



A CHRISTIAN'S GUIDE
to MENTAL ILLNESS

— *Answers to 30 Common Questions* —

DAVID MURRAY *and* TOM KAREL JR.

“This project answers the important questions, and the personal stories of the authors and their commitment to making this material accessible has brought it all close enough to enhance our wisdom, patience, gentleness, and perseverance. The light on the hill will be a bit brighter because of it.”

Edward T. Welch, Counselor and Faculty Member, Christian Counseling & Educational Foundation; author, *I Have a Psychiatric Diagnosis: What Does the Bible Say?*

“I believe that this well-written book will help mental health professionals, family members, and those struggling with mental illness. It takes a complex issue and breaks it down into an organized and practical guide of help and healing.”

Bruce Langerak, DO, Internal Medicine, Grand Rapids, Michigan

“In an engaging, practical, and insightful commentary, David Murray and Tom Karel Jr. challenge the Christian community to understand and embrace the struggle of mental illness. As a clinician with more than twenty-five years of experience, I am delighted to have this resource at my fingertips. The authors offer a welcome bridge between faith and clinical applications.”

Emilie DeYoung, mental health clinician; Clinical Director, Winning at Home, Inc.

“When people and their problems get more complex and acute, two equal and opposite reactions are either to withdraw or to rush in without humility, curiosity, or wisdom. Thankfully, David Murray and Tom Karel Jr. have written a primer for pastors, small-group leaders, family, and everyone in between. I am so thankful for this book and how it has the potential to make the church a safe place for all who struggle and seek to find God’s grace in the midst of their suffering. I highly recommend this book!”

Tim S. Lane, President, Institute for Pastoral Care; President, Tim Lane & Associates; author, *How People Change* and *Unstuck*

“There are few topics that have garnered as much interest and discussion in our day as mental health and illness. That is why I’m so grateful for this incredibly helpful resource from David Murray and Tom Karel Jr. They have managed to write a succinct book that is both informative and well-researched but brims with humanity, compassion, and understanding. Whatever role you might play, you will find biblical and practical help from two seasoned individuals who are honest about not only the troubles we face but also the hope we have in Christ. This is a book I know I will return to in my care and counsel of others. I trust the same will be true for you, too.”

Jonathan Holmes, Executive Director, Fieldstone Counseling

“*A Christian’s Guide to Mental Illness* is the perfect book for those who have questions about how or whether mental illness has any place in their life as a Christian. David Murray and Tom Karel Jr. walk us through questions and concerns some Christians have wrestled with regarding the field of mental health. They provide answers that are clear, practical, personal, and grounded in their deep faith.”

Mark Eastburg, CEO, Pine Rest Christian Mental Health Services,
Grand Rapids, Michigan

“How does Jesus view mental illness? I suspect this book comes about as close to capturing his understanding and compassion as anything I’ve read. Bringing together a God-centered approach to life with a deep sensitivity to the needs of Christians with mental illness, it is chock-full of practical wisdom and guidance to help the church become a place where such people feel safe, welcome, and supported—a place where the poor in spirit are being blessed.”

Eric L. Johnson, Professor of Christian Psychology, Houston Christian University; author, *God and Soul Care: The Therapeutic Resources of the Christian Faith*

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David Murray and Tom Karel Jr.

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David

To Ed Stetzer, whose Christlike compassion for sufferers has shaped me, and whose research expertise has shaped this book.

Tom

To my dear wife Ruthanne and our precious daughters Hannah, Gabby, and Lydia: your encouragement and prayers have helped me every step of the way.

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Introduction

WHAT DO YOU THINK when you hear one of these words: “depression,” “anxiety,” “bipolar disorder,” “schizophrenia,” “eating disorder,” “obsessive compulsive disorder (OCD),” and so on? You probably try not to think about them, and hope you never have to. But, with one in five American adults suffering mental illness at some point in their lives, sooner or later someone we love in our family, among our friends, or at church will bring one of these scary labels to life in our lives.¹

As anyone who has gone through this knows, when one person suffers with a mental illness, it sends tumultuous waves into multiple lives. Spouses, parents, siblings, friends, pastors, elders, neighbors

¹ In 2019, about 1 in 10 American adults reported symptoms of anxiety or depressive disorder. In 2020, it rose to 4 in 10, a fourfold increase (Nirmita Panchal, et al., “The Implications of COVID-19 for Mental Health and Substance Use,” Kaiser Family Foundation, <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>). Lockdowns, social isolation, cancelation of sports and graduations, and educational disruptions have had a particularly devastating effect on teens and children. Forty-six percent of parents report new or worsening mental health in their teens during 2020, with 1 in 3 girls and 1 in 5 boys reporting new or worsening anxiety (National Poll on Children’s Health, <https://mottpoll.org/reports/how-pandemic-has-impacted-teen-mental-health/>). Some recent studies have found more than 50 percent of children suffering mild to severe depression, anxiety, or insomnia.

are called into demanding roles and responsibilities that they are not prepared for, frequently leading to a sense of helplessness and hopelessness. “How can I help? Where can I get help? Who else can help? Is there any help that will help?”

We know how people react in these situations because not only have we been involved in counseling for decades, we’ve both been surprised by depression and anxiety in our own lives. Yes, the counselors needed counseling!

Through all this, we’ve identified the most common questions asked by sufferers, their families, friends, and churches (the thirty questions we ask in this handbook). But we’ve also learned and lived answers to these questions through practicing a holistic Christian approach to mental illness. The answers are designed to be as simple and practical as possible so that family, friends, and churches can work together to help those who suffer with mental illness, giving them and us hope. Before we find that hope and help, let’s first identify the causes of the hopelessness and helplessness we experience when mental illness strikes someone we love.

We Are Hopeless and Helpless

We suffer from despair and defeatism because mental illness is hard to understand. Apart from a few rare exceptions, there is no test to confirm the existence of mental illness, tell us what’s gone wrong, or show us how to put it right. While we will discuss a range of causes in these pages, it’s often impossible to know which one or which combination of causes were relevant in each case. There’s a mystery in it at times, which science has never fully understood or explained.

Despondency and discouragement also set in for us when sufferers refuse to even admit there is a problem, are pessimistic about their chances of recovery, or refuse to accept offered help. This

denial or defeatism makes it especially difficult for family, friends, pastors, counselors, or doctors who want to help them.

But the most horrendous hopelessness and helplessness can sink us when we see the way that mental illness damages a Christian's faith and witness. We look on with horror as we see someone we thought was a Christian in a state of deep despair, dark depression, or fearful anxiety. Sometimes it shatters a Christian's faith, so that he has no sense of God, or worse, a sense that God has forsaken him or turned against him. In extreme cases, some may even think that *they* are God. How can someone be a Christian when he is characterized by hearing voices, bizarre behavior, chaotic unpredictability, detachment from reality, or shameful sin? There don't appear to be any fruits of the Spirit, but only works of the flesh (Gal. 5:19–23), raising huge questions such as, "Can someone who is a Christian feel like that? Think like that? Act like that?"

The spiritual torture of those questions for the loved ones of the mentally ill is part of the motivation behind this book. Norman and Vicki Van Mersbergen approached us a few years ago with a small legacy from the estate of Norman's brother Gary, who passed away following complications related to schizophrenia. Although Gary had professed faith early in life, that was soon followed by three decades of mental instability.²

This painful personal experience of mental illness prompted many questions for Norman and Vicki: What comfort can we give loved ones amid such struggles? Are there any ways we can discern the fruits of the Spirit in a mentally ill person? If so, how do we do so and how do we minister to sufferers? What can the church do better, both for the mentally ill and for those who care for them?

2 You can read their story at the conclusion of this book.

Together, we decided to use Gary's legacy to fund research into these and similar questions, and we are most grateful for our research partners, Lifeway Research and Focus on the Family, and their published findings.³ Norman and Vicki's desire to share the results of our research with a wider audience and to turn it into a practical Christian guide for friends and family of the mentally ill resulted in this book. So where do we get hope and help amid hopelessness and helplessness?

God Gives Hope and Help

As the authors of this book, we want to assure readers that God is our hope and help. For a combined total of about fifty years, we've both been involved in helping Christians with mental illness and their families. Tom has served as a psychologist in a Christian healthcare setting and David has served as a pastor, counselor, and professor of counseling, as well as authoring various books on the subject.⁴

- 3 Lifeway interviewed 1,000 pastors, 355 adults diagnosed with acute mental illness, 207 family members of the mentally ill, and 15 mental health professionals. They covered topics such as the experience of mental illness, its impact on life (especially spiritual life), and the role of caring professions, churches, pastors, and mental health professionals. This work resulted in two reports, *Study of Acute Mental Illness and Christian Faith*, published by Lifeway Research (September 2014), <https://research.lifeway.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf>; and *Serving Those with Mental Illness*, published by Focus on the Family (September 2014), https://media.focusonthefamily.com/pastoral/pdf/PAS_eBook_Series_Mental_Health_INTERACTIVE.pdf; and one theological paper, *Salvation and the Mentally Ill: Can Someone Who Lacks Mental Abilities Spend Eternity with God?* (Nashville: Lifeway, unpublished).
- 4 E.g., David Murray, *Christians Get Depressed Too: Hope and Help for Depressed People* (Grand Rapids, MI: Reformation Heritage, 2010); *The Happy Christian: Ten Ways to Be a Joyful Believer in a Gloomy World* (Nashville: Thomas Nelson, 2015); *Reset: Living a Grace-Paced Life in a Burnout Culture* (Wheaton, IL: Crossway, 2017); *Why Am I Feeling Like This? A Teen's Guide to Freedom from Anxiety and Depression* (Wheaton, IL: Crossway, 2020); *Why Is My Teenager Feeling Like This? A Guide for Helping Teens through Anxiety and Depression*

Introduction

Most importantly, we have both suffered with bouts of depression and anxiety in recent times. Although these painful times delayed this book for a few years, we believe it was God's delay and has resulted in a better book as well as a better us. When caregivers become care-receivers, it makes them better caregivers.

We approach this problem as Christians who not only believe but who have experienced that God provides hope and help for Christians with mental illness and those who care for them. While mental illness often has spiritual consequences, it is rarely only a spiritual problem that can be fixed simply with repentance and faith. God provides hope and help through his word and a word-based view of his world. This word-directed, holistic approach is the most honoring to God and the most beneficial for sufferers and their families.

As noted, this handbook is organized around thirty questions and answers that we've found are those most commonly asked by perplexed parents, spouses, friends, and pastors. We've tried to be ruthlessly practical, discussing only enough theory to help readers understand and have confidence in the practical directions, and grounding it all in biblical truth. We suggest you do a quick read of the whole book to get a big-picture view of how to help sufferers, then return to a closer study of chapters especially relevant to you, and then keep the book handy for reference purposes and answers to future questions. We also encourage church leaders to use this book to develop a holistic approach to caring for those with mental illness in their church and community.

There is no quick fix for mental illness. However, with faith in the Helper of the helpless and the Hope of the hopeless, all Christians can offer Christlike care to the mentally ill, giving help and hope to the helpless and hopeless.

(Wheaton, IL: Crossway, 2020); Shona Murray and David Murray, *Refresh: Embracing a Grace-Paced Life in a World of Endless Demands* (Wheaton, IL: Crossway, 2017).

What Is Mental Illness?

BEFORE YOU READ ANY FURTHER, think about the question posed by this chapter's title and try to answer it.

It's challenging, isn't it?

Maybe you answered, "It's a sin," or, "It's a weakness," or, "It's a sickness," or perhaps even, "It's not real," or, "I don't like that term." But most likely, you said something like, "I'm not sure," or, "To be honest, I really have no idea."

Despite improved research and education, many of us are still confused, uncertain, or simply wrong about what we think mental illness is. Consequently, we shy away from the topic. Some blame and condemn those who suffer with it. Others, usually unintentionally, harm rather than help. The absence of sympathy and lack of understanding add additional layers of suffering to the problem, compounding the hurt and deterring people from seeking help.

This book will give you a better handle on mental illness and guide you toward more loving responses—emotionally, verbally, and practically. Our aim is to replace confusion, error, and misunderstanding with clarity, truth, and education so that we all can be

more effective in caring for the mentally ill.¹ In the next chapter, we'll discuss the pros and cons of using the term "mental illness." For now, as we begin to answer the question, What is mental illness?, we need to understand four foundational aspects of it.

Mental Illness Is an Old Problem

Mental illness was not part of the original creation. When God made everything, including the first man and woman, he pronounced everything "very good" (Gen. 1:31). Humanity was perfect in every way: physically, mentally, emotionally, relationally, vocationally, and spiritually.

Once sin entered the world through Adam and Eve's choices, all humanity came under the divine curse together with the rest of the creation (Gen. 3:14–19). Every part of us became disordered and broken, including our bodies, minds, emotions, and souls (Rom. 8:20–22). Illness, including mental illness, was now a part of humanity. All depression, anxiety, bipolar disorder, schizophrenia, PTSD, personality disorders, and so forth, can be traced to this terrible turning point in world history. That's how long mental illness has been around. It's an old problem.

Some Christians believe that mental illness is simply a modern idea dreamed up by God-defying psychiatrists, soul-denying psychologists, money-making drug companies, and blame-shifting sinners. Church history says otherwise (as does modern medical research). To give just one example, mental illness was accepted

1 Lifeway's interviews with mental health experts found that "education is the most needed resource." Specifically, "individuals, families, churches, and pastors all need clarity on (1) the basics of mental illness; (2) signs of what to look for; (3) knowing how to respond if they suspect someone has a mental illness; (4) ways to be supportive without being overwhelmed" (Lifeway Research, *Study of Acute Mental Illness and Christian Faith*, 5, <https://research.lifeway.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf>).

as genuine and treated seriously by some of the greatest Christian experts in soul care that God has ever given to his church—the Puritans. In days of spiritual revival and reformation, these spiritual giants and geniuses had deep insights into the causes and cures of mental illness that we would do well to learn from today.² Understanding this historical background together with some modern research on the brain (especially the physical changes that may occur) should help reduce the amount of shame and social stigma around mental illness.³

*When sin invaded the world,
mental illness invaded our minds.*

If mental illness has been around for so long, though, how come there's still so little understanding of it or agreement about what it is? One reason is that it's such a complex problem.

Mental Illness Is a Complex Problem

Some mental illness can have a relatively simple fix, but usually it's a lot more complicated. That is because it affects, and is affected by, multiple parts of our humanity. A broken arm affects only a small part of our body, impacts only a couple of areas of our lives, and needs only one or two visits to the doctor. Other illnesses, like

2 See, for example, Richard Baxter's *Preservatives against Melancholy and Over-Much Sorrow* (Charleston, SC: BiblioLife, Gale ECCO Print Editions, 2018), in which he carefully distinguishes spiritual depression (which is cured by faith) from physical depression (which is cured by medicine). In fact he has a whole section on "Medical Care for Those with Depression."

3 Lifeway Research, *Acute Mental Illness and Christian Faith*, 4.

cancer, can affect the entire body and every part of our lives and require lots of professional help.

Mental illness is like cancer in that respect. To one degree or another, nothing can escape its reach. It especially disturbs our thoughts, feelings, and souls, which in turn worsens the mental illness and makes it extremely difficult to figure out what the problem is and what the solutions are. It often requires multiple appointments with various professionals to obtain the necessary help. It's a complex problem that defies simplification.

*Over-simplifying mental illness
underestimates mental illness.*

“But, if it's so complex, what should we expect in the lives of sufferers?”

We can expect a lot of complexity in the wide range of people who battle mental illness and in their wide-ranging experiences.

Mental Illness Is a Varied Problem

Mental illness is varied in terms of who suffers with it. Although there are some caricatures of who can become mentally ill, there is no one kind of person or personality that is more susceptible. Men and women, old and young, black and white, Type A and Type Z, successful and unsuccessful, believers and unbelievers, and so on; all kinds and types can suffer in this way. It can affect everyone and anyone. Although some families may have a greater risk of being affected due to genetics, no family is immune.

We will see the variety even more clearly in chapter 3 when we look at the different kinds of mental illness, and how statistically common it is. According to one source, in the course of a normal year, almost 1-in-5 American adults will experience a diagnosable mental health disorder, and that rises to 46 percent over the course of a lifetime.⁴

Mental illness is also varied in terms of the nature and severity of symptoms. Each category of mental illness has a range of symptoms associated with it, but what a person actually experiences is greatly influenced by their circumstances. This means that some are slightly impaired in their functioning, others are paralyzed, and most move backward and forward along this scale.

The timing and duration of any given symptom or onset is diverse as well. It can begin when everything is going well, or when everything is going terribly, or even many years after traumatic events. It can last for weeks, months, years, and can even be life-long. Mental illness can be a one-off episode or something that is repeated. It's a varied problem that defies stereotypes.

*If we stereotype mental illness,
we'll overlook mental illness.*

“If it's so complex and so varied, is there really anything that can be done to treat it?”

Yes, and it should be treated urgently.

4 “The National Survey on Drug Use and Health,” *Substance Abuse and Mental Health Administration*, September 2014, <http://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm>.

Mental Illness Is an Urgent Problem

Although mental illness can be mild, it usually has serious, life-altering impacts. Many illnesses and problems impede portions of our lives, but mental illness tends to damage every aspect of our lives. It isn't something that can be boxed up and limited easily. Unfortunately, and sadly, because of the far-reaching ripple effects, it can damage our marriages, our children, our careers, our bodies, and our souls. At its most devastating, it deceives people into wanting to end their life.

This is not something to be ignored. Mental illness rarely resolves itself. The deeper we sink into the pit, the harder it is to climb out of it. The longer it is ignored, the worse the consequences. Later in this book, we will look at some of the serious physical consequences of mental illness—the damage to our brains, bones, and other parts of our bodies if left untreated. It is an urgent problem that should be addressed today, not tomorrow.

*Mental illness is a today problem,
not a tomorrow problem.*

SUMMARY

Problem: The ignorance, error, and confusion surrounding mental illness reduces our sympathy, desire, and ability to help, which only inflicts more harm on those who are suffering.

Insights: Mental illness is (1) an old problem, (2) a complex problem, (3) a varied problem, and (4) an urgent problem.

Action: Let's educate ourselves about what mental illness is, so that we will respond to it more sympathetically and helpfully.

- Ask God to replace your prejudices, error, and confusion with truth, facts, and clarity.
- Listen to the stories of those with mental illness or read books they have written.
- Read medical research that is often published in simplified form in the media.
- Encourage sufferers to seek help speedily.

David's Story

I cannot remember anyone talking about mental illness when I was growing up in the '70s and '80s. I do remember a popular teen girl in the grade above me committing suicide, but no one talked about it. I grew up in churches, schools, and a family that never discussed mental illness. I went to seminary in my mid-twenties, but it was barely mentioned there. Not surprisingly, my ignorance resulted in a lot of prejudice and error. What made that worse was that I took these mistaken views into my first years of ministry. I so much wish that this simple question, "What is mental illness?," had been addressed at least once in my education. It would have profoundly impacted my ministry. I would have loved better, served better, and at the end of the day I would have been more useful and less harmful.

It may also have prevented (or shortened) my own bout of mental illness. As we continue to explore answers to this question, I hope this book will do for you what I wish had been done for me.

Is “Mental Illness” a Helpful Label?

LABELS CAN BE HELPFUL in beginning to describe or define what we are talking about. For example, when we label something as “a sports car,” that gives us all an idea, a mental image, of what we’re discussing. Without going into lots of detail, it conveniently distinguishes it from, say, a minivan.

However, labels can also cause difficulties. When some people hear the label “sports car,” they may think of a classic open-top Corvette. Others may think of a Ferrari Testarossa. Labels can cause miscommunication and misunderstanding because they deal with generalities, not details.

That’s why considerable controversy has arisen over the label “mental illness” and whether or when such a label should be used. There’s no doubt that “mental illness” has become one of the most overused diagnoses today. It now covers everything from schizophrenia to alcoholism and even pedophilia. It is frequently used to minimize responsibility and to blame all events and actions on factors beyond our control.

This overuse, in turn, has led some to *underuse* the label. If people are misusing it to excuse sin or evade accountability, then it’s a term we must avoid, they argue. Others even deny there is

any such thing as mental illness, attributing everything to people's wrong choices. The term has also been abused, especially in the media and in movies, to portray people as crazed lunatics or even demonic. Little wonder that many people are scared of this label or hesitant to use it.

Given its difficulties and complications, we must ask if there is any benefit in retaining the term "mental illness," and, if so, how do we use it helpfully? Let's navigate our way through the pros and cons of this label so that we can use the right label in the right way. We'll begin by building awareness of its limitations.

The Label Has Limits

Part of the difficulty that leads to both overuse and underuse of this label is the ambiguity in both of the words, "mental" and "illness."

For example, "mental" suggests it's just something to do with our thoughts, and therefore something exclusively to do with our brains. It can be, but it's often experienced primarily in the emotions (e.g., sadness, anger, fear) rather than in our thoughts. Also, "mental" tends to distance the problem from any spiritual or "heart" component and therefore diminishes or even excludes pastoral and spiritual input. It also fails to account for situational or social factors.

"Illness" is helpful in that it points to a physical or biological problem requiring medical help. The National Alliance on Mental Illness (NAMI) defines mental illnesses as, "medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning" and "often result in a diminished capacity for coping with the ordinary demands of life."¹

¹ *About Mental Illness*, NAMI California, <https://namica.org/what-is-mental-illness/>.

It can be this, but, unlike many medical conditions, mental illness can rarely be identified with medical tests and is rarely cured with medical input alone. “Illness” implies that it’s something just like diabetes or epilepsy, a disease or disorder that always just happens to us, that we have no control over, and that therefore we are not responsible for. This tends to turn the sufferer into a passive victim rather than someone with some responsibilities.

The term “mental illness” is also excessively broad, just like the label “sports car.” It gives us a broad, general idea of what we’re talking about, but it fails to give us any details. It’s like saying someone has an “orthopedic problem” without specifying whether it is a broken toe or a broken neck. “Mental illness” can be incapacitating for years, and can even lead to suicide, or it can be something that people get treatment for while continuing to function at a very high level.

*The term “mental illness” has limitations
because its range has few limits.*

So, if the label has such serious limitations, should we use it at all?

The Label Can Be a Helpful Starting Point

Despite its limitations, “mental illness” is still the preferred label in the medical profession and in popular culture. Although it creates difficulties, it does direct us to a general category that distinguishes

it from other issues. Just as the term “orthopedic problem” distinguishes it from “kidney problem” or “heart problem,” so “mental illness” serves a similar function.

As such, it can be a helpful starting point, a way of orienting ourselves to what area we are talking about. For example, if friends suggest a trip to Europe this summer, you will have a general idea of what kind of vacation they are proposing. You will know which part of the map to look at (i.e., not Africa or Australia), but you will then want to get a lot more detail about which country, which parts of which country, what activities are planned, and so on.

Just as we would be foolish to agree to a trip to Europe without asking lots of questions about the details, so it is unwise to use the label “mental illness” without asking many more questions. But it’s still a useful start-point, if we remain aware of its limitations and go on to ask for more details.

While offering compassionate help to those who suffer due to having fallen bodies and brains, or because of factors outside of their control (see Job 1), or because of direct divine intervention (John 9:3), we must also carefully identify where people have brought some of their suffering upon themselves due to sinful personal choices, and adjust our language, counsel, and help accordingly.

Having weighed the pros and cons, we’ve reluctantly decided to retain the use of the label “mental illness” in this book. But, when we use the term, we want you to know that we are not minimizing the spiritual component or the sufferer’s responsibility, nor are we denying that the suffering is frequently more in the feelings than in the thoughts. Although we will often use the word “sufferer” because we want to communicate sympathy, we are not doing so

to deny the involvement of personal sin in some cases or the need for the person to take some responsibility.

*“Mental illness” is not a final destination
but a discussion starter.*

So, should we use this label in everyday life? Here’s one change we can make right away.

The Label Applies to a Problem, Not a Person

Just as it is no longer acceptable to say, “She’s disabled,” but rather, “She has a disability,” so we should avoid saying, “he is mentally ill,” or “I am mentally ill.” Rather, we should say, “He has a mental illness,” or “I have a mental illness.”

This important switch applies the label to the problem, not the person, and therefore defines the problem the person has, rather than defining the person as a problem. The switch of verb from “is” to “has” ensures that a person is not defined in their entirety by their problem. A person is much more than an illness, and recovery is not advanced if we inadvertently imply otherwise. It doesn’t help the sufferer, and it doesn’t help us. A person is much more than their diagnosis, even if their suffering impacts their whole life.

*“Mental illness” defines the problem,
not the person.*

SUMMARY

Problem: The label “mental illness” is controversial and problematic due to overuse, underuse, and abuse.

Insights: The label “mental illness” (1) has limits, (2) can be a helpful starting point, (3) applies to a problem, not a person.

Action: Recognize the uses and limits of the label “mental illness” and use it wisely, especially when attaching it to a person.

- Discuss the label “mental illness” with someone who is suffering with it. Ask them what they understand by the term, what they find helpful or unhelpful about it.
- Consider the pros and cons of some of the alternative labels: mental disorder, emotional disorder, brain malfunction, broken mind, mental health condition, and so forth.
- How might we help sufferers avoid defining themselves by their mental illness?

Tom's Story

In my clinical practice and in my personal life, I have talked with people suffering with anxiety, depression, or some other mental health diagnosis who have told me, “I am depressed,” or “I am bipolar.” So often in the struggle with a mental illness, people begin to so identify with the diagnosis that they begin to believe that this defines who

they are as a person. In other words, the illness somehow becomes their identity.

Many seem rather surprised at my reaction to this: "You have an illness, an affliction that is a heavy burden to bear. However, this does not define you."

We do not want to err in downplaying the reality of illness of any kind, but neither do we want to err in believing that an illness has the power to overshadow the unique combination of God-given talents, gifts, experiences, and personality that make up a human being created in the image of God.