Darkness Has Become My Companion:
Some Reflections on Mental Illness[1]

In 2014, the Institute of Mental Health in Singapore conducted a study involving adult residents aged between18 and 65 years. Entitled, *The Mind Matters: A study of Mental Health Literacy* this study sought to obtain information about the general population's beliefs about mental disorders. The study gathered information on public perception of five common conditions: alcohol abuse, dementia, Major Depressive Disorder, Obsessive Compulsive Disorder (OCD) and schizophrenia. In terms of general public awareness and recognition of these disorders, the highest is for dementia (66.3 per cent). In second place was alcohol abuse (57.1 per cent), followed by Major Depressive Disorder (55.2 percent). The poorest recognition was OCD (28.7 per cent) and schizophrenia (11.5 percent). In addition, the study also uncovered considerable social stigma towards mental illness. For example, some opined that people with mental health issues could get better 'if they wanted to.' Others said that mental illness is a 'sign of personal weakness' and that people with mental disorders are 'unpredictable'.[2]

Modern society has made considerable progress in its attitude towards people with mental disorders. There has been greater understanding of mental illness and the people who suffer from it and a genuine openness to discuss mental health openly. I think it is true to say that people with mental illness never have more hope for better treatment and better opportunity to live productive lives than they do now. Yet, as the IMH study clearly shows the confusion, misinformation and stigma concerning people with mental health issues continue to persist in our society. Some of these misconceptions and prejudices are generated by insensitive caricatures about the mentally ill that reinforces common

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[1] This paper is a revised version of a talk I gave at a workshop on 'Giving Hope in Mental Illness' organised by the Anglican Diocese of Singapore on 3 March 2018 at the Anglican Care Centre. I would like to thank Rev Foo Chee Meng for the invitation to speak at this workshop.

[2] Institute of Mental Health (2015) 'IMH's National Mental Health Literacy Shows Dementia, Alcohol Abuse and Depression are Most Recognisable Among Common Mental Disorder' (https://www.imh.com.sg/uploadedFiles/Newsroom/News_Releases/6Oct15_Mind%20Matters%20Media%20Release.pdf, accessed 1 December 2017).

misperceptions. For example, in 2010 Burger King received media attention for a TV commercial depicting the 'insane' version of its king mascot being chased by men in white coats and restrained.[3] Movies such as *Psycho*, *The Shining*, *Misery* and *Fatal Attraction* have also reinforced distorting stereotypes of mental illness. We sometimes unconsciously stigmatize people with mental illness in our conversation with casual remarks such as people with the condition are 'crazy' or 'psycho'. Unfortunately, Christians have also contributed to the misinformation and stigmatization of people with mental disorders.

In this talk, I would like to offer some reflections on mental illness and the people who suffer from it from a Christian perspective. I begin with a working definition of mental illness and examine at its varied and distinct manifestations. Next, I will discuss the problem of stigmatisation and why people with mental illness must be accorded the dignity that is due to all human beings. I will then turn to consider the plight of the people whose mental disorders have caused them to forget their own identities. I will stress the importance of the memory of the community, especially that of the Church. Finally, I will reflect on what it means for people with mental disorders and their caregivers to continue to put their trust and hope in God.

An Anatomy of Mental Illness

What is mental illness? The answer to this question is not as straightforward as one might suppose. There are numerous attempts to define mental illness, some of which turn out to be quite inadequate upon closer scrutiny.

The Christian neuroscientist Matthew Stanford in his book, *Grace for the Afflicted* defines mental illness as 'A disorder of the brain resulting in the disruption of a person's thoughts, feelings, moods, and ability to relate to others that is severe enough to require psychological or psychiatric intervention'.[4] This definition points to the biological aspect of mental illness, especially its association with the brain. To be sure, scientists are learning more about the association between the changes in the brain's structure, chemistry

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[3] 'Burger King's "Crazy" Mascot is Offensive to Some Mental Health Groups', The Associated Press, April 03, 2010.

[4] Matthew Stanford (2008) *Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness* (Downers Grove: IVP), 43-4.

and function and mental illness. The profound relationship between certain forms of mental illness and the brain is undeniable.

However, it is important to be reminded of the fact that not all brain diseases are categorised as mental illness. For example, Parkinson's disease, epilepsy and multiple sclerosis are all neurological diseases. But they are not classified as mental illnesses. Another problem with relating mental illness too exclusively to the brain is that it neglects other possible causes. For example, some forms of depression are not due to neurological disorders but malfunctions in the glandular system. The brain-focus explanation of mental illness may fail also to take into consideration the possible role that genetics may play in some forms of mental disorders. For example, in a recent study by NIH, researchers found that people with disorders that are traditionally thought to be unrelated to one another – ADHD, bipolar disorder, major depression and schizophrenia – have a common genetic root: a genetic variation at the same four chromosomal sites.[5]

The brain-centred understanding of mental illness can be reductive in the sense that it fails to take into consideration the emotional and social aspects of the individual. This approach tends to reduce our 'humanity' – our beliefs, aspirations and values – to the integrity (or lack thereof) of the frontal lobe, that aspect of our neural anatomy that distinguishes us from other animals. Thus, although there is a profound relationship between brain function and our mental and emotional health, we must resist the temptation to reduce people to their brains in out attempt to understand mental illness.

Writers such as John Swinton have described the inadequacies of approaching mental illness purely or primarily from the biological perspective. This reductionism has allowed the medical model to provide the framework within which one must understand mental disorders. Commenting specifically on schizophrenia, Swinton argues that the danger is that 'interpretative power of the medical model comes to dominate all other understandings in such a way as to blind us of the highly significant realities that surround the lived experience of schizophrenia'.[6] This perspectival blind-spot due to an over-emphasis on the biological aspects of mental illness leads us to locate the sufferer's problem fundamentally within the boundaries of

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[5] Jordan Smoller (2013) 'Five Major Mental Disorders Share Genetic Roots', National Institute of Mental Health, https://www.nimh.nih.gov/news/science-news/2013/five-major-mental-disorders-share-genetic-roots.shtml (accessed 19 December 2017).
[6] Swinton, *Resurrecting the Person*, 81.

their own bodies. This is spawned a further fallacy that suggests that the problem of mental illness may be solved by more advanced neurological knowledge or more sophisticated pharmacological intervention.

This means that in order for us to have a more comprehensive understanding of mental disorders, a more holistic approach is needed, one which takes into consideration not just the biological but also the social. The Christian understanding of human beings in fact warrants such an approach. According to the Bible and Christian tradition, human beings are created in the image and likeness of God. This means that the human being, with their capacity for self-transcendence and for God, is both similar and dissimilar with the other creatures. In addition, human beings are created as social beings who belong to a community and are shaped by their relationship with one another. As the theologian Alister McFadyen has put it: 'Our personal identity is the way we relate to others'.[7] Hence it is impossible to understand human personhood and identity without taking into consideration human sociality – the social nexus of which we are a part.

A Christian reflection on mental illness must also take into consideration the issue of sin. There can be no question that certain kinds of mental disorders are brought about by particular patterns of behaviour. For example, neurosyphilis, a psychiatric condition characterised by mood disturbance and auditory and visual hallucinations may be associated with the sexual behaviour of the patient.[8] There is also an indisputable connection between substance abuse and mental disorder. According to the US National Institute on Drug Abuse, people addicted to drugs 'are roughly twice as likely to suffer from mood and anxiety disorders, with the reverse also true'.[9] Drugs that can cause mental health problems include cocaine, inhalants, marijuana and methamphetamine.

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[7] Alister I. McFadyen (1990) *The Call to Personhood: A Christian Theory of the Individual in Social Relations* (Cambridge: Cambridge University Press), 151.
[8] Lucas Londardoni Crozatti, Marcelo Houat de Brito, Beatriz Noele Azevedo Lopes and Fernando Peixoto Ferraz de Compos (2015) 'Atypical Behavioural and Psychiatric symptoms: Neurosyphilis Should Always Be Considered', *Autopsy Case Report*, Jul-Sep 5(3): 43-37.
[9] National Institute on Drug Abuse, 'Health Consequences of Drug Abuse: Mental Health Effects', https://www.drugabuse.gov/publications/health-consequences-drug-misuse/mental-health-effects.

While some forms of mental illness can be associated with certain patterns of behaviour, it is also important to appreciate the possible roles of broader social and environmental factors. Christians believe that the world we inhabit is fallen and cursed. Such a world is characterised by fragmentation, fracture and brokenness. As the Evangelical Lutheran Church of America statement on mental illness and the Church puts it, 'All humans are finite and all live under the brokenness of sin. Mental illness is simply a sign of that reality'.[10] There is a wide range of mental disorders – from mood and anxiety disorders to dissociative disorders to schizophrenia. This suggests that a significant percentage of the population is struggling with one form of mental illness of another. A fairly recent article published in *Newsweek* reports that about 1 in 5 Americans (i.e., 42.5 million) suffers from one form of mental illness every year.[11] Mental illness is therefore quite pervasive in modern society.

Finally, a Christian reflection of mental illness must also examine its relationship with demonization or demon possession. While many in psychiatry dismiss demon possession as folklore, more and more are beginning to take it seriously.[12] Christian psychiatrists must of course take the Biblical accounts of demonic influence and possession very seriously and not be influenced by the naturalism that pervades the discipline, with its tendency to 'demythologise' spiritual realities. Thus, while Christian psychiatrists must be informed by the latest psychiatric research and employ the best available rational scientific explanation and treatment of mental illness, they must also have a sober estimate of their limits.

The holistic approach to mental illness that I have been advocating must not brush aside consideration of the spiritual dimension. If mental illness indeed has a multi-factorial aetiology, involving psychological, physical and environmental factors, why should spiritual factors be excluded? This, however, does not mean that mental illness and demonic oppression can be simplistically conflated. It does mean that when a person displays psychotic or violent behaviour, assessment of his condition should not exclude the

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[10] Evangelical Lutheran Church in America (2011) 'The Body of Christ and Mental Illness', http://download.elca.org/ELCA%20Resource%20Repository/Mental_IllnessSM.pdf.

[11] Victoria Bekeimpis (2014) 'Nearly 1 in 5 Americans Suffers From Mental Illness Each Year', *Newsweek*, http://www.newsweek.com/nearly-1-5-americans-suffer-mental-illness-each-year-230608.

[12] See Scott Peck (2005) *Glimpses of the Devil: A Psychiatrist's Personal Accounts of Possession, Exorcism and Redemption* (Free Press).

possibility of demonic interference. Determining the cause of the condition, then, would sometimes require differential diagnostic skills that not only include the application of psychiatric knowledge but also spiritual discernment.

To summarise, the term mental illness encompasses a wide range of disorders of the mind that affects a significant percentage of the population. There are many possible causes of mental illness. They include the physical or biological (e.g., brain chemistry, habituated neural pathways, genetics, glandular system, and infections), the environmental (trauma, abuse, poor socialization, etc), and personal choices (various forms of sinful and addictive behaviour). Mental illness can also be accompanied by demonic oppression or subjugation.

Dignity and Stigma

One of the most important issues that must be given serious attention in any discussion of mental illness and society is the problem of stigmatization. Despite advances in the knowledge and treatment of mental illness and greater public awareness of the issues, people with mental disorders are still being marginalised and, in some cases, even oppressed. In fact, as John Swinton, one of the leading writers in this field notes, 'The lives of people with mental health problems have been problematicized, caricatured, and stigmatized to such an extent that the fact that they are real persons who are fully human in every respect is frequently forgotten'.[13] Unfortunately, Christians are part of the problem in the sense that they too contribute to the stigmatization of the mentally ill. And this in despite the fact that Christians have a more robust understanding of the dignity and value of the human being than their secular counterparts.

In order to grasp the seriousness of the problem, we must understand what a stigma is and what it does to its victim. One of the most prominent contributors to the study of stigmatization is the late Canadian-American sociologist, Erving Goffman. In his influential book, *Stigma* Goffman describes the phenomenon as 'the situation of

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[13] John Swinton (2000) *Resurrecting the Person: Friendship and the Care of People with Mental Health Problems* (Nashville: Abingdon), 123.

the individual who is disqualified from full social acceptance'.[14] The term 'stigma' Goffman argues refers to 'an attribute that is deeply discrediting'.[15] A person who bears a stigma is therefore someone marked by 'an undesired differentness from what we had anticipated'.[16] The 'we' in this case, Goffmann points out, are those whom society has deemed as 'normal'. The stigma is therefore a 'disidentifier', something which disconnects the person bearing it from the prevailing social order. Goffman offers this troubling account of the significance of the stigma:

> by definition … we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalising an animosity based on other differences, such as cripple, bastard, moron – typically without giving thought to the original meaning. We tend to impute a wide range of imperfections on the basis of the original one.[17]

Arguing in a similar vein, Rosemarie Garland-Thomson writes: 'Stigmatization not only reflects the tastes and opinions of the dominant groups, it reinforces that group's idealised self-description as neutral, normal, legitimate, and identifiable by denigrating the characteristics of less powerful groups or those considered alien'.[18]

It is important that we do not allow discussions on stigmatization to slide into abstractions. Stigmas are real; they are the experiences of real people. Thus, it is important to listen to the accounts of people who have felt their sting. Kathyrn Green-McCreight, the associate chaplain at The Episcopal Church at Yale, speaks movingly about her own struggles with mental illness and the stigmatization and isolation she experienced:

> The worst thing about mental illness, besides the pain, is this very stigma. The taking pleasure from others' pain. The

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[14] Erving Goffman (1990) *Stigma: Notes on the Management of Spoiled Identity* (London: Penguin Books), 13.
[15] Ibid., 12.
[16] Ibid., 5.
[17] Ibid.
[18] Rosemarie Garland-Thomson (1997) *Extraordinary Bodies: Figuring Physical Disabilities in American Culture and Literature* (New York: Columbia), 31.

> jokes. Stigma creates fear on the part of the mentally ill and cycles the fear of those who are healthy against those who are ill. I was so ill that at times I couldn't move and yet didn't want to tell my boss why I couldn't come in to work. I had supervisors and colleagues, then, whom I never told. I realise now that I should have done so, but at the time I didn't trust them with the news that I have mental illness – one that would plague me for life. How could I go back to work after revealing the news? … Our friend, a professor of theology, actually said about another friend who has been through electro-convulsive therapy (ECT). "His career is finished". Obviously, I never told her about my problems.[19]

As I mentioned earlier, stigma against people with mental illness does not just take place in society. It is sadly also evident in the Church. One of the reasons why there's stigma against people with mental disorders in the Church is bad theology. Some Christians think that it is impossible for the follower of Christ to be plagued by mental conditions such as depression and bipolar disorder. This is in part due to their failure to fully appreciate what it means to live in the fallen world, a world that is in need of God's Shalom. But sometimes Christians think that even if a believer is depressed, he or she should not show it. The true believer in Christ, these Christians maintain, should always be joyful. In addition, Christians tend to spiritualise the condition of someone who has a mental health issue. They offer simplistic solutions like: 'You just have to have more faith', or 'You must pray more', or 'You have a demon'. Such approaches tend to further alienate people who are struggling with mental issues. They also prevent them from seeking treatment because they are led to think that their illnesses have a spiritual solution.

Christians sometimes stigmatize the mentally ill because they only want certain kinds of people to be part of their community. They have a certain vision of their church and they take measures to ensure that only the people who are able to bring this vision to realisation are welcomed. In her book entitled, *Troubled Minds* Amy Simpson observes that even pastors may be guilty of this. This is especially the case when the church imbibes in a certain culture and emphasises certain priorities. Simpson argues that pastors can be culpable of this especially when they 'are obsessed with church growth, focused on marketing and branding their churches with the

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[19] Kathyrn Greene-McCreight (2015) *Darkness is My Only Companion: A Christian Response to Mental Illness* (Grand Rapids: Barzos), 62.

right image, or looking to enjoy ministering only to people they most identify with'.[20] Members of the congregation sometimes shun people with mental illness because they are unable to tolerate unpredictable or socially unacceptable behaviour. As Simpson points out: 'even though the church does not exist for our comfort, many people opt for the easiest solution: tolerating only what they're comfortable with'.[21]

Stigmatization always devalues its victims. When we stigmatize a person, we take one part of the person and treat it as if it defines who or what the person is. Thus, the person who suffers from depression is a 'depressive'. The person who suffers from anxiety is called a 'neurotic', and the person with schizophrenia is called a 'schizophrenic'. John Swinton explains how stigmatization can dehumanise its victim thus: 'Once persons are stigmatized and set apart by the attribution of a negative social identity, it is much easier for others to think of them as somehow less than human and to treat them as objects rather than persons'.[22] In this sense, stigmatization dehumanises by imposing a particular form of social identity on its victim, a social identity that is fundamentally 'spoiled', to use Erving Goffman's arresting expression. Researchers have found that one of the basic obstacles to the rehabilitation of persons with schizophrenia is stigma, both from society and also from professionals.[23] Part of the responsibility of the Church is to combat the stigmatization of the mentally ill – both in the larger society and within its own walls.

Memory and Community

Although many mental illnesses can in different ways be disabling, certain types of mental disorders may be said to be more pernicious than others. For example, Alzheimer's disease and dementias may be said to be particularly pernicious compared to other illnesses. Some forms of illness only derive the person of the present, who suffers only for the short duration of the illness. Other illnesses deprive the

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[20] Amy Simpson (2013) *Troubled Minds: Mental Illness and the Church's Mission* (Downers Grove, Ill.: IVP), 152.
[21] Ibid., 155.
[22] Swinton, 103.
[23] H. Kirkpatrick, J. Landeed, C. Byrne, H. Woodside, J. Pawlick and A. Bertnardo (1995) 'Hope and Schizophrenia: Clinicians Identify Hope-Instilling Strategies', *Journal of Psychosocial Nursing and Mental Health Services,* 33(6):15-19.

person not only of the present, but also the future by ending the individual's life prematurely. Alzheimer's disease, however, robs the person not only of the present and the future, but also the past as memory of prior events, relationships and people gradually fades away.[24]

The way in which people with Alzheimer's and dementia are treated exacerbates the problem and their isolation. Perhaps the best way to get a sense of what sufferers are going through is to listen to their lament and that of their caregivers. For example, Carl Henderson, who at the age of fifty-five was diagnosed with Alzheimer's, describes the loneliness and isolation that he experienced thus: 'I think one of the worst things about Alzheimer's is you're so alone with it. Nobody around you really knows what's going on'.[25] And a respondent to a study conducted on stress for Alzheimer's caregivers, whose mother suffers from the disease, describes her experience in this way: 'What frustrates me so is that the Alzheimer's "victims" are written off at diagnosis. They become nonpersons. People do not talk to them anymore – they talk over them or about them, etc'.[26]

It is evident from these two testimonies that people with Alzheimer's and other forms of dementia need to be in a loving and caring community, to which they can truly have a sense that they belong. In the context of Christianity, that community is the Church, God's people gathered in the name of Jesus Christ by the Holy Spirit. The Church can be that welcoming community that embraces people with Alzheimer's and dementia, a place where those who are suffering from illnesses and limitations are seen not as outsiders but as part of the communal reality. In this way, the Church stands against a culture of self-absorbed individualism that is ashamed of vulnerability and shuns the weak. The importance of the community is clearly indicated in the story of the healing of the man possessed by demons recorded in Luke 8:26-39. After Jesus had healed the man, he instructed him to return to his community and testify to what God has done for him, that is, to be re-integrated into communal life.

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[24] Stephen Sapp (1997) 'Memory: The Community Looks Backward' in Donald K. McKim (editor) *God Never Forgets: Faith, Hope and Alzheimer's Disease* (Westminster: John Knox Press), 40.

[25] Cited in Denise Dombkowski Hopkins (1997) 'Failing Brain, Faithful Community' in Donald K. McKim (editor) *God Never Forgets: Faith, Hope and Alzheimer's Disease* (Westminster: John Knox Press), 73.

[26] Sandy Burgener (1994) 'Caregiver Religiosity and Well-Being in Dealing with Alzheimer's Dementia', *Journal of Religion and Health* 33: 187.

Bruce Burch, Professor of Biblical Theology at Wesley Theological Seminary, notes that the Church as the community of faith can play at least three roles in relation to people with Alzheimer's.[27] The first and most obvious is that it can relieve the isolation. The second is that the Church can hold up the powerful symbols of the faith like 'exodus' and 'resurrection' in times of immense struggle as a reminder that pain and death do not have the last word. And finally, the community of faith can mediate healing by standing in solidarity with the sufferer (and his family members and caregivers). As the ELCA statement, drawing from Paul's injunction to carry each other's burden in Galatians 6:2, puts it:

> To people who are experiencing mental illness, physical, prayerful companionship can be a sign of God's presence in a time when God's presence cannot be felt in any other way. For caregivers and families, offers of help and presence are a tangible sign that they are still a part of the body of Christ.[28]

Most importantly, the Church ministers to people with Alzheimer's and dementia by remembering them. Here, the profound relationship between God's memory and ours is the most critical theme in relation to people whose memory is fading. Pastoral theologian John Patton explains this relationship succinctly:

> Human care and community are possible only because we are held in God's memory; therefore, as members of the caring community, we express our caring analogically with the caring of God by hearing and remembering one another. God created human beings for relationship and continues in relationship with creation by hearing us, remembering us, and meeting us in our relationships with one another … [pastoral care is] a ministry of the Christian community that takes place through remembering God's action for us, remembering who we are as God's own people, and hearing and remembering those whom we minister.[29]

Thus, the first and perhaps the most important task of embracing and ministering to people with mental health problems, is simply to

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[27] Bruce Birch (1983) 'Biblical Faith and the Loss of Children', *Christian Century*, 967.
[28] ELCA, 'The Body of Christ and Mental Illness', 10.
[29] John Patton (2005) Pastoral Care in Context: An Introduction to Pastoral Care (Westminster: John Knox Press), 15.

remember them. Very often, as we have seen, people with mental disorders are treated as 'objects' by the media and the public. To recall the remark made by the caregiver I quoted earlier, 'They become nonpersons'. To remember them is the essential first step to offering liberating care, for in remembering someone we acknowledge that this person is worthy of memory. In remembering someone, we acknowledge that this person – however compromised he may be because of his illness – is a person, made in the image of God and valued by his Creator.

Remembrance is such an important and powerful theme in Scripture. The God we worship is the God who remembers, or, as John Patton puts it, we worship God because 'we are held in God's memory'. God's remembering is never that passive act of simply calling something or someone to mind or a sentimental retrospective reflection. Rather, as Walter Bruggemann has convincingly argued, God's remembering 'is an act of gracious engagement with his covenant partner, an act of committed compassion'.[30] God's remembering demonstrates that he is not preoccupied with himself, but with his covenant partner. God's remembering is an expression of his love. When we recognise the fact that God remembers us, we are assured of his faithful presence with us in the midst of life's vicissitudes.

When we as a community remember the members of our community who are suffering from mental problems like Alzheimer's, we similarly express our love and care for them. As John Swinton has perceptively pointed out, 'the first pastoral action of the Christian community … will be to participate in God's continuing action of remembering those who have been cast aside and forgotten by society'. In remembering people with mental health problems, the Church embraces them and gives them hope. Swinton explains:

> In remembering people with mental health problems, the Christian community participates in the process of remembering those who have been broken. By drawing them together in our understanding, thinking and caring, "the person behind the illness", will be re-membered and the Christian community enabled to take a crucial initial step in the process of resurrecting and liberating those whom society considers to be "dead".[31]

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[30] In Patton, *Pastoral Care*, 29.
[31] Swinton, *Resurrecting the Person*, 128.

Faith and Hope

The final theme is hope. Christians suffering from mental illness must know and be reminded of the fact that their situation is never beyond hope. Researchers have found that hope is critical for sufferers of mental illness and their loved ones. For example, research conducted by Eydis Sveinbjarnardottir and Bernadette Diercks de Caterle has shown that there is a direct correlation between hope and the ability for the family members of persons with mental disorders to cope. In their paper entitled, 'Mental Illness in the Family', they write:

> Hope was an important element in helping relatives to come to terms with the mental illness. Experience has taught them to keep their expectations within realistic limits … the expression of realistic hope for the future of the mentally ill family member seemed to be an integral part of acceptance of the illness.[32]

Hope, of course, lies at the very heart of the message of the Gospel. The love of God that is manifested and embodied in Jesus Christ brings hope to this broken world. It brings hope to the broken-hearted and the afflicted, to the poor and the marginalised. God's cruciform love also brings hope to people who struggle with mental disorders. But the Gospel message does not only bring hope to sufferers of mental illness. It also brings hope to the members of their families, their caregivers and loved ones.

The hope of the Christian is not confined to temporary relief or even healing for the mentally ill, though these must be sought. The hope of the Christian is found in the promise of the new heavens and the new earth, the transformation of this sin-marred world that is filled with suffering and pain – its salvation. The hope of the Christian is rooted in faith in his or her Saviour, Jesus Christ, a hope which, in the words of the Apostle Paul, 'does not put us to shame' (Romans 5:5). Christian hope is based on the firm belief that nothing 'will be able to separate us from the love of God in Christ Jesus our Lord' (Romans 8:39).

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[32] Eydis Sveinbjarnardottir and Bernadette Diercks de Caterle (1997) 'Mental Illness in the Family: An Emotional Experience', *Issues in Mental Health Nursing*, Vol. 18:51.

But Christian hope can never be reduced to a superficial triumphalism. Hope is not born out of facile optimism, but genuine struggle and grief. Hope recognises that things as they are, are not what they are meant to be. It recognises the dissonance of human life, indeed of reality itself that sin has brought about. Hope longs for what should be. And it is here that the cry of the psalmist in Psalm 88 is most instructive. There is no gloomier psalm in the whole of the Psalter than this psalm. The great Reformer John Calvin could write that this 'psalm contains very grievous lamentations, poured forth by its inspired penman when under very severe affliction, and almost to the point of despair'.[33]

Time does not allow us to examine this psalm in detail. Even a causal reading of the psalm would leave a deep impression of the anguish of its author. He says that his 'soul is full of troubles' (v. 3), that he is bereft of strength (v. 4), abandoned by God (v. 6-7). He speaks of unanswered prayer, of the silence and hiddenness of God, and of the darkness that pervades his soul. He speaks of his isolation and loneliness as his friends abandon him: 'You have caused my companions to shun me; you have made me a horror to them' (v. 8). And again, in verse 18: 'You have caused my beloved and my friend to shun me; darkness has become my companion'. The psalmist invites all who are undergoing suffering that appears to be insurmountable to be brutally honest with themselves and with God about their anguish. He teaches us how to lament, a practice that is so neglected in modern Christian spirituality.

John Calvin says that the psalmist is driven almost to the point of despair in his suffering. In a moving reflection of her own experience with mental illness, Kathryn Greene-McCreight, who serves as associate chaplain at Christ Church in New Haven says that 'despair is not the chief sin for the mentally ill. Despair is a reaction to evil, to the forces that work against God's good creation and providence'.[34] She adds that 'despair can live with Christian faith'. 'Indeed, having despair while knowing in your heart that God has conquered even that is a great form of faith tried by fire'. I am sure our psalmist will readily agree with this assessment.

But notice that in all his complaints and questionings, the psalmist never challenges God. The opening words of the psalm serve as the basis for all that follows. In these words, the psalmist expresses his

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[33] John Calvin, Psalms, Part III, Calvin's Commentaries, Vol 10.
[34] Greene-McCreight, *Darkness is My Only Companion*, 165.

unshakable faith in 'the Lord, the God of my salvation' (88:1). Even though he has suffered much, even though his prayers remain unanswered and God seem silent and distant, the psalmist continues to trust in God. The very fact that this psalm is essentially a prayer shows that the psalmist firmly believes that although God seem absent, he has in fact never forsaken him.

The faith that enables the psalmist to pray this prayer also reveals the hope that he continues to have in God. The psalmist has not given up on God because he knows – despite all evidence to the contrary – that God has not abandoned him. He knows that true hope is not shaped by circumstances and exigencies. Rather true hope is grounded in the Word of God, in the divine promise. Kathryn Greene-McCreight understands this very well. Christian hope, she writes, 'is not merely optimism, which looks to the present with a cheery face. Christian hope looks to the future, to God's promise of the resurrection'. It is this promised future, she says, that 'redeems our present and allows us to have hope beyond mere optimism'. Like the psalmist, Greene-McCreight refuses to establish her hope on her feelings or emotions. 'Therefore', she writes, 'even those with mental illnesses who cannot "feel" hope must be assured of its objectivity'.[35]

The Christian suffering from mental illness can by God's grace live in this hope. And although in the present there will be pain and tears, the day of deliverance will come. In the words of another psalm penned by David, we read:

> Weeping may tarry for the night,
> but joy comes with the morning.
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> Your have turned for me my mourning into dancing;
> you have loosed my sackcloth
> and clothed me with gladness,
> that my glory may sing your praise and not be silent.
> O Lord my God, I will give thanks to you forever!

[35] Greene-McCreight, *Darkness is My Only Companion*, 166.