

..... Second Edition

Darkness Is My Only Companion

A CHRISTIAN RESPONSE TO MENTAL ILLNESS

Kathryn Greene-McCreight



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My everlasting gratitude to
Matthew, whose love is beyond measure;
Noah and Grace, for their joy;
Bob and Joyce, my first theological teachers;
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Pam M., for her prayers;
Barbara, for her strength.
For those who were indeed companions in the darkness,
I will always be grateful.

*Ad majorem Dei gloriam
et aedificationem ecclesiae.*

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Foreword to the Second Edition

I must begin with a confession. I only began to read Kathryn Greene-McCreight's book because my friend and colleague N. T. (Tom) Wright asked me to do so. Since one of my own children began to blog and tweet about her own experience of mental illness, the daily experience has been of strangers writing and suggesting that they have come up with the book, treatment, diet, or other solution that solves the problem right away. One begins to get a little cynical. And so when Tom wrote to me asking me to look at this book, I felt that he might have been succumbing to the same problem.

How wrong I was. Kathryn Greene-McCreight does not set out to provide solutions but writes one of the most profound and eye-opening reflections on the grace and love of God, and above all on the nature of human relationships, that I have had the pleasure of reading.

Where is God when all is dark, not through the mystical dark night of the soul of St. John of the Cross (memorably examined in chap. 10) but because something in one's own brain has become an

enemy? God has not withdrawn, yet darkness has intruded and has become the only companion, as the psalmist writes in Psalm 88.

The nature of mental illness is to remove one from the normal constraints, perceptions, and understandings of the world around, whatever one's rational self may say. It is not merely a question of feeling but of the world being a different sort of place in all one's perceptions. The struggle this brings, and with the struggle the disassociation from those around one, is profound and utterly overwhelming. In the first part of the book, Kathryn recalls and reflects on her own experience of this struggle in a very extreme form. I have seen it in those I love and find myself pitched by the book into a place of greater understanding and sympathy than I had experienced before.

At its most extreme form, mental illness literally changes the perception of the world around. Roads become like mist; the feelings and desires of one's body become not merely overwhelming but determinant of one's behavior. How then do we understand sin? Where is the power of the Holy Spirit to deliver us and set us free? Then at the same time, our relationships change. Love may still come to us constantly but will not be felt and understood as love or as anything that is recognizable. Mental illness changes us.

The church has never been good at examining what this does to people's perception of who God is or what it means to be a faithful Christian. When we cannot understand, how can we obey? Kathryn roots her answers in the Psalms, and above all in the nature of truly gracious relationships. Such grace may be experienced in a hospital, through medical practitioners and therapists, through family who go on loving when the person one has loved seems to have taken leave of absence, and above all through God. In the midst of the howling gale of illness—when all the normal navigation points that enable one to understand where one is with people and with God have ceased to be reliable—even so, relationships remain. For me, that has been the greatest blessing of this book, a new understanding of what it means to say that Jesus is the same yesterday, today, and forever. It has also renewed in me hope in

the reality of Christian healing. Kathryn discusses the nature of prayer for healing and recalls her own experience of a moment of being prayed for as—to some extent and without great drama—a turning point. I found my own faith renewed—deepened—and my own hopes expanded through the beauty of her writing.

So, this is in the end a book about relationship. Full relationships are those of love that does not change when the one loved is profoundly altered. In such relationships we see most deeply the nature of God. They draw us out of ourselves and perhaps begin in a strange way to give faint echoes of a response to the troubles and divisions of the church in a multicultural world. What does God do when we fail? God goes on loving. What does God do when the church collectively appears to be ill? God goes on loving. The reconciliation of God, I have learned afresh from this book, is overwhelmingly more powerful than all the brokenness of my humanity.

And so I am grateful to Tom for suggesting the read, to Kathryn for her beautiful book and for inviting me to write its foreword, and above all to the God who unexpectedly has renewed in me his perfect love and grace.

+Justin Cantuar
St. Patrick's Day 2014

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Preface to the First Edition

This project examines the distress caused and the Christian theological questions raised by a clinical mental illness, namely, mine. This is therefore on the one hand a highly personal book, since it in part tells my own story. Yet on the other hand it is also theological and pastoral insofar as it deals with questions raised by the Christian theological tradition. These questions center on the topics of sin and grace, creation and redemption, God's discipline of the soul, the hiddenness of God, and the dark night of the soul. It is my hope that the book also will provide practical advice for clergy and friends in dealing with mentally ill parishioners, friends, and family.

This book has grown for many years. I began writing in the midst of a manic episode in 1998 and returned to composition later, again and again. I have not recounted every episode of every illness, only those episodes that might be helpful to the reader. After all, this book is finally not *about* my own mental illness but my theological reflections on mental illness.

I include throughout the book bits of Scripture and quotations from great figures of the Christian tradition to show how the great cloud of witnesses (Heb. 12:1) helped, supported, and encouraged me in my illnesses. These are integral to the book,

not just frosting. As I state in appendix I, “Why and How I Use Scripture,” I drank from Scripture throughout my illness in a way that was finally traditional in scope and practice, and healing in promise. The translation of Scripture used is the New Revised Standard Version (NRSV), and the translation of the Psalms is from the Book of Common Prayer (1979), except where indicated.

A note on language: I do not, as a policy, adopt “inclusive language” in reference to God. This term disrupts its own definition when we use it for the Godhead. The claim of feminist theologians here is that, as Mary Daly says, “if God is male, then male is God.”¹ If Daly’s statement is true, then, so the claim goes, referring to God in masculine terms gives patriarchy divine sanction. Therefore, according to Daly’s logic, we must not use masculine terms or pronouns to refer to God. Many feminists would not use the terms *Father* and *Son*, for example, to speak of the first and second persons of the Trinity.² Women, it is said, must be included in the Godhead just as men are.

However, it is not the nature of the Christian God to “include” either males or females within its being in this way. I use inclusive language only for humanity, since there is nothing in the reality of God that allows us, whether male or female, the luxury of being “included” in the first place. Since God is generally referred to in the Bible with the pronoun *he*, this is also the pronoun I generally use to refer to God. I thereby suggest neither that God is male nor that the female is “underrepresented” and the male “overrepresented” in the Godhead.

When you see the word *LORD* in my text, this points to the Tetragrammaton as in the biblical text, the four-letter unpronounceable name of the God of Exodus 3:15. This will be important in particular in the quotations from the Psalms. Here the name means “he is who he is,” or “he will be what he will be,” or “he brings into being what he brings into being.” It is sometimes transliterated by the word *Yahweh* or *Jehovah* in different translations. *Lord* (capitalized *L* and lowercase *ord*) in the New Testament usually refers to Jesus, along with the pronoun *he*. Clearly Jesus was a

man. *Lord* can also mean something more like “sir” but also can refer to God.

I try to use the feminine pronouns *she/her* to refer to the generic patient, the priest, and sometimes the therapist. I use the masculine pronoun to refer to the generic doctor but only to avoid confusing the doctor with the patient. I am not suggesting thereby that only women have mental illnesses or that only men are doctors. This is simply a way to use inclusive language for people in a way that is meaningful for this particular book.

The reader should note that this book is not intended to be a medical manual, taking the place of medical advice. Although it does contain medical information, nothing should take the place of seeing your doctor if you find yourself exhibiting any of the symptoms mentioned. For the full diagnostic criteria of major depression and bipolar disorder, see Kay Redfield Jamison’s fine book *Touched with Fire*.³ See also appendix II below for diagnostic criteria for major depression, bipolar disorder, and schizophrenia.

To those who read drafts of this book and gave me comments, I am grateful: Nancy Brennan, Laird and Sally Edman, Greg Ganssle, Joyce and Robert Greene, Marvin Greene, Steve Horst, Matthew McCreight, Ephraim Radner and Annette Brownlee, Jana and Ron Rittgers, and Michael and Carol Tessman. Many thanks to Rodney Clapp for his encouragement, sensitivity, and critical eye. Thanks also to Paul Stuehrenberg from Yale Divinity Library for the Research Affiliates Program, which allowed me the facilities to research this project.

O LORD, my God, my Savior,
by day and night I cry to you.
Let my prayer enter into your presence;
incline your ear to my lamentation.
For I am full of trouble;
my life is at the brink of the grave.
I am counted among those who go down to the Pit;
I have become like one who has no strength;
Lost among the dead,
like the slain who lie in the grave,
Whom you remember no more,
for they are cut off from your hand.
You have laid me in the depths of the Pit,
in dark places, and in the abyss.
Your anger weighs upon me heavily,
and all your great waves overwhelm me.
You have put my friends far from me;
you have made me to be abhorred by them;
I am in prison and cannot get free.
My sight has failed me because of trouble;
LORD, I have called upon you daily;
I have stretched out my hands to you.

Do you work wonders for the dead?
will those who have died stand up and give you thanks?
Will your loving-kindness be declared in the grave?
your faithfulness in the land of destruction?
Will your wonders be known in the dark?
or your righteousness in the country where all is
forgotten?
But as for me, O LORD, I cry to you for help;
in the morning my prayer comes before you.
LORD, why have you rejected me?
why have you hidden your face from me?
Ever since my youth, I have been wretched and at the point
of death;
I have borne your terrors with a troubled mind.
Your blazing anger has swept over me;
your terrors have destroyed me;
They surround me all day long like a flood;
they encompass me on every side.
My friend and my neighbor you have put away from me,
and darkness is my only companion.

Psalm 88

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Introduction

No testing has overtaken you that is not common to everyone. God is faithful, and he will not let you be tested beyond your strength, but with the testing he will also provide the way out so that you may be able to endure it.

1 Corinthians 10:13

I have struggled with clinical mental illness for the last quarter of my life. In fact, I seem to have had my first depression, then undiagnosed, as a child of twelve years. Minor lows and highs followed throughout my adolescence, but the first diagnosed major clinical depression was a postpartum episode after my second child was born, thirteen years ago now, when I was in graduate school. That depression lasted a few years, on and off. About five years later I had a manic episode, which changed the diagnosis to bipolar disorder. This is a disease that bounces between depression and mania. Major depression again followed on the heels of the manic episode, and over the next few years I was hospitalized five times and given two courses of electroconvulsive therapy for major depression. Some five years after I was diagnosed bipolar,

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my doctor and I finally stumbled upon the right “cocktail” for my brain, and I have steadily improved, avoiding depression and mania since then.

During this time, I have read much of the literature geared to the layperson on mental illness, eagerly searching for a book that would answer, or at least address, my questions: Does God send this suffering? If so, why? And why this particular kind of suffering? Why, if I am a Christian, can I not rejoice? What is happening to my soul?

I found no books among the latest offerings that addressed such questions, and books by Christian authors were often dismissive of the soul’s agony in mental illness, and of psychotherapy in general. Most of the books answered scientific questions, which were in themselves not uninteresting to me. However, I wanted a book that would ask not purely scientific questions about these illnesses and symptoms but religious questions, and not just any religious questions but specifically Christian theological questions. What are the realities of suffering and evil when viewed from the Christian gospel? How might a Christian respond in the face of mental illness? How is the soul affected by the disease of the mind, indeed a disease of the brain? Does the Christian tradition offer resources for coping with mental illness and for explaining its origin and its healing?

I do not intend to search out and ground philosophical consistency for “solving” the problem of evil. I am no philosopher, and even philosophers can’t “solve” problems, much less the problem of evil. I am concerned instead to offer a biblically grounded account, from my own experience, of how the Christian may interpret, accept, and handle suffering, especially that with such a stigma as mental illness. The Christian who lives with a mental illness will not be helped much by a philosophical discussion of free will, for example. My concern instead is to offer theological resources for interpreting and surviving mental illness. When I found no book to address my questions, I realized that I myself would have to write it.

This book began, then, as my own agonizing search for the meaning of my mental illness. I hesitated to make this autobiographical; the genre of psychobiography is well represented on the shelves of any bookstore. Instead, I wanted to struggle with the theological meanings, if I could even find any, of a mental illness such as my own. How could I, as a faithful Christian, be undergoing such torture of the soul? And how could I say that such torture has nothing to do with God? This is, of course, the assumption within the psychiatric guild in general, where faith in “God” is often viewed at best as a crutch and at worst as a symptom of disease.¹

This is only beginning to change, with many studies indicating that religious practice or “spiritual” life can actually help healing of mental illnesses. These studies, however, also indicate that religious people “are less stressed and happier than non-believers” and that “religious people are less depressed, less anxious and less suicidal than nonreligious people.”² This only plays into the caricature of the Christian as perennially cheery. It is a cruel caricature for those Christians who are indeed depressed or experiencing other symptoms of mental illnesses. Often they feel guilty on top of being depressed, because they understand their depression, their lack of thankfulness, their desperation, to be a betrayal of God. And yet these studies say nothing of the objectivity of God’s involvement in mental illness. How could they, being written by scientists and not theologians? They simply deal with the objectivity of *belief* in God. For Christians, mentally ill or healthy, if our *belief* in God takes precedence over God himself in our theology and our devotion, we run the risk of worshiping ourselves. This is one of the pitfalls of modern theology and the principle cancer of much of Protestant Christianity in the West. Furthermore, if we focus on our own belief rather than on God, and if we find that we have no belief, which is often how Christians living with mental illnesses experience ourselves, we are in danger of getting sucked into and trapped by our own interiority. We end up with the potential for self-isolation but also for self-worship, which is pastorally and

theologically a pitfall to be avoided at all costs. And especially for the Christian facing mental illness, this is exceedingly dangerous. If we are the center of our universe and of our worship, we are, in the words of the apostle, “most to be pitied” (1 Cor. 15:19). For this reason and others, I find these studies and their apparent outcomes to do little toward providing good news to the Christian living in the prison of mental illness. They backfire pastorally.

How could I, as a Christian, indeed as a theologian of the church, understand anything in my life as though it were separate from God? This is clearly impossible. And yet how could I confess my faith in the God who is “a very present help in trouble” (Ps. 46:1) when I felt entirely abandoned by that God? And if this torture did have something to do with God, was it punishment, wrath, chastisement? Was I, to use a phrase of Jonathan Edwards, simply a “sinner in the hands of an angry God”? What was God doing to me, if it was God’s handiwork, and why? Surely the detailed answers to these questions will be as individual for each sufferer of mental illness as is the personal history of each individual and her illness. But these are the questions I wanted to struggle with, partly for my own benefit and partly for the benefit of the body of Christ.

In an age when we have not only the technology but also the ready habit of attempting to medicate the pains of the body, mind, and soul into remission, these questions have become pressing in a new way. There may be remission, but that is all it is. The shadows and pain of human existence cannot be permanently swept away by medication and therapy; those who have more serious mental diseases such as schizophrenia and bipolar disorder will never be able to come off medications as though finally “cured.”

As time went on, however, I realized that I could not write such a book as an academic theologian dealing with the problem at an objective distance. This meant, of course, that I had to reveal more of myself than I had wanted. I decided that I needed to be self-revelatory for the purposes of addressing the questions I list above.

What follows, then, is an attempt to allow the reader enough of a glimpse of my questions as they engage my own experience

of the darkness that was often my only perceived companion. The central focus of this book, however, as I hope will be apparent, is not my own experience of the pain but a witness to the working of the triune God in the pain of one mentally ill Christian. Here it will be key to focus on the theocentric rather than the anthropocentric, on the triune God rather than on the self. This may sound backwards. But if I were to focus just on myself, this book would be no different from the many that line the shelves of many bookstores, with their personal narratives of illness and recovery.

For the Christian, the focus of life is not properly the self alone as an independent agent; rather, the purpose of the Christian life is “to glorify God and enjoy him forever,” as the Westminster Shorter Catechism tells us. We are to seek the voice of the Holy One of Israel and heed his call to the body of Christ for obedience and gratitude. How can one then be obedient in the face of a sometimes severe brain disease? How can one praise the God who made the self when that self is in so much pain so as to wish life extinguished?

I write, then, of my own experience interpreted theologically, with the hope and prayer that this may be of some use to others. It is my way of offering up my own pain to Christ, that it may be redeemed as it touches the lives of others.

Give to us grace, O Father, not to pass by suffering or joy without eyes to see; give us understanding and sympathy; and guard us from selfishness that we may enter into the joys and sufferings of others; use us to gladden and strengthen those who are weak and suffering; that by our lives we may help others who believe and serve you, and project your light which is the light of life.

H. R. L. Sheppard (1880–1937)

This book is laid out in three parts. In the first part, “Facing Mental Illness,” I relate my story and attempt to reach out to others struggling with mental illness. In these first six chapters I deal with issues of mental illness in general and my own experience of the

highs and lows of bipolar disorder, narrating some of the hardest episodes of my illness and my hospitalizations. This includes my experience of electroconvulsive therapy.

In the second part, “Faith and Mental Illness,” I struggle with specifically theological questions and their bearing on mental illness. In these five chapters, I question the value of the personality and feeling in religious reflection. I also explore the relationship between the brain, mind, and soul, and I discuss the value of prayer for the health of the mentally ill.

In the third and final part, “Living with Mental Illness,” I focus on practical issues and advice on how to be a friend to the mentally ill. Since I have used Scripture throughout, a summary of why and how I read Scripture follows these final chapters. I include an appendix which contains a brief checklist of symptoms for those who are attempting to recognize mental illness. It includes the addresses of some websites that may be useful for the reader.

In this second edition, I include an afterword in which I update some of the information on therapies and medications. Of course, I am no doctor, and I imagine that some of this information I have not accurately passed on. New studies and medications have presented new possibilities in the treatment of some of these illnesses, but because I am no authority on this, I will try to guide the reader to sources which are indeed authorities. While my own biographical details are only somewhat updated from the first edition, I also offer some reflections on what I have learned since 2006 as a person who continues to live with a chronic mental illness and a list of suggested questions for group study of the book.