

1. THE TEST OF PSYCHIATRY: WAS JESUS MENTALLY DISTURBED?

This man we are talking about either was (and is) just what he said, or else a lunatic, or something worse.

C. S. Lewis

Jesus has had a greater influence than any other person on individuals, and on history. Indeed, 2,000 years after his death the number of his followers continues to increase. During his lifetime he met with violent hatred and a shameful death. Now his followers are still persecuted and martyred in many parts of the world, and they encounter verbal attack and discrimination in many others. For those who know Jesus, he is everything; for those who do not, all possible means have been used to discredit him.

‘He’s raving mad. Why listen to him?’ his critics have been protesting for 2,000 years, and still insist today. Some say that Jesus is mad because they do not understand him, some because they reject him, and some have just never tried or bothered to listen.

What did he really say about himself? Could it be construed as the outpouring of a madman?

Why does it matter whether or not Jesus was mentally ill?

A powerful businessman became increasingly bombastic, noisy and rude to employees, clients and shareholders. He made decisions with long-lasting consequences arbitrarily and without consulting his colleagues. Others in the firm realized that he was mentally ill and tried in all possible ways to keep him from public view. They realized that his authority and power would immediately be undermined if there was even a whiff of mental illness.

Why does it matter whether Jesus was mad or not? It matters because Jesus offers meaning, trust and credibility, authority, and a relationship built on love. If the view that Jesus is mad can be substantiated, then all of these disappear. To convince us that Jesus was psychiatrically deranged, there would have to be signs suggesting one or other of three groups of mental illnesses: psychosis (considered in chapter 2), other mental illness or personality disorder (considered in chapter 3).

When Jesus said of himself, 'I am the good shepherd' (John 10:11), that phrase, like so much else that he said, carried many associated meanings for his Jewish hearers because of their knowledge of the Old Testament: the coming king who will free us from Roman oppression, the promised Messiah, national and personal security, and self-respect. Some accepted him, but others said, 'He is demon-possessed and raving mad. Why listen to him?' (John 10:20). When Jesus spoke, this immediately attracted his critics, often with some religious authority, to launch into accusations of madness in order to undermine his credentials.

Really the Messiah?

The claim by his detractors that he was mad was inextricably linked to the realization that Jesus was the Messiah. The first hint was made by the Magi (wise men) at the time of his birth when they came to worship ‘the one who has been born king of the Jews’ (Matthew 2:2). This was an extraordinary endorsement from heathen scholars when greeting a baby!

The expression ‘Son of God’, which implies ‘Messiah’, is first used in Matthew’s Gospel by two demon-possessed men who shouted at Jesus (Matthew 8:29). They recognized that Jesus’ healing power came from God and that he was able to heal them from madness and violence.

When Jesus enabled Peter to walk on the water and calmed the storm on the lake, the disciples said to him, with grateful conviction, ‘Truly you are the Son of God’ (Matthew 14:33). Jesus put these questions to his disciples: “‘Who do people say the Son of Man is? . . . But what about you? . . . Who do you say I am?’” Simon Peter answered: “You are the Messiah, the Son of the living God”’ (Matthew 16:13–16).

At Jesus’ trial the high priest said to him, ‘I charge you under oath by the living God: Tell us if you are the Messiah, the Son of God’ (Matthew 26:63). In his reply Jesus accepted the claim. Finally, a centurion at the foot of the cross, in terror from the earthquake, said, ‘Surely he was the Son of God!’ (Matthew 27:54).

These witnesses came from different backgrounds and had differing opinions about Jesus, but all queried whether Jesus was indeed the Son of God, and therefore the Messiah. In Mark’s Gospel, hints that Jesus was the Messiah were linked with his imminent death.¹ Jesus, and his disciples, claiming that he was the Messiah was not a boast, but proved to be a death warrant. For the Jewish leaders, declaring him mad was

their only effective means to stop the spreading idea that he was the Messiah.

From early on in his ministry his disciples had come to realize that Jesus was 'the Messiah'. Jesus himself believed this. He applied the Old Testament Scriptures about the 'Suffering Servant' and 'God coming into his kingdom' to himself, and, in so doing, he 'was to court the charge of madness'.² Jesus fulfilled the Old Testament prophecies about the Messiah: a descendant of Eve, from the seed of Abraham, a prophet like Moses, a king like David, a priest like Melchizedek, the servant of the Lord and the Son of man.³

'Jesus is crazy' is of course a cheap form of abuse, a deliberate put-down by those who want to dismiss him. Yet what he said and did was like no-one else throughout history. How do we explain his behaviour on earth, acting as a great leader, and his reputation since his death, the most venerated person of all time? Some of the statements that led to the accusation of madness were: 'your sins are forgiven', 'the kingdom of God is coming', 'the King of the Jews' and 'today this Scripture is fulfilled in your hearing'. And he supported these colossal claims with the whole manner of his life.

C. S. Lewis's 'trilemma' implies that either (1) what Jesus said is true, or (2) he is a liar, a fraud, or (3) a madman. As we said in the introduction, in this book we deal mainly with the claim that he was mad. Jesus shouted,

Whoever believes in me does not believe in me only, but in the one who sent me. The one who looks at me is seeing the one who sent me. I have come into the world as a light, so that no one who believes in me should stay in darkness . . . I did not speak on my own, but the Father who sent me commanded me to say all that I have spoken. I know that

his command leads to eternal life. So whatever I say is just what the Father has told me to say.

(John 12:44–46, 49–50)

Jesus was not just a philosopher producing wise sayings for discussion among the intelligentsia. He claims to be speaking directly from God. As theologian and writer N. T. (Tom) Wright says, ‘The real reason for doubt is the shuddering fear that it is after all true. What if Jesus really were the mouthpiece of the living God? What if seeing him really did mean seeing the father?’⁴ What a terrifying idea! It is more comfortable to assume he is mad. In his lifetime some of his closest friends betrayed and denied him, and most people couldn’t really make him out. He was compelling but puzzling.⁵ But was he mad?

What is mental illness?

We now apply the principles of psychiatry to Jesus’ story. What is mental illness, mental disorder? For such questions to have any meaning, there has to be a clear threshold between normal experience and ‘caseness’ – mental disorder. Speech and behaviour that appears to be unintelligible does not necessarily indicate mental illness. If I cannot understand someone, that does not prove that person to be insane – it could even be something lacking in me!

Anna was a grandmother, with her stable and supportive family around her. She was active in her community and church. Her habits were regular, including completing the newspaper crossword every morning at breakfast. Inexplicably, she began to slow down and become very quiet. She became gloomy, grumpy, quite unlike her usual bright self, and gave up many of her activities. She had no appetite and had lost a

lot of weight. She became apathetic and indecisive; she would sit still in her chair all day. Her family was very worried about her, and her doctor diagnosed depression and, because of her extreme weight loss, arranged for her to be admitted to hospital. There the diagnosis was confirmed, and appropriate treatment started. She began to improve and after a few months returned to her old self – picking up her previous activities and once more finishing the crossword every morning. She had suffered from a serious, potentially lethal, mental illness. Yet, following diagnosis and treatment, she made a full recovery.

June was the vicar of a small country parish. Towards the end of a long winter, she described everything as ‘going pear-shaped’. The churchwarden had a blazing row with another member of the congregation and promptly resigned. The treasurer had a serious illness and was absent from church for several months. The head teacher of the village school, of which June was a governor, had to take leave in the middle of the term. June’s husband had been working away from home for a few weeks, and her teenage son had given up on school work and was out most evenings. By April, June was completely exhausted, anxious and dejected; she felt that she could not take much more. After Easter she and her family had ten days’ holiday with her sister who lived in Spain, and away from home she felt much better. Despite her gloom and tension in March, June never suffered from a mental illness. Throughout, her body and mind were reacting appropriately to the almost intolerable demands being made upon her at that stressful time, and when the outside pressures were removed, there came a blessed relief from symptoms. If you had talked to June in late March, you would probably have thought that she was mentally ill, but this was not so.

We will focus strongly on diagnosis over the next few chapters. There is no single 'mental illness'; there are many different psychiatric conditions, with varying features. How did the patient's condition arise? What other states of mind are similar, and, most importantly of all, what is likely to happen in the future and, therefore, what should be done about it?

Diagnosis is a means of communication between doctors and others, and it is based on the 'symptoms' and 'signs' that the sufferer shows.⁶ The patient complains of symptoms, but physical signs are discovered on examination. In psychiatry, the complaints of the patient (feeling anxious) and observation by the clinician (agitation and tremor) are both described as symptoms, and added together to form signs of the diagnosis, anxiety disorder. The importance of diagnosis in psychiatry has increased as effective treatments have been developed.

Each mental illness shows a definite pattern, and illness is neither random nor arbitrary; what is said and done has meaning which may not be immediately apparent to the sufferer or the doctor. For example, depressive illness has a pattern, distinctive features, which are different from those of anorexia nervosa, because the symptoms that the sufferer describes, the onset of the condition, its course over time and its outcome, all differ. In the same way, the condition called schizophrenia differs radically from Alzheimer's disease, the most frequent type of dementia. There are clear, established patterns for the different conditions, and a variation from these is exceptional rather than usual. To claim that someone is mentally ill, one must describe which symptoms and signs of which specific mental disorder a patient is demonstrating.

Features of mental illness

There are four features common to all mental illnesses:

1. symptoms (what distresses the sufferer, as noted above)
2. loss of function (inability to carry out normal activities)
3. disturbance of relationships (family, friends, work)
4. disturbance in self-image (how patients feel about themselves).

Symptoms include both the complaints that the sufferer makes, and signs – indicators of mental disorder apparent on examination but not complained of by the patient. For example, slowness of speech and limited gesture in severe depression are signs, often more noticeable to the doctor than the patient.

A psychiatrist seeks to understand the patient's mental illness by observing carefully and taking a full and relevant history. Symptoms are explored with an emphasis on what it means for the sufferer. There is much more to the distress of depression than the phrase: 'I feel rather down.' How long has it been going on? How severe is it? Does anything particular bring it on? Does it cause physical symptoms? Many other relevant questions come into play. The aim of the psychiatrist is to understand the person – almost from within: what does it feel like inside you?

On asking about the loss of ability to function normally and harmoniously, one would enquire about the patient's situation – at home, at work, in his or her accustomed social group, for example, at church. There is almost always some problem in day-to-day functioning in all mental illnesses, but in a different manner for each condition. The person with severe depression feels unable to love or be loved at home,

cannot carry out work effectively and finds going to outside events, such as church, intolerable. He or she often has very low self-esteem, and this adds to the other disabilities.

Relationships are disturbed in different ways, but in all mental illnesses this causes distress not only to the sufferers, but to all those around them. Some degree of alteration in how they feel about themselves almost always occurs with any mental illness.

Mental illnesses differ in all significant respects: cause, onset, course, treatment, outcome, degree of stigma it attracts and so on. However, being unusual or eccentric does not, in and of itself, constitute mental illness: recognizable features of a defined psychiatric condition must be present. The authors both know several eccentric people who are not mentally ill, because they experience no distress, nor do they cause others distress, and they function well with the demands society makes on them. Even the authors themselves may be somewhat odd! Just to be unusual, or even greatly disapproved of, does not make you mentally ill.

More than one psychiatric condition may be present at the same time. This is called co-morbidity, and it is frequently found among the mentally ill. Michael had a serious drink problem and was sacked by his employer. Consequently, he tried to drown himself in the sea. After his rescue and admission to hospital, he was found to be suffering from alcohol misuse *and* depressive illness.

Although it is most obvious with psychotic illness, some impairment of judgment occurs with any mental illness. It is this impairment of judgment that has been used to 'explain away' Jesus' teaching: in the mind of disparagers, mental illness = loss of judgment = ignore, and do not trust. We have to grasp Jesus' meaning from his words and his actions. He was truly man, 'fully human in every way' (Hebrews 2:17) –

he experienced the full range of human emotions. There is a lot of material, and surely enough has been written for two psychiatrists to know whether or not he suffered from any mental illness!

Meaning

We are all looking for meaning, but, significantly, without God's help, we cannot see meaning in Jesus, and therefore he must be 'mad', a 'crackpot' or a fanatic. To those who do not know him, his teaching appears to be the craziest thing – 'love your enemies' (Luke 6:27). He teaches exuberant and even self-destructive generosity – 'Give to everyone who asks you, and if anyone takes what belongs to you, do not demand it back' (Luke 6:30). He is even generous to the stingy and the wicked (Luke 6:35). This turns the world upside down. Not surprisingly, some think that the teaching, and therefore the person, is mad. But does his teaching make any sense? In his life and in all he said, Jesus was focused, directed and unambiguous. There was one clear goal: building his kingdom. Jesus' life and teaching might seem crazy, but how do we decide if it really is madness or mental illness? We will consider this in detail in the next chapter. Psychiatrists make their assessment on whether mental illness is present by making a careful enquiry into speech, behaviour and experience: 'If I were inside your mind, what would it be like?' This exploration of meaning for the individual is called 'descriptive phenomenology', and it is an acquired skill that all psychiatrists need in order to be effective.

There was purpose and meaning both in Jesus coming into the world: 'that by believing you may have life in his name' (John 20:31), and in his leaving the world. Jesus' vocation, what he states as his reason for coming, was to fulfil the Old

Testament prophecies for the ‘Messiah’, the Saviour: atonement and sacrifice for the whole world by crucifixion (the method of death for a violent criminal) of an innocent man. A battle was won, not by physical force, but by the power of love: ‘Having loved his own who were in the world, he loved them to the end’ (John 13:1). As we will consider in more detail later (in chapter 7), Jesus’ sense of purpose and obedience to his Father is the only valid explanation for the whole sequence of events, starting in the garden of Gethsemane with his arrest, until his death on the cross, his burial and resurrection.

The meaning of Jesus’ life was to do his Father’s will: ‘I did not speak on my own, but the Father who sent me commanded me to say all that I have spoken. I know that his command leads to eternal life’ (John 12:49–50).

So was Jesus mentally ill? The best way to answer that is to find out what meaning Jesus invested in the events of his life, his words and his actions.

Misunderstanding

Why did people then, as they do now, declare that Jesus was mad? Because they misunderstood, and still misunderstand, what he was saying. They did not grasp his meaning and turned the spiritual into the physical. Still today we find this distinction difficult. They failed to see how what he said gave meaning to life, eternal life. And our generation still fails to see that.

So those who heard Jesus often misunderstood him. For example, much of what he said to the Samaritan woman at the well about ‘living water’ she misunderstood (John 4:10). Tom Wright puts it like this: ‘Again and again . . . Jesus talks to people [and they] misunderstand what he says. He is talking

at the heavenly level, and they are listening at the earthly level.⁷⁷ Jesus upset comfortable conventions – his hearers did not like that, and said that he was mad.

These ‘misunderstandings’ often appear to be deliberate on Jesus’ part. He knew what the other person was thinking, but he wanted to challenge his hearers with the life-changing consequences of his arrival into the world and the coming of the kingdom of God. In his exchange with Martha, Jesus said,

‘Your brother will rise again.’

Martha answered, ‘I know he will rise again in the resurrection at the last day.’

Jesus said to her, ‘I am the resurrection and the life. The one who believes in me will live, even though they die.’
(John 11:23–25)

Incidentally, here Jesus is clearly pointing to his divine character, one of the two natures mentioned earlier, fully God and fully human at the same time.

Misunderstandings occur because Jesus is working at a different level. He remains focused on the kingdom of heaven. He teaches many things that contrast ‘spirit’ with ‘flesh’ – the spiritual and the physical realms. Quite often Jesus is talking about spiritual values, and his hearers misunderstand the meaning as physical. For example,

Jesus stood and said in a loud voice, ‘Let anyone who is thirsty come to me and drink. Whoever believes in me, as Scripture has said, rivers of living water will flow from within them.’

By this he meant the Spirit, whom those who believed in him were later to receive.

(John 7:37–39)

But Jesus never says that spirit is good or eternal and flesh bad or ephemeral, nor that spirit is metaphorical and flesh literal: both are made by God and are part of our whole and undivided nature.

In everyday conversation we are used to talking about 'spirit': 'the team played with spirit'; 'there was a bad spirit in the office.' We recognize its importance. Jesus' teaching was not only spiritual, but also practical. For example, he was explicit concerning money: 'You cannot serve both God and Money' (Luke 16:13); 'If you have not been trustworthy in handling worldly wealth, who will trust you with true riches?' (Luke 16:11). This caused controversy in his time, and it still does. Both then and now, it is much more comfortable to say that it is crazy and ignore it. His message about money and other belongings is generosity itself: 'Freely you have received; freely give' (Matthew 10:8). Because Jesus was so different from us, it is hardly surprising that we have often missed his meaning, misunderstood him and found his teaching 'mad'.

But what does it matter if Jesus was mad or suffering from a mental illness? If he had been an innovative philosopher or had made life-changing discoveries in physics, his mental state would have been largely irrelevant. But neither was the case. He portrayed a new way of life, a new kingdom in this world, a new relationship with God and with other people, and a world order based on love. For these reasons, we need to know whether we are safe to trust him, and what the source of his authority was. Was it based on the shaky foundation of mental illness?

Trust

Many had, and still have, a longing to be able to trust Jesus: 'the common people heard him gladly' (Mark 12:37, κϋν). In

the Gospel of John there are three references to Nicodemus, a Pharisee and a ruler of the Jews, an intelligent, rational and prominent leader. In the first (John 3:2), Nicodemus is a seeker. He has heard about Jesus and he comes to him secretly. He opens the conversation by saying, 'We know that you are a teacher who has come from God. For no one could perform the signs you are doing if God were not with him.'

On the second occasion, he is supportive, but still sitting on the fence (John 7:51). At a meeting of the Pharisees, the Jewish leaders, he spoke up on Jesus' behalf and said, 'Does our law condemn a man without first hearing him to find out what he has been doing?' This was enough for him to be branded as a follower of Jesus by the other Pharisees. In the third reference, Nicodemus was identified as a 'disciple' and he helped prepare Jesus' dead body for burial (John 19:39). From seeker to follower, what a remarkable transformation! Nicodemus, who had realized that Jesus had come from God, discovers rational and informed faith. He finds Jesus trustworthy and commits his life to him.

If Jesus had been mentally ill or emotionally unstable, he would not have commanded this confidence, whereby disciples, such as Nicodemus, Peter and many others, trusted him, literally, with their lives (see chapter 6). Jesus did not waver; he was focused on his ultimate destiny. Throughout the Gospel accounts there are at first hints, and then increasingly definite forecasts of his approaching death and the future establishment of the kingdom. Never was anyone so consistently goal-directed! There are clear signs and predictions of his death and resurrection, and his triumph over death, throughout his ministry.

Many people believed Jesus because of what he said and did. When he turned water into wine in Cana of Galilee, 'his disciples believed in him' (John 2:11). At the healing of the

nobleman's son, 'Jesus had said to him [the father], "Your son will live." So he and his whole household believed' (John 4:53–54).

After the feeding of the 5,000, the crowd intended to make him king by force, but he withdrew to a mountain by himself (John 6:14–15). He would not be deflected from his ultimate goal to do his Father's will. Mounting conflict becomes increasingly clear in the story of the healing on the Sabbath of the man born blind (John 9:32–33). In exasperation, the man himself eventually says to the Pharisees, 'Nobody has ever heard of opening the eyes of a man born blind. If this man were not from God, he could do nothing.' At the time of the raising of Lazarus, Jesus says to Martha, 'Did I not tell you that if you believe, you will see the glory of God?' (John 11:40). Then, just before it takes place, Jesus tells his disciples about his forthcoming death and resurrection, suffering and new birth. This sequence of events was all quite conscious and deliberate on Jesus' part.

Was he mad or suicidal to act step by step in such a way that it ultimately and inevitably resulted in his death by crucifixion, or was he the Son of God carrying out the will of his Father?

Mental illness undermines trustworthiness. Jack was admitted to hospital after being found unconscious in his garage with the car engine running and a pipe leading to it from the exhaust. A neighbour, knowing that Jack was on his own, had just 'happened to look in' and heard the engine. Jack's was a very sad story. He had suffered severe mood swings for many years, but had not previously sought help. When he was 'high', he was quarrelsome and extravagant with his money, repeatedly getting into debt. When he was 'down', he was morose, bad-tempered, apathetic and unreliable in his commitments. Dawn, his wife, had adored him

from their first meeting at a mutual friend's wedding. She still loved him, but she could no longer stand his fighting and profligate spending when high, or his prolonged, unrelieved misery when low. She confided, 'I still love him, but I can no longer live with him because I cannot trust him from one day to the next.' Jack could not live without her, and that explained his attempted suicide. Sadly, mental illness undermines trust.

Jesus, by contrast, was utterly trustworthy. At his trial, before his crucifixion, he said, 'The reason I was born and came into the world is to testify to the truth. Everyone on the side of truth listens to me' (John 18:37). The course of his earthly life was based on God's authority and quite deliberately directed towards his ultimate goal.

Authority

Authority was vital for the chief priests and Jewish leaders during Jesus' ministry, and it is just as vital today: "Tell us by what authority you are doing these things," they said. "Who gave you this authority?" (Luke 20:2). John the Baptist had declared Jesus to be the Messiah, but the leaders were ambiguous about John. Was he from God? Was he a true prophet? Jesus 'taught as one who had authority, and not as their teachers of the law' (Matthew 7:29). He showed it in all he did, and everyone who had dealings with him was aware of it.

His authority came from God and reflected his close relationship with his 'Father'. He had authority over both demons and sickness (Luke 4:31-42). Jesus commanded and rebuked demons (verse 35), rebuked the fever (verse 39) and forbade demons to speak (verse 41). His authority over demons emanated from their knowing that he was indeed the Messiah.

So he taught with authority, but often also with whimsical humour, which made his teaching more accessible – a friend

might not get out of bed to give a loaf of bread for friendship's sake, but might respond to irritating nagging (Luke 11:5–8). When talking about God giving us the Holy Spirit, he uses the illustration of a good father giving gifts: if his son asks for a fish, he will not give a snake (Luke 11:11), or for an egg, a scorpion (verse 12). This authority, with a gentle touch, is further evidence of a healthy mind, and quite unlike the autocratic, 'paranoid' authority of a dictator.

The ultimate example of Jesus' authority was the command to his followers – his disciples then, his church now: 'Love each other as I have loved you' (John 15:12). This teaching is idealistic, and none of us has been able to live up to it completely, but it is not crazy or deranged:

Then Judas (not Judas Iscariot) said, 'But, Lord, why do you intend to show yourself to us and not to the world?'

Jesus replied, 'Anyone who loves me will obey my teaching. My Father will love them, and we will come to them and make our home with them . . . Peace I leave with you; my peace I give you.'

(John 14:22–23, 27)

Authority, based on love, leads to peace, not to disorder.

Relationship based on love

Everything that Jesus taught about relationship – with God, with one another – was based on love (see chapter 4). The kingdom of God is based on relationship, and all of his people 'have instant, immediate, direct and valued access into the very presence of the living God'.⁸ Our relationship with one another is based on our love for Jesus, and God the Father loves us. Our love is based on belief, and it results in peace

(John 16:27, 31, 33). John emphasizes this triangular relationship – between God the Father, Jesus and his followers – and it is all based on love (John 17:9–19). This network of relationships is complex, spiritual and not easily subject to mental or physical examination, but it is certainly not mad.

Jesus' generous love is for everyone, and especially towards the poor, the distressed, the despised, and, in the patriarchal society in which he lived, women. This is revealed in the story of the woman who washed Jesus' feet. She was a 'woman in that town who lived a sinful life'. Jesus' conclusion is that 'her many sins have been forgiven – as her great love has shown' (Luke 7:37, 47). In all healthy relationships, love is central and 'God is love' (1 John 4:8). (This is developed further in chapter 6.)

Because of his huge significance for individuals and his impact on history, Jesus' detractors dubbed him insane. Is this claim legitimate? Was he insane, or at least mentally deranged? Were Jesus' words and teaching meaningless? We will look at mental illness in more detail – each condition is not arbitrary, but shows a range of different patterns.

We believe Jesus was trustworthy: he taught with authority, and his authority came from God. Much of his teaching concerned healthy relationships between individuals and with God: 'God is love.' Following the logic of the 'trilemma', if we, as psychiatrists, can successfully prove that Jesus was not mentally deranged, then any critic has to prove that Jesus was a bad man unless he or she recognizes him as God.

Could the Master who washed the feet of his followers (John 13:5) be other than a good and humble man?