (16%) spoke about mental illness in sermons at least once per year, while roughly a quarter of them (22%) were reluctant to help people who suffer from acute mental illness, chiefly because it takes too much time. Interestingly, a third of US citizens and nearly half of evangelical, fundamentalist, and born-again Christians believed that only prayer and Bible study could dispel serious mental illness. By comparison, most respondents (68%) thought that they would feel welcome in church if they were mentally ill, although approximately 54% of respondents said that churches should do more to prevent suicide. Among evangelical, fundamentalist, and born-again Christians, however, that number jumped to 64% [11].

In 2008 Stanford and McAlister investigated one church and found that it had dismissed the mental health diagnoses of 41.2% of members of the congregation who participated in the study. Participants who were told that they did not have a mental illness were more likely to attend church more than once per week and to describe their church as conservative, charismatic (e.g., "spirit-filled"), or both [32].

In 2002 another research group surveyed 1,031 United Methodist pastors in Indiana and Virginia about the causes of mental disorders, their perceptions of people with mental disorders, and their views on medications and other treatments. Interestingly, although most pastors attributed mental disorders to scientific causes, 484 respondents (47%) disagreed with the statement, "Mental patients are no more dangerous than an average citizen," whereas only 243 (24%) agreed. In short, nearly half of all surveyed pastors perceived that people with mental disorders are more dangerous than the average citizen [33].

In another study, Jennifer Shepard Payne conducted a survey with 204 Protestant pastors in California regarding how they perceive depression. According to her findings, "Mainline Protestants . . . were very committed to their view that depression is caused by medical or biological conditions rather than spiritual causes. This is a significantly different belief than that of Pentecostals, who were more likely to believe that depression was caused by spiritual problems or moral problems rather than biological reasons" [34]. In a smaller study, Leigh Blalock and Rachel E. Dew surveyed 25 religious leaders in Protestant (83%), Catholic (7%), Jewish (6%), Muslim (2%), Hindu (1%), and other (1%) communities of faith about covered mental health care for children, mental health referral habits, specific knowledge of childhood mental health conditions (e.g., depression, anxiety), past experiences with behavioral health workers, and mental health care resources available from local institutions. Overall, the clergy members supported collaboration to improve childhood mental health [35].

### Discussion

Although literature on specific perceptions of Christians concerning mental illness remains scarce, the studies described above offer insights into Christian attitudes toward mental illness that perpetuate stigma and the underuse of mental health services among Christians. It is evident from their results that the stigmatization of mentally ill people persists within the Christian population.

The findings highlight considerable stigma and misinformation, if not utter lack of knowledge, among Christians about mental illness, its causes, and applicable treatment approaches. Such factors can contribute significantly to the under-recognition and undertreatment of Christians with mental health disorders. In fact, a vast majority of Christians surveyed believe that prayer alone is the standard treatment for mental illness, meaning that some Christians are liable to refuse clinical intervention and psychotropic medications as primary treatment approaches. Such neglect can delay additional treatment and further increase the morbidity, mortality, and possibility of life-threatening consequences among mentally ill Christians. By extension, literature on several topics related to mental health offers insights into how Christians cope with stress and pain. A representative body of quantitative studies indicates that religious involvement tends to correlate positively with mental health indicators [36-44] and that problems arise when Christian coping skills and beliefs become extreme.

Harold Koenig analyzed another important factor and possible conflict: that psychiatrists may often experience religion through the pathological expressions of individuals with religious delusions, which may bias them against religion as a therapeutic resource [45]. By contrast, for Christian Pentecostals, physical and mental illnesses are not the result of chance or externally conditioned factors understood from a worldview of interrelated causes. Such Christians do not specify illness in simple pathophysiological or psychopathological terms. On the contrary, they believe that illness is generally conceived as an expression of sin—not a particular individual's sin, but the brokenness and corruption of all humanity [21,47].

Findings from the literature show that many Christians surveyed believe that all mental illnesses result from sinful lifestyles and that only via repentance and getting right with God, so to speak, can people with mental illness find relief from their conditions. Christians who adhere to that belief often discontinue treatment for mental illness without discussing their decision with their doctors, largely due to their belief that complete healing occurred at a church service or prayer meeting. However, such discontinuation can put patients at risk of experiencing acute or reoccurring episodes related to their mental health conditions (e.g., manic or psychotic episodes). It is also common among Christians who experience active, prominent symptoms of mental health conditions to delay treatment for years as they wait to be healed by God.

It is important in this context to analyze the origin of Christian beliefs and their validity. In *Caring and Curing: The Early Christian Tradition*, Ronald L. Numbers and Darrel W. Amundsen write the following:

Early Christians hesitated to ascribe the immediate cause of affliction in every case to the sufferer's personal sin. However, popular opinion often viewed sickness as punishment for sin. But when Jesus' disciples encountered a man who had been born blind, they asked, "Who sinned, this man or his parents, that he was born blind?" Jesus replied, "It was not that this man sinned or his parents, but that the works of God might be manifested in him" (Jn. 9:2-3). The Gospels indicate that Jesus distinguished between ordinary sickness and sickness that he attributed to demon possession (Lk 13:11 and 16) [48].

Many Christians tend to conceptualize mental and some physical illnesses as spiritual in nature, which can prevent them from seeking treatment or following a physician's recommendations. Extremist tendencies can also exist among some Christian sects that maintain beliefs that mental health patients should not seek clinical treatment, but instead wage spiritual battles to reclaim what the devil has stolen from them as Christians, who are generally taught to cast away or take control of negative thoughts.

Attributing mental conditions to supernatural forces and evil spirits is not unique to Christian communities, for several other religions perpetuate the same misconception [48-51]. Indeed, negative views on and resistance to accepting mental health or psychiatric treatment are not unique to any single religion, and religions other than Christianity also express reservations about the use of professional mental health care, if not its outright rejection. For instance, according to Syed Arshad Husain, "A Muslim patient will seldom initiate contact with a mental health professional. The concerned relatives, however, will make the contact. A Muslim patient will try religious approaches to achieve mental health concurrently with the modern methods" [52]. However, according to Ed Stetzer, a prominent pastor and writer who advises evangelical churches, "Part of our [the evangelical] belief system is that God changes everything, and that because Christ lives in us, everything in our hearts and minds should be fixed. But that doesn't mean we don't sometimes need medical help and community to do those things" [53].

The Bible includes several examples of people who have struggled with emotional problems and perhaps debilitating mental health conditions, including Moses, Elijah, Jeremiah, Job, and David. Moreover, it is notable how God responded to their conditions: with love, patience, and kindness. Indeed, it is widely accepted that Saul, the first king of Israel, had a mental disorder—depression, most likely. Less well known are two passages suggesting that he may have suffered from mania as well [54].

A large number of people struggle with mental illness in Christian communities, yet feel isolated and rejected by their churches. It is imperative that Christian churches consider how they should interact with such members of their communities, as well as those indirectly affected by mental illness. Psychiatrists and mental health providers can play a pivotal role in educating Christian patients on mental illness and its interaction with faith and spiritual practices. However, as research has shown, psychiatrists remain undecided about the role of religious or spiritual beliefs in the development of mental illness and its recovery, as well as hesitate to liaise directly with clergy or other religious leaders [55-60].

### Conclusion

As proponents of the most popular religion in the United States, Christian leaders and pastors have a tremendous level of influence among their believers. However, as this study has shown, the stigmatization of mentally ill people persists within the Christian population. Clearly, more research is needed to assess the knowledge and attitudes among Christians toward mental illness, as are campaigns and programs aimed at better educating Christians and their leaders to identify, understand, and respond to early signs of mental illness.

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tion. Clearly, more research is needed to assess the knowledge and attitudes among Christians toward mental illness, as are campaigns and programs aimed at better educating Christians and their leaders to identify, understand, and respond to early signs of mental illness.

Psychiatrists and mental health providers can also play a pivotal role in educating Christian patients on mental illness and its interaction with faith and spiritual practices. Because psychiatrists and mental health care providers often face diverse patient populations with different needs that they may not be prepared to manage, religious and cultural competency training should be a component of psychiatric residency curricula, since religion and culture represent key social factors that can affect mental health care.

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