

Where Is God in Soul Suffering?

For the journey through mental illness and faith

by Helen Kim

Mark 5:1-20

Six years ago one of my best friends was diagnosed with a serious mental illness that robbed her of her twenties. Mental illnesses such as depression, bipolar, and schizophrenia commonly hit people in the prime of their life¹—just as they start college, embark on their career, or give birth to their first child. I recently met Nancy, a Korean American mother whose son was diagnosed with schizophrenia during college. She mourned with me: “I felt like I had this beautiful tree. I felt like I was making a big, strong tree. But then somebody took an axe and just chopped it up. And then now I have to recover and make something of it.”²

I am reminded that a “dream deferred” pertains not only to the soul’s anguish under unrelenting racial injustice, but also to the blue soul’s psycho-spiritual suffering. *Where is God in this soul suffering?*

In Mark’s Gospel, I see a picture of Jesus’ care and concern for mental illness and soul suffering. The man suffering from a legion of demons reminds me of the sheer physical and spiritual pain that can result from mental illness—the isolation, wild pain, 24 hours of suffering, stigma, and confusion, as well as the *hope* and *healing*.

Before I move forward, though, I want to make sure that we don’t equate mental illness with demon possession. Abuse can result from such confusion: Think of my friend who struggles with bipolar disorder, whose religious community beat her to rid her of what they believed was demon possession.³ Once she was back on her medication she was slowly restored to health from her bipolar symptoms. Research on the brain increasingly tells us that mental illnesses are *biologically-based* brain disorders with roots in brain chemistry rather than moral or character weakness, or sin.⁴ It is time we faced the medical reality of mental illness even as we give it the attention that it deserves in our spiritual communities.

Let us return to the tortured man in Mark’s Gospel—whose demonic suffering mimics the struggles of mental illness even if it is not equated to it. The man literally lives in “the tombs,” marked unclean (Numbers 19:16), separated from community and left to befriend the dead as his neighbors. He is tortured “night and day,” and he would “cry out and cut himself with stones” (Mark 5:5). This scene reminds me of Stella’s words as she shared with me about one of her deepest depressions with bipolar disorder: “I felt like crawling in my skin...I was so paranoid, so self-conscious, so unsure...and it really hurt to breathe. I would love going to sleep because I didn’t have to make any effort.”⁵ Bobby, who has experienced symptoms of a delusional depression says, “I was completely dead...like the living dead.”

So many of our brothers and sisters who suffer from mental illness are pushed to the “tombs” of our communities as the “living dead”—bed-ridden, living on the streets, sometimes locked up in

jail or county hospitals, their stories often silenced. They live, sometimes literally and sometimes figuratively, on the edge, at the borderland of the human condition.

What does faith look like at this borderland? For the man suffering from a legion of demons, where is God for him as he lives in the tombs, cutting himself, exiled from his family and community? *Where is God in this soul suffering?*

In the midst of illness, Bobby confesses his struggle with experiencing the absence of God: “Just going through [illness]...in that state of mind you lose your ability to comprehend love...If God is love, and you cannot feel love, then you cannot understand the meaning of God or what God is...”⁶ It is as if Bobby’s illness itself contained symptoms that negated the very presence of God—the inability to *feel* love. He could no longer feel the love of God, experience the love of God. *Where is God in this soul suffering?*

The Rev. Dr. Monica Coleman provides refreshing words of consolation for the spiritual journey through mental illness: “[T]he worship traditions of black churches are like a balm to my soul... I feel the pains and joys of the ancestors and those in the present community and I literally feel uplifted and buoyed. My parents and grandparents raised me in this tradition, and no depression yet has extracted this from my cells.”⁷

I take comfort in Rev. Dr. Coleman’s words—that her ancestry, her people, her history, her faith have grounded her in her struggle, providing “balm” to her darkness, to her soul suffering. Even at the borderland of mental suffering, where people are frequently shunned into “tombs” and unable to emotionally experience the presence of God, the history and community beyond ourselves *does* have the power to give us the strength we need for the journey. We remember that we are not alone in our suffering, that others have journeyed ahead of us, that the communion of saints surrounds us, even when we may be at our darkest hour.

Trappist monk Thomas Keating writes: “Instead of going away, God simply moves downstairs, so to speak, and waits for us to come and join him.”⁸ Though illness may bring us “down” to the basement of our existence, the underworld of pain that we would rather shut out, it is as if these sufferings also invite us into connecting with the foundation, the very ground of our being—the depths of our soul, the memory of our ancestors, the power of our religious traditions. The bottom seems to fall out, but there is yet another level underneath us, supporting us, mending us, giving us that “balm” to our soul—God meets us in the basement of our soul suffering.

But the journey to accessing this balm, reaching out for healing and wholeness, is hard work, and there are many real challenges! The man in Mark’s Gospel encounters Jesus in his “tomb” and is powerfully transformed, but the journey toward wholeness and healing is not easy for him—nor is it readily welcomed, especially by his community. The Scripture says: “When they came to Jesus, they saw the man who had been possessed by the legion of demons, sitting there, dressed and in his right mind; *and they were afraid*” (Mark 5:15).

The man’s community fears his healing and wholeness. The man who had been suffering greatly is now healed! What a worthy event to celebrate—so why would the community be afraid? Many have asserted that the people were afraid because of the way that Jesus destroyed the

community's economic livelihood by sending the demons into the pigs. But this particular verse refers primarily to the restoration of the man rather than the destruction of the pigs: They saw him "sitting there, dressed and in his right mind," *and then* "they were afraid." That is, seeing this man, completely whole, scared them. It spooked them.

The resistance and fear that the community has for this man's wholeness reminds me of the particular burden that racial minorities have in their struggle with mental illness—do we really celebrate everyone's journey to wholeness? The double burden of dealing with the stigma of race, along with the stigma of mental illness, can be pernicious and prevent us from seeking care.

Terrie Williams, in her memoir *Black Pain: It Just Looks Like We're Not Hurting*, talks about the quality of the double burden of living up to the stereotype of the "strong black woman" and facing the stigma of depression at the same time.⁹ Racial minorities are not somehow more prone to mental illness because of something inherent in our racial identities, but there is an added layer, an added stigma, that we carry in the mixed journey of racial and mental suffering. Rev. Dr. Coleman notes: "I live in southern California, and many white people will freely reference 'seeing a therapist' in normal conversation. Black people don't do that. Seeing a therapist is generally seen as a sign of weakness or a lack of faith. There is still an active mythos of 'the strong black woman,' who is supposed to be strong and present and capable for everyone in her family—and neglects her own needs."¹⁰

As an Asian American woman, I have witnessed many from my own cultural heritage journey through mental illness—to "come out" as one who has a mental illness means to take on the double burden of stigmatization as an "abnormal" human being and shame for falling out of the dominant (and mythical) narrative of the "model minority." The American myth of the "model minority" is lorded over us, negating our individuality, demanding us to be perfectly studious, passive, obedient Asian Americans.

What happens, then, to the Asian American individual whose dreams are not only deferred but "chopped down with an axe" (to use Nancy's words)—preventing us from ever fitting into this mythic American narrative? When one's story is covered in "failure" as opposed to "model" qualities, what acceptable narrative do we have as Asian Americans? The world demands to put us on a pedestal. If we fail to achieve, fail to fit into the narrative of the "model minority," what narrative do we have? What narratives for being *fully human* do we have?

To be flouted as a "model" can be alluring and exotic, but these limited racial scripts straightjacket us. They cut us off from the freedom to express our full humanity, warts and all. They make "coming out" as an individual or family who bears the stigma of mental illness that much harder, that much riskier. Many of my Asian American friends who have been struck with mental illness have not made it to college, have failed in their jobs as doctors, have had great trouble with the law, and struggle with drug addiction. When we begin to air this shameful laundry, we risk the stigma of not only our mental abnormalities but our inability to fit into the constricted (and racist) "model" scripts.

Where is God in this soul suffering—especially when that darkness and suffering come in shades of black and yellow?

Let us return to the community of Gerasenes. They never did think it was possible for the man to be made whole. They left him to the “tombs” believing he was as good as dead. They left him to his sub-human ways, undeserving of their hospitality. This “insane” and “crazy” man had no place in their human community. To see him in his right mind, sitting there, dressed, just like a “normal” person, means to identify with the man, means to say that he is just like any other man, means to say you have something in you that is also in me.

Jesus not only calls out the demons from this man, but he calls out the demons of hostility that are present in this man’s community. Wholeness and restoration are offensive to these people whose lives are defined by creating a separate category for those who are “different” or “abnormal” or “insane.”

But Jesus is present in the darkness. Jesus is present in this soul suffering—precisely because he identifies with this man as he travels to meet him, gives him his attention. And Jesus is willing to be shunned by the Gerasenes community for restoring and identifying with this pariah.

The practical theologian Kathleen Greider writes: “Soldiers are all fighting the same war, even if some are on the front lines and some are not. Similarly, not all of us are on the front lines of madness, but all human beings live with some degree of warring emotion.”¹¹ Mark’s Gospel is at once about a portion of our human community who does suffer at the extreme, and at once, a story about all of us, who suffer with the darker side of the human condition. When we begin to embrace our own suffering—that all of us have some sort of “unacceptable” part of our lives—then I trust that we will be able to embrace the suffering of others.

Brothers and sisters, I hope and pray that we as a community will be able to fellowship with a deep identification with our human community’s greatest pains. Let us join with Christ in the calling to *be* with one another, especially in our “tombs,” especially in our soul suffering. Amen.

Notes

1. Please reference general facts on mental illness published by the National Alliance for Mental Illness:

http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm. September 2011.

2. Special thanks to the Fund for Theological Education who sponsored my 2011 summer ministry fellowship titled “The Art of Praxis: The Contemplative and Stories of Soul Suffering.” As part of the fellowship I engaged in conversation with members of the Asian American community regarding faith and mental illness. Nancy’s interview is from one of these conversations.

3. This interview was conducted summer of 2011 for my FTE ministry fellowship.

4. Please reference general facts on mental illness published by the National Alliance for Mental Illness:

http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm. September 2011

5. This interview was conducted in summer of 2011 for my FTE Ministry Fellowship project.

6. This interview was conducted in summer of 2011 for my FTE Ministry Fellowship project.

7. Borchard, Therese. "Tips for Navigating through the Mental Healthcare System: An Interview with Monica Coleman." 15 April 2011. <http://blog.beliefnet.com/beyondblue/2011/04/tips-for-navigating-through-the-mental-healthcare-system-an-interview-with-rev-dr-monica-a-coleman.html>. September 2011.

8. Keating, Thomas. The Human Condition: Contemplation and Transformation (Wit Lectures—Harvard Divinity School). New Jersey: Paulist Press, 1999. 40.

9. Williams, Terrie. Black Pain: It Just Looks Like We're Not Hurting. New York: Scribner, 2008.

10. Borchard, Therese. "Tips for Navigating through the Mental Healthcare System."

11. Greider, Kathleen J. Much Madness Is Divinest Sense: Wisdom in Memoirs of Soul-Suffering. Cleveland, OH: Pilgrim Press, 2007.