



CREATING A POSITIVE STIGMA FOR
MENTAL ILLNESS:
CHRISTIAN AND PSYCHOLOGICAL
PERSPECTIVES ON SUFFERING

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Introduction

I am a Christian and I have depression. I profess the same faith as those who are positive and jubilant, yet my brain chemistry positions me to be more dismal and negative. The contrast between positive and negative affect contributes to a tension between my professed Christian faith and my mental illness. This is because popular Christianity often markets an image of being Christian as someone who is always happy. Attesting to this discomfort with a less positive type of Christian, I carry the memories of being treated with a cold shoulder, being pushed out of community and into therapy, and being uncared for by a community of believers. While Christians might care for those with certain forms of negativity or sadness, the type of long-term, negative affect style that accompanies mental illness is not always received well.

Take this story as an example: Two weeks ago my grandmother died. I received the news as I sat waiting to disembark a plane for a preaching conference in Boise, Idaho with my classmates. I began to weep on the plane and could not control the tears as I walked through the terminal. My professor hugged me and said, “Be as you are. Do not worry about being embarrassed for your tears. There is no shame in what you are feeling.”

My class knew what was going on, and they were attentive, gentle and caring towards me for the duration of the conference and continued to be so upon return to school. They offered many hugs. They provided space and understanding for the process of mourning. When I would see them in passing on campus, they would genuinely ask how I was doing and extend a hand of comfort and care. They understood when I said I was struggling to keep up with my school work because I felt like I was in a fog. My professor urged me to tell my other professors, so that I could receive extensions on due dates, implying a sense of receptive understanding. This kind of attentive care helped me feel supported and loved; it helped me mourn my grandmother.

Most of the same friends know that I have depression¹, but they do not ask me how I am doing with it when they pass by me. I do not get extensions on assignments when depression leaves me in a fog. There is no verbal affirmation of understanding or provision of space and comfort for my mental illness as there was with the death of my beloved grandmother.

I mention this story not to chastise my friends for not being better caregivers but to point out a disparaging difference in the treatment of two kinds of suffering². My suffering in the form of mourning found belonging and understanding. My suffering in the form of mental illness is met with silence that invariably manifests itself as estrangement, lack of understanding, lack of care, and lack of acceptance. This epitomizes the treatment of my mental illness in the Christian church. The message I received from the church said my mental illness is too much for the church and for God. There is something wrong with me, so I should get help and come back when I am fixed.

Certainly, there is tension between the inclusive, unexpected and reconciling ministry of Jesus and the silent treatment of mental illness by many Christians. My personal experience of a different kind of treatment in Jesus, namely compassionate love, led me to examine and challenge the treatment of mental illness in the Church. In this paper, I aim to frame mental illness as a form of suffering in order to propose a healthy Christian response. This framework allows an informative dialogue between the psychological and Christian perspectives on suffering. I will begin by explaining why mental illness is a form of suffering by discussing the hereditary nature and chemical disposition of the psychopathology and by exploring the history and impact of stigma. Then, I will explore a

¹ How I felt after the death of my grandmother could be described as having feelings of depression. It is important to note here that this is not the same as being clinically depressed. There are specific criteria that few people meet in order to be diagnosed with depression. Feelings of depression are quite common and fall under the category of mental health (e.g., feeling depressed from time to time). Care for such could be likened to caring for someone with a cold or flu. However, the severity of diagnosable depression, which is a mental illness (e.g., ongoing debilitating depression) should warrant a truly different level of care. Admittedly, it is difficult to know the difference between the two when they may be expressed with the same symptoms.

² This is not to say that we should treat all forms of suffering the same. For example, we should not treat someone who got a bad night of sleep or has the common cold the same way we should someone who is dealing with cancer or clinical depression. Rather, I am highlighting here that there is a difference in how we treat certain kinds of serious suffering that should not exist—say between how we treat cancer patients and people with mental illness. Mental illness is often either not noticed or not responded to with an appropriate level of care. One reason for this is that it is hard for people to distinguish the difference between everyday depression and clinical depression in your example.

psychological perspective on suffering to demonstrate how suffering is integral in character formation. Finally, I will provide an analysis of the Christian perspective of suffering and integrate psychological understanding to suggest a way forward. It is my belief that reframing mental illness with a “positive stigma” by integrating a psychological and a Christian understanding of suffering provides a beneficial framework for those with mental illness and the community. Ultimately, the perceived deficit of mental illness is not actually a deficit; I conclude that people with mental illness may actually be healthier.

Mental Illness as a Form of Suffering

Mental illness can be seen as a form of suffering in two primary ways: The conditions themselves and the association of a stigma. Seeing mental illness as a form of suffering helps separate the person and the illness. Thus, mental illness becomes incidental, not essential, to the person. In other words, we can understand that mental illness is a perpetual form of suffering—where suffering implies “bearing” it, not “being” it. It is like seeing someone who has a common cold not *as* a cold but as someone suffering *with* a cold. Instead of seeing someone *as* depression or anxiety (two examples of mental illness), we can see them as suffering *with* depression or anxiety. Seeing mental illness as a form of suffering is the first step in creating a “positive stigma”³ concerning mental illness.

To understand the condition (the mental illness) as a form of suffering, it must be understood that the psychopathology is a resultant combination of biological disposition and environmental circumstances. A stigma, on the other hand, is a form of suffering that is inflicted due to a societal response.⁴

³ Psychology uses the term “stigma” to denote a negative bias. Here, I am using the phrase “positive stigma” to contrast the negative and destructive nature of stigma with a potential for a positive and helpful outlook, acceptance and inclusivity. While it really is not possible, from a psychological perspective, to have positive stigma, I am suggesting there is a way to have an alternative positive disposition that opposes stigma.

⁴ Peter Byrne, “Stigma of Mental Illness and Ways of Diminishing It,” *Advances in Psychiatric Treatment* 6, no. 1 (2000): 65, accessed March 1, 2018, <https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/stigma-of-mental-illness-and-ways-of-diminishing-it/EF630432A797A5296D131EC0D4D5D7AD>.

Theologically it is necessary to say something about the difference between suffering and sin. Suffering should not be directly correlated with sin. While sin can cause suffering, not all suffering is the result of sin. Take for example a monkey that cannot feed its child. If we exclude any possibility that the monkey exercised laziness or selfishness in not feeding her baby and instead say that she could not provide food as a result of the scarcity of food due to natural phenomena of the environment, the suffering incurred by the starving monkey is not the direct result of sin. Thus, suffering can be seen more as a creaturely reality than as a result of sin. That is to say that the very nature of being a creature implies a certain level of suffering.

It is my understanding that suffering existed before sin. Certainly, because I believe in evolution, I believe there must have been suffering before humanity sinned.⁵ The point being that sin is not the only cause of suffering and mental illness, and thus, sin is not a sufficient explanation of suffering. Here, sin refers to “actual sin”, i.e., acts of wickedness and evil desires.

Furthermore, God does not cause people to have mental illness; mental illness is a condition resulting from the nature of being a creature and is shaped by different contexts. Mental illness is one potential aspect of suffering. However, certain expressions of sin in human actions and experiences can cause mental illness. Take for example a soldier’s traumatic experiences in war causing post-traumatic stress disorder or a parent’s emotional or physical abuse causing some form of mood disorder or other type of psychopathology.

Additionally, modern psychology conclusively suggests that mental illness is a result of “biological, psychosocial, sociocultural and spiritual factors.”⁶ It is a mistake to “assume(s) that the patient’s problem is simply a matter of sin and that if only the patient had faith, or if only he would get down on his knees and pray, his problems would be solved.”⁷ While the creaturely reality creates

⁵ This may be a highly controversial idea, but it is not in the scope of the paper to really expand on it.

⁶ Mark A Yarhouse, Richard E Butman and Barrett W McRay, *Modern Psychopathologies: A Comprehensive Christian Appraisal* (Illinois: Intervarsity Press, 2005), 41-54; and Richard Westmaas, 1966, “Sin and Psychopathology,” *Reformed Journal* 16, no 9, 17-18. Yarhous, Butman and McRay go on to explain each of these elements more thoroughly.

⁷ Westmaas, “Sin and Psychopathology,” 17.

the ground for such an illness to exist and sin can play a part, it is incorrect to think that actions of sin are creating the illness.

The National Institute of Mental Health provides the following broad categories of mental illness: anxiety disorders, attention-deficit/hyperactivity disorder, autism spectrum disorders, eating disorders, mood disorders, personality disorders and schizophrenia and other psychotic disorders.⁸ Mental illness is a state of being that is largely the result of hereditary factors combined with external life circumstances.⁹ According to twin studies, “Happiness is one of the most highly heritable aspects of personality. Twin studies generally show that from 50 percent to 80 percent of all the variance among people in their *average* levels of happiness can be explained by difference in their genes rather than in their life experiences.”¹⁰ If mental illness is rightly understood to be a disease largely outside the control of the person afflicted, it becomes clear how mental illness is itself a form of suffering that one bears without it putting a definitive stamp on one’s identity.

Stigma and Mental Illness

Turning now to the form of suffering incurred by stigmatization of mental illness, Amy Simpson, the executive director for Christianity Today International and author of *Troubled Minds: Mental Illness and the Church’s Mission*, reflects: “...one of the greatest catalysts to our pain was the sense that we were alone.”¹¹ Simpson, whose mom struggled with schizophrenia and whose dad was a pastor, experienced stigma in the form of silence. Reflecting on the care people with other physical forms of suffering receives, she says that “In contrast to the care we (Christians) provide for others, we have very little patience for those whose diseases happen to attack their minds. And many people suffer in silence.”¹² Obviously, there is a misunderstanding or discomfort around people with mental

⁸ Amy Simpson, *Troubled Minds: Mental Illness and the Church’s Mission*. Illinois: Intervarsity Press, 2013, 37-56.

⁹ Happiness is a combination of biological set point that determines a range of outcomes for affect style, the conditions of one’s life and the voluntary activities in which one partakes. See: Sonja Lyubomirsky, Laura King, and Ed Diener, “The benefits of frequent positive affect: Does happiness lead to success?” *Psychological Bulletin* 131, no. 6 (2005): 820; and Jonathan Haidt, *The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom* (New York: Basic Books, 2006), 91.

¹⁰ D. T. Lykken and A. Tellegen, “Happiness is a stochastic phenomenon,” *Psychological Science*, no. 7 (1996): 186-189.

¹¹ Simpson, *Troubled Minds*, 33.

¹² Simpson, *Troubled Minds*, 37.

illness which accounts for the disparity in the ways we treat them. Instead of understanding that would lead to comfortability and inclusion, harmful prejudices develop resulting in discomfort and exclusion. If mentally ill people within a church congregation are not openly included and accepted, it leaves people that do not themselves have a mental illness to form distant judgments shaped by images from Hollywood that depict people with mental illness as psychopathic murderers and dangerous lunatics.¹³

In reality, mental illness is quite common. Nearly 25 percent of Americans age 18 and older suffer from a diagnosable mental illness in a given year.¹⁴ If a quarter of the people in any given church are suffering from a mental illness and are met with misunderstanding and prejudiced silence, there is a problem. Unfortunately, this is the case. In a survey of 500 Christian churches in the United States, 98.4 percent of respondents, pastors and other church leaders, “indicated they are aware of mental illnesses or disorders among people in their congregations... [yet] only 12.5 percent of responding church leaders said mental illness is discussed in an openly and healthy way in their churches.”¹⁵ 50 percent said mental illness is mentioned one to three times per year in a sermon, and 20 percent said it is never mentioned.¹⁶ In light of such evidence, it is undeniable that there exists some form of stigma around mental illness and that it is hindering the church from supporting people suffering with mental illness.

To conclude, mental illness is a form of suffering because it is a disease and because it receives stigma. Although we cannot fully control the disease, we can control our tendency to stigmatize the disease. Our treatment of people with mental illness can either be productive or destructive. It is my goal to reframe the suffering of mental illness as something that is normative and can produce character and hope. People with mental illness should be revered for their perseverance in suffering and treated with respect and kindness instead of silence and misunderstanding. To

¹³ Reference *Psycho*, *Strange Brew*, *Crazy People*, *The Shining*, and *Fatal Attraction* for examples.

¹⁴ “Statistics,” National Institute of Mental Health, accessed September 27, 2017, http://www.nimh.nih.gov/statistics/1ANYDID_ADULTS.shtml.

¹⁵ Simpson, *Troubled Minds*, 53.

¹⁶ Same as above.

understand how to combat this stigma to create a “positive stigma”, we must look backwards before we can look forwards—at the history of treating mental illness.

Historical Development of Stigma

The stigmatization of mental illness is like an iceberg. It rears its head in a distinct way in the contemporary situation: sometimes in overt acts of prejudice where those suffering from mental illness are denied jobs or housing and sometimes in more subtle manners of a silent treatment. But, like an iceberg, the reason for stigma lies beneath the surface—in the history of treating people with mental illness. Elizabeth Johnson observes “that to see something coming into historical existence is also to be able to see it passing away. This is because historical knowledge enables one to realize that what exists today is not necessarily there by nature or immutable decree, but began and developed in particular circumstances and for reasons of benefit to as least a few people.”¹⁷ In this light, understanding the history behind the stigma of mental illness offers hope for changing the stigma. It is through such an understanding that we can become conscious observers of the development (and thus deconstruction) of the stigma instead of passive receivers of what seems to “just be”.

Amy Simpson provides a helpful summary of the history of treating mental illness. In the ancient/Middle Ages, people with mental illness were shunned due to the popular belief that the illness was caused by evil spirits. This understanding led to persecution, burning and torture.¹⁸ In the 1800s, a French Physician, Philippe Pinel, “pioneered use of ‘moral treatment,’ treating patients with kindness and gentleness, rather than torture and abuse.”¹⁹ This method produced wildly successful results, so that Quaker William Tuke founded York Retreat in England using the same methods and witnessing equally successful results.

¹⁷ Elizabeth Johnson, *Friends of God and Prophets: A Feminist Theological Reading of the Communion of Saints* (New York: The Continuum Publishing Company, 1998), 93; and Gerda Lerner, *The Creation of Patriarchy* (New York: Oxford University Press, 1986), 228.

¹⁸ Simpson, *Troubled Minds*, 137.

¹⁹ Same as above.

Meanwhile, care in the United States was mostly administered in homes—at least until increased urbanization and state involvement. Pennsylvania State hospital opened in the mid-1700s and housed people suffering with mental illness in its basement. Most of people suffering with mental illness were sent to jail, alms houses and work houses. Quakers introduced the idea of moral treatment to the United States and opened the first hospital exclusively for people suffering with mental illness in 1813 in Philadelphia. While the Quaker model of moral treatment began to spread, chronic illness still pervaded society, so states began to build institutions to house those with chronic mental illness. These were overcrowded, underfunded and rife with inhumane care. And still, many with mental illness ended up in work houses and jail to avoid the cost of housing them in a facility.

By the turn of the century, the state took complete control of caring for people suffering with mental illness and established mental hospitals. These filled up fast. Treatment provided at the facilities was experimental and inhumanly deplorable. “Patients were controlled by the use of medications such as opium, morphine and chloral hydrate. They were treated with experimental drugs and therapies like insulin, Metrazol, electroshock, lobotomy and fever therapy (deliberately raising body temperature to cause a fever, sometimes by injecting patients with malaria).”²⁰ During World War II, Quakers and Mennonites called for a reform of the system, and in 1946, the National Mental Health Act and formation of National Institute of Mental Health came to pass. These provided advocacy for early treatment and emphasized community mental health care.

The 1950s through the 1970s saw a push towards shorter hospital stays and a release of long-term patients such that in 1950 there were 559,000 patients in state and county psychiatric hospitals and by 1980 there were only 138,000. The widespread result of the deinstitutionalization of mental health care was a burdening of unprepared communities. Without being properly equipped to care for people with chronic mental illness, those with illness were not welcomed.²¹ Simpson says, “Most communities simply did not follow up with creating a system of the kind of care patients required when they were released from state hospitals.”²² Again, those suffering with mental illness found

²⁰Simpson, *Troubled Minds*, 140.

²¹Simpson, *Troubled Minds*, 140-141.

²²Simpson, *Troubled Minds*, 141.

themselves in jail or on the streets. So much so was the population of mental illness in jail that Ridson State said, “[There are] more people with mental illness in those institutions than in any state hospitals in the United States. The largest inpatient psychiatric facility in the United States is said to be the Los Angeles County Jail. The second largest is Riker’s Island Jail in New York City.”²³

Evidently, mental illness carries a long history of being misunderstood. People with psychopathologies have been marginalized in hospitals where they were sometimes met with moral treatment and other times brutally experimented on. When not in a hospital, people suffering with mental illness were (and are) often homeless, in jail or dealing with their infirmities silently and without care in a workhouse. It is not shocking then that we witness lingering forms of isolation and rejection by communities; it is also foreboding to try to un-write such a long script of historical treatment. The burgeoning field of psychology in our time offers hope for explaining psychopathologies and leading the way in responsible treatment; however, psychology has received a mixed reception by Christians.

Stigma of Psychology

Operating alongside institutional treatment of mental illness is a complicated history of cultural stigma and the relationship of religion and psychology. There is a general air of mistrust of psychology among (some) Christians, possibly beginning with Sigmund Freud in the twentieth century who seemed to present the two as incorrigible opposites.²⁴ It is perhaps Freud’s denouncement of Christianity that facilitated the perceived necessity for Christianity to distance itself from psychology. Whether it be rooted in an ideology of Christianity that rejects the integration of science or some other prejudice, “psychology is considered by some Christians as inherently and

²³ *Shadow Voices: Finding Hope in Mental Illness*, DVD, directed by Burton Buller (Harrisonburg, VA: Mennonite Media Productions, 2005), <http://www.shadowvoices.com/>.

²⁴ This does not mention the reciprocal separation of Christianity from psychology. However, with a model of dialogue between psychology and theology, it is my understanding that often theology is on the receiving end of challenge and change as science does not seem to need God to understand. While I operate with the idea that psychology and theology can work together in a dialogue that informs one another so that there can be mutual understanding, this is not standard among Christians. However, this is pivotal for my integration of psychology and theology.

irredeemably secular.”²⁵ Unfortunately, when psychology is dismissed in the Christian sphere, the Church hinders itself from gaining its knowledge and insights. Science is not inherently evil, untrustworthy or entirely secular. Simpson says it well: “The study of God’s created world (science) may be among the most sacred of human vocations...And Christians never need fear the study of what God has made.”²⁶

Interestingly, one study conducted by Jennifer Kunst at Fuller Graduate School of Psychology demonstrated a correlation between the reception of the idea of psychological therapy and where one rates on a continuum of religiosity (conservatives to moderates). She found that conservative Christians “believed that counselling should be explicitly Christian more than ‘moderate’ Christians did.”²⁷ Additionally, Christians with more personal experience of therapy were less likely to urge devotions, prayer, and participation in church activities or to confront clients with sin. The same correlation exists with people who have greater knowledge of psychology and/or higher education.²⁸

If higher levels of understanding and personal experience correlate with increased acceptance and integration of therapeutic psychological practices, perhaps there is hope that psychology can be more positively received in the Church. While I am not suggesting that psychological treatment *should* be void of anything Christian (I think counseling that is not Christian is an appropriate avenue for Christians. Non-Christian counselors, who are well qualified, should be consulted) it is clear that the transfer and share of responsibility between the two fields, psychology and Christianity, is made possible with education and experience. Hopefully, through education and experience what is feared can be brought into the light as normal and treated with compassionate love.

All of this is to say that the Church is not separated from a harmful history of marginalizing people suffering with mental illness. Christianity, too, is stuck in misunderstanding, and the Church

²⁵ Simpson, *Troubled Minds*, 149.

²⁶ Simpson, *Troubled Minds*, 150.

²⁷ Jennifer L. Kunst, “Christians’ Attitudes toward Mental Health Intervention in the Church: An Exploratory Study,” *Review of Religious Research* 34, no. 3 (March 1993), 226.

²⁸ Same as above.

handicaps itself with its rejection of psychological insights. In order to move forward from stigma, Christians must gain perspective and dig their congregations out of harmful ideologies.

Psychological Understanding of Suffering

Adversity Hypothesis

An idea that pervades many cultures and ideologies is the adversity hypothesis, “which says that people need adversity, setbacks and perhaps even trauma to reach the highest level of strength, fulfilment, and personal development.”²⁹ Nietzsche said, “What doesn’t kill me makes me stronger.”³⁰ Kelly Clarkson said the same thing in her contemporary pop song and so did Meng Tzu in the third century BCE.³¹ While being a common phrase, the adversity hypothesis points to some helpful truth about the possibility of growth through adversity.

However, “fifty years of research on stress shows that stressors are generally bad for people, contributing to depression, anxiety disorders, and heart disease.”³² Thus, adversity is not always helpful, and so accepting the adversity hypothesis is more complex than deciding to subject people to adversity in order to make them grow.³³ How adversity can be helpful must be more carefully examined.

Benefits of Adversity

In the last fifteen years, researchers have started looking at the positives of severe stress—referred to collectively as “posttraumatic growth”. This research reveals that people benefit from trauma in three primary ways.³⁴ The first is that when people rise to a challenge it reveals hidden

²⁹ Haidt, *The Happiness Hypothesis*, 136.

³⁰ Friedrich Nietzsche, *Twilight of the Idols*, (R. Polt, Trans.: Indianapolis, IN: Hackett, 1997/1989), 6.

³¹ Kelly Clarkson, *Stronger (What Doesn’t Kill You)*, Jan 2017, RCA Records, track 1 on *Stronger*, 2017, compact disk; and Meng Tzu, *The Book of Mencius*, section 6B:15 in Chan, 1963, 78.

³² Haidt, *The Happiness Hypothesis*, 136; and S. E. Taylor, *Health Psychology*, (Boston: McGraw-Hill, 2003), 80.

³³ Haidt, *The Happiness Hypothesis*, 136.

³⁴ Haidt, *The Happiness Hypothesis*, 138-141.

abilities. By going through something difficult, something they may not have imagined they would be able to handle, they experience a new level of personal ability. Seeing these abilities changes a person's self-concept so that they realize they are much stronger than they thought. Witnessing their ability, they gain a new appreciation of their strength and gain confidence to face future challenges.³⁵

The second area of benefit concerns relationships. When going through a period of trial, friendships are put to the test. Adversity, in this sense, is a natural filter, identifying friends who do not rise to the occasion to support the one experiencing adversity. The friendships that do remain are often strengthened through intimacy and bonding.³⁶

The third benefit involves a change in priorities and philosophies toward other people and the present. "The reality that people often wake up to is that life is a gift they have been taking for granted, and that people matter more than money."³⁷ This is the Christmas Carol of stories. It is common to hear people talk about wanting to value relationships more or change how they have been living.³⁸ Thus, adversity can be a catalyst to a change in life perspective.

Another way to see the potential benefits of adversity is by looking at three levels of personality and seeing how adversity can serve as a facilitator of change in each.³⁹

The first level of personality, the lowest level, contains the basic traits of a person. These include "the big five"⁴⁰: "neuroticism, introversion/extroversion, openness to new experiences, agreeableness (warmth/niceness) and conscientiousness."⁴¹ Observing similarities in twins with these traits, psychologists conclude that the basic traits "are influenced in part by genes, although they are also influenced by changes in the conditions of one's life or the roles one plays, such as becoming a

³⁵ Haidt, *The Happiness Hypothesis*, 139.

³⁶ Haidt, *The Happiness Hypothesis*, 139-140.

³⁷ Haidt, *The Happiness Hypothesis*, 140.

³⁸ Same as above.

³⁹ The idea of three levels of personality is suggested by the psychologist Dan McAdams. See Dan P. McAdams, *Can Personality Change?* (Washington, DC: American Psychological Association), 299-313; and Dan P. McAdams, "The Psychology of Life Stories," *Review of General Psychology*, no. 5 (2001): 100-122.

⁴⁰ Haidt, *The Happiness Hypothesis*, 142.

⁴¹ P. T. J. Costa and R. R. McCrae, *The Adult Years: Continuity and Change*, eds. M. Storandt and G. R. VandenBos (Washington DC: American Psychological Association, 1989), 45-47.

parent.”⁴² By and large, these traits are not largely affected in trauma, so that someone’s basic traits of stay the same.

The same is not true with the second level of personality. “A second level of personality, ‘character adaptations,’ includes personal goals, defence and coping mechanisms, values, beliefs and life-stage concerns (such as those of parenthood or retirement)...When those facts change—as after losing a spouse—the person’s characteristic adaptations change.”⁴³ At this level, adversity forces someone to re-evaluate the trajectory and pattern of their life. If they are in a routine and are pursuing a certain way of life, adversity makes them step outside this pattern and ask if they will continue in the same direction or try something else.⁴⁴ If they decide to change something about the way they live and implement new patterns, they will likely actualize change in their life and personality.⁴⁵

The third level of personality is the life story. A life story is the story we perceive and interpret of our past, present, and future.⁴⁶ To put it plainly, adversity at this level helps create a captivating story. According to McAdams, “[stories are] fundamentally about the vicissitudes of human intention organized in time.”⁴⁷ In other words, the most captivating stories have some sort of pattern of enduring suffering and rising from it with marked improvement. This is not always the case; a life story can have “contamination” sequences where “emotionally positive events go bad and everything is spoiled.”⁴⁸ This is typical in depressed people who rework their life narrative in Beck’s negative triad: “I’m bad, the world is bad, and my future is dark.”⁴⁹ Haidt observes that “although adversity that is not overcome can create a story of depressing bleakness, substantial adversity might be necessary for a meaningful story.”⁵⁰

⁴² Haidt, 142; S. J. Srivastava, O. P. John, S. D. Gosling and J. Potter, “Development of Personality in Early and Middle Adulthood: Set like Plaster or Persistent Change?” *Journal of Personality and Social Psychology* 84, (2003): 1043.

⁴³ McAdams, *Can Personality Change*, 305-309.

⁴⁴ Haidt, *The Happiness Hypothesis*, 142.

⁴⁵ Haidt, *The Happiness Hypothesis*, 144.

⁴⁶ McAdams, *Can Personality Change*, 306.

⁴⁷ McAdams, “The Psychology of Life Stories,” 103.

⁴⁸ Haidt, *The Happiness Hypothesis*, 144.

⁴⁹ Jonathan M. Adler, Emily C. Kissler and Dan P. McAdams, “Emerging from the CAVE: Attributional Style and the Narrative Study of Identity in Midlife Adults,” *Cognitive Therapy and Research* 30, no. 1 (2006): 39-51.

⁵⁰ Haidt, *The Happiness Hypothesis*, 144.

The Key to Growing in Adversity

In light of understanding the benefits of adversity, it is natural to question if those benefits are a guarantee. Can suffering be boiled down to a simple equation of: suffering=growth? What is revealed through the previous analysis, which examined the three main benefits of adversity and the benefits of suffering in the levels of personality, is that adversity *can* result in positive growth even though there are times when suffering does not become a positive experience.

The key for adversity to be positively integrated relies on someone's ability to make sense of the suffering, and some people have a natural advantage at doing this. Making sense of suffering means that someone is able to process it and holistically integrate the experience in their memory and being. Post-traumatic stress disorder, or any unresolved form of trauma, is an example of adversity that often does not result in positive growth. This is because the experience of trauma is stuck in the limbic system of the brain. Without being incorporated and processed by the frontal cortex of the brain which assigns language and reasoning to memories, the traumatic experience remains unintegrated.

"...[I]n general, the ability to make sense of tragedy and then find benefit in it is the key that unlocks posttraumatic growth."⁵¹ As mentioned earlier, some people have an advantage at making sense of adversity. The advantage is related to someone's affect style: "Optimists are more likely to benefit than pessimists. Optimists are, for the most, people who won the cortical lottery: They have a high happiness setpoint, they habitually look on the bright side, and they easily find silver linings."⁵²

Thus, the adversity hypothesis is a complicated truth. Adversity *can* serve someone well in some ways. However, the presence of suffering does not guarantee growth, nor does it have the capacity to affect growth on all levels of a person. The ability to arise victorious and positively

⁵¹ Haidt, 146

⁵² Haidt, 146; S. Nolen-Hoeksema and C. G. Davis. *Handbooks of Positive Psychology*, eds. C. R. Snyder and S. J. Lopez (New York: Oxford University Press, 2002), 598-607; and C. D. Ryff and B. Singer, *Flourishing: Positive Psychology and the Life Well-Lived*, ed. C. L. M. Keyes and J Haidt, (Washington, DC: American Psychological Association, 2002), 15-36; and H. Tennen and G. Affleck, *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*, eds. R. G. Tedeschi, C. L. Park and L. G. Calhoun (Mahwah, NJ: Lawrence Erlbaum, 1998), 65-98.

changed from adversity hinges on someone's ability to make sense of the adversity. Someone's ease and propensity to do this is determined by their optimism, a largely genetic disposition.

Applying this to mental illness, someone's mental illness is a form or case of adversity from which one may receive positive growth. While suffering in this way *can* produce positive character changes and growth, if they fail to integrate a sense of meaning to their experience, they will not experience the benefits of their adversity. Already disadvantaged to not be optimists, making sense of suffering requires more effort and help. A stigma, especially in a community that offers a transcendent narrative (religion)⁵³, curtails the possibility of post-traumatic growth. How then can we assign meaning to suffering with a mental illness and make a "positive stigma"?

Embracing Suffering for a Flourishing Life

Other avenues of psychology, namely positive psychology and community psychology, also enumerate ways that adversity can facilitate benefits. They explain how attaching to a transcendent narrative aids the sense making process and how communal intervention can lessen the negative symptoms of psychopathologies. From these perspectives, the point is stressed again that if mental illness can be seen as a conduit for someone to develop positive virtues, and if the faith community can understand their role in facilitating those positive virtues, a new way of treating people suffering with mental illness arises.

Positive psychology presents the idea of the flourishing life-- a helpful avenue for understanding the role of suffering. The flourishing life contrasts the hedonistic life where a hedonistic culture sees pleasure as good and suffering as bad. In such a mind-set, there is the assumption that people should get rid of negative emotions as quickly as possible. The flourishing

⁵³ Piedmont defines spiritual transcendence as the "capacity of individuals to stand outside their immediate sense of time and place to view life from a larger, more objective perspective." Ralph L. Piedmont, "Does Spirituality Represent the Sixth Factor of Personality? Spiritual Transcendence and the Five-Factor Model," *Journal of Personality* 67, (1999): 988, accessed February 12, 2018, <http://dx.doi.org/10.1111/1467-6494.00080>.

life, on the other hand, articulates a role for suffering by explaining the necessity of suffering in cultivating virtuosity.

In general, positive psychology sees the possibility of cultivating enduring virtuosity⁵⁴ through adversity. It sees the potential of adversity to reorient someone towards goods associated with relationship, worldviews and beliefs. Overall, the idea of the flourishing life suggests that instead of alleviating suffering, embracing suffering can open the possibility of producing character and/or reorienting worldviews. Finding place for the suffering in our narratives “provides the suffering with meaning...”⁵⁵

One such virtue that can be developed is that of patience. Schnitker, Houlberg, Dyrness, and Redmond, define patience as "a willingness to suffer--to bear under or tolerate—what are perceived as negative circumstances."⁵⁶ Speaking of the virtue of patience, they say:

Research findings have found positive life outcomes related to patience. Patience was found to predict both hedonic and eudemonic well-being longitudinally and experimentally.

Patience buffers against negative emotions as patient individuals are better able to cognitively reappraise negative circumstances, thus increasing hedonic well-being.⁵⁷

Certainly, we live in a society that largely values being happy, yet too often the pursuit of happiness omits the benefits of suffering. Positive psychology tells us that embracing the role of suffering in our lives produces a flourishing life. If a community is able to embrace and welcome forms of suffering as a component of a flourishing life, there is space to embrace those in a community who are in a more permanent form of suffering. “The connection of flourishing with

⁵⁴ One way to define virtuosity is by thinking of a virtue as something that “becomes a reliable resource for future obstacles, enabling a person to overcome new challenges based on previous patterns of successful living. Finally, the possession of virtue includes performing good actions with the right motives, intentions, and attitudes.” M. Elizabeth Lewis Hall, Richard Langer and Jason McMartin, “The Role of Suffering in Human Flourishing: Contributions from Positive Psychology, Theology, and Philosophy,” *Journal of Psychology and Theology* 38, no. 2 (2010), 113.

⁵⁵ Hall, Langer and McMartin, “The Role of Suffering in Human Flourishing,” 120.

⁵⁶ Sarah A. Schnitker, Benjamin Houlberg, William Dyrness, and Nanyamka Redmond, “The Virtue of Patience, Spirituality and Suffering: Integrating Lessons from Positive Psychology, Psychology of Religion, and Christian Theology,” *Psychology of Religion and Spirituality* 9, no. 3 (2017), 265; The authors point out that positive psychology “could better integrate a philosophy and psychology of suffering into its conceptualization of the ‘good life’. In particular, the virtue of patience has been notably absent in character strength research spurred by the movement.”

⁵⁷ Schnitker, Houlberg, Dyrness, and Redmond, “The Virtue of Patience, Spirituality and Suffering,” 265.

character immediately creates a place for suffering.”⁵⁸ Creating a place for suffering creates a place for those who suffer. Even more interesting is the idea that patience, the ability to bear negative circumstances, can predict well-being. With this framework, people suffering with mental illness could actually be more likely to experience well-being if they and their community are able to make sense of and embrace their suffering.

Embracing Suffering Communally

The kind of well-being explained above cannot be reduced to being a solely individual responsibility. Surely, the individual needs to embrace their own suffering, but if they are on an island of understanding, they will remain isolated with the winds set against them for enacting change. There is more improvement and room for health and wholeness when the embrace of suffering is done on a corporate scale. If a group believes something, it will be easier for a hurting individual to believe similar things and thus begin to make sense of their suffering. For example, if a group believes that people with mental illness should be accepted and cared for, people with mental illness may begin to believe that they are accepted and loved without regard to their infirmities.

The communal aspect of living carries impressive effects for treating people suffering with mental illness. One such study on the “Efficacy of community treatments for schizophrenia and other psychotic disorders” found: “Community strategies for integrated treatment from the first outbreak of schizophrenia significantly reduced negative and psychotic symptoms, days of hospitalization, and comorbidity with substance abuse and improved global functioning and adherence to treatment.”⁵⁹

Additionally, assertive community treatment for people with chronic mental illness has proven to be substantially more effective than other management models and correlates with reduction of symptom severity. Assertive community treatment is distinguished by “a multidisciplinary team,

⁵⁸ Hall, Langer and McMartin, “The Role of Suffering in Human Flourishing,” 113.

⁵⁹ Julio Armijo, Emmanuel Mendez, Ricardo Morales, Sara Schilling, Ariel Castro, Ruben Alvarado and Graciela Rojas, “Efficacy of Community Treatments for Schizophrenia and Other Psychotic Disorders: A Literature Review,” *Frontiers in Psychiatry* 116, no. 4 (2013): 1.

low client/staff caseloads that enable more intensive contact, community-based services that are directly provided rather than brokered to other organizations, and 24-hour coverage by the treatment team.”⁶⁰ Randomized trials yielded a 37% greater improvement in psychiatric symptom severity than standard case management treatments. Observational studies showed a 104% greater reduction in homelessness and a 62% further reduction in symptom severity.⁶¹ While these are the results of a treatment that is more clinical in nature, they nonetheless lend themselves to the significance of community involvement and intervention.

The motivation for religious communities to engage in such productive communal interventions gains impetus with the reality that religious communities are uniquely suited to facilitate these benefits. Religious communities hold an advantage through their connection to a transcendent narrative. “Religious communities are uniquely suited to stimulate moral and virtue developments.”⁶² The ability to attach to a transcendent narrative gives one an advantage in making sense of suffering.

While transcendent narratives are not unique to religion (patriotism, karma), “religions often provide the contexts that most readily foster spiritual transcendence with their richly developed historical narratives and orientation toward the divine or supernatural.”⁶³ These religious communities are argued to have a fruitful environment for moral and virtue development.⁶⁴

This connection of the transcendent narrative with habits developed through practices is essential for virtue development. For example, when people prayed for relationship partners or friends, they increased in forgiveness; but when they only thought positive thoughts about their friend or described their partner to an imagined parent figure, forgiveness did not increase. It seems that including the transcendent element of prayer (i.e., activating

⁶⁰ Craig M. Coldwell and William S. Bender, “The Effectiveness of Assertive Community Treatment for Homeless Populations with Severe Mental Illness: A Meta-Analysis,” *Am J Psychiatry* 164, no. 3 (2007): 393.

⁶¹ Same as above.

⁶² Schnitker, Houlberg, Dyrness, and Redmond, “The Virtue of Patience, Spirituality and Suffering,” 265.

⁶³ Schnitker, Houlberg, Dyrness and Redmond, “The Virtue of Patience, Spirituality and Suffering,” 266.

⁶⁴ G. Michael Leffel, “Beyond Meaning: Spiritual Transformation in the Paradigm of Moral Intuitionism. A new Direction for the Psychology of Spiritual Transformation,” *Research in the Social Scientific Study of Religion* 22, (2011), 25-125.

transcendent identity) was essential for the activity of changing thought patterns (i.e., characteristic adaptations) to build the virtue of forgiveness.⁶⁵

The ability to foster the development of virtues and morals provides a unique context for finding meaning in adversity. If people understand that embracing suffering to give it meaning is key to having a flourishing life and that religious communities are uniquely suited for this through their connection with a transcendent narrative, then suffering can be seen as a conduit for growth that relies upon communal connection to the divine.

Summary

Suffering can produce positive growth. The existence of adversity, while it can produce character growth, requires a healthy culture to do so. Namely, suffering needs to be attached to a framework of meaning. A potential way to do this is to understand that suffering is a necessary component of a flourishing life and is essential for the development of certain virtues such as patience. This needs to be both an individual and communally adopted mind-set. The individual's ability to make sense of their suffering is ultimately the key to growth, but an environment that breeds and fosters this framework would be undeniably beneficial to the individual adopting a similar point-of-view.

Additionally, when a community joins the effort in providing therapy, the benefits for those with mental illness is dramatically increased. The studies mentioned above evidence that assertive community treatments result in the reduction of symptom severity and other negative aspects surrounding mental illness. This is the basis on which the Church can construct efforts to be a community that not only provides a powerful transcendent narrative and a positive framework of meaning for suffering but can also be a therapeutic community. By being present with and supportive

⁶⁵ Schnitker, Houlberg, Dyrness and Redmond, "The Virtue of Patience, Spirituality and Suffering," 266; and N. M. Lambert, F. D. Fincham, T. F. Stillman, S. M. Graham, and S. R. H. Beach, "Motivating Change in Relationships: Can Prayer Increase Forgiveness?" *Psychological Science* 21, (2010): 126-132.

of people with mental illness, a community can become a source of healing for people suffering with mental illness.

Christian Perspective on Suffering

What is suffering?

On the most basic level, Christians should understand suffering to exist because of creation's limited and finite nature. Suffering, as explained before, exists apart from sin, but is connected to sin in some ways. Upon the narrated introduction of sin in the world in Genesis 3, the curse upon humanity levies increased suffering upon creation. There is not, however, an explicit definition and analysis of suffering in Scripture. Rather, suffering is largely discussed in context of how people can relate to God in the midst of suffering and how the community of believers should relate to one another in suffering.⁶⁶

Paul's Positive Perspective on Suffering

Suffering in the Bible, similar to the psychology discussed, is often fleshed out for its potential benefits.⁶⁷ Without getting into a discussion of theodicy, it is generally acceptable to see that suffering *can* be redirected for higher purposes but is not divinely caused and inflicted. "...suffering is bent to the purposes of the stronger will and higher purposes of a benevolent God."⁶⁸

Largely, suffering can perform three functions. It can be a corrective force, a facilitator of character traits and "a reorientation toward relationship with God and others."⁶⁹ If suffering, on some

⁶⁶ There is certainly a lot to be gained from analysing suffering in the Old Testament. Due to the limited scope of this research, I will be focusing on specific passages in the New Testament that deal with suffering.

⁶⁷ In Christian circles, language around suffering can include the word "use", so that when some adversity is encountered it is questioned how God will "use" it. I will avoid the use of "use", as it could imply that suffering is divinely created and inflicted. Rather than thinking that God causes people to suffer, my understanding of God's redemptive work is that God works in spite of and in light of suffering to create salvation. I believe that creation is granted a level of autonomy and free will, and as a result, humanity inflicts harm upon creation out of a sinful nature of being. It is the resultant reality of suffering and pain that God chooses to engage and not let have the last word. In this sense, God makes healing and growth possible out of suffering.

⁶⁸ Hall, Langer and McMartin, "The Role of Suffering in Human Flourishing," 116.

⁶⁹ Hall, Langer and McMartin, "The Role of Suffering in Human Flourishing," 116.

level, is the result of sin incurred both as a state and as a result of personal actions, it can indicate disordered living. Secondly, Romans 5:1-5 and James 1:3-5, most notably explain suffering as a means for character development. Romans explains that through the grace and peace gained through Christ, suffering no longer needs to be feared. Instead, people of faith can “exult in our tribulations, knowing that tribulation brings about perseverance; and perseverance, proven character; and proven character, hope” (Romans 5:3-4 NASB). Again adversity is admonished in James when Paul says trials produce perseverance and perseverance culminates in full maturity: “And let endurance have its perfect result, that you may be perfect and complete, lacking in nothing” (James 1:4 NASB).

And finally, suffering can orient us to greater dependence on God and into right relationship with one another.⁷⁰ As Hall put it: “The reason why suffering often produces good outcomes is because it provides a reorientation and re-evaluation of one’s pursuits. It helps people to recognize their need for God and for other relationships.”⁷¹

Perhaps the clearest example of the previously explained stance on suffering is in Romans 8:17-30. Here, the key points Paul develops concerning suffering are the following: Suffering is bearable because we are sharing in Christ’s suffering; perseverance through suffering produces proven character which produces hope; and meaning can be assigned to suffering by seeing it as divinely approved testing.⁷² In essence, Paul constructs an argument for why suffering should not be avoided but can and should be welcomed. The crux of his reasoning is that the production of hope from character grounds the positivity of suffering in hope that is beyond this world. “The biblical framework includes the end purpose assigned to these enduring traits: the survival of the person and his or her character through death and beyond (II Peter 3:11-14). In other words, the timeframe for the endurance extends to eternity, showing that the ultimate goods are those that are indestructible.”⁷³

⁷⁰ See 2 Corinthians 9:8, Romans 12:2 and Philippians 4:11-12. Here, dependence on God is the necessary action instead of depending on the law or on self-sufficiency. Through such dependence, we are able to craft virtues that we cannot on our own.

⁷¹ Hall, Langer and McMartin, “The Role of Suffering in Human Flourishing,” 118.

⁷² Andrew T. Lincoln, “The Church’s Calling to Maintenance of the Unity it Already Possesses,” in *Ephesians Vol. 42 of Word Biblical Commentary*, edited by Bruce M Metzger, (Dallas, Texas: Word Books Publisher, 1990), 250-251.

⁷³ Hall, Langer and McMartin, “The Role of Suffering in Human Flourishing,” 116.

Thus suffering, in the context of communal and personal development, becomes part of the ultimate hope of eschatological redemption.

In 1 Corinthians 1:4, Paul admonishes suffering for the advancement of the Gospel.⁷⁴ Paul experienced great suffering as he spread the Gospel, especially among Gentiles (seen also in 1 Timothy 4:10). In 2 Corinthians 1:6, Paul teaches us to patiently endure suffering. Trial, in the context of this passage, likely refers to the post-messianic suffering endured by the church in the present age. Paul is saying to the congregation in Corinth that facing trials can be an encouragement because it is a reflection of spreading the Gospel. These few verses are a reflection of the larger idea that suffering is connected to the advancement of the Gospel, and as it is incurred doing such good work, it should not be avoided. Thus, Paul creates a “positive stigma” concerning suffering. As suffering was unavoidable when spreading the message of Jesus, Paul extrapolates the benefits of suffering for creating character and producing hope.

“Paul clearly seeks to foster a positive attitude to ‘affliction,’ but he wisely recognizes that the starting point must be the readiness to endure the suffering rather than to escape it, and to endure it all the way through.”⁷⁵ In general, Paul’s encouragement to embrace suffering reiterates the emphasis of embracing suffering to create the flourishing life. While his argument to create a positive understanding of suffering is theological in nature instead of analytical like positive psychology, the result is the same: the production of character. And it is exactly his attachment to a transcendent narrative, that of identifying ourselves with Christ by sharing in Christ’s suffering and finding eschatological hope through suffering, which grants religious communities advantages in assigning meaning to suffering. Clearly, Paul’s development of a positive mind-set towards suffering gives a robust context for the Christian community to assign positive meaning to suffering by attaching the benefit of suffering to a divine narrative of eschatological hope and redemption.

⁷⁴ Ralph P Martin, “Praise and Encouragements,” in 2 Corinthians Vol. 40 of *Word Biblical Commentary*, edited by David A. Hubbard, Glenn W. Barker, (Waco, Texas: Word Books Publisher, 1986), 11.

⁷⁵ Lincoln, “The Church’s Calling to Maintenance of the Unity it Already Possesses,” 251.

Handling Suffering in a Community

In addition to creating a divine, purposeful directive for suffering, another focus concerns cultivating virtues that relate to caring for those who suffer. In order to explain this, I will present some characteristics of Christian community as described by Paul and then explain the resultant precedent for treating people with suffering.

Take for example Ephesians 4:1-3:

Therefore I, the prisoner of the Lord, implore you to walk in a manner worthy of the calling with which you have been called, with all humility and gentleness, with patience, showing tolerance for one another in love, being diligent to preserve the unity of the Spirit in the bond of peace. (NASB)

Here, Paul details (and builds on the material in Colossians 3:12) the qualities that are necessary for a unified community that lives out the redemptive and unifying plan of God for the world (Ephesians 1:10).⁷⁶ These qualities are essential for communal living. They are also listed as fruit of the Spirit (Gal. 5:22-23) and as characteristics of Christ (1 Cor 4:21). In Philippians 2:4, humility is made a lynchpin that guarantees success of Christian community, determining how one approaches God and other people. Humility as lowliness is not self-disparagement “but an attitude inspired by the example of Christ, and is therefore specifically Christian, an attitude of mutual love within the church, the antithesis of pride, self-conceit and selfishness.”⁷⁷

The final phrase, “bearing with one another in love” amplifies the call to exhibit patience. The patience required in the midst of conflict will not be passive resignation but “positive attitude towards

⁷⁶ Andrew T. Lincoln, “The Church’s Calling to Maintenance of the Unity it Already Possesses,” in Ephesians Vol. 42 of *Word Biblical Commentary*, edited by Bruce M Metzger, (Dallas, Texas: Word Books Publisher, 1990.) 235.

⁷⁷ Gerald F. Hawthorne, “To Harmony and Humility,” in Philippians Vol. 43 of *Word Biblical Commentary*, edited by Bruce M. Metzger, (Waco, Texas: Word Books Publisher, 1983), 70.

others”.⁷⁸ “Bearing with others means fully accepting them in their uniqueness, including their weaknesses and faults, and allowing them worth and space.”⁷⁹

Taken together, the virtues established as necessary for Christian community⁸⁰ give an image of a community that patiently endures suffering together, living in graciousness, humility and love in spite of difficulties that people bring to the group. These virtues admonish inclusivity, acceptance, compassion, and solidarity. They are oppositional to any form of stigma that could result in avoidant silence or exclusivity; on the contrary, this community has created a “positive stigma” for suffering. Paul adamantly preaches a community that shares in one another’s suffering⁸¹ and through love and the fruit of the Spirit, they mature in unity.

Conclusion

The psychological and Christian perspectives on suffering assign a framework of meaning with which a “positive stigma”⁸² concerning mental illness can be crafted. The way forward in shaping this “positive stigma” involves truly embracing suffering and assigning meaning to suffering. Once suffering can be accepted and meaning can be assigned, communities can reshape their acceptance of people suffering with mental illness and usher in a new era of healthy treatment.

The integration of psychology is necessary so that we can understand the human person more and by way of that knowledge become a more accepting, inclusive and therapeutic community. Psychology in the context of this paper helps evidence how mental illness is a biological phenomenon that can be heightened/caused by external circumstance. In light of the adversity hypothesis and positive psychology, we glean that in order for the suffering of people with mental illness to be positively transformed there needs to be a framework of meaning for that adversity. Being

⁷⁸ Lincoln, *Word Biblical Commentary*, 236.

⁷⁹ Lincoln, *Word Biblical Commentary*, 236-7.

⁸⁰ While I am certainly not listing all of them or doing a comprehensive study of the New Testament, the passages selected are adequate for making this point.

⁸¹ 2 Timothy 1:8.

⁸² To reiterate, stigma, in the realm of psychology, references the negative term for bias and exclusion. I use it ironically here as a way of talking about a new, healthy, inclusive individual and communal disposition that contrasts stigma.

disadvantaged to do this on their own, people suffering with mental illness need a community to embrace their suffering with them. To truly embrace suffering, we must reject hedonistic values. In fact, connection with a transcendent narrative proves a powerful force in facilitating this embrace of suffering and quest for meaning in suffering.

Christianity proclaims an impetus to embrace suffering as it is attached to an eschatological hope. As suffering is shown to play an important role in having a flourishing life, those who suffer and embrace that suffering should be understood as better candidates for a flourishing life than those who do not. Paul proclaims that suffering produces character and hope. Paul's understanding of suffering is one that frames suffering in a positive light and provides the Christian community with a "positive stigma" of suffering and likewise mental illness.

In assigning meaning through a transcendent narrative, we must be careful, however, to avoid a divine sanctioning of suffering. Rather than name God's hand in causing suffering, the call is to be a unified community that embraces suffering and those who suffer. Embracing suffering means we must not overlook the things that cause us to suffer, and thus, we should not overlook the members in our churches that suffer and might cause us to suffer as we join them in their suffering. Instead, we can and must trust in the process of the redemption of suffering and hope in God's comfort. This is the transcendent narrative to which we should attach.

But we must be careful, also, to not skip over the reality of pain and suffering to point to the benefits of it. If we simply look at mental illness and can only be comfortable with it because we can point to its benefits, we have recreated the problem and inadvertently bought into hedonism. While the benefits of suffering can help assign meaning to suffering, the first step, as Paul and psychology affirm, is to embrace suffering—both in its reality and its affliction in pain. We cannot embrace suffering without truly embracing those who suffer and being willing to experience suffering ourselves.

The call to weep with those who weep is not metaphorical. In the context we live, in which a quarter of the population around us suffers on a consistent basis, the call to suffer compassionately

with them takes on a tangible and physical reality. In this sense, perhaps the transcendent narrative most necessary is to see that God is with us in suffering and calls us to be with others who suffer. Because of this divine accompaniment, we can be with people who suffer in a way that does not demand change or expect the absence of suffering. As God is with us faithfully in our suffering, so too we can be with those who suffer.

While the Church has unfortunately been intertwined in the historic mistreatment and marginalization of people suffering with mental illness, it is time for reform. There is no room for the Christian community to marginalize people with mental illness. If the Church intends to live as a holy people, set apart for God, it cannot neglect sharing in the suffering of mental illness. Rather, the virtues Paul taught that the Church should have advocate for compassionate, therapeutic unity with suffering. The continuation of a stigma of mental illness should signal that the Church missed its calling to live fully as the people of God. What is necessary is a new way of understanding well-being. Instead of seeing well-being as being indicated by an absence of suffering, we must gain an image of well-being that requires healthy engagement with suffering. We *must* embrace people who suffer because they bring a necessary perspective and presence that is vital to a true abundant life in Christ.

If the Christian Church is able to see people with mental illness as people who suffer daily with a physical condition that is not the result of personal sin, perhaps people suffering with mental illness could become paradigmatic figures of faith. A community that is dedicated to one another's maturity and well-being should embrace those among its community that endure a constant form of suffering to ensure their health and to venerate their perseverance with suffering.

While people who do not have mental illness may be able to ignore this kind of suffering; for the people who are afflicted, their suffering is an inescapable reality. They know, and I know, on a deep level the kind of suffering Paul talks about; it greets us in the morning, at night, in school, at church and with friends. A stigma around mental illness affords a distancing comfort in the Church, but to truly live up to the call as God's people, Christians can no longer marginalize the afflicted. A community that adapts a "positive stigma" of mental illness gains an understanding of suffering and

its necessity for having a flourishing life and can advance toward the kind of unity characteristic of the kingdom of God through solidarity with suffering. Likewise, people suffering with mental illness are also incorporated into a community of healing and become valued partners in the Church. It is a mutuality of growth and salvific maturation. Let us then embrace suffering and those who suffer and turn to God to bring comfort and mature us, so that we may better participate in kingdom work here on earth.

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