

Boyle Lecture 2020

with Christopher C. H. Cook, "Mental Health and the Gospel: Boyle Lecture 2020"; and Fraser Watts, "Mental Health and the Gospel: A Response to Christopher Cook."

MENTAL HEALTH AND THE GOSPEL: A RESPONSE TO CHRISTOPHER COOK

by *Fraser Watts*

Abstract. It is sometimes assumed that when the gospels talk about demon possession they are just using different terminology for what would now be called psychosis or epilepsy. However, these terms come from different discourses that need to be distinguished, but do not need to be kept completely separate. The nature of the relationship between religion and mental health is complex. There is usually a positive correlation, but it is more difficult to be confident about the nature of the causal connection. Poor mental health can become intertwined with religion in a way that drags both down. It is a consistent feature of Jesus' interactions that he encourages people to believe that more is possible than might have been imagined. His impact on the mental health of those around him seems to have been largely a matter of what might now be called positive psychology.

Keywords: Jesus; mental health; possibilities; religion

I want to thank Christopher Cook very warmly for his clear, insightful, and wise Boyle lecture. It is indeed remarkable if he is the first medic to have been invited to give a Boyle lecture, but I am pleased that omission has now been rectified. Cook and I work in very similar fields, though he is a psychiatrist and I am a former clinical psychologist. I greatly admire his work and have learned a lot from it. We occasionally have different emphases but there is nothing that I disagree with. So, my task, after thanking him, as I do most warmly, is to expand on some of the issues he raises, from a slightly different and perhaps complementary perspective.

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DISTINCTIONS AND DIVISIONS

There is indeed, as he says, a conceptual problem in how to relate the Gospel and mental health. We are not just dealing with different languages for the same thing. Demon possession is not just another term for psychosis or epilepsy. Psychiatry and the Gospels are saying *different* things about mental health, not just using different words to say the *same* thing. Nevertheless, there is a close connection between what psychiatry and the Gospel are saying. They offer distinct but interconnected perspectives. There can be, and should be, more crosstalk between them than has normally occurred. We often seem to struggle with this kind of conceptual relationship, where we have two *distinguishables* but *interconnected* perspectives.

One trap is that we fail to recognize a distinction that needs to be made, as when we fail to recognize that psychiatry and theology are making distinct contributions, not just saying the same thing in different words. However, if we get as far as making the distinction, we then often create divisions, and imagine that the perspectives we have distinguished are completely disconnected from one another. It is a general problem of which the poet and philosopher Samuel Taylor Coleridge was very much aware. He recognized, more clearly than most, that a lot of philosophical problems arise from taking mere distinctions and turning them into divisions (Barfield 2014, 23–26). The perspectives of theology and psychiatry are distinguishable, but they should not be divided or separated from one another, because there are strong connections between them.

Psychiatry and the Gospel are looking at things from different perspectives, and embedding what they say in different discourses, which make different background assumptions. However, I am enough of a philosophical realist to assume that they are triangulating on the same phenomena. Neither perspective says everything that can be said. Both are selective, but they leave out different things. There is a rough analogy in the relationship between the conscious mind and the physical brain. Mind talk and brain talk are looking at things from different points of view, but looking at the same double-aspect reality. For example, there is a single process of going to sleep that can be monitored in different ways by the conscious mind and by brain recordings.

THE COMPLEXITY OF THE RELATIONSHIP BETWEEN RELIGION AND MENTAL HEALTH

The relationship between religion and mental health is very complex, as everyone knows. Most of the research data are correlational and, as Christopher Cook says, mostly shows a positive association between religion and mental health. However, we are all really more interested in

causal effects, and that is still largely speculative, though research is improving. Religion can influence mental health but, equally, mental health can influence religion. Or, yet again, an apparent association between religion and mental health may reflect the impact of some third variable (such as socioeconomic status) on both religion and mental health. It is all very difficult to sort out (Koenig, King, and Carson 2012; Watts 2017).

I believe that religion is often good for mental health, but there are probably some kinds of religion that are bad for it. Religion can become a manifestation of poor mental health. For example, people with obsessional tendencies can become highly obsessional about religion itself. Equally, religion can entrench guilt feelings that are already exaggerated and inappropriate; alternatively, if people receive absolution and take it to heart it can liberate them from pathological guilt. Religious manifestations of poor mental health can further entrench and exacerbate mental health problems. It sometimes seems as though there is a tug of war going on. Religion can get sucked into mental health problems and exacerbate them. On the other hand, healthy forms of religion can help to liberate people from their mental health problems. Which of these two predominates is a subtle and complex matter.

JESUS AND MENTAL HEALTH

But leaving all that complexity aside, I want to focus on how religion can be good for mental health. Here, I welcome the fact that Christopher Cook has chosen to talk, not about religion in general, but more specifically about the Gospel and Jesus. I want to try to probe a little further the mental health implications of the Jesus we know from the Gospels. I am often disappointed that churchgoers do not seem to “get” the Jesus of the Gospels, and do not even show much interest in him.

Jesus features in the Christian religion in a variety of different ways. Sometimes people have beliefs *about* Jesus, but seem reluctant to actually engage with him; the epistles of St Paul appeal to such people more than the Gospels. In contemporary Evangelical Christianity, there is a quasi-romantic relationship with a highly spiritualized Jesus. In the Catholic tradition, there is a veneration of the real presence of Jesus in the sacraments. In the later writings of St Paul there is a rather mystical awareness of the cosmic significance of Christ, which is also found in forms of Christianity influenced by New Age. All of these impact on mental health in different ways. Now is not the time to explore all of that. However, Christopher Cook’s main interest is in the Jesus of the Gospels, and that is my central interest too.

Jesus was clearly a highly charismatic individual who had a profound impact on the thoughts, feelings, and behavior of many of those who met him. He is not just a historical figure; he can be internalized, rather as

most children internalize their parents as they grow up. Parents become their constant companions, observing and commenting on what they are doing, even when they are not physically present. Christians sometimes internalize Jesus in a someone similar way. In saying this, I am not, of course, suggesting that there is nothing more to Jesus than a historical figure who has been internalized psychologically.

Jesus was a Jew, and those who are steeped in the Jewish tradition often "get" Jesus better than those of us who are not. One of the best portrayals of Jesus I know was by Werner and Lotte Pelz, in a book, rather misleadingly entitled *God Is No More* (Pelz and Pelz 1963). In my opinion, it was much the best of the clutch of radical theology books published in the early 1960s. Pelz was fascinated by how Jesus used words in his encounters with people, and was sharply critical of the idea that Jesus was a "teacher." To say Jesus was a teacher suggests he talked in a much more systematic way than was actually the case. The Jesus of the Gospels talked in a puzzling and enigmatic way. He teased and provoked, and disrupted pre-existing assumptions. Above all, he consistently disrupted the idea that we know what is possible, and what is not; and that we have to settle for the rather limited reality to which we have become accustomed.

At the start of St John's Gospel, Jesus says "follow me . . . and you will see the heavens open" (John 1:43–51). He tells the woman at the well that if she drinks the water he will give her she will never be thirsty again, because streams of water will well up within her (John 4:13–14). Jesus consistently seems to be provoking people into believing that more is possible than they had supposed. His message, as Pelz sees it, is essentially one of promise. The chapter titles of Pelz' book include the "promise of committal," the "promise of wholeness and loveliness," the "promise of the neighbor," the "promise of the city," and the "promise of lawlessness."

The Greek word for the new mindset that Jesus seems to want to open up in people is *metanoia*, a new heart and mind. We usually translate this word as "repentance," but that gives a misleading impression of what Jesus was trying to achieve. Bishop Stephen Verney put it well in saying that *metanoia* points to something beyond our comprehension. "We are being commanded by Jesus to let go what we thought we knew. It is a return home to something profoundly old and a discovery that is something radically new. Our eyes are to be opened to see everything differently, and our desire is to be transformed" (Verney 1989, 21–22).

Jesus seems to have been more interested in creating belief in future possibilities than in inducing regrets about the past, though I do not want in any way to play down just what a radical change in mindset *metanoia* involves. St Teresa of Avilla understood this when she remarked that too much self-examination is as bad as too little, adding "believe me, by God's help, we shall advance more by contemplating the Divinity than by

keeping our eyes fixed on ourselves" (Gollancz 1950, 128). Jesus was something of a positive psychologist ahead of his time.

Jesus characteristically begins encounters with people by expanding their horizons about what might be possible, although he never downplays the cost. There are numerous remarks about the sacrifices that will have to be made to find the "pearl of great price" (Matthew 13:45–46). Seemingly aware of how daunting this might all seem, he also encourages people to believe that if they take the risk of leading this new kind of life, they will find they are supported in it (Watts 2007).

The implications of all this for mental health are profound and far reaching. The psychological framework that seems closest to a translation of how Jesus sets about transforming people is perhaps that of C G Jung. He takes over from Freud the concept of the ego, the center of our consciousness, but adds a concept of the self, usually spelt with a capital letter as a way of indicating that Jung uses this word as a technical term, meaning the higher and more complete person that it is possible for us to become. Some might suspect that this is to reduce the gospel to mere psychology, but that would be a misunderstanding of what Jung is up to. In many ways, Jung's psychological theory can be seen as a translation into fresh-sounding psychological language of perennial spiritual wisdom. It is spiritual wisdom masquerading as psychology, rather than spiritual wisdom reduced to psychology.

Jesus' impact on mental health is crystallized in the advice that Christopher Cook elucidated so well: not to worry, but to pray instead (Cook, in press). Worry and prayer start from the same life circumstances, but worry drags us down, whereas prayer points toward what is possible and lifts the spirit. Prayer creates its own more positive reality. Increasingly in recent years I have passed on to others Jesus' advice to pray rather than worry. If the word "prayer" is problematic, I can rephrase it in an acceptable translation. My experience is that Jesus' advice is remarkably helpful. I am deeply grateful to Christopher Cook for the clear way he has presented that advice, and indeed for his clear and beautifully crafted Boyle lecture.

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