

**Grounding theology in experience: A  
theological and grounded theory  
exploration of the narratives of people  
with lived experience of altered moods  
and Christianity**

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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## Abstract

This thesis explores the contemporary lived experience of altered moods (i.e. those experiences that are commonly diagnosed by Western medicine as affective or mood disorders) and Christianity using a distinctive and robust empirical theological methodology to develop a grounded practical theology. This methodology integrates constructivist grounded theory (Charmaz, 2014) with dialogic mutual critical correlation (Pattison, 2000); grounded theory is thus used as a theological methodology and not simply as an empirical tool.

Analysing 21 interviews with participants who have lived experience of both unusually high and/or low mood and Christianity, I argue that these mood and faith experiences inform and challenge each other in four main areas: *identity-talk*, *interpretations of altered moods*, *images of God*, and *Christology*. Three major overarching themes frame these interactions: altered moods as *experience not identity*, a potential *disconnect between experience and theology*, and *suffering*.

This analysis of the empirical material is brought firstly into dialogue with disability theology and then with wider Christian theological resources - contextual Christologies, trauma theology, and theology of the cross. This process of dialogue with experience highlights three distinctive aspects of theological reflection on altered moods: 1) Jesus as the site of divine understanding and solidarity, with the traditional image of his suffering on the cross adopted and transformed to incorporate the distress associated with altered moods, 2) the need to attend to the ongoing reality of suffering, and 3) theology of altered moods is a theology of experience, not of identity. Potential elements of such a theology – a mad theology – include wounds that remain, realism about experience, the solidarity of God encountered through Jesus, and the abiding nature of God’s love. Such a mad theology bears witness to the ways in which God is glimpsed and encountered even in the distress of altered moods.

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## Abbreviations

ACE	Adverse childhood experience
ADHD	Attention deficit hyperactivity disorder
BPD	Borderline personality disorder
CCC	Catechism of the Catholic Church
CHIME	Connectedness, hope and optimism, identity, meaning and purpose, and empowerment
CBT	Cognitive behavioural therapy
cPTSD	Complex post-traumatic stress disorder
DSM	Diagnostic and Statistical Manual of Mental Disorders
EUPD	Emotionally unstable personality disorder
ICD	International Classification of Disease
OECD	Organisation for Economic Co-operation and Development
PTSD	Post-traumatic stress disorder
SAD	Seasonal affective disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
US	United States
WHO	World Health Organization

# Chapter 1

## Introduction

### 1.1 Context – Mental health and faith in the UK today

In 2019 the UK's Guardian newspaper (Sherwood, 2019) reported that:

The Archbishop of Canterbury has revealed he is taking medication for depression and has urged others who are “walking in darkness” to reach out for help... Speaking on BBC Radio 4's Thought for the Day slot before a mental health conference at Lambeth Palace... Justin Welby said: “Last year I realised I was depressed. I have a daughter who has been very open about her experiences of depression, and she helped me see that it wasn't something to be ashamed of. It's just life – and I got help”... Welby said that, along with the rest of society, the church had a history of not knowing how to deal with mental health issues. Many churches offered safe spaces and care, “but it is not universal and we need to work hard on that”.

The Archbishop is not alone in his experience of depression. National survey data suggests that around 20% of UK adults meet the medical criteria to be diagnosed with the most common mental health problems of depression or anxiety (McManus et al., 2016). Around a quarter of UK adults have been diagnosed with a mental health condition at some time in their life (Bridges, 2015). UK public awareness campaigns<sup>1</sup> aim to normalise help-seeking by encouraging us to talk freely about mental health and develop skills to respond appropriately to those experiencing mental distress. However, the fact that the Archbishop of Canterbury was reported in a national newspaper to have ‘revealed’ his use of antidepressants suggests that there is still some distance to go in meeting those goals. These kinds of statistics are evidence that mental health challenges and symptoms of ill-health are common in the UK. However, not everybody who meets the criteria for a mental health condition understands or experiences those challenges and symptoms in the same way. Different cultures and communities may understand and experience them in particular ways. Medical anthropologists and cross-cultural psychiatrists talk about ‘Western psychologization’,<sup>2</sup> for

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<sup>1</sup> E.g. Time to Talk, Mental Health First Aid, or the #oktosay campaign featuring Princes William and Harry speaking about coping with the death of their mother.

<sup>2</sup> The concept of ‘Western psychologisation’ (and the parallel ‘Chinese somatisation’) in depression originated with Kleinman (1977), see Ryder and Chentsova-Dutton (2012) or Dere et al. (2013) for more recent discussion.

example, when discussing differences in the dominant ways that people from different cultures experience or represent depression.<sup>3</sup> There may also be differences between groups that exist within the same wider society. In the UK, religious or faith communities may fit into this category; these groups may understand mental health problems in spiritual or theological terms. Mental health symptoms may be understood as evidence of spiritual weakness (or occasionally as evidence of strength), or as the result of external supernatural forces (e.g. demons). These religious interpretations may be held in parallel with other, more dominant, perspectives, such as the biopsychosocial model. People might, for example, consult both their GP and a faith healer for help with their mental health. (See e.g. Stanford, 2007; Khalifa et al., 2012 for quantitative surveys of beliefs; Dein and Illaiee, 2013; Scrutton, 2020 for an overview of Christian perspectives on depression).

There is a significant body of literature that examines the relationship between religion and wellbeing or mental health (e.g. Loewenthal, 2009; Cook, 2013b; Rosmarin and Koenig, 2020). A 2016 evidence review of 139 such studies, carried out by the think tank Theos, concluded that there is good evidence of a positive correlation between religion and wellbeing (with mental health being one component of wellbeing). This conclusion should be read alongside the acknowledgment that both religion and wellbeing can be defined and measured in multiple ways and have multiple aspects, that certain aspects (such as religious practices) are much easier to measure in surveys than others, and that even a strong positive association does not imply all kinds of religion are always good for wellbeing. Social and individual religious participation were found to show the strongest positive correlation with global wellbeing and mental health, with the authors concluding that, “At the most generalised level, it seems that the more serious, genuinely held and practically-evidenced a religious commitment is, then the greater the positive impact it is likely to have on well-being” (Spencer et al., 2016, p.7). The same report found, however, that not all aspects of religion are associated with positive mental health; some beliefs and practices can be harmful.

We can see some of these complexities reflected in the national news report about the Archbishop – a degree of surprise that a spiritual leader might experience depression, and a

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<sup>3</sup> There is no single settled position (within academia, health care, or wider society) on the most appropriate language to describe these kinds of experiences and symptoms. Terms such as ‘depression’, ‘mental health conditions/problems’, or ‘mental ill-health’ are used here in their colloquial sense. See section 1.3 for a discussion of some of the complexities around language and how it will be used in the rest of the thesis.

deliberate choice on the part of the Archbishop to refute the idea that his depression is shameful. That the Archbishop hosted a mental health conference at all is also notable – reflecting an awareness that churches may differ in the ways in which they understand and respond to mental distress, that some of those ways may not be associated with positive mental health, and some of them may be quite distinctive when compared with the wider society. Until recently, in-depth and fine-grained exploration of these complexities was notably absent from both the theological and social scientific academic literature. In particular, there was an absence of theological engagement with the ways in which Christians interpret mental health challenges, and with the wider topic of mental health.

These complexities around the ways in which Christians in the UK understand and respond to mental health problems, the limited previous literature, and my own Christian and ministerial practice provided the broad context and motivation for this project. The need for this kind of research and engagement has since been noted by other authors, for example a 2017 scoping report on Christianity and mental health in the UK found need for “building an authentic biblical and theological language of mental health” (Ryan, 2017, p.8) that is grounded in lived experience. The same unexpected lack of theological engagement with mental health and disability observed earlier has also been noted by Swinton (2018a) and Cook (2013b). Started in 2015 before Ryan’s identification of that need, this thesis extends the existing theological landscape of mental health. It does so by developing the idea of a grounded practical theology<sup>4</sup> of altered moods based on the narratives of twenty-one people with lived experience of high and/or low moods and Christianity. It is an empirical theological exploration of the ways in which the lived experience of altered moods is informed by the lived experience<sup>5</sup> of Christianity; and *vice versa*. Weaver has described this interplay between faith

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<sup>4</sup> The term ‘grounded theology’ is used by Barnsley (2016) to refer to a theological method that combines grounded theory with the Quaker practice of silent waiting. In this thesis I develop the idea of grounded theology in a different direction.

<sup>5</sup> The term ‘lived experience’ has a particular meaning in some mental health settings where personal experience of mental distress and/or using mental healthcare is considered a mark of expertise which gives access to a particular kind of knowledge. For example, ‘lived experience of mental distress’ might be listed as a desirable person specification for some support roles, with the person designated as an ‘expert by experience’. ‘Lived experience’ and ‘lived religion’ have a less specific meaning in the social sciences, referring to the study of life (or religion specifically) as it is experienced and interpreted by a particular individual or group. It is associated with an interpretive orientation and thick description of a situation – paying attention to the particulars of experience, “to understand, portray and interpret the meanings that actions and events have for those involved” (Shaw et al., 2006, p.99). In both cases ‘lived

and experience well:

Sometimes faith deeply connects with experience, which in turn reinforces belief; other times faith contrasts with lived experience, resulting in a critical dialectic between religious belief and the rest of one's life. This happens at the personal as well as at the corporate level (Weaver, 2013, p.70).

It is common in both disability theology and some areas of constructivist social science writing for the author to indicate something of their own lived experience of the topic. This is less to do with establishing credentials and more to do with an explicit commitment to reflexivity and situating the author's voice. It is for this reason that I have written the thesis in the first person, despite recognising that this is not common in all disciplines (Starfield, 2015). Here it seems appropriate to say that I recognise many of the complexities around mental health and Christianity from my own lived experience. I write as a British Christian woman who is currently an ordained member of the Church of England working as a University chaplain. My faith tradition is central Anglican,<sup>6</sup> but I have previously been part of other traditions and denominations. My interest in this particular topic arises from my own experiences around the intersections of mental health and faith, my former work in mental health promotion for the NHS, and the stories of faith and life that are generously and sometimes courageously shared with me in the course of my pastoral ministry.

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experience' may be (implicitly or otherwise) contrasted with an alternative such as knowledge about mental health gained through other means (like academic study), or the official doctrine and teaching of a particular religious tradition (McGuire, 2008). It does not, however, have to entail religion that is practiced outside of religious institutions (Ammerman, 2014). Ordinary theology (Astley, 2012) or practical theology more broadly is perhaps the theological equivalent of 'lived experience' or 'lived religion'.

<sup>6</sup> Anglican tradition is often said to have several significant strands or 'tribes' that are held together in one communion – evangelical, (Anglo-) catholic and usually a third grouping which at different times has been described as liberal, central, middle-of-the-road, traditional, or broad church (Atherstone, 2016). This group is more difficult to define than the other two. Empirical work by Village (2012) suggests that being 'broad church' (his term) is "partly about taking a broadly Anglo-Catholic or Evangelical stance on many issues, but without strongly owning either identity, and partly about taking a distinctively 'middle ground'... Broad church views were typically more in favour of change and innovation... [and] tended to be associated with a liberal or accepting point of view that was more closely aligned with practice or belief in society at large (Village, 2012, p.111). This 'middle ground' is expressed via a neutral opinion on some issues that have historically divided the church (e.g. use of vestments or ritual), greater civic involvement and a positive attitude towards wider society, less frequent church attendance, and a more liberal approach to contemporary divisions, such as ordination of women, marriage and relationships, and sexuality.

## 1.2 Shape of this project

This thesis is a 'grounded' practical theology in two senses. Firstly, in a technical sense - constructivist grounded theory is the guiding methodology for the data collection and analysis which are integrated into the practical theology methodology. Grounded theory is used as a theological method and not just as an empirical tool. This movement and the integration of two methodologies is discussed further in 1.4 and Chapter 2. Secondly, in a wider sense, describing this as a 'grounded' theology reflects a commitment to taking seriously the experiences and voices of the participants throughout the study. This commitment is reflected in both the methods used, and the form of the thesis. This approach is attentive to context and dialectical; seeking to keep individual experiences, (as narrated by interview participants), in the foreground, to move primarily from data to theory rather than the reverse, and to establish dialogue between the theological and the grounded theory aspects of the project. The thesis is thoroughly grounded in the experiences, words, and reflections of the participants, all of whom have been unusually high and/or low to an extent that disrupted their daily life. I describe this as 'grounding theology in experience', an approach which amplifies the everyday or ordinary theology of participants. Combining methodologies in this way is an innovative approach to practical theology; a literature search revealed only two previously published examples, by Shooter (2012) and Barnsley (2013; 2016).<sup>7</sup>

For many participants the disruption has been severe and long-lasting, leading to a restructuring and reconstruction of life around that disruption. To reflect this, and to maintain a focus on the idea of theology grounded in experience, the structure of the thesis has been imagined and described as a building project. The foundations and building materials consist of an integrated empirical and theological methodology, drawing together social scientific and theological methods into a grounded theological method for exploring the interactions between experience and theology. On the ground floor are those elements that form the base and give shape to the building; the mood experiences of participants and the interpretations of those experiences. On the first floor and second floors are theological motifs that build on those interpretations and that emerged as particularly significant from the data analysis. The top floor draws together the preceding chapters to explore and highlight some potential

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<sup>7</sup> Both Shooter and Barnsley locate themselves in feminist theology; Shooter researching survivors of abuse, and Barnsley everyday experiences of complex gender.

contours of a constructive contextual theology of altered moods – a mad theology.<sup>8</sup> Consistent with the grounded nature of this methodology, the empirical data collected from participants is the origin and primary source for each section; analysis of that data provides the overarching structure of the construction.

This is a distinctive empirical approach to the subject, combining robust social scientific and practical theological methodology and methods.<sup>9</sup> There are a large number of quantitative surveys that deal with the relationships between religious beliefs/practice and mental health (including religious beliefs about mental health). There are far fewer studies that address the ways in which Christians interpret mental health conditions - the theology of mental health. Most other recent theological work on mental health is autobiographical (e.g. Colwell, 2014; Oh, 2018), biblical (e.g. Webb, 2017; Cook and Hamley, 2020), or theoretical (e.g. Cook, 2013b; Scrutton, 2020). This wider literature is discussed below in section 1.4, as part of the disciplinary context for this project. However, it is important to note here recent work by Swinton (Swinton, 2017; Swinton, 2020a), which offers a practical theology of mental health.

Writing initially about dementia, Swinton (2017) develops a theological redescription of the condition; describing dementia using alternative scripts drawn from Christian Scripture, tradition and theology as a counter to the scripts conventionally accepted by wider Western society, especially neurobiology and medicine. Swinton suggests that this process of redescription is applicable beyond dementia:

Redescription is an interdisciplinary approach to practical theology that seeks, in the light of Scripture and Christian tradition, to redescribe objects, actions, situations, and contexts in ways that reveal hidden meanings, modes of oppression and misrepresentation, with a view to offering a fuller and more accurate description that highlights alternative understandings and previously inconceivable options for theory and action (Swinton, 2017, p.21).

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<sup>8</sup> See sections 1.3, 1.4 and Chapter 8 for discussion of use of the word 'mad'.

<sup>9</sup> The combination of grounded theory and theology is relatively uncommon; searching the literature revealed five examples: Pleizier (2010); Joynt (2012); Shooter (2012); Walsh (2012); Barnsley (2013). This may be due to disciplinary boundaries and differences in training between theological and social scientific disciplines (practical theologians have not necessarily received extensive training in empirical research methods), but may also reflect ongoing debate as to the role of experience in theology (see section 2.1.1.2). The theoretical rationale for empirical theology more broadly, and my use of grounded theory as a way to bridge differences and facilitate dialogue between disciplines is discussed throughout Chapter 2.

In a recent volume, Swinton applies this process of redescription to what might be described clinically as severe mental illness (including depression), with the aim of providing “rich, deep, and thick descriptions of the spiritual experiences of Christians living with mental health challenges” (Swinton, 2020a, p.2). The aim is to understand how Christians experience their faith lives and their mental health challenges - Swinton describes this as a phenomenological dimension. The primary focus of this work is to explore ways in which Christians with long-term mental health challenges live well and faithfully with Jesus in the midst of the metaphorical storm. Data collection and preliminary analysis for this project was complete before Swinton published his call for theological redescription. As a work of grounded practical theology it has been carried out in this same spirit of theological redescription, but takes a different path. The primary focus, methodology, and outcomes are distinctive to this project.

Firstly, primary focus. Rather than focusing on how Christians with mental health challenges live faithful Christian lives, the focus of this project is broader - how participants’ experiences of faith and mental health have interacted and informed each other, and how participants interpret their mood experiences (rather than the experience of mental health challenges *per se*). The range of participant experiences are therefore also broader. This project centres the everyday or ordinary theology of participants reflecting on their mood experiences without defining lived theology as necessarily being about participants’ faith lives or relationship with God.<sup>10</sup> Methodologically, Swinton takes a phenomenological approach both in this most recent work and in previously published interview-based work on mental health (Swinton and Mowat, 2006, chap. 4). As a project guided by grounded theory, the significant aspects of the interaction between faith and mood emerged from the data and analysis, and may well have included perspectives which did not include wanting to live faithfully with Jesus; participants were recruited on the basis that they had at some time identified as Christian and did not necessarily need to identify in that way at the time of the interview. With respect to outcomes, the grounded nature of the project meant that the outcomes arose through the process of data collection and analysis. The major themes outlined in Chapters 3-7, and particularly the possible contours of a practical contextual mad theology in Chapter 8 were not anticipated in advance and emerged through the rigorous grounded theological methodology. This project therefore offers a new contribution in two specific areas: the integration of grounded theory

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<sup>10</sup> Compared with Swinton’s description of lived theology as “gain[ing] insight into the ways in which people’s unconventional mental health experiences affect their faith lives and relationships with God” (Swinton, 2020a, p.6).



and theological methodologies, and contextual theologies of experience.

### **1.3 Renaming, language & definitions**

The kinds of experiences that are commonly diagnosed in the UK as depression or mood disorders may be described in different ways, depending on the context and preferences of the author. In this section I therefore present an examination of some of the key terms, and a renaming. First, a discussion of definitions of depression, mood disorders, and what I have referred to as 'altered moods'.

There are two major systems that Western-style health care uses to diagnose and classify illnesses. These are the International Classification of Disease (now in its 11<sup>th</sup> edition [ICD-11]) (World Health Organization, 2019), and the Diagnostic and Statistical Manual of Mental Disorders (currently on the 5<sup>th</sup> edition [DSM-5]) (American Psychiatric Association, 2013). ICD-11 covers the full range of medical specialties and bodily systems, while DSM-5 focuses only on those conditions that would typically fall under psychiatry or mental health services, and so offers a more in-depth system of classification. 'Mental disorders' is a broad medical term, referring, in the DSM classification at least, to problems or patterns of difference associated with the functioning of the 'mind' (intellect, thoughts, emotions, behaviour) and brain. This includes those states that would commonly be described as mental illness, but also a wide range of other conditions, including intellectual disability, neurodivergence such as autism, addictions, dementia, and sleep disorders.

Despite this apparently clear differentiation between 'mental disorders' and other kinds of illnesses or diseases, it is not straightforward to specify what exactly constitutes a 'mental' condition (compared to 'physical' or 'somatic' conditions). There is an enduring intuition that experiences which might be characterised as mental health conditions are in some way a distinct category. However, it is not clear whether this intuition simply reflects the historical development of Western psychiatry (for an overview of this history see Albee and Joffe, 2003; Shorter, 2008), or if there is some kind of common characteristic shared across the diverse experiences that might be diagnosed as a mental health condition. It is not just that there are obvious links between physical and mental health (such as pain impacting psychological wellbeing), but that it is not easy to decide precisely what makes something a mental rather than a physical condition, other than medical convention (Kendell, 2001; Pilgrim, 2016).

Symptoms, aetiology, diagnosis and treatment are all possible ways in which mental and physical health conditions might be differentiated, but none of those possibilities offer a definitive answer. For example, Western medicine characterises mental health problems as predominantly consisting of cognitive and emotional symptoms. However, people experiencing altered moods commonly also have physical symptoms such as heaviness in the limbs, and depressed mood or anxiety may also accompany physical health conditions. Similarly, the aetiological and diagnostic characteristics of mental health conditions may relate more to the current state of medical knowledge than to genuine differences.

It is apparent that it is difficult to make a clear-cut distinction. The introduction to the DSM-IV similarly reflected these concerns, without offering a solution:

The term mental disorder unfortunately implies a distinction between 'mental' disorders and 'physical' disorders that is a reductionistic anachronism of mind/body dualism. A compelling literature documents that there is much 'physical' in 'mental' disorders and much 'mental' in 'physical' disorders. The problem raised by the term 'mental disorders' has been much clearer than its solution, and, unfortunately, the term persists in the title of DSM-IV because we have not found an appropriate substitute (American Psychiatric Association, 2000, xxx).

Looking more specifically at those experiences that fall within the remit of this thesis, the earlier DSM-IV contained a section on 'mood disorders'. In DSM-5 these are separated into 'bipolar and related disorders' and 'depressive disorders' (American Psychiatric Association, 2013). There are multiple potential diagnoses under each of those headings, with criteria that must be met for the various diagnoses. For major depressive disorder, for example, these are:

At least 5 of the following symptoms are present during the same 2-week period (including at least one of the first two symptoms):

- depressed mood
- diminished interest or loss of pleasure in almost all activities
- significant weight or appetite change
- sleep disturbance
- psychomotor agitation or retardation
- fatigue or loss of energy
- feelings of worthlessness
- diminished ability to think or concentrate; indecisiveness

- recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt or specific plan for committing suicide.

The symptoms must cause significant distress or functional impairment and not be attributable to drugs or another medical condition, or be better explained by a different diagnosis (American Psychiatric Association, 2013). Many of the diagnoses in DSM-V have overlapping criteria or symptoms, including the possibility of low or elevated mood. In particular, mood and anxiety disorders often co-occur (Kessler et al., 2003).

Throughout this thesis I have chosen to primarily use the term 'altered moods'<sup>11</sup> rather than either the technical terms of 'mood or depressive disorder' taken from DSM-V or colloquial terms such as 'depression/anxiety', 'common mental health problems', or 'mental illness'. The intention is that 'altered moods' encompasses experiences that could be diagnosed as mood disorders such as depression, dysthymia, bipolar affective disorder, or mania, but also unusually high and/or low moods that do not fit neatly into diagnostic categories or that have not been diagnosed as such. Despite the difficulties of reaching a precise definition, there are certain types of experiences (persistent low mood, lack of interest in life, suicidal ideation and so on), that those living in the UK would be likely to describe in terms of (poor) mental health and which would commonly be identified as depression, anxiety, or bipolar disorder.<sup>12</sup> It is these experiences which are the focus of this thesis.

The initial need was to find a suitable term, covering those kind of experiences, to use in participant recruitment. The recruitment process allowed participants to self-define as having lived experience of the experiences under discussion, i.e. I did not ask participants or potential participants to confirm they had a mental health condition such as depression, disclose any diagnosis, nor take any kind of mood screening test. Participants also self-defined as having identified as 'Christian' at some point. This recruitment strategy is discussed further in section

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<sup>11</sup> This term is not in common use in the literature, although it can be found in some mental health materials aimed at a general audience. In the academic literature it appears to be used mainly in relation to mood changes associated with other health conditions or environmental stressors. I propose it here as a useful term to encapsulate the varieties of unusually high/low moods.

<sup>12</sup> Surveys of population mental health literacy (which includes the recognition and labelling of certain experiences as mental health conditions) suggest that upwards of 70% of people in Western societies identify the DSM criteria for 'major depressive disorder' as indicating depression, for example (Link et al., 1999; Furnham and Swami, 2018).

2.3.3. I therefore wanted to find a term that centred on the various conditions that would colloquially be called depression or bipolar, but without tying it too tightly to medical terminology or diagnosis. This model of recruitment was intended to include those who reject medical labels for their experiences, who might resist the language of 'disorder', who have not had a diagnosis at all, or who had a different diagnosis (e.g. anxiety) with significant mood changes. The term 'altered moods', despite being an unfamiliar term, seemed to meet this need and worked well in recruitment – participants' mood experiences did cluster around depression/low mood, but also included some who had not sought medical help or diagnosis, and at least one person who strongly rejected the medical model. One participant commented that when she saw the term 'altered moods' she thought 'that's exactly it, that's what it feels like – your mood is altered'. The eventual phrasing used in recruitment was a call for participants who had, at some time in their life:

- a) Considered themselves to be Christian or been part of a Christian community (e.g. a church)
- AND
- b) Experienced at least one episode of altered mood (often called depression, bipolar, or manic depression) which was severe enough to disrupt their everyday life.

I continued to mainly, but not exclusively, use altered moods after recruitment and throughout the project and thesis. This choice of terminology reflects the fact that the medical categorisation of mood disorders is a contested concept; that some people strongly resist being given a diagnostic label; and that people may give alternative, non-medical, accounts of altered moods such as seeing them as a spiritual crisis. 'Altered moods' is an attempt to be inclusive of those different perspectives while still being readable. Similarly, I have used the terms 'mental health problems', 'poor mental health', 'mental distress' or 'mental health challenges', in preference to 'mental illness', to reflect common usage in the UK. However, some people who experience mental distress strongly prefer the term 'mental illness', as captured in the term 'severe mental illnesses' which is used to differentiate severe and enduring experiences of distress (especially those which include psychosis) from more frequent and less severe experiences of mental distress – 'common mental health problems' or 'common mental disorders'. Others reject that kind of language entirely and might, for example, describe themselves as survivors (of mental distress or the mental health system), as

mental health service users, or as mad.<sup>13</sup> The language used by participants in this study reflects this range of perspectives and I have not taken a hard line on this - in some places I use medical language, in others the terms that are in common use, and in others altered moods. This is a pragmatic choice rather than reflecting a strong commitment to anything other than centring the narratives of participants and respecting their diverse voices. The language choices I have made in this thesis should not be read as being either anti-psychiatry/anti-medicine<sup>14</sup> nor endorsing a strongly medicalising<sup>15</sup> or realist<sup>16</sup> stance towards the states that are diagnosed as mood disorders. Rather they are intended as the best choice from a range of potential options, none of which are value-neutral or embraced by all of the study participants, let alone everyone who experiences mental distress or has a diagnosed mental health condition. These language choices are not, however, intended to downplay or romanticise the very real and often severe distress and resulting life difficulties (such as relationship stress or loss of employment) that may be part of experiencing altered moods. Along with Swinton, “I acknowledge without equivocation” that the states which may be diagnosed as depression, bipolar disorder, and so on, are:

extremely difficult condition[s] to live with, both for sufferers and for those who care for them. I use the term “suffering” quite deliberately.... [S]uffering is a key dimension of the experience... [it] is not a romantic disease. Nevertheless, it need not be defined only as suffering. There is room for hope (Swinton, 2017, p.189).

Similarly, my acknowledgement of difficulties around definitions is not intended to indicate that it is impossible to say anything concrete about the experience of altered moods. Wendell

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<sup>13</sup> See e.g. Mental Health Foundation (2021) for an overview of terminology and Allan (2006) for a first-person view on ‘mental illness’.

<sup>14</sup> The term ‘anti-psychiatry’ is particularly associated with work by Laing, Szasz and Goffman in the 1960s and 70s which was highly critical of the foundations and practice of psychiatry. The current ‘critical psychiatry’ movement is distinct but builds on that foundation (Middleton and Moncrieff, 2019).

<sup>15</sup> In particular, my language choices should not be taken as minimising the strong association between various forms of deprivation and poor mental health. Broadly speaking, I would endorse the biopsychosocial model, which recognises that biology, psychology, and the social environment (including structural determinants of health and health inequalities) may all have an effect on mental health. Strongly medicalising stances on the other hand, have been characterised as the bio-bio-bio model (Read et al., 2009).

<sup>16</sup> ‘Realist’ in the sense of psychiatric positivism or naïve realism, in which psychiatric diagnoses such as ‘mood disorders’ are, relatively uncritically, taken to be “natural givens” (Pilgrim and Rogers, 2005, p.2550). In this thesis I take a pragmatic position, drawing on both critical realism and interpretivism (see section 2.2).

(1989, p.108) has commented that, despite the social model perspective that disability is created by society and is not a characteristic of a person, the phrase 'people with disabilities' is meaningful for as long as there is social oppression based on disability. I consider that it is equally meaningful to talk about 'people who experience altered moods' as a group, for as long as people with certain experiences are given that label and are related to as part of that group. Those experiences consist of mental distress which takes the form of the kinds of emotional, cognitive, and physical symptoms outlined in the DSM-V.

A second term that requires definition and discussion is 'disability'. The legal definition of disability in the UK is that a disability is an impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities (Equality Act 2010, sec. 6). Disability studies and the disability rights movement typically define disability in a different way to the legal definition. Disability in this case is distinguished from impairment and the direct effects of that impairment. It is instead a social context – to be disabled is to be a member of a group that shares an experience of marginalisation. Rather than disability being a personal tragedy, disability is seen as a social construction. In this social model of disability a distinction is often drawn between functional impairment (e.g. a person's impaired visual, mobility, or intellectual abilities) and disability; a person's blindness or deafness may impair some of their abilities but they are disabled by the failure of society to accommodate their different needs. Disability is no longer located within the person, and physical differences such as blindness or deafness are seen as 'mere differences' (Barnes, 2016),<sup>17</sup> rather than as inherently negative.<sup>18</sup>

There are a number of different social approaches to disability, arising from different

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<sup>17</sup> Barnes has suggested that a bad-difference view of disability is often assumed to be self-evident and intuitive. That is, disability is assumed to be an intrinsic harm to the person. She points out, however, that this intuition is not shared by many disabled people, who would argue for a mere difference perspective (Barnes, 2014, p.94). A mere-difference view does not necessarily imply that there are never any bad effects of impairment or disability, nor that these bad effects are solely the result of ableism, only that these harms are not the whole story and are no different in principle to other bodily limitations.

<sup>18</sup> This approach has been criticised, notably by Shakespeare (2014), for relying on this distinction between disability and impairment, which is easier to sustain theoretically than in relation to the real lives of disabled people. Shakespeare summarises this criticism as "people are disabled by society *and* by the their bodies and minds" (Shakespeare, 2014, p.5). Proponents of a strong social model (e.g. Barnes (2020)) respond that the social model does not necessarily imply a commitment to the idea that individual impairments are irrelevant, nor a rejection of medical and rehabilitative support to address those impairments.

perspectives and different parts of the world. For example, the British ‘social model of disability’ differs from the ‘minority group’ approach which has predominated in the United States.<sup>19</sup> What they, and indeed their critics, have in common is a shared commitment to “improving the lives of disabled people, by promoting social inclusion and removing the barriers that oppress disabled people” (Shakespeare, 2014, p.2). Differences among these social approaches are also reflected in debates about the use of person-first (‘people with disabilities’) or identity-first (‘disabled people’) language. This thesis is not primarily concerned with definitions of disability, and so it is not appropriate here to fully discuss the nuances of these different approaches. Trusting that all the approaches are intended to indicate respect and a commitment to inclusion, I have taken the decision to mainly, but not exclusively, used the term ‘disabled people’ throughout this thesis, without further discussion.<sup>20</sup>

A related question is whether mental health challenges, including altered moods, constitute disability. At least some kinds of mood experiences certainly meet the legal definition of disability,<sup>21</sup> and some people who experience altered moods do identify as disabled, but it is hard to judge the extent to which people find that identity meaningful. The Mad Pride movement, for example, did not find widespread acceptance in the same way that Disability Pride gained traction among those with physical impairments. ‘Mad Studies’ is an academic discipline, but the language of madness has not (yet) been taken up more widely, either by academia, as an identity claimed by individuals, or as a way of signifying a particular position that challenges or resists normative and dominant perspectives (compared with use of the term ‘queer’).<sup>22</sup> In those cases where ‘mad’ is used as a descriptor, it is primarily by those with experience of severe mental distress such as psychosis. In some senses that may not be very different from physical impairments – these also have a spectrum of severity and not everyone with physical impairments would consider ‘disabled’ to be a meaningful identity – and yet there does seem to be a continuing sense in which mental ill-health does not quite fit with

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<sup>19</sup> For an overview of these different social approaches see Shakespeare (2014) and Watson and Vehmas (2020, Part 1).

<sup>20</sup> This decision reflects the British context in which I am working, the limited use of person-first language in relation to other types of difference, and a pragmatic intention to enhance the readability of the text.

<sup>21</sup> Long-term ability to carry out day-to-day activities can certainly be significantly impaired by altered moods, particularly those that might be diagnosed as ‘severe’; there is therefore potential overlap between the concepts of disability and some mental health conditions.

<sup>22</sup> Queen Margaret’s University in Scotland offers an MA in Mad Studies, for example. See Whittington (2012) for a discussion of the use of the word queer in academic discourse.

other types of disability.<sup>23</sup>

In this thesis I therefore take a different position on the use of language around mental health when compared to disability. I use primarily person-first language in relation to mental health ('person who experiences altered moods' rather than the identity-first 'disabled person'). This reflects use of language by participants. Similarly, I am not using the language of madness, other than in the final chapter, where it is introduced to deliberately invite comparisons with other kinds of contextual theologies. I also take the position that some experiences of altered moods can be (and are) considered to be a type of disability, but that it is not necessary to argue that all such experiences should be classified in that way. I leave it as an open question as to whether altered moods (or the medical diagnoses of depression, anxiety and so on) constitute a disability; 'altered moods', 'disability' and 'mental health' are all fuzzy categories or essentially contested concepts (Gallie, 1964). I make a more limited claim - it is my view that the kinds of altered moods experienced by participants (i.e. severe enough to cause noticeable disruption to their everyday life) have enough in common with other conditions that are considered disabling to mean that disability studies literature (and particularly disability theology) offers the most appropriate disciplinary context for this thesis. It is to this context that I now turn.

#### **1.4 Context – disability, mental health, and theology**

Disability theology is a relatively recent disciplinary development, in which the experience of human impairment and disability is used as the basis for diverse kinds of theological reflection. In a review of Christian disability theology, for example, Swinton (2012) identified work emerging from a variety of theological fields, including liberation, feminist, systematic, practical, and process theology from a range of denominational perspectives. This section provides a brief overview of relevant literature in the field of disability theology. As an interdisciplinary field, there is a considerable wider literature of relevance to disability and mental health. Unlike other qualitative methodologies, however, grounded theory places the major engagement with such literature *after* data analysis. This is intended to allow concepts to emerge from the data and reduce the likelihood of pre-existing concepts being 'read in' to the data. The flow of grounded theory is from data to concepts to theory. Concepts emerge

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<sup>23</sup> See Spandler et al. (2015, pp.1-9) for an overview of the unsettled relationship between disability and mental distress.



first from the data and are then compared with the wider literature, rather than concepts from the wider literature being identified first and sought in the data (Charmaz, 2014). It is unclear to what extent this theoretical position really works in practice. Researchers cannot disregard their knowledge of the wider literature and context which prompted them to notice the phenomenon in the first place and the interaction between data and literature continues throughout the life of a project. However, I share grounded theory's commitment to centring the data – in this case the narratives of the participants – and so wider relevant literature is introduced in later chapters, drawing on social sciences, medicine, and other areas of theology. Some of the disability theology literature in this section is also carried forward and discussed further in later chapters, in particular contextual disability theology and work on images of God. Approaching the literature in this way is also consistent with the dialogic methods of practical theology.

The development of disability theology has mirrored changes in the way that disability is constructed and studied in other disciplines. In the traditional theological view disability is viewed as a consequence of living in a fallen world, conceptualised as a problem within the disabled person – what is called the personal tragedy model of disability or the moral model (Swinton, 2012). This traditional view is also a moralising account, in that disability is linked to the concept of sin (either of the individual or more broadly via the fallen nature of the world). This view of disability is a theological version of the sociological, medical or rehabilitation models of disability, discussed above, in which disability is seen primarily as a medical problem requiring individual treatment or rehabilitation. Both the traditional theological and medical models have been challenged since the 1980s by disabled people's groups (e.g. Disability Rights or Disability Pride movements) and disability scholars who argue that disability is more appropriately conceptualised as a social phenomenon rather than a functional problem of an individual.

Social approaches to disability have led to a number of different developments in disability theology. In many ways these have developed in parallel with disability studies more generally. For example, both started with a focus on mobility and sensory impairments, that focus was challenged and expanded by work on intellectual disability, and then continued to develop into fields of mental health and neurodiversity. It is therefore possible to identify three clusters of disability theologies: 1) Liberation theologies, 2) Relational and pastoral theologies of vulnerability, 3) Contextual theologies.

Firstly, liberation theologies of disability. One prominent theme in the literature explores the experience of marginalisation and discrimination described by many disabled people, including in faith communities. From this perspective, to be disabled is to be part of a stigmatised minority group. In the same way that contextual liberation, feminist or black theologies have arisen from within other marginalised groups, one strand of disability theology is therefore explicitly concerned with developing disability theology from the perspective of disabled people as an oppressed group. This definition of disability leads to a particular kind of theology. This cluster of disability theologies therefore have strong connections with the social model and disability rights movement and can be described as both contextual and liberatory. They follow the pattern of other liberation theologies by treating disabled people as a minority group with shared experiences of oppression and tend to emphasise autonomy and a view of impairments as simply expected forms of human diversity. They are liberation theologies because their primary aim is social change: the liberation of disabled people. This commitment to social struggle and change is intended to lead not only to social transformation, but also to transformed knowledge of God (Bevans, 2002). Writing about the black theology of James Cone, Bohache notes:

Using traditional Christian imagery, Cone speaks of Christ freeing persons from sin, but then, in the style of every liberation theology, names that sin in terms of the context of a particular oppressed people: for Cone, this is the sin of racism; thus, in his theology, Jesus Christ came to liberate blacks from racism (Bohache, 2008, p.68).

The sin in the case of disability liberation theology is named as ableism (or disablism). Lewis, writing in the context of Deaf liberation theology, describes what this kind of liberation theology means:

For me, social liberation as a Deaf person means above all the freedom to develop as a 'first class Deaf person' rather than constantly playing catch up as a 'second-class hearing person' in today's world. This is in accord with 'liberation' as defined by the American theologian Walter Wink who understands it as liberation from whatever deprives human beings of the opportunity to realize as fully as possible their own God-given potential (Lewis, 2013, p.16).

The consequences of stigma (both social barriers and self-stigma) associated with mental health conditions may certainly limit the ability of people to 'fulfil their God-given potential', and in liberation theology terms can be considered a type of sin: "whatever keeps humanity in

a state of poverty or oppression is contrary to God's will and is therefore sin" (Bohache, 2008, p.85). Stigma is oppressive rather than life-giving and is not reflective of the kingdom of God. Structural causes of mental distress, such as poverty or poor housing would be considered similarly oppressive. In these respects, theology of mental health could be a liberative theology analogous to disability theologies of liberation. Where the comparison seems to break down, however, is in the ways in which people themselves experience and conceptualise altered moods. They do not usually consider altered moods to be a social identity similar to sexuality, gender, ethnicity and so on.

These liberation theologies can also be described as contextual, because they arise from what is identified as a shared social context (in this case, of oppression).<sup>24,25</sup> Commenting on the relationship between contextual and liberation theologies, Lewis notes that:

All liberation theology is contextual theology (as all liberation theology speaks about a very specific context of oppression) but not all contextual theology has liberation (in terms of resistance to oppression and the production of social change) as its primary purpose (Lewis, 2013, p.11).

One of the first to develop such a liberation theology of disability was Eiesland (1994), who, in *The Disabled God*, sought to transform the Christian symbolism that had been used to exclude and marginalise disabled people. Eiesland writes from the perspective of a physically disabled woman, and limits her remit to physical disabilities only. She begins with the body, writing about the varied embodied experiences of individual disabled people who are "unwilling and unable to take our bodies for granted" (Eiesland, 1994, p.31). Eiesland argues that disabled people are particularly aware of the ways in which knowledge of the social and physical world is mediated through our physical bodies, and suggests that these 'bodies of knowledge' function as a primary source for liberatory disability theology. Moving from the individual to the community, she charts the development of the disability rights political movement, and identifies the minority group model of disability as an appropriate framework for liberatory theology. This framework is then used to challenge what she identifies as traditional theological constructions of disability, specifically the relationship between disability and sin, and the ways in which Christian communities have responded to disabled people. Finally,

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<sup>24</sup> The term 'contextual theology' is defined further in Section 2.1.2. It is used here to refer to theologies that explicitly draw on social context as a central part of the theological endeavour.  
<sup>25</sup> Contextual theology therefore draws on a standpoint epistemology, in that social identity is thought to give epistemic advantage in relation to that social context (Anderson, 2020).

Eiesland strongly challenges traditional images of God by imaging God as physically impaired and thus disabled - a user of a 'sip-puff' wheelchair. The image she offers of Jesus is similarly transformed from "suffering servant, model of virtuous suffering, or conquering lord, toward... disabled God" (Eiesland, 1994, p.94). Eiesland's liberatory theology, and particularly the striking image of the disabled God, has been extremely influential. Symbolising God in this way – as ontologically disabled – is common to a number of later contextual and/or liberatory disability theologies. For example, Lewis, quoted earlier, poses the question of whether Jesus can sign, describing him as the "SIGN-of-God" (rather than "word of God", with its implication of spoken language) (2013, pp.150–51). Writing of his experiences as a blind theologian, Hull argues that while the Bible images God as sighted, Jesus is nonetheless his "blind brother" (Hull, 2014, p.33). Kevern reflects on the *imago Dei* and concludes that taking this doctrine seriously means that God is subject to dementia (Kevern, 2010). In these theologies God is not simply viewed as present with marginalised disabled people; instead disability is brought into the very centre of the nature of God (Swinton, 2012). These contextual images of God and Jesus are discussed further in Chapters 6-8.

With respect to mental health and altered moods, the social model and liberation perspective helpfully broaden the discussion out from locating the 'problem' of mental health problems exclusively in the (brain of the) individual. However, a rights-based model does not capture the whole range of disability contexts, especially in relation to fluctuating or progressive conditions, severely painful or life-limiting conditions, and severe or enduring intellectual and emotional impairments. It is hard to argue that societal accommodations could transform severe chronic pain into mere difference, and the emphasis on autonomy, self-representation and empowerment may exclude those with cognitive, intellectual or social impairments. As Kevern points out:

In particular, this theological methodology presupposes the presence of identifiable communities of shared experience, groups of people who have the articulacy and intellectual capacity to discuss and reflect on the basis of what they hold in common (Kevern, 2012, p.45).

A second cluster of disability theologies have arisen in response to this kind of challenge to the implications of liberatory theology and its focus on physically disabled people who are able to be autonomous with the right kind of material access and support. This is probably the cluster that contains most literature; including work by Brock (2019), Block (2002), Clifton (2018), Gillibrand (2010), Reinders (2008), Reynolds (2008; 2013), and Yong (2007). They can be

characterised as pastoral and relational theologies of vulnerability. Key themes in this cluster of theologies are the vulnerabilities and limits that are part of being human, and the theological concepts of friendship and hospitality. These theologies have not usually been situated within contextual or liberatory theology. They are mainly written from the perspective of someone (often a parent or carer) in relationship with an intellectually disabled person/people, and their aim is for churches and Christians to respond to disabled people in ways that are faithful to tradition and life-giving for disabled people. As with liberatory theologies, experience is also the starting point for these theologies. However, in this case, the experience is often the inclusion or exclusion of families that include someone with an intellectual disability. Reynolds, for example, begins with a description of his young son being excluded from Sunday School because of behaviours associated with Tourette's Syndrome and autism, Gillibrand starts with a biography of his son Adam, who has severe autism, and Yong refers to his brother, who has Down Syndrome. Yong describes this perspective as not directly concerned with liberation or emancipation, but as being "in solidarity with emancipatory researchers and people with disabilities (and their care-givers) in their resistance towards a form of discrimination called ableism" (Yong, 2007, p.10). This literature has a dual focus – firstly disability itself, but also the ways in which Christians, the church, and theologians respond to disability. The second aim of these theologies, that of transforming Christian practice, and the church, means that I would therefore also include in this category some literature that does not offer a 'disability theology' *per se*, such as works that explore disability in relation to the Bible (e.g. Black, 2006; Yong, 2011; Melcher et al., 2017) or homiletics (e.g. Black, 1996).<sup>26</sup> Yong's description of his disability theology makes this distinction well: it is concerned with disability in theological perspective, with the aim of shaping and transforming the witness of the church. As a Pentecostal theologian, Yong develops this theology within a framework he calls the 'pneumatological imagination' (2007, pp.10–14) – pneumatological because it draws on the biblical account of the one Gospel being proclaimed in many languages at Pentecost. He suggests that this theological methodology "[preserves] the integrity of difference and otherness" (2007, p.11) while allowing engagement and understanding between different voices (such as science or disabled people).

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<sup>26</sup> Some authors I have included in this category would not describe themselves as writing disability theology or as disability theologians. For example, the edited volume by Melcher et al. (2017) consists of chapters by biblical scholars writing on disability in the Bible; the aim of the volume is to bring together the two disciplines of biblical studies and disability studies, but written by biblical specialists within the norms of critical biblical studies. Yong, while describing his work as disability theology, describes himself as a systematic theologian.

Literature in this category primarily approaches the first aim – of changing how Christians think about disability and disabled people – by engaging experience with theological anthropology to produce theological accounts of humanity and personhood that include those with profound intellectual impairments. (Yong, as a systematic theologian, also engages with other broad aspects of Christian doctrine, including soteriology, ecclesiology, and eschatology.) While at first sight this may not seem difficult – the Christian doctrine of *imago Dei* claims that all people are made in the image of God, not just some of them – the history of this tradition suggests otherwise. Historically, the image of God in humanity has been taken to refer to characteristics that are thought to differentiate humans from non-human creatures – primarily reason, language, a sense of self-identity and agency, i.e. precisely the types of characteristics that may not be present in those with profound intellectual disabilities. Definitions of personhood in bioethics still rely on this type of argument, so that, ethically speaking, persons are those who meet certain criteria and some humans may not be counted as persons. Relational theologies try to address these concerns by focusing on the relationship that *imago Dei* sets up between God and humanity. To be human is to be in a particular relationship with God, regardless of the ability of the person (i.e. even if the person appears to lack the capacity for relationality). Relational theologies of disability approach this anthropology through the lens of disability, emphasising the ways in which some characteristics which come into focus through disability (such as vulnerability and limits), are in fact simply characteristic of what it is to be human. None of us are fully autonomous, unlimited individuals. *Imago Dei*, and the contemporary conceptualisation of this doctrine, is discussed further in section 7.1 in relation to representations of God.

These pastoral and relational theologies of vulnerability occupy a significant place within disability theology and indeed practical disability theology. Their emphasis on access and inclusion within Christian communities is applicable to experiences beyond intellectual disability, including mental health challenges. The recognition that diverse abilities and experiences, including the kind of diversity that might be diagnosed as mental health conditions, is often not welcomed or valued in Christian communities therefore forms an important backdrop to this thesis. Participants certainly described a variety of church and Christian responses to their mental distress or diagnosis; some were very helpful, others, (such as exorcism or suggestions that mental distress is indicative of spiritual weakness), either unhelpful or actively harmful. However, this is not the focus of the thesis. The focus is on the theology of the participants, as expressed in their narratives, rather than the practices of

Christian communities. Correspondingly, the rest of the thesis engages less with this cluster of literature than the other forms of disability theology.

The third cluster of disability theologies are what I have described as contextual theologies. This includes recent work by Cook (2016) & Kevern (2010; 2012) in addition to Swinton (2017) previously mentioned in section 1.2. It is focused on the theology of dementia. These theologies are positioned as contextual without necessarily claiming to be liberation theology in the traditional sense, although the goal in Kevern's work is to explore what it would mean for "the Church to proclaim a liberating Christ" (Kevern, 2012, p.46) in relation to those with dementia. Cook (2016), for example, has explicitly situated his work with contextual theology. He recognises that 'context' usually relates to culture or enduring aspects of identity, rather than mental health. Any theology of dementia therefore also needs to take account of other relevant contexts (such as ethnicity or wealth) that would affect the experience of dementia. Nevertheless:

[W]ithin each of these contexts, we might imagine that the experience of dementia will impose its own influence on the way in which we do our theology, and that theology in turn might have some more or less consistent things to say which will inform our understanding of the experience in question (Cook, 2016, p.85).

Cook draws links between commonly experienced aspects of dementia (e.g. impairment, loss, dislocation) and aspects of the biblical passion narratives. He suggests that this theological reflection on the lived experience of dementia leads to an expectation that God might be encountered in this experience, but cautions that the experience of dementia is only meaningful if it is interpreted as such.

Kevern (2010) addresses the question 'what sort of a God may be found in dementia?' He identifies three distinct but interrelated theological areas relevant to this question: pastoral theology (how to respond to a person undergoing dementia), theological anthropology (what it means when a person seems to 'lose' their identity), and the concept of *imago Dei* (what can we say about God if people with dementia are made in God's image and are the body of Christ?). It is this final area of theological reflection on the *imago Dei* which has the most connection with this thesis.

Kevern criticises 'Remembered by God' models<sup>27</sup> of pastoral care for implying that God is not present in dementia, that the person is left 'abandoned by God', and relying on eschatological hope rather than accompaniment by God in the experience of dementia. It is unclear why abandonment should be a necessary pastoral implication of this model, since remembering (by God) could presumably be experienced as an active process of involvement rather than God being "on the outside of the process of change and deterioration... waiting at the door, as it were, for it all to be over and the victim to be released into death" (Kevern, 2010, p.177). As we learn from contemporary debates around passibilism – the idea that God suffers in Godself (Scrutton, 2020, p.169ff) – not everyone finds comfort from the idea that God suffers or wants a saviour 'just like them' (Bohache, 2008, pp.67–80). (This point is picked up in section 8.2 in relation to contextual theologies.) Nevertheless, the wider point stands. If God is characterised as always remembering then it is at least an open question as to whether forgetfulness, an experience at the heart of dementia, is something that God in Godself experiences. Kevern addresses this question by introducing the outcomes of what he calls a 'strong' doctrine of the *imago Dei* in this way:

[T]he world is not divisible into carers and patients in any stable way: the dividing line between these constituencies runs through each of us. The second implication is that the resemblance between God and humanity is not a chance similarity, considered useful as a source of sermon aids and poetic imagery; but a solidarity (albeit an interrupted one) between Creator and created. We learn the truth of our experience by reflection upon God; and we learn the truth of God by reflection on our experience (Kevern, 2010, p.177).

The truth about God that we learn by reflecting on experience is mediated by Christ – the visible image of the invisible God. Drawing on Bonhoeffer's well-known phrase that, in the face of the suffering associated with the evils of Nazism, "only a suffering God can help", and other recent contextual theologies that present God as disabled, Kevern concludes that "only the dementing God can help... God is subjected to dementia in solidarity with the dementing person" (Kevern, 2010, p.180) As with Eiesland's image of the disabled God, this is a startling conclusion. Kevern, however, suggests that this is a new context, rather than a new task; the task is to hold together God's vulnerability and God's power (Kevern, 2010, p.181).

Kevern turns to relational models of the Trinity to help with this task of articulating the

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<sup>27</sup> The 'Remembered by God model' is described by Goldsmith (1999); Kevern assigns the recurring slogan "God never forgets" to the popularity of this model in which God is said to remember the person regardless of their own ability to remember.



relationship between these two apparently opposing characteristics of God. An alternative theological resource would be the theology of the cross, *theologia crucis*. The foundation for theology of the cross is the way in which the power of God is exercised through the weakness (and vulnerability) of the cross. A contemporary theologian of the cross, Douglas John Hall, describes his theology as a ‘contextual systematic’ theology of the cross. Hall argues that in this theology God is ‘other’ not because of God’s transcendence but because of God’s radical immanence – God’s ‘costly proximity’ to humanity (Hall, 2003, p.21). The key divine characteristic is thus God’s compassion – ‘suffering with’, which breaks down the subject/object divide – not God’s omnipotence, which would maintain that division. Power has historically been seen as the dominant divine characteristic; theology of the cross reinterprets what the power of God means. Contemporary forms of *theologia crucis* proved to be an important dialogue partner in the practical theology developed in this thesis; theology of the cross is therefore discussed at much greater length in Chapter 8.

These, then, are the three major clusters of disability theology literature; liberation theologies, pastoral and relational theologies, and contextual theologies. There is, however, one final cluster of literature that must be included in this overview. This is the literature on mental health and theology. Perhaps for some of the reasons outlined above, this is not typically considered as disability theology; at least, the authors do not identify it in this way, and do not primarily draw on the wider disability theology literature. Looking across the literature, three major areas of focus can be identified: pastoral (frequently with an autobiographical aspect and aimed either at Christians experiencing mental health problems or to improve churches’ responses to people with mental health challenges),<sup>28</sup> biblical studies (exploration of texts thought to relate to mental health),<sup>29</sup> and theological perspectives on concepts or experiences of mental health (sometimes, but not always, sited within practical theology).<sup>30</sup> In the 2013 edited volume, *Spirituality, Theology and Mental Health* (Cook, 2013b), Cook observed the limited range<sup>31</sup> of contemporary theological works on mental health. This neglect has, to some

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<sup>28</sup> E.g. Greene-McCreight (2006), Colwell (2014), and Coleman (2016).

<sup>29</sup> E.g. Webb (2012), Cook and Hamley (2020), Lawrence (2020).

<sup>30</sup> Including sustained work by Scrutton (2015a, 2017; 2020) and Swinton (2015; 2017; 2020a); also Hessamfar (2014), Webb (2017), and Oh (2018).

<sup>31</sup> Cook describes this as theology being given “little to no attention” resulting in a “significant area of neglect”, although he does note a number of exceptions in these same three focal areas (Cook, 2013a, xi).

extent, clearly been noted in more recent years; at least three notable books<sup>32</sup> on theology and mental health were published in 2020. Nevertheless, there is still a surprisingly small body of theological literature that directly addresses contemporary concepts of mental health when compared with either the substantial body of social scientific literature on religion and mental health, or indeed popular books on mental health and wellbeing.

As with pastoral disability theologies, pastoral work on mental distress provides background to this thesis – pastoral experiences are one of the motivators of the study – but pastoral practice is not the focus of the research. There are, however, significant points of connection between this thesis and the biblical and theological literature. There is also noticeable overlap between the biblical and theological categories.<sup>33</sup> Accordingly, this literature is overviewed briefly together here and discussed again in the relevant chapters.<sup>34</sup>

In *Toward a Theology of Psychological Disorder*, Webb (2017) challenges stigmatising ‘negative lay theologies’ by examining those beliefs in relation to the Bible. For example, the belief that mental health problems may be caused by demonic influence is compared to the biblical texts relating to the demonic. Webb finds that biblical narratives about demonic influence primarily relates to what would today be considered physical health problems (e.g. epilepsy or arthritis). Only two cases (Legion, in the Synoptic Gospels, and possibly someone who violently attacks the sons of Sceva in Acts 19) link demonic activity with mental or social difficulties. On this basis, Webb suggests that current negative lay theologies may “reflect and facilitate conceptions of demon possession that are not based in Scripture” (Webb, 2017, p.65). Having challenged these negative lay theologies, Webb then offers alternative biblical themes that more accurately relate to the experience of those with mental health challenges. Webb draws on psychological literature relating to the relationship between God- and self-images and theological work on the suffering God to conclude that negative lay theologies do not recognise “the strength that may be manifest in human weakness” (Webb, 2017, p.149),

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<sup>32</sup> Swinton (2020a), Scrutton (2020) and Cook & Hamley (2020). Cook (2020) also published a further book about Christian experiences of hearing voices.

<sup>33</sup> Both Webb and Cook & Hamley interweave biblical studies and theology but with a focus on the Bible; Cook & Hamley by being concerned with developing a specifically biblical theology and Webb by directly addressing texts in the Bible that may be thought to say something about mental ill-health.

<sup>34</sup> The exception to this is *Bible and Bedlam* (Lawrence, 2020) which takes a purely biblical studies approach to madness in the Bible with little overlap with the theological category. It is therefore not discussed further here, but provides relevant context to the final chapter on mad theology.

having an inadequate view of the relationship between God's power and suffering. Instead, a theology of psychological distress should begin at the cross. While Webb does not expand this further to discuss the theology of the cross more specifically, it is notable that the practical theology developed in this thesis ends up in a similar place; her theoretical, biblically focused work (informed by her professional experience as a psychologist) triangulates with the qualitative/sociological.

Also cited within the biblical and theological literature, *Bible and Mental Health* (Cook and Hamley, 2020) offers edited chapters concerned with connecting Christian scripture to contemporary medical and social scientific discourses on mental health and wellbeing. Two chapters provide particularly relevant context for this thesis and will be outlined below: Collicutt (2020) on the madness of Jesus, and Swinton (2020b) on developing a hermeneutic of mental health.

Starting from the position that it is possible to uncouple the concept of madness from both irrationality and ill-health, Collicutt uses madness as a lens through which to examine the Gospel accounts of Jesus: the 'mad God incarnate' (Collicutt, 2020, p.59). She introduces several alternate ways of categorising anomalous ('mad') behaviour: her own taxonomy of odd > weird > strange, Helman's anthropological model,<sup>35</sup> and the first-century Near Eastern distinction between clinical/simple madness and divine madness. She poses the question "where would Jesus sit in these models?" (2020, p.64), and concludes that the Gospels not only present Jesus' behaviour as at least odd and potentially weird, but that they also indicate a known debate about Jesus' behaviour and whether it should be classified as simple madness or divine madness.<sup>36</sup> Collicutt suggests that changing cultural conceptions of madness mean that there is no contemporary room for the idea of divine madness (God is associated with

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<sup>35</sup> In this model behaviours are assessed by communities along two dimensions: culturally sanctioned/not sanctioned and mundane/bizarre axes. The resulting quadrants of behaviour are normal (sanctioned/mundane), religious (sanctioned/bizarre), bad (unsanctioned/mundane), and mad (unsanctioned/bizarre).

<sup>36</sup> Since some kinds of anomalous behaviour – madness - are presented as caused by evil spirits/demons, the divide between mad and bad is not watertight; the categorisation of madness has moral implications. Collicutt summarises this as: "All the Gospels in their different ways describe a similar process: Jesus' behaviour and message are anomalous; various hypotheses are advanced to explain it, but there is a relentless move by the authorities towards placing him in the 'bad' quadrant of Helman's model; this is effected by the introduction of a narrative that moves beyond dismissing his madness in terms of having a demon... to explaining it in cosmic moral terms" (Collicutt, 2020, p.68).

health, not illness), although she notes the dissonant note sounded by liberative disability theologies that image God as disabled. She concludes that there is a need to “face and embrace more fully the challenges posed by the *madness* of Jesus in our theological thinking” (Collicutt, 2020, p.79, italics in original). This line of argument is taken up further in the Penthouse chapter, where I suggest that, in relation to altered moods, a more fruitful way of embracing the madness of Jesus is to look to the cross and his solidarity with those who suffer mental distress, rather than concepts of divine madness.

Swinton’s (2020b) chapter in the same volume addresses the use of Scripture in pastoral mental health care. He outlines the disability hermeneutic employed within disability theology - i.e. addressing the assumption of ability that has been implicit in many interpretations of Scripture relating to disability (e.g. accounts of healing) – and suggests that a mental health hermeneutic is similarly necessary to counter assumptions of mental health in biblical interpretation.<sup>37</sup> In this work Swinton is mainly concerned with the ways in which the Bible is interpreted by Christians living with mental health challenges such as depression. He suggests a number of different hermeneutics that arise from their experiences, some of which mean that the Bible is a positive pastoral resource for them and others which make Bible reading more difficult (a hermeneutic of silence) or inadvisable (a hermeneutic of suicide). This focus on the pastoral and biblical is intentionally not the focus of this current thesis. Nevertheless, there is significant overlap in the aims of the work, i.e. to take seriously “the mental health experiences of *all* of the members of Jesus’ body” (Swinton, 2020b, p.208) by contributing to the development of a mental health hermeneutic analogous to the far more extensively developed disability hermeneutic.

Continuing this overview of the literature, recent work by Scrutton completes this section on mental health and theology. The most recent book by Swinton (2020a), *Finding Jesus in the Storm*, has already been discussed earlier in this chapter. As noted earlier, Scrutton has published extensively on the theology and philosophy of religion in relation to mental health, particularly depression, including the concept of potentially transformative accounts of suffering and mental distress (Scrutton, 2015a; 2015b; 2017). The most recent monograph, *Christianity and Depression* (2020), discusses and evaluates several common Christian interpretations of depression (sin, demonic, biological, dark night of the soul, and potentially transformative accounts) and the im/passibility of God in relation to suffering. Scrutton’s

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<sup>37</sup> What Lawrence (2020) referred to as ‘sanism’ implicit in biblical interpretation.

conclusion is that “it is in trying to ‘spiritualise’ mental illness that Christian responses to depression often go wrong” (Scrutton, 2020, p.191), but it is nevertheless possible to outline a distinctively Christian but still helpful pastoral and theological response to depression. This response includes four ‘core emphases’ that recast some of the interpretations discussed in the opening chapters. For example, the themes of sin and the demonic recur, but in the guise of social sin and the political demonic, rather than the personal sinfulness and demonic oppression of individuals. The other emphases are Christ’s solidarity with human suffering, resurrection and hope, and animality and the senses. Again, the empirical practical theology in this thesis triangulates with the theoretical. Hints of all these emphases, as well as the varying interpretations of depression, are present throughout this project’s interviews and analysis. For example, participants in this research refer to several of the interpretations of distress mentioned by Scrutton: biological, sin, demon, and potentially transformative accounts. The suffering and solidarity of Christ also emerges as a very significant theme. Scrutton argues that neither passibilism nor impassibilism are inherently more helpful in the context of depression, suggesting that, “Whether God suffers is a matter of debate. What we do know is that in his life Jesus shows us God's solidarity with those who suffer” (Scrutton, 2020, p.193). This emphasis is reflected in this thesis; the question of whether God suffers in Godself does not arise for the participants. What is significant for most participants is that Jesus – understood to be both human and God, the Christ - understands human suffering ‘from the inside’ and is in solidarity with those experiencing mental distress. These themes are developed further as a possible direction for ‘mad theology’ through the contextual Christologies and theology of the cross in the final penthouse chapter.

It is apparent from this overview that contextual disability theologies, along with the work of Scrutton, Swinton, and some contributors to Cook and Hamley, have the closest links with the practical theology developed in this thesis. Altered moods are not, however, a traditional context for contextual theology, which has typically arisen from enduring sociological characteristics such as gender, race, ethnicity, or class. Contextual theologies arise at the intersection of a particular characteristic (e.g. gender), the wider social context (e.g. patriarchy) and theological thought, leading to theologies that are grounded in the shared experiences of identifiable groups (e.g. feminist or womanist theology). This is not claiming an essentialist position; what is of most interest is the reasonably stable context surrounding the characteristic, rather than the characteristic *per se*. Contextual theologies are in that sense provisional; if the context changes then so might the theology. More recent work in contextual theology has shifted focus from broad sociological categories of gender, ethnicity or class onto

categories of identity, including non-normative gender or sexualities, post-colonial cultures, and dis/ability. It has been noted, however, that disability “differs from gender, race, and other identity markers in significant ways, particularly in its fluidity and porousness” (Creamer, 2012, p.345). The concept of altered moods is perhaps even more fluid and porous than disability, making it difficult to identify a shared context that could form the foundation for a fully contextual theology. Nevertheless, the work of Kevern, Cook, and Swinton on the contextual and practical theology of dementia, raises a question: is it possible to say that there is something distinctive about the experience of altered moods which might shape theology in ‘more or less consistent’ ways?

I propose in this thesis that the answer to this question is an imperfect yes. It is imperfect because of all the considerations outlined above – altered moods are not a straightforward social context or marker of identity that are directly comparable with the more traditional social contexts of gender, race, or class. I contend, however, that the experience of the kinds of mental distress or pain – suffering - that might be identified as depression or bipolar disorder may influence the ways that people think theologically, and that certain areas of theology speak back into that experience.<sup>38</sup> This is, therefore, practical theology which is contextual, rather than ‘a contextual theology’, occupying a similar space to the contextual theologies of dementia. It is similarly not a liberation theology, although it does have a liberative and ameliorative<sup>39</sup> aspect – as with the theologies of dementia it is about liberation within the circumstances of suffering, rather than liberation from social oppression.

Specifically, I contend that these narratives of the lived experience of altered moods and Christianity show signs that participants engage in different kinds of ‘identity-talk’ when discussing their lived experiences. Spiritual disruption is a common experience, which for some participants includes disruption associated with a disconnection between theology and experience. This disconnection also arises in relation to the ways in which participants

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<sup>38</sup> In support of this position, McCallum (2007) helpfully differentiates between contextual theologies of identity and theologies of experience, suggesting that “I might say I’m a feminist theologian because feminist theology is a justice-seeking theology when, really, I’ve more in common with a Black gay theologian who has an in-patient psychiatric history.... My experience of psychiatry, not my identity as a woman, is far more potent in affecting my sense of justice, style of theology, understanding of other people and thinking about God. I think each of our experiences, perhaps more than our contextual identities, influence our theologies more than we know” (McCallum, 2007, p.51).

<sup>39</sup> ‘Ameliorative’ here taking inspiration from the philosophical approach of Haslanger (2000).

interpret their mood experiences. Participants interpret and label their mood experiences in a number of different ways; both medical and spiritualised interpretations are evident. Participants also draw on theological resources to interpret their mood experiences. Central to these resources are images of God, and images of Jesus; for many participants there is a two-way relationship between their mood experiences and these images. The concept of suffering runs as a thread through the whole thesis and emerges as particularly significant in relation to images of Jesus.

From these narratives, five main themes therefore emerge:

- Identity-talk, spiritual disruption, and disconnects between experience and theology
- Diverse interpretations of altered moods
- Images of God and the ways in which these are related to mood experiences
- Christology, especially the Passion and suffering of Jesus
- Theology of experience.

These emergent themes are brought into dialogue with relevant areas of Christian theology, specifically: disability theology, contextual Christologies, trauma theology, and theology of the cross. The thesis ends by drawing these themes together into a theological redescription of altered moods which develops potential directions for a contextual theology of experience – mad theology. This thesis therefore contributes to the emerging literature on contextual theologies of experience, utilising a robust and innovative methodology to ground theology in experience.

## 1.5 Research aim and questions

The aim of this research project is to explore the ways in which the lived experience of altered moods is informed by the lived experience of Christianity, and *vice versa*. The specific research questions are:

1. How do people with lived experience of Christianity interpret their experiences of altered moods?<sup>40</sup>
2. Does the experience of altered moods change people's theology?<sup>41</sup>

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<sup>40</sup> This question is addressed in Chapter 4 'Interpreting altered moods'.

<sup>41</sup> Addressed in Chapter 5 'Imaging God'.

3. How might the experience of altered moods inform or challenge Christian theology?<sup>42</sup>
4. How congruent is wider Christian theology with the lived experience of altered moods?<sup>43</sup>
5. What theological themes might provide the contours of a contextual theology of mental health?<sup>44</sup>

The topic of contemporary mental health and Christianity is broad enough to necessitate a number of disciplinary and methodological choices at the outset of this project. For example, it could have been fruitfully investigated from other disciplinary perspectives (such as sociology, psychology, or philosophy of religion), sited within various sub-disciplines of theology (such as pastoral theology or congregational studies), and using different qualitative, theoretical, or even quantitative research methods. However, based on my research questions, preliminary interview data, and the literature outlined above, I have situated this research primarily within the sub-discipline of academic practical theology, informed by the wider discipline of disability theology. There is also a practical consideration, which is that the more specific field of mental health theology is not currently as well developed as the broader area of disability theology.

The topic of altered moods, and the fact that much lived experience of Christianity comes through church communities or other forms of pastoral ministry, means that some aspects of pastoral theology are also very relevant. However, the research is broader than pastoral theology, and is not primarily concerned with the Christian care of individuals who experience altered moods. Rather, the central focus is on the interaction between different kinds of lived experiences, and the meaning attributed to those experiences and to the relationships between them. This focus is better suited to practical theology, which can be broadly described as the discipline “where religious beliefs and practice meets contemporary experiences, questions, and actions” (Pattison and Woodward, 1994, p.9). The relationship between pastoral and practical theology is discussed further in section 2.1.1.

The research therefore brings together qualitative methods, specifically grounded theory and in-depth individual interviews, with the methods of practical theology to address these questions.

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<sup>42</sup> Addressed in Chapters 5 and 6, ‘Imaging God’ and ‘Christology’.

<sup>43</sup> Addressed in Chapters 7 and 8, ‘Imaging God and Jesus in dialogue with disability theology’ and ‘Mad theology’.

<sup>44</sup> Addressed in Chapter 8 ‘Mad theology’.



## 1.6 Outline of chapters

Chapter 2, 'Blueprint and construction', sets out the methodology and methods of the thesis: qualitative constructivist grounded theory (Charmaz, 2014), and practical theological dialogic mutual critical correlation (Pattison, 2000). These methodologies complement each other and the nature of the research; both are committed to centring the participants' experiences, and are suited to topics that are interdisciplinary. I suggest that, in order to most appropriately reflect the methodological commitments and design, the reflexive researcher's voice should be introduced as a fourth dialogue partner, alongside experience, Christian tradition, and other disciplines. In terms of method, grounded theory is used to guide data collection and analysis, with these then taken forward as one of the voices in the theological critical correlation dialogue. The data is obtained through in-depth semi-structured interviews with 21 participants, and these are briefly described at the end of the chapter, along with a discussion of the ways in which known questions about qualitative methods (such as reflexivity) arose and were addressed in this specific project.

Chapter 3, 'Foundations: Narrative shape', begins the process of practical theological reflection. Later chapters continue this process, and follow a similar pattern, namely an introduction to the theme and relevant literature, description of the data, then analysis. Chapter 3 provides an overview of the shape of the narratives, focusing on narrative construction and providing a foundation for the more detailed analysis of later chapters. This chapter presents overarching themes that I coded in the analysis stage as 'meta-themes' – these were elements of the narratives that reflected wider social categories (such as gender), narrative devices that shaped the ways in which people told their stories or presented themselves, or observations (such as the strength of virtually all participants' Christian identity) that were important for interpreting the content of the narratives. When looking at the shape of the narratives as a whole, participants engage in a range of 'identity-talk' in the ways in which they tell their narratives and present themselves. God, and faith, are sources of stability in the disequilibrium associated with altered moods. However, contrary to the expectations raised by sociological literature on chronic illness, and especially the literature on biographical disruption and recovery (Bury, 1982), they do not present their altered moods as challenging or transforming their identity or self-concept. Instead, participants identify spiritual disruption that occurs as a result of their altered moods. A significant aspect of this spiritual disruption is the result of conflict between their lived experience of altered moods

and their theology (or the theology of their church community). This negotiation of experience and theology is taken forward into the next chapters, which explore the content, rather than the shape of the narratives. The absence of biographical disruption and recovery is picked up again in the final chapter, where I suggest that trauma theory offers a more appropriate dialogue partner, in the guise of 'post-traumatic remaking' (O'Donnell, 2021).

Chapter 4, 'Ground Floor: Interpreting altered moods', provides the base and boundaries on which, and within which, participants construct their theology. It analyses the ways in which participants interpret their mood experiences. These interpretations form the context for the theological content presented in the following chapters. The analysis presented in this chapter finds that accounts of the aetiology and nature of altered moods can be organised around the central concept of altered moods arising from a 'chemical imbalance'. Participants' attitudes to this concept fall into three broad groups:

- simple acceptance of the concept (biochemical model)
- qualified acceptance (biopsychosocial model)
- rejection (alternative models).

These models are paralleled by participant responses to the biomedical labelling or diagnosis of altered moods – empowered, questioning, rejecting. Those in the biopsychosocial group are more likely to find medical labels empowering/liberating.

Christian interpretations of altered moods can also be found in this ground floor. The analysis finds that these spiritualised interpretations present altered moods as one or more of the following:

- evidence of evil spirits
- symptomatic of poor spiritual health
- spiritual testing
- a time of spiritual growth

The analysis also highlights that the participants' theological perspective on the role of suffering in life is related to their interpretation of their mood experiences.

Chapters 5 and 6, 'First floor: Imaging God' and 'Second Floor: Christology' are companion chapters. They introduce theological resources which participants use to interpret their mood

experiences and the ways in which those interact with their faith and spiritual life. Images of God and Jesus were two areas which emerged consistently from this analysis (although this was not true of every participant). The analysis in these two chapters is the primary voice of experience in the practical theology of altered moods that is developed further in the final two chapters.

In Chapter 5, I analyse the ways in which participants conceptualise God in Godself, their 'images of God'.<sup>45</sup>

Specifically, I claim that:

- There is an interaction between (many but not all) participants' images of God and their mood experiences, and that the experience of altered moods is perceived by those participants as changing their predominant images of God.
- Participants consistently image God as personal, present and pervasive, stressing "the nearer side of God" (Macquarrie, 1975, p.131).

In Chapter 6, I focus on Christology. There are two aspects to this:

- Participants consistently image or conceptualise Jesus as having an insider understanding of human vulnerability, meaning that they feel assured God understands their mental distress.
- Many participants (with some notable exceptions) find meaning in the humanity and vulnerability of Jesus as it is described in the Passion narratives. In the events of the Passion, they experience Jesus as in solidarity with their own suffering and find in him a companion for the journey of altered moods.

The preceding chapters introduce my data analysis and set this in the context of some of the relevant wider interdisciplinary literature. Chapter 7 moves forward with the critical correlation, by more thoroughly and explicitly engaging the analysis with the voice of theology. In this chapter, 'Imaging God and Jesus in dialogue with disability theology', I discuss the points of connection and disconnection between the analysis and some of the theological literature

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<sup>45</sup> In the sense of representations of God, not the doctrine of *imago Dei*.

and themes introduced earlier in this chapter. Images of God are discussed in relation to the doctrine of *imago Dei* and the ways in which contemporary disability theologies have imaged God as disabled. This discussion continues by bringing the images of Jesus (as the one who understands suffering from the inside, and who offers solidarity in that suffering of altered moods) into dialogue with contextual Christologies. The ways in which theology arising from altered moods differs from both disability theologies and contextual theologies is brought into focus by this dialogue. Rather than imaging Jesus as experiencing depression or altered moods, this theology focuses on the traditional image of Jesus suffering on the cross. That traditional image is reinterpreted, however, as an image of extreme mental distress, similar to the distress associated with altered moods.

Chapter 8, 'Penthouse: Mad theology' further develops that insight about the image of Jesus. It builds on the previous chapters to outline a possible direction for a practical theology of altered moods – a mad theology. This chapter differs from the preceding chapters, in that it is less explicitly based on the narratives of the participants. It intentionally goes beyond their narratives, introducing a stronger sense of the researcher's voice that I identified as missing from the original model of dialogic critical correlation. This final chapter therefore offers a practical theological reflection on the theology of altered moods, based on the previous analyses but from my own perspective and position. It gathers up the varying threads of the analyses and seeks to weave them together into a thick theology of altered moods that is reflective of the varying perspectives of the participants but is not limited solely to their narratives. These threads consist of the image of Jesus as in some way reflecting the suffering of altered moods, the ways in which the power and vulnerability of God are addressed in contemporary accounts of the *theologia crucis* (theology of the cross), and the effects of suffering, specifically the kind of trauma likely to be associated with the events of the Passion. Unlike contextual Christologies and other work on the madness of Jesus, this mad theology and theological redescription of altered moods looks to the cross and the solidarity of God revealed there, rather than finding solidarity in the (mad) life and ministry of Jesus or through imaging Jesus as mad.

## Chapter 2

# Blueprint & construction: Methodology and methods

In this chapter I introduce the blueprint and construction methods of this project; that is, the overarching methodological approach taken to the research and the ways in which data was collected to address the research questions (Howell, 2013, ix). It brings together two different methodologies: social scientific constructivist grounded theory (Charmaz, 2014) and theological dialogic mutual critical correlation (Pattison, 2000). Grounded theory is utilised as a guiding methodology for the project, which included empirical data collection through semi-structured in-depth interviews and analysis; the grounded data and analyses form one 'voice' (that of 'experience') in the practical theological dialogue that follows. I describe this combination as grounded practical theology,<sup>46</sup> which offers a way to ground theology in experience.

Constructivist grounded theory is not the only possible qualitative methodology; alternative methodologies could equally well have been used to guide the empirical aspects of the research.<sup>47</sup> Similarly, there are alternative theological methods.<sup>48</sup> My choice of grounded theory and dialogic mutual critical correlation was based on the fit between the values and principles of those two methodologies and the aim of the research. The intention of the research is to thoroughly centre and take seriously the voices of those with lived experience of mental distress and therefore it was appropriate for the research process to be as inductive as possible. I did consider alternative methodologies and methods (especially interpretative phenomenological analysis), but judged that the values and methodological strategies of constructivist grounded theory and dialogic mutual critical correlation were most consonant with the motivations and wider context of the research.

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<sup>46</sup> I am not aware of this phrase being used elsewhere to refer to the integration of grounded theory in a theological methodology, although it is the subtitle of an ethnographic practical theology on food justice (Ayres, 2015). As noted in Chapter 1, Barnsley (2016) uses the phrases 'grounded theology' and 'grounding theology'.

<sup>47</sup> See Ritchie and Lewis (2003), Liamputtong and Ezzy (2005), and Bryman (2008) for an overview of qualitative research methods.

<sup>48</sup> See Graham et al. (2005), Ford (2010), and Stausberg and Engler (2011) for an overview.

The intention of this project is not to produce a formal substantive grounded theory of the kind typically produced by social scientists. Rather, the intention is to use the social scientific methodology to foreground the empirical data and to construct a robust and plausible interpretive rendering of the lived interactions between altered moods and Christianity. This use of grounded theory is congruent with the injunction by Charmaz to “Use grounded theory guidelines to give you a handle on the material, not a machine that does the work for you” (2014, p.216). This rendering of the data is presented in each of Chapters 3-6 as ‘description of data’ and ‘analysis’. This voice of experience is then engaged with the practical theological methodology in the introductions to each theme and in the Mezzanine and Penthouse chapters through being brought into conversation with relevant interdisciplinary and theological resources; the two aspects of the grounded practical theology methodology are thus interwoven in the thesis. Grounded theory is thus used as a theological method and not simply as a way to collect data.

The rest of this chapter outlines these social scientific and theological methodologies and brings them together as a grounded practical theology methodology. I firstly outline the discipline and methods of practical theology, followed by a discussion of contextual theology, and indicate why this thesis is most appropriately considered a work of practical theology with contextual elements. I then turn to a discussion of qualitative research methodology as applied to theological research, and to grounded theory as a methodology particularly suitable to this research area. Section 2.3 outlines the research methods that I am using, including a discussion of specific issues that arise from the use of qualitative interviews and details of the research process.

## **2.1 Theological methodology**

### **2.1.1 Practical theology**

The beginnings of practical theology as a distinctive academic discipline can be traced back to the late 18<sup>th</sup> Century, when pastoral or practical theology was first recognised as an academic discipline within European universities. This early form of practical theology was primarily concerned with pragmatic questions about Christian clerical ministry, and was often described as applied theology (Dingemans, 1996; Schweitzer, 2012). This characterisation was developed, and to some degree challenged, by Schleiermacher in the early 19<sup>th</sup> Century. He

described theology as consisting of three sub-disciplines: a bedrock of philosophical theology, which is verified by historical theology, which is itself the foundation for practical theology. In Schleiermacher's outline practical theology incorporates church service (liturgy, worship, homiletics, pastoral care) and church government, and is the link between historical theology and the active Christian life (Schleiermacher, 1811). In later work he identified and resisted the idea that practical theology simply consists of the application of systematic theology, writing that:

But if theology as a whole is so defined that dogmatic becomes theology proper and practical theology merely an application of dogmatics, and if we consider how little of dogmatics - indeed nothing, insofar as it is truly dogmatics - is ever applied in the field of practical theology, then it seems to me that this view is very skewed and inadequate to the actual state of affairs. (Schleiermacher, 2002, p.84)

Nevertheless, despite the space given to practical theology in Schleiermacher's work, the relationship between theory and practice only flows in one direction – theory influences practice, but practice is not thought to change theory.

This understanding was challenged by scholars of theology and religion from the 1950s onwards (Hiltner, 1958; Tracy, 1983; Campbell, 1990; Browning, 1996; Osmer, 2008). Intellectual, institutional, and professional changes fostered a new interest in empirical research, the relationship between theory and practice (in particular *phronesis*, practical wisdom), and 'grass roots' theology (such as liberation theologies) and lived religion. Hiltner was one of the earliest of these scholars to propose a new understanding of the discipline, saying that the "proper study of practice would illuminate theological understanding itself" (Hiltner, 1958, p.47). These developments were not unique to practical theology, with similar shifts and a 'turn to practice' happening in the social and political sciences, humanities, and various fields of professional education (Miller-McLemore, 2012b, p.16).

There is now a cluster of related theological sub-disciplines that take as their subject this relationship between experience and Christian Scripture/tradition. These include pastoral theology, practical theology, ordinary theology, theological reflection, and contextual theology. These titles have shifted over time, reflecting changes in the way that these disciplines are understood by practitioners. Central to these changes has been this shift from understanding the discipline as applied theology (i.e. concerned with applying the theological insights supplied by systematic theology or biblical studies), to conceptualising it as a source of

theology in its own right. In discussing the contemporary shape of practical theology, Ballard characterises this current understanding as a recognition that:

practical theology, as a theological discipline, itself contributes directly to the theological process in its reflection on and analysis of the human situation in the context of faith. Insights will emerge that offer a critique of the theological tradition. Practical theology, therefore, provides primary theological data, shaping and forming Christian belief and action (Ballard, 1995, p.116).

The distinction between pastoral theology and practical theology has been particularly debated. Hiltner (1958), for example, rejected the desirability or possibility of an overarching discipline of practical theology that would hold together the diverse areas of practice-orientated theology. Browning (1996) took the alternative view that practical theology included the sub-dimension of pastoral theology. In a contemporary review of the relationship between pastoral and practical theology, Miller-McLemore describes their shared purpose as being to “articulate a dynamic theology that complicates and enriches the study of religious traditions and texts through proximity to practice, activity, events, and situations” (Miller-McLemore, 2010, p.814). They are both concerned with the analysis of theology in the midst of people’s lives. She argues, however, that they differ in scope – practical theology is, in principle, concerned with the whole potential range of Christian practices, activities, events, and situations, and how people or communities integrate religious knowledge and practice. Pastoral theology is concerned with individual experience and the activity of care, and has strong interdisciplinary connections with psychology and psychoanalytic theory. Borrowing from Kleinman’s (1997) concept of ‘ethnography of experience’, Miller-McLemore describes pastoral theology as a “theology of experience”, organised around a set of shared theological concerns to do with “human angst and flourishing” (Miller-McLemore, 2010, p.823).

Ordinary theology is a further sub-discipline of practical theology. Ordinary theology refers to the ways that people think and talk about God outside of formal academic environments (Astley, 2012) It aims to articulate the ways in which ‘ordinary’ people (i.e. those not trained in academic theology) think and talk about God and to bring those ordinary theologies into critical dialogue with Christian tradition (Astley, 2013).

This history perhaps explains why the methods and limits of contemporary practical theology seem less clearly defined than other theological disciplines, and why there is such a cluster of



related disciplines. Broadly defined, practical theology then is “a place where religious beliefs and practice meets contemporary experiences, questions, and actions and conducts dialogue that is mutually enriching, intellectually critical and practically transforming” (Pattison and Woodward, 2000, p.7). Over all, the approach of practical theology is grounded in the life of the church, society, and the individual; it is critical, dialogic, and often has the explicit aim of transforming practice (Graham et al., 2005; Swinton and Mowat, 2006; Osmer, 2011; Miller-McLemore, 2012b).

If systematic theology is thought of as interpreting tradition and doctrine and biblical theology as interpreting Scripture, then practical theology’s contribution is to interpret practices and situations. This is the heritage from Schleiermacher and the way in which theology departments and curricula are often still structured. And yet the boundaries of practical theology are not as clear as these structures might indicate. It should not be assumed that the other theological disciplines are purely theoretical, for example, nor, as has been discussed, that the aim of practical theology is to apply the theory developed elsewhere. The ‘practices’ in practical theology are historically, culturally, theologically, socially, and morally situated, and so the relationship between theory and practice in theology is not equivalent to the relationship between, for example, science and technology (Swinton and Mowat, 2006, p.19). Christian practices, such as healing or worship, carry meaning for the people or community engaged in them; as Browning noted, the distinction between theory and practice breaks down because practices are theory-laden, and theories are practice-laden (Browning, 1996, p.6). Practical theology does not only attend to explicitly Christian practices. Some situations and practices, including those involved in the experience of altered moods, are obviously not exclusively Christian. However, because these human practices are inescapably value-laden, there may also be dissimilarities between the Christian experience and other experiences. For example, the practice of ‘healing’ might be quite different depending on the theological or cultural context.

Recognising the diversity of approaches and sometimes unclear boundaries, Pattison and Woodward (2000, p.13) list the essential characteristics of practical theology, suggesting that it is:

- a transformational activity
- concerned with emotions, symbolism, art and imagination
- confessional and honest
- unsystematic

- truthful and committed
- contextual and situationally related
- socio-politically aware
- experiential
- reflective
- interrogative
- interdisciplinary
- analytical and constructive
- dialectical, holding in tension a number of polarities such as theory/practice, tradition/experience, theology/other disciplines, religious community/wider society
- skilful and demanding.

For the purposes of this thesis, I am following Miller-McLemore's structure and regarding practical theology as an over-arching discipline with pastoral theology and ordinary theology as sub-disciplines. The study of altered moods fits well within the "human angst and flourishing" focus of pastoral theology (Miller-McLemore, 2010, p.823), yet this thesis is not primarily concerned with the pastoral care of people with altered moods. Rather, it is situated, both methodologically and in terms of focus, within the broader discipline of practical theology. By attending theologically to the lived experience of altered moods this thesis explores the conviction expressed by Fulkerson, that "theologies that matter arise out of dilemmas – out of situations that matter" (Fulkerson, 2007, p.13). Some aspects of this thesis also fit within the sub-discipline of ordinary theology, in the sense articulated by Astley when he notes that, for 'ordinary theologians':

their beliefs and values matter to them, often very much indeed. And they "work" for them, in the sense of providing the resources of meaning and spiritual strength that they employ to lean into the force fields of their lives (in James Fowler's memorable phrase), enabling them to cope and even flourish, day to day (Astley, 2014, p.3).

From this perspective theology is not just applied to previously analysed qualitative data. Instead the data itself is treated as (potentially) theological, as theology embedded in words and practice (Cameron et al., 2010, pp.51–4). By attending to the lived nature of religion "... it demonstrates the creative edge of practical theology as it morphs, creates hybrids, and constructs new forms of practice, material religion, and nuanced beliefs in response to suffering" (Dunlap, 2012, p.49).

Based on this discussion and list of characteristics I suggest a working definition of practical theology as the art of disclosing, analysing, and understanding embedded (or ordinary) theologies, and of theologically interpreting real-world practices and experiences. This broad definition does not, however, address the specifics of exactly how practical theology approaches embedded theologies, practices, and experience. To answer that question, in the following sections I outline the most common methods of practical theology, and highlight a key debate about the role of experience in theology.

### **2.1.1.1 Methods of practical theology**

Practical theology lacks a unique or distinctive research method, but instead has adopted methods, methodologies, and perspectives from other disciplines. Some of these, such as case study, psychological theory, feminist theory, hermeneutics, and quantitative empirical research are well embedded within practical theology. Others, such as ethnography, have shorter histories but are increasingly being adopted by theologians.<sup>49</sup>

Despite this diversity of potential methods, two predominate in theological reflection – critical correlation and the pastoral/hermeneutical cycle. Critical correlation is based on the work of Tillich (1967) and aims to correlate human culture and experience with Christian theology and revelation, creating a two-way dialogue. However, this does not necessarily imply that there can be an equivalent effect in both directions, nor that human experience is a source of revelation. In Tillich’s model theology must speak to human experience, and it can only do this by attending to and interacting with real situations.<sup>50</sup> Tillich described this as correlating the Christian message with the questions present in the human situation. Reason and experience are the source of questions which are then addressed to scripture and tradition. Later developments of the critical correlation model (e.g. Tracy, 1983) more strongly emphasise mutuality and equality between partners in the dialogue, so that both theology and reason/experience are able to correct and enhance the other. Tracy even goes so far as to identify critical correlation with practical theology, saying that, “Practical Theology is the mutually critical correlation of the interpreted theory and praxis of the Christian fact and the

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<sup>49</sup> See Miller-McLemore (2012c) for a discussion of different methods.

<sup>50</sup> Tillich suggests that the situation is analysed and articulated in philosophical terms; later authors recognise that the correlative approach does not specifically answer the question of exactly what method is used to articulate the situation (Graham et al., 2005, p.167).

interpreted theory and practice of the contemporary situation” (Tracy, 1983 p. 76). In later work Tracy clarifies what this looks like in practice, suggesting that the outcomes of critical correlation may be “identities of meaning, analogies, or radical nonidentities” (Tracy, 1987, p.140).

Pattison’s (2000) model of mutual critical correlation takes this further by emphasising the dialogic nature of the process. He characterises theological reflection as a dialogue between three conversation partners: personal experience, Christian scripture and tradition, and context. As with an actual conversation, there may be different outcomes – agreement, disagreement or silence. The model recognises that there may be a gap between contemporary situations and Christian tradition and allows for the possibility of living with those gaps. Pattison accepts that the theological reflection produced through this process would not be systematic or generalisable to other people or contexts. He argues that this is not necessarily a negative, saying that there needs to be a shift to understanding that theologies can be “disposable, contextual, and thoroughly idiosyncratic” (Pattison, 2000 p. 143). This methodology therefore has a strong contextual element.<sup>51</sup>

The second significant model is the pastoral or hermeneutical cycle (or spiral). It has roots in the work of liberation theologians (e.g. Gutiérrez, 1973), in which praxis is the starting point for theological reflection and theology arises from participation in the struggle against injustice. The idea of a cycle of practice-theory-practice is now widely used within practical theology. The pastoral cycle typically has four stages: experience, analysis, theological reflection, and action (Ballard and Pritchard, 2006; Graham et al., 2005). The aim of the cycle is *orthopraxis*, with theological interpretation fuelled by practical engagement. For example, Osmer’s (2008) version of is aimed at congregational leaders who want to understand situations that confront them. It includes four ‘tasks’ of practical theology: descriptive (What is happening?), interpretive (Why is it happening?), normative (What ought to be happening?), and strategic (How should we respond?) The hermeneutical cycle is similar, but with an *a priori* assumption of commitment to liberation theology – the stages are immersion (in the social context of economic or political exclusion), social analysis, theological reflection/hermeneutics, and pastoral planning (Segundo, 1976).

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<sup>51</sup> This contextual aspect does not necessarily lead to the classical forms of contextual theologies such as black, feminist or womanist theologies. The definition of contextual theology is discussed further in section 1.4.

It can be seen from this outline that human experience has a key role in the methods of practical theology. All forms of practical theology take experience seriously and have developed methods for engaging with and representing experience (Graham et al., 2005). Yet there are ongoing debates about the appropriate relationship between experience and theory.

#### **2.1.1.2 The contested role of experience in theological reflection**

Since at least the nineteenth century... [there has been] a profound turn to concrete human experience in Christian theological studies. While it was always implicitly important, in the contemporary era there has been a self-conscious awareness of the context of daily life in which people indelibly experience religious faith (Weaver, 2013, p.70).

The history and development of the discipline of practical theology, outlined above, demonstrates this 'turn to concrete human experience' described by Weaver. It also demonstrates that the relationship between theology and experience is not without controversy. Western theological reflection typically includes one or more of four possible sources: Scripture, tradition, reason, and experience. Different traditions recognise or emphasise different sources, so that, for example, classical Anglican theology draws on Scripture, tradition, and reason, but with Scripture the primary source (Bartlett, 2007, p.47). The 'Methodist Quadrilateral' includes all four sources, again with Scripture as the primary source (Phillips, 2016). These different configurations demonstrate that experience is not automatically included in theological reflection. Even when it is included, the term 'experience' may be given a particular meaning. Experience, and religious experience in particular, is taken to mean the inner, subjective, life of a person rather than the outward experiences of everyday life (McGrath, 2017 p. 131).

Even when experience is viewed as a source for reflection, different traditions vary as to the status given to it. Experience may be seen as simply a topic for reflection (e.g. much pastoral theology), a lens through which revelation is viewed (e.g. hermeneutical practical theology), or as a foundational source of revelation and/or theology in its own right (e.g. feminist practical theology) (Cahalan and Mikoski, 2014). There is an "unresolved agenda about the role of experience *vis-à-vis* that which is claimed as "revelation", and of the status of nontheological disciplines in the theological endeavor" (Bennett, 2012, p.492). Scharen and Vigen (2011 p. 61) have succinctly described the anxiety that underlies the debate for many theologians:

[T]he persistent fear is relativism – in belief and in ethics... If experience is given too much weight in the analysis, claims to transcendent or universally normative truth will degenerate into biased, or at least problematically limited visions, based on one's own preferences and encounters.

Swinton and Mowat, for example, explicitly assert that taking human experience seriously does not mean that human experience can be a source of revelation (2006 p. 5). Reason and experience are appropriately used to provide data for theological reflection, but are always subordinate to Christian scripture and tradition. To resolve the apparent tension between experience and theory, Swinton and Mowat make an appeal to Barthian theology, asserting that revelation is found only in the person of Jesus Christ, as God's self-disclosure to the Christian Church. Practical theologians from a more contextual perspective are less likely to resolve the tension between experience and theology in this way. For example, writing from a feminist liberation perspective Cooper-White argues that practical theology is not only a "constructive theology in its own right" but also that human experience is an authoritative source for theology (2012, p.36). Similarly, Pattison's (2000) model strongly implies that theology has no privileged place in describing reality.

As described in the introduction, this research project is primarily concerned with individual experience rather than corporate practices, is potentially highly interdisciplinary, and has a contextual aspect without being a full contextual or liberation theology. For these reasons, I have chosen to use dialogic mutual critical correlation as the 'best-fit' primary practical theological methodology. Building on Pattison's (2000) model, there will be at least four voices represented in the conversation – the experiences of interview participants as recounted through their interview transcripts; the Christian tradition; other disciplines in the arts and humanities; and my own voice as I narrate, interpret, and analyse the other conversation partners. The inclusion of this final voice is to make explicit the fact that, in qualitative research, the researcher cannot be removed from the equation, and as a reflexive recognition of some of the complexities involved in representing 'experience' in theology. Carrying out robust and honest practical theology seems to require at least an acknowledgement that there is no 'view from nowhere' (Flood, 1999). The voice of experience is thus present in the analysis in two ways – through the verbatim quotations from participants, and through my research choices, analysis and interpretation (guided by grounded theory).

### 2.1.2 Contextual theology

As described in the introduction, this project draws on elements of contextual theology in addition to practical theology. It seeks to explore ways in which the experience of altered moods shapes theology, to develop a practical theology of experience. Contextual theologies arise from within particular forms of shared culture or identity (e.g. gender and feminist theology). They are strongly grounded in lived experience. Contextual theology therefore takes a particular perspective towards the relationship between experience and theory. The discipline is related to practical theology, being similarly grounded in human experience, but need not have a practical focus. It is common for contextual theology texts to state that all theology is contextual, in the sense that all theology originates within a particular context (e.g. Bevans, 2002). This is an important acknowledgement – it is not that there is one kind of objective, universal (usually white, male, Western) theology while all others are limited and contextual – but this epistemic claim is not the same as saying that all theologies acknowledge context as significant (Pears, 2009). Contextual theologies not only recognise the significance of context for the development of theology; the theologies themselves are explicitly shaped by that recognition and context. This is a theological and methodological stance. Contextual theologies are therefore those theologies which fundamentally and explicitly incorporate context. “Contextual theology can be defined as a way of doing theology in which one takes into account: the spirit and message of the gospel; the tradition of the Christian people; the culture in which one is theologising; and the social change in that culture” (Bevans, 2002). Contextual theology traditionally focused on certain types of sociological context such as poverty (e.g. South American liberation theology), gender (e.g. feminist and womanist theology), and ethnicity or race (e.g. black theology). More recent work has arisen from a wider range of contexts, including Deafness, disability, and post-colonialism.

The history of contextual theology has roots firstly in missiology and situations of inter-cultural or inter-religious dialogue and encounter, and secondly in South American liberation theology. Describing the origin of local theologies (the term ‘local theology’ given a similar, although broader, meaning to ‘contextual theology’), Schreiter (1986) identified a missiological shift from the 1950s onwards. As Schillebeeckx describes it in the foreword to the same book, “Previously one almost took for granted that the theology of the Western churches was supraregional and was, precisely in its Western form, universal and therefore directly accessible” (Schillebeeckx, 1986, p.ix). This perspective started to change with the realisation that the theology inherited from the Western (North Atlantic) churches did not fit well into the

very different cultures of Asia and Africa. Schreiter (1986) identifies three concerns that encouraged this shift in thinking. Firstly, new contexts meant that new questions were being asked, secondly, the old answers to these new questions were inadequate, and thirdly, the emergence of a new type of Christian theology (exemplified by liberation theology) which was attentive to the local context. Prompted by this shift, Schreiter suggests that there are three different models of local theologies, and that these models differ in their approach to the cultural context. It is important to note (as Schreiter does in the Introduction to the 30<sup>th</sup> Anniversary edition) that these models were described at a particular time and in a particular context of missiology; from the mid-1970s onwards in areas where Christianity had not previously been a dominant tradition (Schreiter, 2015).

Firstly, translation models. These use a two-step process whereby the core Christian message is firstly freed from its original cultural context and is then translated into a new context. This type of model may be useful in situations of immediate pastoral need, but has significant limitations. The underlying assumption that Christian revelation occurs in a cultural vacuum ready to be translated into different contexts is highly problematic, and it is far from clear how to decide what is the core revelation, what is cultural and thus incidental, and what an appropriate translation would be.

Secondly, adaptation models, which “seek a more fundamental encounter between Christianity and culture” (Schreiter, 1986, p.9). During this encounter Christian theology is adapted to make sense within a specific culture. The adaptation may happen in different ways; in the most contextual approach the ‘seed of faith’ interacts with the new cultural soil to grow a new expression of Christianity which is faithful to both Christian tradition and local culture. This approach takes context seriously, but seems to be based on an idealised view of an isolated culture. Global communications, power dynamics, and historic missionary efforts mean that few cultures have no pre-existing Christian concepts, and these concepts may well reflect a particular kind of Western Christianity.

Thirdly, contextual models, which begin their reflection with the cultural context, rather than the Christian tradition. Schreiter suggests that they can be divided into those that emphasise identity (what he calls ethnographic theologies), and those that emphasise the need for social change (liberation theologies). These theologies begin with the questions and needs of particular people, seeking to allow the Christian tradition to answer the new questions posed by that context, rather than just answering the old questions. The weakness and risk of this



approach is very much as discussed in the previous section – how to resolve the relationship between local culture and Christian tradition.

First published shortly after Schreiter's book, influential work by Bevans (2002) addressed this question by identifying different models of contextual theological method. Each model seeks to take context seriously, but different models take different approaches to the relationship between experience (including personal/communal experiences, culture, social location, and social change) and Christian scripture and tradition. Approaches range from the counter-cultural model that recognises the importance of context but is sceptical of any claim of sanctity or revelation coming from human culture, to the anthropological model that emphasises cultural identity more than Christian identity.

Of particular note for this thesis is Bevans' 'synthetic model'. This is a middle-of-the-road model which seeks to balance insights from present experience, the past (scripture/tradition), and contexts. It is described using the image of someone writing a Filipino diary in between the lines of a Western book – not obliterating the Western legacy but creatively working around it and filling in the spaces with Filipino thought. The synthetic model "...tries to preserve the importance of the gospel message and the heritage of traditional doctrinal formulations while at the same time acknowledging the vital role that context has played and can play in theology" (Bevans, 2002, p.89). This model takes account of insights from other perspectives, and rather than just coming to a compromise seeks to use a 'creative dialectic' to develop something acceptable to all dialogue partners. Cultural and social contexts are viewed as composites, where different cultures have some unique and some shared aspects. Identity is formed through a dialogue that includes these unique and shared aspects, so that, for example, an Indonesian identity has some overlap with Asian, Malaysian, Muslim, and Western colonial identities but is greater than the sum of the parts. In this model context is treated as morally ambivalent, with some neutral and some good or bad aspects. Revelation is conceptualised as both historically bounded and operating within specific contexts – both finished/once for all and ongoing. Bevans uses a gardening metaphor for each of his models; the synthetic model is described using an image of cross-pollination, where new and more robust plants are created for particular environments (2002, p.95).

The strengths of this model are that it promotes dialogue and creative solutions to diversity. Truth is not reached by one point of view dominating all others. "The synthetic model really makes an effort to make theologizing an exercise in true conversation and dialogue with the

other so that one's own and one's culture's identity can emerge in the process" (Bevans, 2002, p.94). The model also witnesses to the idea that there is something constant in Christian identity across cultures and time. All cultures can learn from all other cultures, including those in the past. The weakness of any synthesis model is that the resulting theology can appear in danger of 'selling out', with a dominant culture exercising subtle power and manipulation. The theology may appear neither faithful to tradition nor to contemporary society. Some of these weaknesses are off-set by the realisation that contextual theologies are no longer primarily concerned with cross-cultural mission in a situation of Western colonialism and cultural dominance. Diverse post-colonial theologies demonstrate that 'context' is now as much about fine-grained experiences of gender, ethnicity, and dis/ability as it is about traditional cultural or nationalistic identities.<sup>52</sup>

Qualitative research is one of the major ways in which it is possible to understand the 'experience' aspect of both practical and contextual theology. It is designed to give insight into the ways in which people experience and make sense of the world, and is particularly useful to explore meanings, contexts, and processes (Denzin and Lincoln, 1994). Working from the more general to the more specific, each qualitative research project may involve a foundational epistemology and ontology, a theoretical perspective or paradigm, a methodological framework informed by that theoretical stance, and then specific methods used to collect and analyse data. Theoretical perspectives include, for example, hermeneutics, phenomenology, or feminism. Common methodologies include discourse analysis, ethnography, or survey research; methods of data collection are various and may include focus groups, interviews, participant observation, or collection of online texts. The guiding theoretical stance and methodology may be more or less explicit, and there is often some theoretical overlap between method and methodology. For example, research from a feminist perspective often has a very strong theoretical stance, and grounded theory is often described as both a methodology and a method of data collection and analysis (Lincoln and Guba, 1985; Denzin and Lincoln, 1994; Crotty, 1998; Creswell, 2013).

There is a degree of debate about how exactly these different aspects of qualitative research should be articulated and categorised. Crotty, for example, describes them as four hierarchical research design elements, with the decision made at each stage affecting the choices available at lower levels. So, for example, choosing a subjectivist epistemology would limit the choice of

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<sup>52</sup> See Pears (2009) for a review of contemporary contextual theologies.

theoretical perspective to those which are consonant with subjectivism (Crotty, 1998). Others group epistemology, ontology, and paradigm together as philosophical and theoretical assumptions that underpin the action taken in a particular research project (e.g. Creswell, 2013). Perhaps the most important points of consensus from these debates are that a) the research question should ideally determine the research design (with the proviso that question-asking is not a neutral, context-free, activity - a researcher's context will inform and shape the questions that may be asked in the first place) and b) that there is reflexivity and transparency, so that philosophical and theoretical assumptions and decisions are considered and reported. This reporting may include a discussion of the assumptions, experience, and perspectives of the researcher as well as the research project. With these points in mind, the following section outlines the philosophical foundations and theoretical approach that I have taken in the empirical aspects of this thesis.

## **2.2 Qualitative research methodology**

The aim of this research is to examine the question, "in what ways is the lived experience of altered moods informed by the lived experience of Christianity, and *vice versa*?" As an exploration of lived experience this research question fits squarely within qualitative rather than quantitative or mixed-methods research designs. It is concerned with understanding the social reality of the participants, as that reality is constructed through the interaction between individual, community, and experience. The most appropriate theoretical perspective for this kind of research question is the interpretive or constructivist paradigm. The interpretive paradigm is underpinned by a relativist ontology and subjectivist epistemology; social reality is considered to be constructed by social actors (either individual or community), and that knowledge is subjective – the knower and the knowledge are inextricably linked (Denzin and Lincoln, 1994; Swinton and Mowat, 2006; Creswell, 2013). The interpretive paradigm originally arose from a dissatisfaction with the use of the scientific method in social science research. It was developed in contrast to the realist and objectivist position of the positivist (and later postpositivist) paradigms. A positivist approach to social research assumes that social phenomena have an objective existence apart from social actors, and that this reality can be known and accurately represented. This approach has later been modified by critical or subtle realists, who assert that there is an objective reality, but that it may not be possible to accurately know and represent it (Liamputtong and Ezzy, 2005; Ormston et al., 2013). The interpretive paradigm, on the other hand, assumes that there are multiple constructed

realities i.e. that the same phenomena can be subject to different but valid interpretations. Interpretive research is typically inductive, seeking to understand specific situations or phenomena by accessing the meanings that people attribute to them. The interpretive paradigm regards research as inherently value-laden, since the values and assumptions of both participants and researchers are present throughout the research process. Results, or knowledge claims, emerge as the research progresses and as conflicting interpretations are analysed and negotiated. Interpretive research is fundamentally a search for meaning – how a situation is understood by those within it, and the reasons why individuals or communities act in certain ways (Breckenridge et al., 2012). Within this paradigm narrative and experience are seen to be legitimate sources of knowledge.

This thesis is, however, a work of Christian theology rather than social science. Practical theology encompasses a range of methodologies and methods. Graham et al. (2005) identified seven different methodologies, ranging from ‘The Living Human Document’ using autobiographical methods to ‘Local Theologies’ using ethnographic methods. In general, the various models of practical theology are consistent with the interpretive paradigm outlined above. There is a clear degree of resonance between, for example, the way in which mutual critical correlation allows space for different voices to participate in the dialogue and the idea of multiple realities arising from one situation (Swinton and Mowat, 2006). Qualitative methods are typically utilised within practical theology as a way of outlining and exploring the situation of interest. The qualitative data is then brought into conversation with scripture, tradition, and insights from other disciplines. This is an egalitarian model, with each voice given equal weight in the conversation. This egalitarianism and concept of multiple realities can, however, appear incompatible with some forms of Christian theology. If Christian theology claims revelation and thus (some kind of) objective truth, then the conversation is never truly mutual and it may not be compatible with the interpretive paradigm. As an example, van Deusen Hunsinger (1995) draws on Barthian Christology to suggest that, in mutual critical conversation, theology has logical priority over social sciences. Within this understanding of practical theology research, theology utilises qualitative data but is ultimately independent from it, whereas qualitative data acquires its significance from theology. Rather than working within an interpretive paradigm, these interpretations of practical theology are more consistent with a critical or subtle realist position.<sup>53</sup>

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<sup>53</sup> In that practical theology, being a theological discipline, typically takes the perspective that reality is neither entirely knowable nor entirely constructed.

Developing a theory of empirical theology, van der Ven (1998) addressed this same dilemma from a methodological rather than epistemological perspective. He argues that lived religion is the direct object of theology, and that therefore practical theology is dependent on the social sciences. Despite this difference of perspective, his practical conclusions are similar to van Deusen Hunsinger (1995), namely that because empirical theology is a theological enterprise, the methodological framework and questions are theological in nature. He argues that, rather than seeing empirical theology as an inter- or multi-disciplinary exercise (theology that uses empirical methods), theology should expand its traditional range of methods to include empirical methods, thus becoming an empirical discipline in its own right. The approach I have taken in this thesis is in line with van der Ven's intra-disciplinary model, in that constructivist grounded theory is being used as a theological methodology.

Mindful of the potential discrepancy between the interpretive and critical/subtle realist paradigm, in this research I am using constructivist grounded theory primarily because of the methodological strategies that flow from the interpretive paradigm, while holding lightly to the philosophical assumptions underlying it. This is essentially a pragmatic research paradigm, seeking to combine methodologies with different philosophical assumptions in order to best answer a specific research question (Chilisa and Kawulich, 2012; Morgan, 2014). It is also consistent with Charmaz's claim that pragmatism is an interpretive theoretical position with which constructivist grounded theory is aligned (Charmaz, 2014, p.231). I therefore turn now to explore constructivist grounded theory in more detail.

### **2.2.1 Grounded theory**

Grounded theory is a specific form of qualitative research methodology which was originally developed within the social sciences. It is now widely used within a range of disciplines and subject areas, including to some extent in empirical or practical theology.<sup>54</sup> Grounded theory is a structured framework which can function as both a guiding methodology and method. It is designed to allow the development of theory which is strongly grounded in the systematic collection and analysis of data and is especially concerned with action and process. Grounded theory thus resonates strongly with the practical and contextual theology emphasis on taking

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<sup>54</sup> See Strauss and Corbin (1994 pp. 275–6) for examples in other disciplines; theological examples include Barnsley (2013) and Shooter (2012).

human experience seriously and is an appropriate methodology for investigating the interactions between different experiences.

### **2.2.1.1 History and key literature**

Classic grounded theory was developed by sociologists Glaser and Strauss in response to a perceived gap between theory and empirical research and the debate around the legitimacy and status of qualitative research (Glaser and Strauss, 2009). It emerged as a response to two opposing theoretical paradigms within sociology – structuralism on the one hand, and positivism on the other. Grounded theory was positioned as a middle-way between strongly deductive sociological theories and strongly inductive and quantitative scientific methods. Reflecting that position, the methodology was intended to explicitly link theory and empirical research as two parts of the same process (Strauss and Corbin, 1994), so that qualitative research could move beyond description into the development of explanatory theoretical frameworks. Based on their study of death and dying in hospitals, in particular the ways in which they collected and then analysed their data as the basis for theory, Glaser and Strauss outlined systematic strategies that could be used in other settings. The concept of constant-comparative analysis, in which data is collected and analysed simultaneously in an iterative process, was emphasised as a way in which theory and data could be held together. Grounded theory as advocated by Glaser and Strauss was strongly influenced by their respective schools of sociology - the positivist Columbia University and the pragmatism and field-work expertise of Chicago. Positivist influences can be seen in, for example, the striving towards dispassionate empiricism and the rigorously systematic techniques recommended in the book. The pragmatic and symbolic interactionist tradition can be seen in the emphasis on action and social processes as the appropriate subject for study (Charmaz, 2014, p.17).

This emphasis on the inductive move from data to theory has remained constant throughout later developments in grounded theory. There have, however, been some changes. Glaser and Strauss themselves have taken the methodology in slightly different directions. Perhaps reflecting his original background, Glaser continued to emphasise the methodical and structured nature of the process, arguing that careful attention to each stage of the process is necessary for research to discover emergent theoretical categories rather than just producing a 'full conceptual description' (Glaser, 1978; Glaser, 1992).

Strauss and Corbin published the first version of their grounded theory in 1990 (Strauss and

Corbin, 1990). By this time grounded theory was seen by some researchers as problematically based on positivist assumptions, which they addressed by reinterpreting the role of the researcher. Their methodology has been developed further in later publications and editions (e.g. Strauss and Corbin, 1994; Corbin and Strauss, 2008). The main differences between the classic (or Glaserian) methodology and Straussian grounded theory are centred around different approaches to induction/deduction and verification (Heath and Cowley, 2004).

Grounded theory methodology typically places the literature review towards the end of the research project. This is consistent with the concern that theory should emerge from the data, rather than pre-existing theory being used to generate hypotheses that are then tested empirically. Both approaches acknowledge that the researcher will not, and cannot, approach the data as a blank slate. The approaches differ in the point at which the literature is introduced, and the emphasis given to it. Glaser promotes the importance of 'learning not to know', and reading only broadly in the general subject area in order to be sensitised to possibilities in the data (Glaser, 1998). Focused reading is introduced late in the process of theory generation. He suggests that reading relevant literature too early in the process may skew or bias the emergence of new theory. In the Straussian methodology (Corbin and Strauss, 2008) relevant literature and past experience of the researcher are invoked earlier in the process, being used as the basis for theoretical sensitivity and to formulate hypotheses or research questions.

This difference carries through into the concern with induction/deduction and verification. Classic grounded theory heavily stresses the emergence of theory from the data. Insights are recorded in theoretical memos; it is the data that provides theoretical sensitivity. All of the data is important, with deduction and verification always subservient to emergence. Researchers who easily find verification of their ideas in the data are cautioned to be wary of the dangers of forcing data into categories (Glaser, 1992). Straussian grounded theory also maintains the idea of emergence, but suggests that induction was over-emphasised in the original methodology. Deduction and verification become more important, with the data being interrogated for possible meanings and to verify hypotheses. The constant-comparative method of analysis and theoretical sampling are also de-emphasised, for example by suggesting that researcher experience and the literature may be used to expand and guide analysis (Corbin and Strauss, 2008).

### 2.2.1.2 Constructivist grounded theory

A third grounded theory methodology was developed by Charmaz. This constructivist form of grounded theory is the methodology used for the empirical aspects of this research (Charmaz, 2014). Constructivist grounded theory aims to take seriously the epistemological critique of previous versions while retaining the inductive, comparative, and emergent methods. In particular, Charmaz intended to divorce the method from a modernist epistemology which “fragmented the respondent’s story, relied on the authoritative voice of the researcher, blurred difference, and uncritically accepted Enlightenment grand narratives...” (Charmaz, 2014, p.13). Constructivist grounded theory shares the essential characteristics of grounded theory with the earlier versions. It is inductive, rigorous, comparative, and aims to develop new theoretical concepts. It differs primarily in its philosophical assumptions and in strategic choices that flow from those assumptions. Whereas the emphasis in previous versions was on the researcher ‘discovering’ truth in the data, Charmaz assumes an interpretive paradigm and emphasises the construction of truth within the research situation, attempting to foreground relativity and subjectivity. Constructivist grounded theory research is concerned with how participants interpret given situations, theorising from the participants’ interpretations while also recognising that the theory is itself an interpretation (Charmaz, 2014, p.239). Key areas of difference are the encouragement of multiple voices and blurred theoretical categories, and the emphasis on the co-construction of research (Breckenridge et al., 2012).

Constructivist methodology explicitly encourages the inclusion of multiple voices and perspectives in grounded theories. Classic grounded theory does not deny multiple perspectives, but these are analysed with the intention of discovering an over-arching pattern in the data. Individual stories contribute to an organising theoretical concept. Charmaz argues against this way of looking at the data, suggesting instead that there should be an attempt to portray the fullness of the participants’ experiences. This commitment to rendering multiple voices means that constructivist theories are less concerned with identifying one core theoretical category and are more concerned with capturing multiple participant perspectives.

Constructivist methodology also encourages researchers to be explicit about their subjectivity. “The theory *depends* on the researcher’s view; it does not and cannot stand outside of it” (Charmaz, 2014, p.239, italics in original). Classic grounded theory also recognises that researcher bias exists and treats it as an additional source of data. Where constructivist grounded theory differs is in the recognition that every stage of the research will be affected



by the researcher's perspective; unlike classic grounded theory it does not expect that researcher biases can be neutralised by rigorous application of the methodology (Glaser, 1998).

Glaser (2002) has criticised Charmaz's commitment to a constructivist perspective as unhelpfully forcing the data in a particular direction. He argues that classic grounded theory is a general method that can be adapted to any theoretical perspective; the emerging concepts are said to guide the choice of theoretical perspective. A constructivist perspective may be relevant for a particular study, but it should not be decided in advance. Some of Glaser's criticisms of later grounded theory developments have been described as naïve (Bryant, 2003), a description that may be relevant here. The complexities of qualitative research are such that neither the researcher nor the methods can ever be entirely neutral. Nonetheless, it is important to note Glaser's criticism, given the previous discussion about philosophical differences between theology and social sciences. The evaluation of qualitative research, including evaluation of the way in which biases are recognised and handled, is not always straight-forward. The following section discusses this evaluation in more detail, and outlines some of the implications for this research.

### **2.2.2 Evaluation of qualitative research**

Valid scientific research must produce results that are falsifiable, replicable, and generalizable. Qualitative research, however, does not typically seek to produce findings that are true across, for example, all culture groups at any given time. Validity in qualitative research must necessarily look very different to validity in quantitative research. A number of different approaches have been adopted, ranging from simply using quantitative criteria to disregarding validity entirely. Angen (2000) has helpfully divided these approaches into two categories: those which take a broadly subtle or critical realist approach and therefore recommend the use of validity criteria designed specifically for qualitative research, and an interpretive approach that reformulates the concept of validity as a moral question.

The criteria approaches broadly seek to translate the scientific concept of validity into terms that make sense for qualitative research. Specific methodological or procedural techniques are recommended to increase the credibility or trustworthiness of qualitative studies. Creswell, for example, lists eight techniques and suggests at least two of them need to be in place for qualitative research to be valid. The techniques include prolonged engagement, triangulation,

peer review or debriefing, negative case analysis, clarifying researcher bias, member checks, thick description, and external audits (Creswell, 2013). Many of these techniques are commonly incorporated into qualitative research, especially prolonged engagement (either with participants or with the data), member checks (for example by sending analyses to participants for comment), thick description, and some degree of peer review and/or considering alternative perspectives. However, these criteria can be criticised on both practical and philosophical grounds for attempting to adhere too closely to a broadly realist and positivist position which is not consistent with an otherwise interpretive research paradigm. For example, member checking may imply that there is one, fixed version of reality. If a participant disagrees with an analysis, or even with what they themselves said in an interview, this could be because they have had more time to reflect on a question, because the interview itself changed their perspective, or because they have since had new experiences (Morse, 1994). In general, criteria-based approaches were developed in response to ongoing academic and funder doubts about the value of qualitative research, in particular questions of relativism and objectivity. The criteria are undoubtedly useful for considering how to access and take account of alternative perspectives, how to conduct an ethical and transparent study, and how to situate the study in a wider context. However, the interpretive paradigm is not based on an idea of objective truth; and the role of the researcher as an active participant and co-creator of the research means that methodological techniques are not a guarantee against subjective bias (Barnsley, 2013).

Interpretive approaches to validity therefore reject the concept that qualitative research must use specific techniques in order to be credible. Instead, the emphasis is on broad principles that can be used to evaluate the trustworthiness of a study. Angen summarised these principles as “ethical and substantive validation” (2000, p.378). Ethical validation involves evaluating research against ethical principles such as beneficence or justice, and being prepared to give a clear answer to the question, ‘so what?’ “Ethical validation requires that we provide practical, generative, possibly transformative, and hopefully nondogmatic answers to the questions we pose as researchers” (Angen, 2000, p.389). Substantive validation requires researchers to show that they have adequately attended to the complexity of the subject, by creating a dialogue between the data and the various ways in which it can be understood. This involves attending to the researcher’s own understanding of the subject and to other relevant sources, and documenting this process. The subjectivity of the researcher is considered the background from which further understanding can flow, rather than as a distortion and threat

to the quality of the research. It is a process of validation, rather than a one-off judgement of validity.

The reliability and generalisability of qualitative findings is also a complex situation. Transferability is perhaps a better term to use, but even then many aspects of human experience are unique and unrepeatable. Repeating the same research process even with the same participants would most likely not produce the same data, although the final analysis may well be similar. One way to address this is to take the view that the researcher is not responsible for evaluating reliability and generalisability. Their responsibility is to provide a sufficiently detailed (thick) description of the situation and sufficiently transparent description of the research process so that other people can decide if the research is replicable or generalizable to their situation of interest (e.g. Lincoln and Guba, 1985). Another approach is to evaluate the research in terms of resonance or identification – for example, do the conclusions about altered moods and Christianity resonate with other people who share those experiences? (Swinton and Mowat, 2006, p.47). A third approach is to think in terms of theoretical generalisability, so that the aim of research is to develop or contribute to theory which will be relevant beyond the particular situation.

### **2.2.2.1 Implications for this thesis**

This is a work of practical or empirical theology, not social science. This means that the overarching methodology is theological, with qualitative research data being utilised as one conversation partner. Grounded theory is used as a theological method. Nevertheless, the aim is still to collect and analyse the data in a way which social scientists would recognise as good practice. To facilitate this, constructivist grounded theory is being used as the guiding methodology for the empirical aspects of the research, and Charmaz' evaluation criteria (credibility, originality, resonance, and usefulness) will be applied to the results. Other considerations discussed above will be addressed throughout the research process:

- Member checking. This is being carried out not to imply a fixed version of reality, but rather as a balance to the cultural tendency to discount the testimony of people experiencing mental distress, and the reports from participants that their experiences are unheard within both their Christian community and wider society. Participants were given the chance to comment on their interview transcript and also on drafts of papers based on their data.

- Transparent and self-reflexive process. I maintained a research diary including notes taken before and after each interview. Grounded theory also has this process 'built in' to some extent, with the use of close coding.
- Ethical validation. The inter-disciplinary methodology has been chosen carefully to produce practical and potentially transformative answers to the research question. For example, the results may influence future pastoral practice in churches.
- Substantive validation. The research question arose from anecdotal evidence gained during my professional practice, i.e. that people often reflected theologically on their lived experience of altered moods and Christianity. The literature review stage of the grounded theory methodology offered further substantive validation, for example through the triangulation between theoretical or quantitative work and the results of this project noted in Chapter 1.

## 2.3 Methods

The previous sections outlined the methodologies of dialogic mutual critical correlation and constructivist grounded theory and how they are brought together in this project to form a grounded practical theology methodology. The rest of this chapter is concerned with the methods of the project; the ways in which the empirical material was collected and analysed. As well as being a methodological approach, grounded theory entails a particular research process. These methods are discussed below.

### 2.3.1 Outline of grounded theory methods

Like Strauss and Corbin, Charmaz suggests that the constructivist methodology is a set of flexible guidelines rather than rules, and that the research process is iterative, cyclical, and not necessarily linear (Charmaz, 2014, p.18). I summarise the stages of the method in the following diagram and then briefly discuss each stage in relation to this thesis.

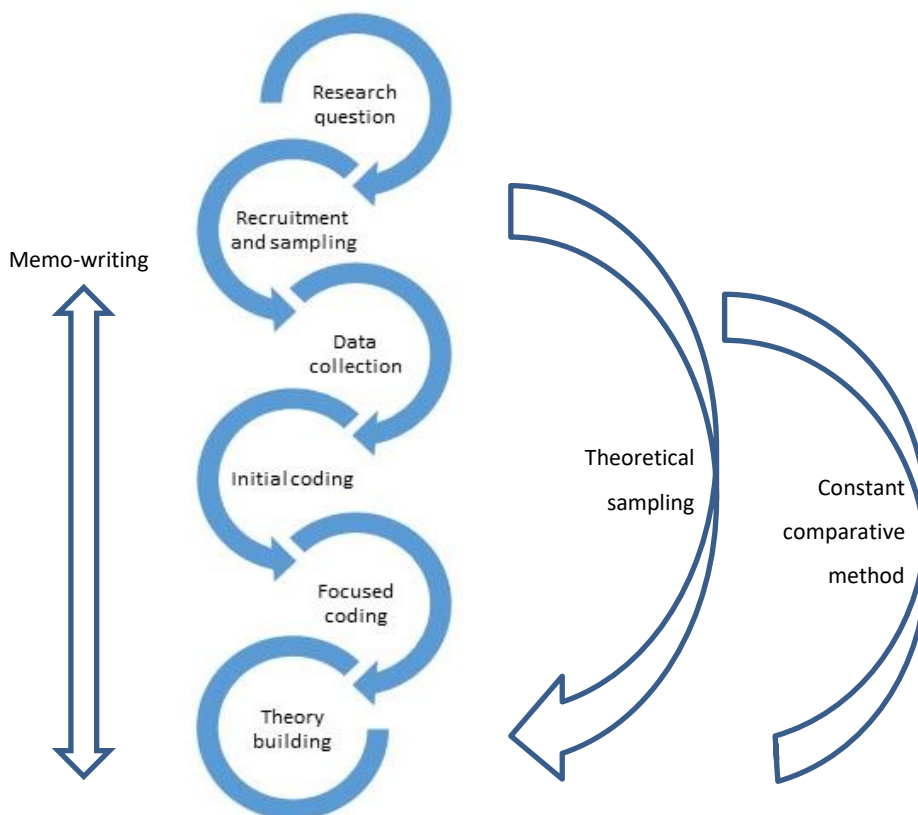


Figure 1: Stages of grounded theory. Diagram adapted from Charmaz (2014, p.18).

### **2.3.1.1 Research question**

Constructivist grounded theory recognises that the development of a research question cannot take place in a vacuum. Researcher experience and knowledge, as well as the practical requirements of funding processes, shape the choice of research topic as well as frame the research process as a whole. These kinds of researcher insights and biases are taken into the research process as guiding interests and sensitising concepts. Sensitising concepts are broad concepts that prompt ideas or questions about a topic. They are pursued tentatively, and discarded if they prove to be irrelevant to the data (Charmaz, 2014, p.30).

Within the broad area of exploring the experiences of people with lived experience of altered moods and Christianity, I identified and documented a number of sensitising concepts for this research project at an early stage of the research:

- Knowledge of the literature gained from previous academic work
  - Episodes of altered mood have been conceptualised as biographical disruption and recovery, and as affecting identity
  - The recovery model in mental health, and the use of spirituality as a resource for mental wellbeing
  - The existence of different explanatory accounts of altered mood
  - The narrative turn in social sciences, ethics and theology
  - Disability, liberation and contextual theologies
- Awareness of the life stories of people with lived experience of altered moods and Christianity gained through professional experience
- A particular perspective on the lived experience gained from an insider perspective.

### **2.3.1.2 Recruitment and sampling**

Sampling, data collection, and analysis are presented here as distinct stages but in fact overlap. The inductive, iterative and cyclical nature of grounded theory research and the constant comparative method of analysis means that there is a two-way relationship between each of these stages. Data collection and analysis happen simultaneously and guide the process of recruitment and sampling. This means that data collection may begin earlier in the process of a grounded theory project than in other methodologies.

I recruited participants for this study via local Christian and mental health networks. The participants whose narratives are reported in this thesis are all adults who have, at any point in their lives, self-identified as a Christian or as a member of a Christian community, and have also experienced at least one episode of altered mood which was significant enough to cause disruption to their daily life. Potential participants could access the project information anonymously on a project website, and express interest via a short, anonymous, screening survey. Participation in the research was based entirely on self-report, so that participants who had not received or had rejected a medical diagnosis were able to participate. Those participants who reported that they met the criteria and want to be contacted were sent a full participant information sheet. Participants who then indicated a willingness to be interviewed were added to the pool of potential participants.

Theoretical sampling is a key concept within constructivist grounded theory, and is used to guide participant recruitment and selection of participants from the pool. The number of participants should first of all be large enough to gain a range of perspectives and develop preliminary analytic categories, but the later sampling of participants is guided by those theoretical categories. The aim is to continue developing the analytic categories until no new data emerges – this is theoretical saturation, the point at which data collection should stop. Purposive maximum variation sampling, i.e. sampling participants with the aim of achieving maximum variation with respect to relevant characteristics, is not specifically a grounded theory strategy but was adopted in this research as a way to guide the early sampling of participants. Initially the relevant variables were age, gender, ethnicity, and current religion/belief identity.<sup>55</sup> Later recruitment of participants was guided by the emerging analytic categories relating to suffering as well as maximum variation. This meant that I specifically sought to recruit Roman Catholic participants, as these participants were both underrepresented in the pool and offered the most reflections on suffering. I also sought to recruit participants who did not identify as heterosexual/cisgender as sexuality/gender was

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<sup>55</sup> The recruitment and sampling strategy achieved a degree of variation with respect to Christian tradition, mood experiences, gender, sexuality and neurodiversity. It did not result in a significant amount of participant variation with respect to ethnicity/cultural heritage and current religious identity. This may be related to my use of personal networks to recruit participants, and it is possible that the language of ‘altered moods’ or the over all topic of contemporary mental health and Christianity was too specific to my own social context and did not attract the attention of those who no longer identified as Christian.

unexpectedly absent from the early narratives.<sup>56</sup> There is some debate about the robustness of the 'theoretical saturation' claimed in much qualitative research (e.g. Thorne, 2020), and the intention in this study was never to produce a formal theory. Nevertheless, I concluded recruitment once the data analysis ceased producing new codes and categories relating to suffering.

### **2.3.1.3 Data collection**

Constructivist grounded theory is not tied to any particular method of data collection. For example, it has been used to analyse focus groups and written documents. Nonetheless, by far the most common data collection method is the in-depth interview. The aim of an in-depth interview is to create a space for the participant to relate their experience of the subject matter. Interviews typically rely on open-ended questions and are concerned to understand the participant's perspective and the meanings they attribute to a situation. In-depth interviewers may well use an interview schedule to guide the interview, but it is not typically used as a standardised list of questions that must be asked of each participant. Unexpected lines of inquiry can be followed, as can hints or beliefs that are implicit in the participant's account. Word and question choice and interaction style change to reflect the tradition and situation of the participant. The Christian tradition, current religious identity and current mood state of participants had a particularly strong effect on my interviewing style in this project.

In total I interviewed 21 participants. Each was interviewed only once, for around 1 hour. Interview locations were determined by the location of the participant and their preferences; I offered them the choice of being interviewed on the Leeds University campus or in a public venue of their choice. Two participants asked to be interviewed in their homes due to disability or illness. Appropriate safety procedures were followed for each interview. Each interview was audio-recorded and then transcribed; pre- and post-interview notes were also recorded. I used an interview schedule to guide the questioning, but this functioned as a memory prompt rather than as a list of questions.<sup>57</sup> The interview is therefore relatively unstructured, but not entirely so. I initially constructed the interview schedule based on the sensitising concepts and in accordance with Charmaz's suggestion of a very detailed schedule

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<sup>56</sup> Purposive and theoretical sampling aims to address these kinds of gaps, but is only effective if a wide range of participants can be recruited.

<sup>57</sup> Interview schedule is included at Appendix A.



with questions focusing on change and action, such as “What were you like then, and what are you like now?”. This did not work well for my interviewing style, and I subsequently simplified it to ask questions about the participant’s experience in four broad areas: mood experience, religious experience, the interaction between mood and religion, and the impact of their experiences. Grounded theory methodology is flexible and expects that data collected and analysed from earlier interviews will shape the direction of later interviews. This allows the research direction to emerge from, and respond to, the concerns of interview participants, even if it was not the direction originally envisaged by the researcher. The interview schedule therefore evolved over time to allow the investigation of concepts that arise from the concurrent data analysis.

#### **2.3.1.4 Coding, data analysis & theory building**

Constructivist grounded theory describes the first steps in data analysis as a non-linear movement from initial/open coding (which should be close coding – Charmaz recommends line by line), to focused coding (which produces a number of categories that are shared across the interviews), and possibly theoretical coding (which introduces relevant disciplinary theoretical concepts such as gender, class, or power). Coding and data collection are carried out in parallel, meaning that coding from earlier interviews can influence the content of later interviews, and also that coding can be compared across interviews. The aim of this process of in-depth coding is to ensure fit and relevance: “Your study fits the empirical world when you have constructed codes and developed them into categories that crystallize participants' experience. It has relevance when you offer an incisive analytic framework that interprets what is happening and makes relationships between implicit processes and structures visible” (Charmaz, 2014, p.133).

Grounded theory therefore relies on the close coding of data. Charmaz recommends a process of initial and then focused coding (2014, chaps 5–6). Initial codes should correspond closely to the data rather than being too conceptual. Charmaz suggests initially coding every line of the interview, or even every word (Charmaz, 2014, p.124). In this project I initially attempted to follow Charmaz’ suggestion of line-by-line coding but rapidly found it too unwieldy and difficult to create meaningful codes when one line might only be part of a sentence. For the earliest interviews I coded roughly each sentence or each distinct thought. In later interviews, as codes and categories began to emerge, I assigned larger chunks of text to each code. This resulted in between 130 and 367 initial codes per interview.

Charmaz also recommends coding in gerunds to emphasise action and process (2014, pp.120–124). This is in contrast to other coding methods which code in themes. Identifying a suitable gerund for every code also became too time consuming, but I did primarily code with action phrases. Comparing these with equivalent theme/topic codes I accept Charmaz's argument that action-coding produces a set of codes that more accurately reflect the participants' narrative (rather than my perception of it), and also assigns a more active role to the participant. For example, in an early interview with Belinda, coding other people's perceptions of her mood experiences as "not being taken seriously" gives a clearer indication of the narrative when compared to a thematic code of "stigma".

Initial codes are then gathered into a smaller number of focused codes. Codes are compared with the data and with each other, and the most relevant codes selected or a new umbrella code is created. This process resulted in between 11 and 24 focused codes per interview. These focused coding then supplies a direction for future data collection and analysis, and become the basis for possible analytic categories. The process of analysis is assisted by memo-writing throughout. These memos can themselves be coded as data, and also bring together ideas from different interviews. They are part of the process of reflexivity and of documenting the emergent research process. There is also the possibility of a further level of theoretical coding, where theoretical concepts are identified in the data. This level is optional within Charmaz's methodology and is recommended only if it seems to emerge naturally from the empirical data. It is not a decision that is made in advance. Continuing the analytic movement from the concrete to the abstract, the most relevant focused and theoretical codes are then used as the basis for conceptual categories. A category may include the themes and patterns expressed by several codes. Categories are then developed to identify substantive processes, which may extend beyond the situation of interest. The final analytic step is theorising from these categories and processes. A positivist concept of theory emphasises explanation and prediction, whereas an interpretive concept of theory tends to emphasise abstract understanding. Constructivist grounded theory has both positivist (empirical) and interpretive aspects, but leans more towards the interpretive, building "from specifics and mov[ing] to general statements while situating them in the context of their construction" (Charmaz, 2014, p.232). Categories are 'raised up' to theoretical concepts on the basis of their ability to account for a wide range of data and make basic processes evident.

Within grounded theory, memo writing is the process of describing and making connections

between different parts of the data and between the data and other literature. It is also the process by which categories are explored and defined, creating analytic concepts out of descriptive categories. Purposive and maximum variation sampling is also employed to search for richer content to add to the emerging categories. The end-point of sampling is theoretical saturation, which is said to have occurred when interviews cease to provide any new theoretical insights into a concept. Dey (1999) has helpfully challenged the usefulness of this idea, arguing instead for theoretical sufficiency, on the grounds that this more closely reflects how researchers conduct grounded theory studies.

As per the methodology, I also proceeded simultaneously with data collection and analysis. As expected, some of the sensitising concepts described in 2.3.1.1 were discarded as they were not apparent in the data from early interviews. For example, the concept of biographical disruption, and the idea that altered moods challenge one's identity, did not seem to have resonance with the actual data. I used this initial and then focused coding of the first interviews to guide the topics explored in later interviews. For example, in this instance I removed the questions "How would you describe the person that you were then?" and "how would you describe yourself now?". I introduced the question "how would you describe God/Jesus" in the second iteration of the interview schedule, in response to the emergence of codes such as 'God being a stronghold' (Amy), 'being sure of God' (Caleb), and 'seeing God as confidante' (Diane), which eventually came together as the focused code 'imaging God'. I introduced the question "Do you have a view on the role of suffering in life?" in the third iteration of the interview schedule, in response to codes such as 'God being present in tragedy' (Helen) and 'experiencing spiritual distress' (Emma), as well as a large number of codes relating to suffering associated with altered moods. I initially brought these codes together as 'suffering in life' but with further analysis later separated them – these codes formed the basis of section 4.3.2.4 (potentially transformative interpretations) and contributed to section 6.3.2 (solidarity in suffering).

As the aim of this project is not to develop a full grounded theory I did not continue the research process into theory building, but instead carried the analysis forward into the practical theological reflection.

## **2.3.2 Specific issues arising from qualitative methods**

### **2.3.2.1 Interviews as unreliable narrative**

The use of in-depth interviews is commonplace within qualitative research, but is not free from criticism. Silverman, for example, has criticised the idea that interviews are able to access the authentic 'deep interior' of a person (Silverman, 2007, p.39). People draw on a variety of resources and social expectations when narrating their experiences, and these narratives should not be considered precise representations of reality. If the research interview is co-constructed between the participant and the researcher, the resulting narrative is a construction of reality, a performance shaped by social norms, identities, the research setting and the wider context (Yanos and Hopper, 2008). The aim of an in-depth, rather than an informational or investigative interview, is therefore simply to allow the participant to narrate their experiences. It is not intended to produce a detailed, factual chronology, nor is it aiming to uncover hidden processes or discover support for the researcher's private agenda or hypotheses. Grounded theory is also attentive to the interactional dynamics within an interview, such as the participant directing the conversation to suit their own purposes, or reporting events in such a way as to justify their own behaviour. The interviews in this thesis have been conducted in this spirit of co-construction, aiming to achieve what Hiller and DiLuzio (2004) have described as mutuality and reflexive progression. Rather than interviews being seen as a neutral space in which participants can disclose pre-existing thoughts and feelings, the interview is a directed conversation during which participant's views may arise, be articulated, or change.

### **2.3.2.2 Researcher role and responsibilities**

The description of the interview as a co-constructed conversation should not be taken to mean that interviewer and participant roles are entirely reciprocal. Some feminist authors (e.g. Etherington, 2006) have suggested that interview ethics require a high degree of reciprocity, with the interviewer sharing aspects of their own stories. This was to counteract the power imbalance and hierarchical nature of interviews in which the interviewer took a distant and dispassionate position. Other authors (e.g. Olesen, 2005) have identified that this degree of reciprocity does not necessarily lead to ethical interviews and may encourage manipulation of the conversation. Discussions about reciprocity have implications for interviewing style, and

for the amount of personal information shared across the whole interview process (including in the participant information sheet).

For this research there were some specific points to consider about reciprocity. Firstly, interviewing style. Not all of the participants had received treatment or therapy, but at least some were familiar with therapeutic interviews as practiced by psychiatrists or psychotherapists. Similarly, some participants may have had experience of receiving spiritual or pastoral support from a religious leader. Care was taken to ensure that participants appreciated as fully as possible that these research interviews were not a psychotherapeutic, medical, or pastoral intervention, although some participants reported that they appreciated the opportunity to tell their story and so may have found the experience therapeutic to some degree. The nature of the interview was explained to participants verbally and on the information sheets. With respect to interviewing style I deliberately chose to take a role that included more than minimal verbal intervention but without typically sharing anything of my own life or experiences and without engaging in problem-solving. The aim was to avoid an interaction style that would be reminiscent of a therapeutic intervention or pastoral support but also to minimise the likelihood of the participant feeling in some way responsible for my experiences or emotions, as might happen in an everyday conversation. This style adapted to suit different participants, e.g. two participants spoke so fully and fluently that there was little need for my verbal participation.

Researcher-participant interactions also include a degree of responsibility towards the wellbeing of the participant. Although severe distress is unlikely, it is possible that a participant could have become distressed when talking about their mood and religion or faith. A recognition of this responsibility was built into the research process, for example by excluding hospital inpatients, and having a crisis procedure in place. Other aspects are addressed in a more ad hoc way during the interview, reflecting a sense that it was co-created between the researcher and participant. E.g. when a participant revealed she had experienced psychosis and had not sought medical advice, I explicitly checked with her that she was now in contact with appropriate support services.

Secondly, sharing personal information. I am an ordained Anglican priest and work as a University chaplain. As such I have a public role and personal religious tradition and commitment that can be easily determined with an online search. This may be seen positively by some participants but negatively by others. After consideration I decided the best way to

manage this was to not explicitly mention it to participants but acknowledge it if participants ask directly or if it seemed that sharing this information is important to sustain rapport.<sup>58</sup> During one interview I judged that sharing some personal information would significantly increase rapport with the participant. She knew that we shared a profession and had disclosed an experience that is usually stigmatised (panic attacks in a professional setting) – I mentioned that I had also had that experience.

There is inevitably a degree of personal judgement exercised in qualitative research where the main data collection instrument is the researcher herself. These decisions about interviewing style or what narrative account I give of myself are just two examples that highlight the need for reflexivity throughout the research process. This need is well accepted within social sciences, but is perhaps less common within theology. Nevertheless, Cartledge (2012) has described a kind of theological reflexivity, whereby the researcher (who comes from a particular confessional perspective) engages with the two poles of the lifeworld (concrete reality) and the system (theological identity) in a dialectical process.

Having reviewed the constructivist grounded theory research process and demonstrated how it was implemented in this project, it is now possible to turn to the empirical material that forms the basis of the later chapters. This final section therefore presents an overview of participant characteristics.

### **2.3.3 Details of interviews and participant characteristics**

In total I conducted 21 interviews. 19 participants requested pseudonymisation, while two participants requested their real name should be retained. In view of the potentially sensitive topic of the data and the ethical and legal requirement to retain only essential identifying information, I did not routinely collect demographic data.<sup>59</sup> Participant demographic

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<sup>58</sup> During the research process I did not explicitly tell the participants about any of my roles beyond PhD researcher. However, since recruitment drew on my existing networks, some participants were already aware of my role as chaplain/clergy: Emma, Helen, Fiona, Paula, and Quentin. Others (Diane, Matthias) were aware that I was part of the Church of England. It would not have been difficult for any participant to discover this information online.

<sup>59</sup> The intention was for participants to feel that they remained in control of their narratives. In retrospect, this decision was not ideal as it limited potential analyses. In future research I would seek ethical approval to ask participants for this information, while allowing them not to disclose it if they preferred not to.

information described in this text was therefore offered freely by participants during their interview.<sup>60</sup>

*Nationality and ethnic heritage:* All participants were living in England. Of those participants who mentioned nationality or ethnic heritage, two had North American backgrounds (one said that he had grown up in the United States, one that he was a US citizen when younger), three had Irish heritage, one had Sri Lankan heritage, and one had Eastern European heritage.

*Gender:* 10 women, 10 men, one person identified as both a woman and gender neutral.

*Sexuality:* It became apparent during the interview process that few participants were openly identifying as LGBTQ.<sup>61</sup> In some circumstances the experience of identifying as LGBTQ and Christian is associated with poorer mental health (Chalke et al., 2017), so this was a noticeable omission. Targeting recruitment to LGBTQ Christian groups redressed this balance to some extent, although potential participants may have been unwilling to volunteer if they have had negative experiences with the church. Two participants described themselves as gay, one as bisexual. Two other participants made reference to their sexuality, implying that they were not heterosexual, but did not explicitly state an identity or orientation. The remaining 15 participants did not specify an orientation. 13 participants made reference to an opposite-sex partner or spouse.

*Education:* The education level of the participants was relatively high when compared to the UK in general,<sup>62</sup> with around 70% (15/21) of the participants indicating that they had studied at University level. Higher education level is known to be associated with volunteering to take part in research (Patel et al., 2003), and could shape the outcome of this research if, for example, increased education is associated (e.g. through the practice of forming arguments,

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<sup>60</sup> This approach differs from what might be expected in social scientific research. However, the aim of this practical theology is not to explore associations between participant characteristics, experiences, and theology. Participants are too diverse (or the sample size too small) and the interview data inappropriate (because that was not the aim of the interview) to make those kinds of connections. The aim instead is to look for commonalities across experiences, while acknowledging differences and outliers. Limitations of this approach are discussed in the Conclusion.

<sup>61</sup> Lesbian, gay, bisexual, transgender, queer.

<sup>62</sup> Organisation for Economic Co-operation and Development (OECD) figures for 2019 indicate that 23% of UK adults have a Bachelor's degree or higher; however the figure is considerably higher for younger adults, at 52% of those aged 25-34 (OECD, 2020).

assimilating information, or abstract/theoretical thought) with an increased ability to articulate and narrate one's own experience.

*Christian identity:* 18 of the participants currently identified as Christian, from a range of different traditions (Table 1). One participant was a former Jehovah's Witness and identified as agnostic at the time of the interview. One participant was a Quaker at the time of the interview but said that he did not necessarily identify as Christian. One participant was unsure about her Christian identity.

*Mood experiences:* The mood-related inclusion criterion for interview participants was deliberately broad to maximise variation, and to reflect the fact that not everyone who experiences altered moods will have a medical diagnosis and not everyone accepts the biomedical description of these experiences as 'mood or affective disorders'. Participants were asked to opt-in by agreeing that they had at some point experienced very high or very low mood that had disrupted their everyday life. Beyond that there was no screening or purposive sampling of mood experiences. It would have been difficult to do so in a mostly online recruitment process without accidentally excluding people for the reasons above, or without asking for an unreasonable amount of sensitive information before the person had consented to participate. It was also apparent early on in the process that this broad opt-in strategy was recruiting people with a sufficient range of mood experiences and perspectives. Purposive sampling was carried out in later rounds of recruitment, but only in relation to demographic characteristics (gender, sexuality) and Christian identity.

Participants in this study used a range of language to describe their experiences, ranging from the very medical to positions that rejected medical labels entirely. However, the majority (19) of participants had received a mood-related medical diagnosis at some point, whether or not they accepted it as accurate. Some participants had received different diagnoses over time. Diagnoses include anxiety, depression, bipolar disorder (previously called manic depression), cyclothymia, dysthymia, schizo-affective disorder, and emotionally unstable personality disorder (EUPD, previously called borderline personality disorder, BPD). I did not specifically ask about other, potentially related diagnoses, but some participants disclosed these in the course of the interview: attention deficit hyperactivity disorder (1), autism (1 diagnosed, two suspected by self), fibromyalgia (1), unspecified chronic physical illness (1) and alcohol dependence (2).



Table 1, below, provides details of participants' Christian tradition, mood experiences, occupation and an indicative age range.<sup>63</sup> The penultimate column gives the medical diagnosis, if any, that was disclosed by the participant. The mood related inclusion criterion was simply that participants had experienced high and/or low mood to a degree that it had disrupted their daily life. I therefore left it up to participants to decide whether they wished to disclose any medical diagnoses they might have received. 18 participants disclosed one or more medical diagnoses in the course of the interview, although not all of them accepted their diagnosis as meaningful or accurate. Two participants had not sought medical intervention (listed as 'not applicable' in this column). One participant disclosed that they had a medical diagnosis, but not the nature of the diagnosis (listed as 'not disclosed' in this column). To reflect the participants' different orientations towards medical diagnoses, the table also includes verbatim quotes indicating how the participant themselves described their mood experiences.

All the participants described significant distress, impairment, and disruption associated with their altered mood experiences. The recruitment criterion asked only that their altered mood had at some point affected everyday life, yet the interview data paints a picture of people coping with a substantial level of long-term (lasting for a number of years) mental pain and the resultant disruption to life. This may be to some extent an artefact of recruitment – perhaps those with lower levels of distress were less likely to apply – but the level of distress is notable. One third of the participants disclosed a history of trauma, while just under a third disclosed experiences that could be medically described as psychosis. (This included two people who did not have a diagnosis that included psychotic symptoms). All the participants had experienced low moods, with a third having experienced some degree of high mood as well – three of these reported enjoying short periods of somewhat elevated mood while the other four had more mixed experiences. Within this sample, therefore, low mood was the most common mood experience.

Throughout the following chapters I have indicated the age, predominant mood experience and Christian tradition of the participants in brackets after their name on the first occasion it is

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<sup>63</sup> As per footnote 59, I did not routinely ask the age of participants. Ages given are therefore indicative and refer to a decade; in some cases participants stated their exact ages, in other cases age has been estimated based on the timeline given by participants.

mentioned in a section. To improve readability, I used the following conventions for this information:

- Where participants disclosed and accepted a medical diagnosis of their mood experiences, I used that diagnosis (e.g. depression-anxiety).
- Where participants rejected or had not received a medical diagnosis I used the predominant mood experience they described in the interview (e.g. high-low).
- Abbreviations used for mood experiences:
  - Anomalous = predominantly symptoms that could be diagnosed as psychosis<sup>64</sup>
  - BPD = borderline personality disorder
  - High-low = periods of high and low mood
  - Low = periods of low mood
  - PTSD = post-traumatic stress disorder
- Only the current Christian tradition is indicated, except for Gail and Paula who did not identify with any tradition at the time of the interview. Their former traditions are given.
- To maintain the flow of the text, participants names and characteristics are given in footnotes if several participants would otherwise be mentioned in the same sentence or paragraph.

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<sup>64</sup> As in 'anomalous experiences', see e.g. Taylor and Murray (2012).

**Table 1: Participant characteristics**

<b>Name</b>	<b>Age</b>	<b>Christian tradition</b>	<b>Occupation</b>	<b>Example ways in which mood experiences were described by participants</b>	<b>Medical interpretation (diagnosis)</b>	<b>Demographic notes</b>
Amy	30+	Anglican	Mental health worker	"I still suffer with depression... So I know when I'm getting anxious, that doesn't happen a lot, but I know..."	Depression, anxiety	
Belinda	50+	Methodist	Minister	"I got very very stressed, and ended up having what, I suppose it would be acknowledged as a breakdown... And, it was diagnosed as depression... But, then I fell into this pattern of be-, of having mood swings, not swings really, times of feeling down... and that's when they diagnosed me with having SAD."	Depression, seasonal affective disorder (SAD)	
Caleb	50+	Charismatic evangelical (former Pentecostal)	Writer	"I started getting manic episodes where I would get delusional... [A]ny anxiety or stress can trigger delusions, paranoia, mood- feeling- intense feelings of paranoia. And also mood swings. My wife says she	Depression, borderline personality disorder (BPD),	

				can see 3 Caleb's in one day, because there's such an extreme reaction. So my mood's fairly unstable. Well, there's- I'm trying to make them more stable now, because I'm diagnosed with borderline personality disorder, bipolar, and post-traumatic stress."	bipolar, post-traumatic stress disorder (PTSD), psychosis (also disclosed history of trauma)	
Chris	30+	Pentecostal		"Diagnosed with bipolar disorder, and, it doesn't fall under Type 1, Type 2, it falls under cyclothymia, which is fast becoming known as Type 3... So you're either ridiculously hyper, or ridiculously depressed. And nowhere in between."	Cyclothymia (also fibromyalgia, Asperger's Syndrome, history of trauma)	Bisexual
Diane	60+	Central Anglican	Supermarket assistant	"I think, really, that, there's been.... three or four different periods where I've had, anxiety or, or something. And then it's gone... I sort of crashed into depression - it was anxiety first 12 months - and then it did go into depression. And it'd lift, and then I'd crash, and it'd lift, and I'd crash."	Depression, anxiety	
Emma	40+	Anglican, former	Artist	"I think I would've never used the term feeling depressed actually, funny enough. Though actually	Depression, anxiety (also	

		charismatic evangelical independent		when I look back I can see that's what it was... So it was both, depression and anxiety. Cause I was having panic attacks and stuff like that. But, but at the time it was a feeling of just being completely out of my depth and unable to cope with stuff."	alcohol use, history of trauma, adverse childhood experiences)	
Fiona	30+	Anglo- Catholic	Priest	"I've experienced probably quite mild to moderate depression for most of my adult life... And, but this- actually this time anxiety- I've always had a bit of anxiety, I've always been quite an anxious person, but this time anxiety's been the real big feature... I had my first ever - joy - psychotic episode recently, a few weeks ago. And that was really frightening... [A]lthough I think I know what the cause of it was... one of my chronic illnesses, I've discovered, if you don't treat it properly, can cause psychosis."	Depression, anxiety (also adverse childhood experiences)	
Gail	60+	Former Jehovah's witness	Retired, student	"I first started having problems - but it was an acute problem - when I was 50. And it was a major psychotic breakdown... And it was hypermania, I	Bipolar	

				went into a hypermanic state. And I ended up very quickly, even though I had no prior history, with bipolar 1 diagnosis. And I always contested it, but I had 6 months in hospital as a result, with all type of treatments, with m- medication and then with ECT. Because I became, what's the term they use? Catatonic. So yeh. They'd, they had called me bipolar!"		
Helen	40+	Anglican	Administrator	"Depression and anxiety. Yeah, the anxiety sort of drops into depression, the longer it goes on... It's that feeling of, I'm not good enough- everything I do is rubbish, and not having any confidence. And then it spirals into just actually not being bothered. And not actually being able to just do anything. Or being frightened to- start things."	Depression, anxiety	
Isaac	30+	Charismatic evangelical	PhD researcher, charitable	"I had been to see, back and forth some counsellors at different points in my life but I would see someone when I was at a- quite a low point, and got- and was sort of diagnosed with something that's	Dysthymia (also history of trauma)	American

			sector professional	called dysthymia... a kind of consistent low mood not to the point of being non-functional but to the point of it being sort of noticeable.		
James	30+	Charismatic evangelical, Anglican	IT professional	"I've had a lot of ups and downs, and long periods of downs, but- been quite resistant to the idea of drugging myself to get through them. And I reached a point, about 3 years ago, where I kind of got to a point where actually I was going to work and I was just sitting there. And I was unable to get myself to do anything, because of the state I was in."	Depression (also attention deficit hyperactivity disorder (ADHD))	US citizen
Kieran	30+	Roman Catholic	Academic	"Well, from adolescent days, really, I've had low patches more often, sometimes intensely low... Anger, despair, just pretty dreadful periods. Much more occasionally, ups. In- Involving things like spending sprees, sort of jumping in to ill advised relationships... It came to a head with, you know, prolonged thoughts of suicide, and piling up pills. At which point I was hospitalised..."	Bipolar	

				I was under the care of the, the home treatment team, and then just flipped up again. At which point I was diagnosed with bipolar disorder.”		
Laurence	50+	Quaker	Mental health worker	“I was- I was taken into hospital, hallucinating wildly.... I found myself going through periods of crashing depressions, and then something would happen that made me think that maybe my life was gonna be ok. And I think I actually started to get quite high... And I ended up face to face with a consultant psychiatrist who told me that, after having hummed and ha'd over a diagnosis of schizoaffective disorder, he told me I was manic depressive.	Bipolar (also alcohol dependence and adverse childhood experiences)	
Matthias	30+	Anglo-Catholic		“I just went down so much further than I thought was possible... [I]t just felt like it was qualitatively-quantitatively different in such a way that it really was just- well- Yeah, I'd never been- in my life before I'd been a bit upset by stuff but I'd never been at the stage where I was actually just lying on the floor for	Not applicable – no diagnosis/treatment	Irish heritage, gay



				four hours, just not knowing what on earth I was going to do, or how I was gonna get back up off the floor..."		
Nicholas	20+	Roman Catholic	Taught postgraduate	"I would class myself as someone who does go through mood swings... So I'm talking about the kind of highs, rather than the lows... To describe it is difficult. It's more that- usually I've been in some sort of state of anxiety, or state of trying to understand what's going on, in my life, or in- or something which is, which I'm involved in. And then pulling through that, has resulted in, you know, realisation moments, or, or- You know, that's when I do feel this kind of euphoria... I definitely went through it in my second year... I would say I was in a depressed state... that whole period in my life was a mixture of anxiety, depression, addiction as well."	Not applicable – no diagnosis/ treatment (also addiction)	Eastern European heritage
Orla	50+	Roman Catholic	Education	"I have had, quite a history of mental illness. Never been sectioned, or anything like that. But I have had outpatient treatment for it. There was a time when	Depression, possible bipolar	Irish heritage

				they considered me to be possibly bipolar, but there was some contradiction between different consultants as to whether it was bipolar. And one said yes, and the other one said no... So, I don't know, but I- I- definitely have had severe depression.”		
Paula	20+	Former evangelical	Social care, taught postgraduate	“Basically it just went- my mood, just used to fly all the time. Just chaotically... And then, too- yeah, very very down... I had in the space of a year 54 A&E attendances... There was a few, like weird cocktail overdoses but I'm not 100% sure they were there to kill myself, I think they were more trying to see- it was more one of the testing, am I actually alive?... They decided to diagnose me with emotional unstable personality disorder, as they like to do with anybody who self harms... I was like, [what about] when you've got someone in your head telling you to [self harm]?... Then they rethought my diagnosis!”	Not disclosed – diagnosis and treatment received (also adverse childhood experiences)	

Quentin	60+	Methodist, former Roman Catholic	Retired, former local government, singing teacher	"I had a minor breakdown, went back to work and then had a major breakdown, and they just signed me off as depressed and unable to work... And since then I've just been- I mean I've been up and down like the proverbial horse what since- since forever, you know."	Depression (also recovering alcoholic)	Irish heritage
Rashmi	20+	Roman Catholic	PhD researcher	"I have schizoaffective disorder, which is a mood disorder and- encompassing psychosis as well. So I encountered periods of depression, kind of moderate to severe, I have periods of hypomania but not full-blown mania, and I also have periods of prolonged psychosis as well. And, sometimes I can have a mixed episode where I have a mood disorder and psychosis at the same time, sometimes it's one or the other, so either the mood disorder or psychosis."	Schizoaffective disorder	Sri Lankan heritage
Sam	50+	Liberal Anglican,	Former cleaner	"I've had depression, though I didn't recognise it as depression, really from childhood. Along with an anxiety problem that became a phobia.... Very bad	Depression, anxiety (also adverse	

		former evangelical		after I had my daughter, that was proper post-natal depression but wasn't diagnosed, so it was left to rumble on for a very long time. And I had depression, on and off, until I met- I was- I would call somebody my soulmate... I actually had no depression whatsoever, until he was diagnosed with cancer, and then it started to come back again... [H]e died very suddenly. Actually from a heart attack. And of course- I've had depression pretty much ever since then."	childhood experiences)	
Steve	20+	Roman Catholic, former evangelical	Civil servant	So, first year of University, proper... I pretty much fell through the floor. Proper nervous breakdown, everything sort of collapsed. Can't eat, can't sleep. Constantly shaking, just- completely through the floor. Drinking obscene amounts of alcohol and things, just to numb things... So I-I- I have very irregular manic periods. The doctor wanted to say bipolar, but he said- he said it's actually so irregular it's anxiety and depression with rare blips."	Depression, anxiety (also adverse childhood experiences)	Gay

## 2.4 Summary: Methodology and methods

This chapter outlined the overarching research strategy and specific methods used to explore the research questions, which combine the established methodologies of constructivist grounded theory and dialogic mutual critical correlation into a grounded practical theology methodology with contextual aspects. This methodology is designed to ground theology in experience by combining robust social scientific methods with practical theology. Grounded theory is therefore used as a theological method and not just as an empirical tool. Combining methodologies in this way is relatively unusual; I was only able to find two published examples, by Shooter (2012) and Barnsley (2013; 2016). Both these authors write from a feminist standpoint and develop methods that utilise grounded theory as a theological method. Barnsley combines grounded theory with the Quaker practice of silent waiting while Shooter applies the concept of theoretical saturation to her theological resources as well as the empirical data. Both identify this approach as innovative; Shooter describes use of grounded theory as a theological method as “unprecedented in practical theology” (2012, p.30), while Barnsley suggests that the use of qualitative methods in theology “remains unusual” (2016, p.110). I believe that this thesis is the first time such methods have been applied to the lived experience of altered moods and Christianity; it is therefore a contribution to the methodological literature as well as the emerging literature on contextual theologies of experience.

The aim, rationale, and methodology of this project means that it is situated within the discipline of practical theology. It also draws, however, on elements of contextual theology, in order to explore potential directions for a theology of altered moods. The shape of this thesis reflects these methodological commitments. Chapters 3-7 take a dialogic approach, bringing the analysed experiences and ordinary theology of participants into critical conversation with key concepts from Christian tradition, with disability theology, and with the wider interdisciplinary context. Each of these chapters represents one area that emerged from the grounded analysis of the interview data. As with an actual conversation, there might be different outcomes to this process. This methodological shape is very close to Pattison’s (2000) dialogic model of theological reflection, while the final chapter draws more explicitly on contextual theologies, especially Bevans’ (2002) synthetic model of contextual theology. The next chapters therefore move from blueprint to construction, starting with what I have called the foundations of the building, i.e. those elements that give shape to the narratives.

## Chapter 3

### Foundations: Narrative shape

#### 3.1 Introduction to theme

The previous chapters situated this project in relation to the wider literature and methodological approaches to the topic of mental health and theology. This chapter, and those that follow, present the main body of the research. Chapters 4-7 analyse and present cross-cutting themes that emerged from the interviews: diverse interpretations of altered moods, imaging God, and Christology. This current chapter also takes an overview across the interviews, but focuses on narrative construction by the participants rather than the content of the interviews *per se*. Paying attention to narrative construction includes noting elements of the narratives that might reflect wider social categories (e.g. gender), narrative devices that influence the ways people tell their stories or present themselves (e.g. presenting themselves as competent, or positioning their mood experiences as being at a certain level of severity), and observations that provide important background for interpreting the content of the interviews (e.g. that many participants provided a much longer and detailed narrative of their lived Christian experience than their mood experiences). This chapter therefore forms a bridge or pivot point between the earlier chapters and the later ones; as the thesis moves from the wider context to the specifics of the participants' narratives, and from the literature to the empirical material. Through introducing the empirical material for the first time it also serves as an introduction to the participants.

Looking across the interviews, it is apparent that participants engage in a range of what I have called 'identity-talk' in the ways in which they tell their narratives and present themselves. God, and faith, are described as sources of stability in the face of the emotional and psychological instability associated with altered moods; spiritual disruption is said to occur as a result of their altered moods. For some participants a significant element of this spiritual disruption is a disconnection between their lived experience of altered moods and their theology (or the theology of their church community).

The idea that that narratives are essential to a sense of self is controversial within the

philosophical literature.<sup>65</sup> However, the emphasis in this chapter is not on the role that narratives play in the sense of self, nor on philosophical concepts of self, but instead on the relationship between experience (of altered moods) and the ways in which people articulate their identities – identity-talk. Two areas of sociological literature are therefore particularly relevant conversation partners for the analysis in this chapter. These are illness narratives, and work on biographical disruption and recovery. These two areas were ‘sensitising concepts’ identified early in the research process.<sup>66</sup> These are introduced briefly below, before the data analysis is presented in more detail. The analysis demonstrates that these two sensitising concepts are not evident in the interview data in a straightforward way; contrary to the expectations raised by the literature on chronic illness and biographical disruption/recovery (beginning with Bury, 1982, see below for further discussion), participants do not present their altered moods as a challenge to their identity and self-concept, followed by a recovery identity:

A storied narrative is the linguistic form that preserves the complexity of human action with its interrelationship of temporal sequence, human motivation, chance happenings, and changing interpersonal and environmental contexts. In this context, story refers not only to fictional accounts but also to narratives describing "ideal" life events such as biographies, autobiographies, histories, case studies, and reports of remembered episodes that have occurred (Polkinghorne, 1995, p.7).

The idea of ‘storied narratives’ emphasises the ways in which people construct their narratives when asked to recount an experience. Increasing research interest in these ‘storied narratives’ has been referred to as the ‘narrative turn’ in social research. This narrative turn can be observed across the disciplines, including in health research.<sup>67</sup> Work by Bury (2001) has highlighted the forms of narrative that are commonly identified in health narratives. These are: contingent (reflecting beliefs/knowledge about illness, normalisation and coping), moral (typically presenting the person as virtuous), and core (shaped by underlying narrative structures that receive collective validation in a particular culture). The topic of the narrative affects the form of that narrative. Narratives about altered moods may tend to take a different

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<sup>65</sup> See e.g. Bortolan (2017) for a phenomenological argument in favour of the narrative self (and its disruption in depression), and Strawson (2004) and Woods (2014) for arguments against.

<sup>66</sup> See section 2.3.1.1 for discussion of sensitising concepts.

<sup>67</sup> This phrase is often attributed to John Polkinghorne, see Czarniawska (2021) for an overview.

form to those about arthritis, for example, either because different questions are used to elicit the narrative or because of different cultural expectations.

Frank, writing about core narrative structures that receive collective validation in contemporary America, identified restitution, chaos, and quest as the most common structures in health and illness narratives (Frank, 1998; 2013). In restitution narratives the protagonist is restored to full health, often through medical treatment or their own efforts. The emphasis is on the final result, with the illness as a brief interruption to the person's life. Chaos narratives consist of a series of unresolved problems, often seemingly unconnected, with the person going from bad to worse and back again. The person might develop other health problems, or lose their job, or suffer a sudden bereavement. Narratives about long-term illnesses with limited treatment options often follow a chaos plotline, as do narratives of severe mental distress, at least in the early stages of the narrative. Quest narratives are concerned with sharing the experience and wisdom that has been gained from it; the person may or may not recover completely from their condition but recovery is not defined as being restored to the original state. Frank's typology has been widely used as a framework to explore illness experiences.<sup>68</sup> Given the long-term and fluctuating nature of much mental distress, full restitution narratives about altered moods are relatively rare while limited restitution, chaos and quest narratives are far more prevalent. This 'narrative of narratives' is helpful for the emphasis on narrative construction and as a way of thinking about the ways in which people 'tell the story' of their experiences. It is, however, too simplistic to imagine that all narratives can fit into one of these types, and the categorisations may well be culture-specific. The empirical material complicates the simplistic categories of these typologies. For example, quest and chaos core narratives can both be discerned in the narratives offered by participants in this research project, as can contingent and moral narrative forms. However, not all accounts offered by participants seemed to have a clear narrative plot-line, and the data analysis did not reveal any strong common threads in these storied narratives of altered moods.

An alternative way to consider narratives of altered mood is through the concept of biographical disruption and recovery. There is a substantial body of sociological literature

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<sup>68</sup> See e.g. Whitehead (2006) in relation to chronic fatigue, Diver et al. (2013) on fibromyalgia, Chandler (2014) on self-injury, and Carless (2008) on schizophrenia.



about this concept, beginning with the work of Bury (1982).<sup>69</sup> In this literature, serious and/or long-term medical conditions are described as a disruption to individuals' autobiographical narratives, which are then reconstructed to take account of this crisis. Narratives are said to have a stabilising role, and there is a close link between biographical narrative and self-identity; the narrative is viewed as a verbal presentation of the self. As Frank puts it, "The subject is, foremost, one engaged in a process of knowing himself or herself through available discourses, expressed in narratives" (2016, p.14). The challenge to self-identity posed by significant illness (e.g. if a person is no longer able to fulfil roles that were important to them) is ameliorated by explaining disruption through reference to biographical events. For example, depression may be explained as the result of inherited 'genetics' or adverse life situations. Narratives allow individuals to find meaning in traumatic events, and provide a sense of continuity across time. Altered moods, especially depression, have been explored in the biographical disruption literature, and the idea of biographical reconstruction has considerable resonance with the concept of mental health recovery.<sup>70</sup> For example, research has found that people who have experienced altered moods speak about being completely different afterwards, or about their old and new selves (Lafrance and Stoppard, 2006; Ridge and Ziebland, 2006). Recovery in this sense is about living well with a diagnosed mental health problem; 'recovery' refers to reconstructing the person, rather than being fully free from symptoms. Recovery narratives commonly present the person as active rather than passive; gaining new insight, self-transformation, and being reconciled to the 'new normal'. This sensitising concept was also not apparent in the empirical material of this study. The disruption associated with altered moods is presented in terms of spiritual disruption rather than as a challenge to identity or self-concept.

The discrepancy between these two sensitising concepts and the empirical material could be due to weaknesses in the concepts themselves,<sup>71</sup> or it could be due to a difference between

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<sup>69</sup> See also: Charmaz (1990); Williams (2000); Lawton (2003); Kralik et al. (2006); Locock et al. (2009); Reeve et al. (2010).

<sup>70</sup> The recovery model focuses on supporting people to live well with their diagnosis and any ongoing mental health challenges. The model emphasises connectedness, hope and optimism, identity, meaning and purpose, and empowerment (CHIME) as key aspects of recovery. See Anthony (1993) for an early discussion of the mental health recovery movement and Leamy et al. (2011) for a systematic review of the conceptual literature which led to the development of the CHIME model.

<sup>71</sup> For example, it is possible that narratives of reconstruction could be at least partially an artefact of the interviewing process – the questions that are asked determined the kinds of

the experience of altered moods and other kinds of chronic illness experiences. It is not possible to differentiate between these options based on the interview data, but it seems likely that it is a combination of both factors. Whilst the data analysis did not support a straightforward application of these sensitising concepts, it did bring out other aspects related to identity, sense of self, and self-presentation; the participants did not talk in terms of biographical narrative but they did engage in identity-talk. These aspects, along with the data that complicated the sensitising concepts, are discussed below in a more detailed analysis of the data.

### **3.2 Description of data**

The analysis in this chapter is based on sections of the interviews that I originally coded as 'meta-themes'. These were elements of the narrative that seemed worth noting, but that related to the shape and construction of the narrative, rather than the content. These codes included, for example, 'presenting self as competent', 'narrating Christian identity' or 'telling the story'.

### **3.3 Analysis**

I begin this section by using verbatim quotes from the interview transcripts to provide an overview of the different ways in which participants constructed their narratives, presented themselves, and reflected wider social categories. These accounts and quotes are more extensive than in later chapters, as this is the first time that the participants' voices are being introduced. This is followed by a discussion of the sensitising concepts and then the more complicated ways in which identity-talk emerge in the data.

Amy's (30+/depression-anxiety/Anglican) narrative of her altered moods emphasises relationships, family, and children. For example, she talks about seeking help through relationships and the need for safe and supportive friendships and life partnership to cope with her altered moods. She describes her altered moods as arising from an absence of relationships in which she could talk openly about her feelings. Throughout her narrative she

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answers that are given (Lawton, 2003). To some extent this possibility is made less likely by the fact that I developed the original interview schedule expecting to find evidence of biographical disruption and yet still did not find it.

positions herself in relation to these significant relationships, for example describing worry and guilt about the effect that her altered moods have had on her children, and the strain that her depression has placed on her relationship with her husband. Amy describes a long-term experience of managing altered moods, but with distinct episodes of very low moods; one of the key episodes she describes happened during a period of maternity leave and was diagnosed as postnatal<sup>72</sup> depression, and the examples she offer as to its impact on her life involved her children:

Amy: And at the same point while I was upstairs the children also managed to ring 999... And they couldn't get anything from the children so sent a police officer round, and I answered the door with tears streaming down my face, kids had baked bean juice all over them, I just fell apart, you know. But, not while the police officers were there. 'Everything's fine!'

Amy positions herself as competent and her altered moods as manageable. For example, she contrasts her own experiences with more severe ones, although she accepts that both types of experience can be labelled 'depression'. She says that to some extent she is able to hide her altered moods from others, to continue to appear capable.

Belinda (50+/depression/Methodist) also refers to the effect that altered moods may have on professional or role identity, saying that people feel 'a waste of space' if they're unable to work. In her case she feels that she carries her mental health history with her to each new workplace, and that this external marker of identity is used as the basis for discrimination – she says there is a sense in which employers won't fully trust her because of their assumptions about her mental health. She recognises that in many circumstances she is able to 'pass' as non-depressed, and talks about 'playing the game' in order to maintain a valued social identity.

Belinda: ... and insurance and things, you know, you have to play that game – 'mild' depression, you've got to put it down. It's mild. It's very annoying.... They just see you as this, you know, a bit of a liability, you're going to crack up at any moment!

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<sup>72</sup> Postnatal depression is the term that Amy used. While postnatal and postpartum are often used interchangeably, postpartum is the term used in DSM 5; technically speaking, postpartum may refer to the parent, while postnatal refers to the child (World Health Organization, 2010, Section 6.3).

Belinda speaks specifically about identity, suggesting that her altered moods affect her sense of self by amplifying her pre-existing (negative) feelings about herself. At times she has sought to differentiate her 'true' self from her distressed self, but has now incorporated her experience of altered moods into her understanding of herself and now considers altered moods to be part of life rather than episodes of illness.

Interviewer: Do you see them as "episodes" or do you just see it as part of life really?

Belinda: I think, I think that's changed, that's an interesting question. I think... Before the last couple of years, I would have seen them as episodes, but now I realise that this is who I am, you know. And it's been under the surface for a long, I managed it for a long time. Um, so... yeah. So no I think it's just, it just is part of the person that I am.

Belinda also speaks explicitly about gender and mood, linking her altered moods to the menopause. She also links her altered moods to caring responsibilities, both directly as a result of the responsibility and indirectly once the responsibilities have been lifted and there is no longer the need for her to be mentally strong.

Caleb's narrative was unusual in that he offered an extensive autobiographical account of his altered moods, which in many ways was a 'classic' account of biographical disruption. His answer to the initial interview question "tell me about your mood experiences" included a detailed chronological biography, and he gave a number of examples of ways in which his expected biography has been, and continues to be, interrupted by altered moods. For example, his altered moods have been responsible for his marriages coming to an end, and he describes this as losing his wife and children to the altered moods. His altered moods are severe and often chaotic, meaning that any recovery identity seems somewhat insecure. However, he has thought in quite some depth about this identity, choosing to think of himself in positive terms such as 'successful' and 'overcomer'. He believes that these identity labels are the most likely to support his recovery, even if they do not always seem to accord with his experiences. He was also aware of the identity that can come with mental health diagnoses, describing how difficult it was when he was given a new diagnosis of borderline personality disorder, which he assumed had implications for his identity.

Caleb: I went in a complete meltdown. I, I froze, I panicked, I thought I was evil, I thought only psychopaths have borderline personality disorder, I thought I was going to murder somebody, I had all kinds of terrible thoughts running through my head... I, I was struggling with an identity that I had no, I

had no comprehension of what it meant.

Interviewer: So it felt like it was a new identity, this new label?

Caleb: Yeah, it felt like a complete new identity.

Caleb's account of the considerable disruption caused by his altered moods is presented as distinct from spiritual disruption. He acknowledges that his altered moods can be associated with short-term spiritual disruption (for example causing him to question if God is really loving), but over all he does not see his altered moods as disrupting his spiritual life.

Caleb: Yeah, I do find that I can live with the mood swings and the problems and still try and maintain a reasonably balanced Christian outlook on life.

Diane's (60+/depression-anxiety/Anglican) account placed her altered moods in the context of a series of difficult relationships at work and at church. She also spoke about initially finding it difficult to incorporate altered moods into her self-image, and of self-stigmatisation; she assumes others will have a negative perception of her if they become aware that she experiences anxiety and low mood, but says that this is based as much on her own internalised sense of stigma as on reactions she has encountered.

Diane: But what I've come to realise is, that from my point of view as somebody with mental health difficulties, I stigmatise other people – 'They're gonna think of me'... I'm assuming they're gonna have a negative view when they might not. So, I think, we can stigmatise ourselves.

Emma (40+/depression-anxiety/Anglican) talks about the experience of psychotherapy in terms of her identity. She says it allowed her the space to become a witness to herself, to gain some distance and be more objective about her self and her situation. Before the therapy she says that her identity had been lost and she was unable to believe herself, having grown up in a situation where she did not matter and was not permitted a voice. Therapy enabled her to locate herself again and enabled her to feel she could legitimately take up space in the world.

Emma also discusses isolation and stigma, and the ways in which these interact with altered moods. She has felt isolated from what she perceived as the 'sane' world, not as a result of her own altered moods but as a result of mental distress within her birth family. She reflects that shame and stigma had contributed to a sense of isolation and aloneness, and that there is liberation in speaking openly about differences, even if they are differences that make people uncomfortable. She suggests that the discomfort of others is not really her problem!

Emma: I think maybe having the experiences that I've had, are quite helpful for that. Cause I really do think that now. Cause I used to feel so ashamed. And now I kind of feel... It's like, it's wrong to expect anyone to be what they're not. We just have to be what we are.

Fiona (30+/depression-anxiety/Anglo-Catholic) raises the topic of gender in relation to dealing with difficult work situations, specifically gender-based criticism of her as a minister in a role with a media profile.

Fiona: Someone complained apparently- we had a special service and I sang - someone complained that women shouldn't be allowed to sing. Cause it's just crap and that, you know, 'cos the composer meant it for men so only men should sing it.

As an Anglican priest Fiona talks in some detail about her religious identity as a 'professional Christian' and especially the demands of the role; she also reflects on how these interact with altered moods, saying that depression 'cuts to the heart' of her vocation and identifying a tension between her own mental health needs and her professional role.

Fiona: And I think for me, that's been the biggest feature of depression and faith, is that I often feel, in my particularly- particularly in my- the most difficult patches, that- that my faith just kind of disappears. And you know, I- I stop praying, and, and, I, I feel like God's just kind of disappeared on me, and... And when I- before I was ordained that wasn't such a problem.

Over all, managing the disruption associated with altered moods is harder in the professional role. What might be considered spiritual- but not biographical- disruption for some people becomes more significant when there is an overlap between professional and faith identities. For example, low mood disrupts Fiona's ability to pray, a situation that is much more difficult when one's professional role includes prayer and leading/teaching others to pray. This interview was one of the few where the interviewee was aware of my dual identity as priest and researcher; we did not know each other but she was recruited through my social media friendship network. I did not usually volunteer that information to interviewees – although they could have found it quite easily online – as I judged that, on balance, it was more likely to inhibit the interviews rather than facilitate them. In this case I believe that the shared identity encouraged Fiona to be more open about some aspects of her story, such as the demands of the role. It did, however, make the interviewing role more challenging as I tried to be mindful not to slip into 'colleague' rather than 'interviewer' mode.

Gail (60+/high-low/former Jehovah's Witness) places her current experience of living with altered moods within the context of her ageing. She is the oldest participant and the only person who raises this topic specifically, although other participants offer a life-course narrative. Gail says that she feels she is becoming less resilient and more vulnerable with age, and feels anxious about what the future holds for her. She wants to continue living with meaning.

Gail: Yeh, the reality is, as you're getting older, you are getting more vulnerable in some respects. You know, physically you can't do the same things. There isn't always someone to call on.

Gail says that she often finds herself being a dissenting or lone voice in groups, and finds the experience of group conflict very distressing. Her ethical and spiritual principles, which form an important part of her identity, mean that she often feels singled out and picked on in groups.

Like Amy, Helen (40+/depression-anxiety/Anglican) offers a relationally-centred narrative, with her children and spouse playing an important part in the story. Her caring responsibilities are significant, including supporting a disabled child to navigate her teenage years. Helen links these caring responsibilities to her mood, saying that the stresses of everyday life feed in to pre-existing anxiety and negative feelings about herself, so that: "...it feeds those anxieties that I'm no good...That I'm- that everything I do is rubbish, that- so, if I have a bad period with her, it-it it feeds that anxiety. About me."

Helen's narrative of her altered moods is structured around 3 significant episodes of low mood and anxiety. Perhaps because of this clear distinction between well and unwell, she also has a sense of a recovery identity. She says that, having recovered from the last episode, she feels content in who she is, and that after each episode she likes and understands herself a little bit more. This is in striking contrast to her more negative self-descriptions when talking about altered moods. For example she talks about feeling a failure and entirely lacking confidence.

Speaking about his experience of diagnosed dysthymia, Isaac (30+/dysthymia/Charismatic Evangelical) identifies the danger of 'backfilling' a narrative to fit earlier events into a later diagnostic framework. He can see ways in which his mood experiences are consistent with the diagnosis, but is cautious of retrospectively attributing meaning to events that he would have

interpreted differently at the time.

Isaac: And, it's very hard to when we backfill in narratives about ourselves, you know, because it's very easy to look back and say, 'Oh yeah that is- that's true'. But in some ways I do think that I- it's fairly consistently true that I have, mentally and sort of spiritually, a quite positive outlook on life, but emotionally I have quite a- very low- like I sort of just generally find it very hard to feel motivated-

Laurence (50+/high-low/Quaker) offers a coherent and fluent narrative account of his mood experiences. He says himself that this fluency may be attributed to his membership of Alcoholics Anonymous, meaning that he is often asked to tell his story. He describes significant biographical disruption resulting from altered moods, starting with being bullied at his boarding school, after a previously happy childhood. Then followed a long period of chaos, in which altered moods, substance dependence, and difficult life events (such as divorce and unemployment) were interwoven, after which he found a new equilibrium based on spiritual values and principles. He is cautious about the claims he makes for this recovery identity, but describes it as being able to live comfortably with himself, making choices to live in a way that is consistent with his values and accepting both past and current experiences as part of life. He explicitly rejects a fight narrative, normalising his moods as a part of life.

Laurence: I regard my rejection of medical model as liberating. At the time I rejected it, I hadn't got a clue about the spirituality stuff. But I do feel that, that if I hadn't rejected it, I wouldn't have been able to embrace the spirituality which I have come to regard as fundamental to my wellbeing. Y'know, I, I regard myself these days as, as maintaining wellbeing. I am not fighting an illness. I am just a human being, like everybody else, struggling to make sense of the world.

In his narrative Laurence contrasts the wisdom that comes with hindsight with his 'in the moment' experiences. Specifically, he sees that his experiences could be considered a type of spiritual crisis, although he would not have recognised that at the time.

Laurence: I mean, I didn't, at the time, think, 'Oh I'm in low mood, I must be having a spiritual crisis'- But it's- it-it-it it's comfortable for me to put that interpretation on it retrospectively. I mean, I- Y'know, I know people who have actually been through mood difficulties and have described it explicitly as a spiritual crisis. But- but, I don't know, that wasn't how it seemed for me.

Matthias' (30+/low/Anglo-Catholic) narrative identifies the onset of his first (and at the time of



interview, ongoing though less severe) episode of altered mood as a biographical disruption arising from problems with his PhD and concern for his father's health. He also talks about a recovery identity, which he achieved through spiritual practices. He says that his faith and spiritual life now are very different to before the altered moods, and that with hindsight he interprets his mood experiences as an important stage on his life's journey. He also speaks about spiritual disruption as a result of life circumstances, but also a sense of continuity between the before and after. In some ways his experience of altered moods contributed to him overcoming the spiritual disruption.

Matthias identifies the difference between 'in the moment' and hindsight, suggesting that looking back he might describe his experiences as a spiritual crisis, but that at the time he easily could have interpreted it as a medical condition needing medical treatment.

Matthias: I was aware of that [spiritual crisis] as a kind of background idea.  
And- I mean that's particularly why I was interested in being involved with your research as well, because- It did- That experience changed the way I felt about my faith... In a way which kind of turned some things completely upside down. And so, with hindsight, it's kind of easier to think of it being that.

Nicholas (20+/high-low/Roman Catholic) speaks about what he perceived to be his complicated and ambivalent Catholic identity. He says that he carries emotional baggage related to his Catholicism. For example, he suggests that Catholic teaching about sacrificing the self may be at the root of his tendency to tolerate damaging behaviour from others. Nicholas reflects on the interaction between cultural identity and religious identity, noting his mother's Eastern European heritage and linking that to her conservative religious views. Nicholas sees his altered moods and biography as a process of transformation, whereby crisis is followed by epiphany and personal transformation.

Nicholas: ...you can see in various traditions across the world and in various beliefs and various, you know, human experience basically, that going through a stage of suffering you can-you can pull through and, you become transformed. And, I feel that in my life that that's happened multiple times so, so like I definitely-that's what I kind of understand.

Orla (50+/depression/Roman Catholic) describes her Catholic identity in contrast to what she perceives as traditional or mainstream Catholicism. For example, she describes herself as pro-choice, as believing that priests should be allowed to marry, and supportive of same-gender relationships. She says that she identifies as Catholic but does not accept all the doctrine, and

that she had very positive and formative experiences of Catholicism in her childhood.

Orla: So. I mean, I do see myself very much as a Catholic but I'm not- there are certain things in terms of my Catholicism that I don't match- I believe in a woman's right to choose. I believe that, you know, homosexual relationships are not a sin. Because to me God created love, so how can anything that is about love be anything other than positive. So, you know, and I- I believe priests should marry, and I think it's unnatural that you- that they don't marry.

Paula (20+/anomalous/former Charismatic Evangelical) describes a changing and conflicted Christian identity and relationship with Christianity. She says that she is no longer sure if she ever 'really' was a Christian, although she did identify as such in her earlier life. Managing her altered moods requires her to avoid certain situations such as church services – she describes this as denying part of her identity in order to remain mentally well. She describes having been out of step with her Christian peers, for example when they reported interior religious experiences, and wonders if her altered moods played a part in her feelings of alienation. She speaks in ambivalent terms about her attitude to spirituality, having gone through periods of seeing it simply as a construct to deal with a fear of meaninglessness but also being aware that Christianity has formed an important part of her identity.

Paula: Which is hard, because they're actually I think- the- so the meaning you get actually has quite a big positive impact on your mood and I guess your sense of self, and- Cause obviously your values and I- you know, your principles, and who you are, and all these things, they all underpin your identity, cause they make up who you are. And if they are gonna make up who you are, and having to not allow part of that to be part of your identity is quite a difficult thing.

Paula's recovery identity involves interpreting her mood experiences as a type of neurodiversity, with effects that can be managed, rather than as a diagnosed illness. Looking back, she can see that she had mood related experiences from childhood; she says that she did not participate in normal life and that her reactions to events were unusual.

Quentin (60+/depression/Methodist) describes his Christian identity as a burden and feels that life would be easier without it. He feels alienated from the majority of Christians and his own denomination, although he is reassured by remembering that there are different forms of Christianity. He feels that he is finding his own way in faith; his narrative gives the sense that he feels he is forging an alternative (and difficult) path to mainstream Christianity.

Quentin: I've moved to a different place... And I- I- I just- I just... If this is Christianity, I don't want to be there. And it's that tension that really-really gets me. And I lie awake, thinking, what do I do? How do I- how do I live that life that I have. In the end, you know, that light I was talking about is- because I've been doing a lot of reading about it and, on a retreat last year in Bruges I sort of, found it helpful. Because I can see- you know, it doesn't really matter. There are so many different forms of Christianity anyway, you know.

Rashmi (20+/schizoaffective disorder/Roman Catholic) speaks about a strong Catholic identity that is nonetheless significantly different to the Catholicism of her parents' country of origin. For example, she accedes to her family's requests for her to meet with miracle priests in the hope that she will be fully cured of her altered moods but does not herself share that worldview. She believes that her mood experiences have improved her spiritual life.

Rashmi: I think I'm- I think I am a better Catholic for having gone through all these things. Because I now have a better understanding of what the world is really like, and what the world can do to people... I think it's made me more inquisitive about my faith, which I think can only be a good thing. So I think now that I'm asking a lot more questions and doing a lot more spiritual reading than I was before I had my breakdown. I think that's been a really beneficial thing for me.

Sam (50+/depression-anxiety/Anglican) locates her life-long experience of altered moods in the context of emotional needs that might or might not be met within relationships, both those in childhood with her birth family and adult romantic partners. She describes her altered moods as partially arising from difficult and emotionally lacking family relationships – a toxic mix of life circumstances - and as being held at bay by emotionally fulfilling adult relationships. Her current episode of low mood and anxiety was triggered by the death of a partner. Sam sees her altered moods as episodic and thus distinct from her 'self'; accordingly she does not speak about a recovery identity.

Sam: You say, 'No, I am me, the depression is- something that's wrong with me', if you like. I wouldn't even wanna call it part of me, I think that's a slippery slope as well, actually. But no, I try not to see it as my identity, because as I say, I had 11 years clear of it.

Sam says that she does not feel that she fits with either feminine or masculine gender roles and does not really identify as a woman but does not feel like a man either (her preferred pronouns are she/her); she says that she has typically masculine traits and interests and

compares herself to a child before they start to think about identifying with one gender. She wonders if this may have arisen from childhood experiences that led her not to identify strongly as a woman. For example, her early childhood led her to view women as cruel but weak. She wonders whether this sense of non-binary gender is simply part of who she is, or if it needs some kind of healing.

Sam: My mother and my grandmother were very cruel, so I decided I didn't wanna be like that, so I associated women with, like, cruelty. But on the other hand, I also saw them as rather weak, and my mother in particular was- You know, you had to be tough, she didn't like you crying or anything, so sort-more sort of manly qualities were admired. So that set up, I think, some confusion in my mind.

Steve's (20+/depression-anxiety/Roman Catholic) Christian identity changed over time from evangelical Protestant to Roman Catholic. He left the evangelical church in response to their reaction to his sexuality, and was later intrigued by his encounters with cathedral Catholicism. Joining the Catholic church as an adult, he felt that the church offered enough space for alternative views on topics such as sexuality. In Steve's narrative he discusses medication in some detail, explaining that he is reducing the amount he takes. He also normalises the use of medication, in contrast to the reactions of others around him.

Steve: The medication's quite standard, I'm on SNRIs now. Sertraline just stopped working. So it's venlafaxine now. I've never been on a better drug actually, with least side effects. Really easy. Plus actually I'm going to stop taking them soon, we're gonna start working down from them, shortly... It keeps me level, and I don't need anything else. There seems to be a- an idea that if I don't take the medication I will snap, and run around with an axe or something! So there's a little bit of- an over exaggeration. It's just medication.

### **3.3.1 Narratives of altered moods**

In describing the chronology of their altered moods, some participants<sup>73</sup> identified a difference between 'in the moment' experiences and later reflections on the meaning of the experience – participants were aware that they were constructing a narrative and were cautious about interpreting their experiences with hindsight. There were also differences in the fluency of narratives; some participants offered extensive chronological biographies with little

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<sup>73</sup> E.g. Belinda (50+/depression/Methodist) and Isaac (30+/dysthymia/Charismatic Evangelical).

prompting,<sup>74</sup> while the narratives of others were less fluent.<sup>75</sup> It is likely that narrative fluency to some extent depends on practice and having opportunities to rehearse the narrative as well as individual factors.<sup>76</sup>

The majority of participants located their altered moods in the context of their life as a whole. In most cases the introductory question “can you say something about your mood experiences?” elicited an autobiographical narrative. Some of these narratives were quite extensive. Participants could have described their diagnosis or explained what it felt like to experience altered moods, but instead the majority offer a chronological autobiographical account, often beginning in childhood. Participants frequently describe the adult experience of altered moods as being associated with or partially explained by difficult life circumstances, especially those originating in childhood. This is evidently an expected narrative arc, as some participants took pains to specifically explain that their altered moods were not related to childhood problems or bad parenting. Expected narrative or not, participants described significant levels of trauma and adverse circumstances, including childhood abuse or neglect, poor parenting and parental history of mental distress, dysfunctional relationships, bereavement, and substance dependence. Certainly the narratives present strong perceived links between altered moods and life experiences. Even participants who offered a strongly biochemical aetiology – such as Chris who said that bipolar is ‘a chemical imbalance, it’s as simple as that’ – also described a range of life events that interacted with their moods. No narrative presented altered moods as essentially random and occurring out of the blue. Instead they locate the experience of altered moods in the broader context of the participants’ biography. Looking across the interviews, however, the analysis did not reveal a strong sense of shared or collectively validated core narratives as described by Frank and others.

Every participant described their distress in some way during the interviews, painting a picture of long-standing intense mental pain which was nonetheless not always immediately apparent to or understood by others. These accounts of distress and suffering framed the narrative and

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<sup>74</sup> E.g. Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical), Chris (30+/cyclothymia/Pentecostal), Emma (40+/depression-anxiety/Anglican) and Laurence (50+/high-low/Quaker).

<sup>75</sup> E.g. Diane (60+/depression-anxiety/Anglican), and Sam (50+/depression-anxiety/Anglican).

<sup>76</sup> As discussed in the introduction in relation to Justin Welby and public awareness campaigns, attitudes to talking about distress (and the value attached to that) are to some extent culturally driven. There is likely to be a self-selection bias at work, in that all of the participants had volunteered to come and talk about this topic.

included a significant degree of disruption associated with the distress. Specific descriptions of the distress varied among the participants, but include emotional (such as a profound sense of worthlessness, fear, or despair), cognitive (such as a lack of motivation or difficulty focusing), and physical aspects (such as being unable to move or talk).

Emma: It was like, cause I've been through a lot in my life, but that was just too much. I just coul- couldn't... It's a sort of loss of hope, really, it was just too much... [I]t absolutely was depression. Because you know, that thing of like, walking out the door and actually feeling unable to walk, to move forwards. You know, physically.

Fiona: And I think for me, that's been the biggest feature of depression and faith, is that I often feel... that my faith just kind of disappears. And you know, I- I stop praying, and... I feel like God's just kind of disappeared on me, and... I feel quite abandoned.

Kieran: I had an intense down period, really really terrible, lasting over a couple of years... It came to a head with, you know, prolonged thoughts of suicide, and piling up pills. At which point I was hospitalised.

This distress affects multiple aspects of life, including interpersonal relationships, religious or spiritual life, and education; employment was highlighted as a particularly important area of disruption. Participants had needed time off work or had been ineffective in their workplace. Some described feeling stigmatised or discriminated against at work, once their diagnosis was disclosed.

James: And I reached a point, about 3 years ago, where I kind of got to a point where actually I was going to work and I was just sitting there. And I was unable to get myself to do anything, because of the state I was in.

Orla: I know at work, my boss fluctuated from being very supportive to, 'Oh we can't ask her to do that because she's- she's a, you know, manic-depressive. She's got- she is bipolar.' And, as soon as that label-

This level of distress was not exclusively linked to seeking medical help and/or receiving a diagnosis. The two participants who had never sought medical help also reported significant distress and disruption, for example being unable to work for a number of months.

Matthias: It completely knocked my confidence in my ability to write... This was supposed to be me finishing my PhD. And I did no work for 5 months!

### 3.3.2 Biographical disruption and recovery

So participants did place their mood experiences in the context of their biography, and they did describe various kinds of disruption to their lives. However, in contrast to the expectations raised by these studies in biographical disruption and recovery, most participants in this study did not typically explicitly talk about the ways in which their experiences altered or challenged their identity. They did not, for example, talk about being a different person after their altered moods, of having their expected life-course disrupted, or of conflict between a religious and mood identity. This may be partially explained by the length and chronic nature of most of the participants' altered moods. For most participants the altered moods are woven into their autobiography, often from childhood, rather than being a distinct, disruptive, event. This possibility is supported by those participants, e.g. Gail (60+/high-low/former Jehovah's Witness) and Laurence (50+/high-low/Quaker), who did offer something approaching a 'classic' narrative of biographical disruption and a recovery identity. Their narratives had a clear sense of life before the altered mood, during the altered mood, and afterwards. Both have experienced a high level of disruption due to their moods, including psychosis. Gail did not experience altered moods until mid-adulthood and her current life is markedly different to her previous situation; Laurence started his narrative in childhood but also had a sense of a distress-free 'before' and a markedly different 'after'. Matthias' (30+/low/Anglo-Catholic) altered moods also started in adulthood, but at the time of the interview he was still in the 'during' phase. It may also be partially explained by the framing of the research and the decision not to seek participants through health services – participants were not described as patients, and were recruited mainly via faith groups rather than mental health groups. Participants were perhaps less likely to have a strong mental health related identity (since they were not recruited as service users, or experts by experience) and more likely to evidence a strong Christian identity. This was borne out in the interviews, with a number of participants offering in-depth narratives about their Christian identity.

In these Christian narratives, God, or sometimes faith in God, was described as a rock, an anchor, a light in the dark, a stronghold, the thing that stopped participants acting on suicidal ideation.

Amy (30+/depression-anxiety/Anglican): And I was having quite a bad time at that point and on that day, so the psalm that I wrote was very much praise but it was, um, it was about God being there... Um – 'When my mind's wobbling, you don't, you're the stronghold. And when all seems dark, you're

still there, you're still the light.'

Similarly, Belinda (50+/depression/Methodist) described having faith in God who provides stability in the storms of life, speaking about being anchored, leaning on the rock, and having a solid foundation. A belief in the constant loving presence of God was described as giving stability and certainty to life, with participants<sup>77</sup> asserting that they always know God is with them, despite their mental distress. Helen, for example, characterises God as a warm, comforting, nurturing and protective presence. God is the ultimate confidante, always present and the one who truly knows her. Her image of God gives her a sense of stability and solidity, despite the difficulties she has encountered in life.

Gail, on the other hand, spoke from the position of being a former Jehovah's Witness, and used similar imagery in relation to life with and without a belief in God.

Gail: I never really had to think about it. Well- it- you know, to come from a background where you're so convinced, that there is an all-powerful being, and then to lose it, it's just interesting how that's happened, but- No, I don't have any image of God, no.

She previously imaged God as an all-loving and holding presence – and herself as resting on everlasting arms – but now has no image of God as she does not believe in the reality of God. In one sense she has lost the stability that comes from that kind of image, and speaks about missing the experience of prayer and the sense of being in God's care. However, Gail's sense of herself as a spiritual person persisted and remained a significant part of her self-image.

These kinds of images of faith providing stability during the disequilibrium of mental distress are in line with literature on the sociology of religion, in that religion and tradition are considered to have a potential stabilising function in uncertain circumstances such as diaspora (Mol, 1979; McLoughlin, 2010). Participants also, however, spoke about spiritual disruption (Watts, 2011) associated with altered moods. Rather than disrupting their overarching biography and identity, altered moods instead disrupt their Christian biography.<sup>78</sup> The

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<sup>77</sup> E.g. Caleb, Belinda (50+/depression/Methodist), Helen (40+/depression-anxiety/Anglican), Chris (30+/cyclothymia/Pentecostal), Diane (60+/depression-anxiety/Anglican).

<sup>78</sup> This disruption was expressed as difficulty in maintaining spiritual practices, difficulty with accepting what they perceived to be core Christian beliefs (such as that God loved them), and in some cases as a challenge to Christian identity.



suffering of altered moods was associated with spiritual distress or disruption, such as being unable to pray, feeling abandoned by God, or wanting to know whether God could really understand human suffering.

Caleb: I can swing from one extreme to the other quite rapidly. And when I'm depressed I think, I can't understand what God is doing to my life - I know there's a God, no doubt that there is a God, but I get extremely frustrated with him. I cry, I ask him why I feel so crap, why life has treated me so badly, why, why can't I have normal moods and be like a normal person, and I get incredibly depressed. And I, I wake up with depression most days.

For some participants this disruption was framed as a challenge to their Christian identity, in terms of conflict between lived experience and theology (or church community expectations). There was a sense in which 'top down' theology, formed perhaps in the absence of concerted reflection on lived experience or with the assumption that systematic or biblical theology are context-free, was presented as conflicting with the individual's mood experiences. Specifically, predictions based on theology (such as that depression is a spiritual condition, therefore spiritual practices should solve it), were found to be incongruent with participants' experiences of chronic altered moods. This was articulated most clearly by participants who wanted to reject what they saw as an aspect of conservative theology,<sup>79</sup> but can also be seen in, for example, participants' uniform rejection of demonic aetiologies in their own case (rather than in general), or in participants feeling guilty for being depressed (because Christians are not 'supposed' to be depressed). For these participants, the theology explored in later chapters in some ways can be considered their Christian recovery identity.

While few participants spoke explicitly about identity, there are therefore implicit and nuanced references to identity throughout the interviews. These were more apparent during analysis than during the initial interviewing stage. I adapted my initial interview schedule in response to the lack of explicit identity-talk, but the process of analysis highlighted other, more subtle aspects of identity. What is missing is the link between concepts of biographical disruption, recovery, and identity that the sociological literature had primed me to expect (Bury, 1982; Williams, 2000; Ridge and Ziebland, 2006; LaFrance and Stoppard, 2006; Bonney and Stickley, 2008; Locock et al., 2009). These ways in which participants engaged in identity-talk are

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<sup>79</sup> Chris (30+/cyclothymia/Pentecostal), Paula (20+/anomalous/former Charismatic Evangelical), Belinda (50+/depression/Methodist), Matthias (30+/low/Anglo-Catholic), Nicholas (20+/high-low/Roman Catholic).

discussed in the next section.

### **3.3.3 Identity-talk**

In addition to the points noted above in relation to narrative shape and biographical disruption, the following aspects of identity-talk emerged from the analysis.

#### **Presentation of self as competent**

Participants understandably presented themselves as competent and as 'more than' their diagnosis by including biographical information that was not entirely necessary for the narrative they were telling. For example, Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical) listed his work successes, while Laurence (50+/high-low/Quaker) demonstrated his familiarity with academic research and noticeably took charge of the interview, guiding the direction of the discussion and 'confessing' that he knew he may not have been eligible for the interviews as he does not identify as Christian. I was aware before the interview that he is a Quaker and well aware that Quakers do not necessarily identify as Christian, which added an additional layer of complexity to the negotiation of interview roles.

#### **Recovery identity**

While the classic version of biographical disruption and recovery did not emerge strongly from the data, some participants did describe a recovery identity. This new identity was markedly different to both their former life and their episodes of altered moods. These tended to be the same participants<sup>80</sup> who offered a potentially transformative account of altered moods, i.e. those whose accounts emphasised potential transformation through suffering.<sup>81</sup>

#### **Self formed in relation to others**

Some narratives are particularly focused on the relationships surrounding the participants, especially spouse and/or children. For these participants their identity as spouse or parent is revealed as particularly significant. This may be related to cultural expectations of gender roles, since those narratives that most emphasised these relationships were by women, and in general those narratives that had fewest mention of these relationships were by men.

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<sup>80</sup> Emma (40+/depression-anxiety/Anglican), Laurence, Paula (20+/anomalous/former Charismatic Evangelical), Matthias (30+/low/Anglo-Catholic).

<sup>81</sup> These accounts are discussed in section 4.3.2.4. The term 'potentially transformative' comes from Scrutton (2015b).

### **Presentation of distress severity**

Medically, suicidal ideation or behaviour and medication were the two things most consistently noted by participants as markers of severity. A number of participants report that they have been significantly distressed, but not so distressed as to be suicidal. Or if they have experienced suicidal ideation, it had not been 'serious' and they would not have acted on it. Their distress has been recognised medically by the prescription of medication, but they do not need it long-term, or they only take a low dose. This could be read as participants unwittingly reflecting social stigma in their self-presentation – they are not like those 'others' – but a more generous reading recognises the complex ways in which stigma, identity, distress, and diagnosis may interact. For example, medical professionals commonly ask about suicidal ideation in a way that suggests it is a marker of severity – rather than protecting their self-image participants may be concerned not to present their distress as greater than it is.

### **Christian identity and spiritual disruption**

A majority of participants gave a clear narrative of their Christian or spiritual identity. It is evident in the accounts that this identity is highly significant for many; participants speak about spirituality and faith as fundamental to their identity, or describe putting considerable effort into developing and understanding their spiritual lives. Spiritual disruption associated with altered moods seems to be perceived as distinct from biographical disruption. Participants identified negative short-term spiritual disruption (such as an inability to pray or attend church) but in the longer-term this disruption from altered moods tended to be seen as either positive (such as leading to the development of a new image of God) or broadly neutral. Those whose altered moods cause long-term and substantial disruption to their spiritual life and practice may be an exception to this trend. Paula (20+/anomalous/former Charismatic Evangelical) and Rashmi (20+/schizoaffective disorder/Roman Catholic), for example, were both entirely unable to attend church and continued to perceive this as a negative disruption.

## **3.4 Summary: Narrative shape**

This analysis of the narrative shape of the interviews draws on, but complicates, the sensitising concepts of core narratives and biographical disruption. Christian narratives emerge as highly significant; the disruption associated with altered moods is substantial but the experience of altered moods is not perceived as a challenge to self-identity. It is, however, perceived as a spiritual disruption. For some participants a disconnect between theology and experience

forms an important part of that disruption. A kind of 'Christian recovery identity' of participants emerges from the ways in which they navigate this disconnection, and is expressed through the theology discussed in the following chapters.

This chapter therefore flags up themes which are extended and filled-out in later chapters.

These are:

- Altered moods are not strongly associated with identity, neither in the sense of group identity nor as a challenge to the sense of self. Theology of altered moods is therefore most appropriately described as a theology of experience, rather than a theology of identity.<sup>82</sup>
- Spiritual disruption is common and there may be a disconnection between lived experience and theology.<sup>83</sup>
- A significant amount of suffering is associated with altered moods, and participants' interpretations of that suffering tend to be framed in relation to their Christian experience rather than other potential narrative forms such as a quest or restitution narrative.<sup>84</sup>

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<sup>82</sup> Further developed in Chapters 7 and 8.

<sup>83</sup> Further developed in Chapters 4 and 5.

<sup>84</sup> Suffering runs as a thread throughout the thesis but is foundational to Chapters 6 and 8.

## Chapter 4

### Ground floor: Interpreting altered moods

#### 4.1 Introduction to theme

This chapter reports and analyses the ways in which participants interpreted their altered moods. These interpretations provide important context for later chapters, which examine more closely the ways in which lived experience of altered moods and Christian theology intersect. This chapter represents the ground floor of the grounded practical theology, i.e. the base and boundaries on which, and within which, people construct their theology. Individual interpretations of altered moods are not formed in a vacuum – the conclusions that individuals draw as to the significance, aetiology, and nature of altered moods in large part reflect their reactions to the interpretations that they are offered by their communities, networks, and wider society. Any health condition can be subject to diverse interpretations (e.g. moralising accounts) but the current Western discourse and state of knowledge around altered moods seems to particularly support a variety of interpretations. As discussed in the introduction, the dominant Western interpretation of altered moods is that they are a type of illness with biopsychosocial aspects. However, when medical diagnosis occurs, it is based primarily on self-reporting against a list of criteria (e.g. having low mood for the past two weeks), and not on something perceived to be objective, such as a blood test or scan.

Leavey et al. have described this process occurring in both clinicians and ministers of religion:

In the absence of 'objective' evidence, the clinician 'makes sense' of the patient's narrative, attempting a construction of why has this happened, what or who is responsible and what needs to happen to make things better? (Leavey et al., 2016, p.1608).

It follows that biomedicine occupies a significant part of this ground floor. In relation to biomedical interpretations of altered moods, analysis of the data found that:<sup>85</sup>

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<sup>85</sup> This taxonomy is intended to be a way of understanding and analysing the different accounts provided by participants, not as a way of identifying groups of participants. The groups do not have tight boundaries and some participants offered accounts that fitted into

- Accounts can be organised around the central concept of altered moods arising from a 'chemical imbalance'. Participants' attitudes to this concept fall into three broad groups:
  - a) Simple acceptance of the concept (biochemical model) (approximately 30% of participants predominantly offered these kinds of accounts)
  - b) Qualified acceptance (biopsychosocial model) (just over 40% of participants)
  - c) Rejection (alternative models) (just under 25% of participants).
- These models are paralleled by participant responses to the biomedical labelling or diagnosis of altered moods – empowered, questioning, rejecting. Those in the biochemical/psychosocial groups are more likely to find medical labels empowering/liberating.

There is a sense in which all the participants' interpretations of altered moods can be said to be 'spiritual' or 'Christian', in that all interpretation is informed by their worldview; 'health' is not in an entirely separate compartment to 'religion'. However, there was another cluster of interpretations which I have called 'Christian' or 'spiritualised' interpretations because they more explicitly reference Christianity or theology. These accounts of altered moods can also be found in this ground floor, alongside the biomedical accounts, i.e. they are not in opposition to the others kinds of interpretations. These interpretations present altered moods as one or more of the following:

1. evidence of evil spirits
2. symptomatic of poor spiritual health
3. a form of spiritual testing
4. a time of spiritual growth.

Groups 1-3 of these spiritualised interpretations are widely described by participants but uniformly rejected as inaccurate interpretations of their own experiences. Participants are describing interpretations that form part of the context for their mood experiences but which they do not share. Specifically, predictions based on theology (such as that depression is a spiritual condition, therefore spiritual practices should solve it), were found to be incongruent with participants' experiences of chronic altered moods. Group 4 can be described as

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both categories. For example, Kieran emphasised a biochemical model for those conditions that might be diagnosed as severe mental illnesses, and a biopsychosocial model for common mental health conditions such as depression.

potentially transformative (Scrutton, 2015b), i.e. that altered moods, while devastating, may nonetheless be times of spiritual change and growth. Potentially transformative interpretations were accepted by participants as plausible interpretations of their own altered moods.

The detailed qualitative data on participants' attitudes to biomedical interpretations that is presented in this chapter supports and fills out previous quantitative psychological research on the topic. Much of the 'religion and mental health' literature focuses on exploring statistical associations between health outcomes and self-reported religious practices such as attending a place of worship, praying or religious coping strategies. For example, a paper by Loewenthal et al. (2001) highlights an interesting discrepancy in the perceived efficacy of religious activity in coping with depression – UK participants who had ever been depressed were less likely to perceive religious activity as effective, and less likely to consider using religious coping strategies if they became depressed, than participants who had never experienced depression. This echoes the words of participants in the current study, who from experience have found religious coping strategies to be considerably less effective than their churches would like to believe. This does, however, raise the question of whether good clinical outcomes are expected to follow from religious engagement.<sup>86</sup> This in turn highlights the ways in which theology is intertwined with lived experience; from a practical theological standpoint, the question is what salvation looks like (or is expected to look like) in the life of a believer or a community.

As a qualitative study the participant sample in the current research is not intended to be representative. Nevertheless, the range of accounts of altered moods are broadly in line with what might be expected from other studies. For example, Leavey et al. (2016) identified five causal models espoused by Christian ministers. The categories were: biomedical, personal life events, structural or social stress, modernity, and religious/supernatural. The work of Stanford and McAllister (Stanford, 2007; Stanford and McAlister, 2008) gives an indication of the likely

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<sup>86</sup> Different Christian traditions would likely give a different answer to that question, and the official teaching of a denomination might differ from the experience of individuals. The prosperity movement, for example, teaches a close and causal association between salvation and health (Bowler, 2018). The *Catechism of the Catholic Church* (CCC, 1997, paras 1503–05) offers the image of Christ the physician, whose life-giving presence is especially active through the sacraments, but also recognises that “even the most intense prayers do not always obtain the healing of all illnesses” (CCC, 1997, para. 1508) and some suffering must simply be endured.

extent of this last category of spiritualised accounts of mental distress. They carried out an anonymous online survey of Christians (mainly in the USA) who had approached their local church for help with mental distress and found that approximately one third of respondents had been told that their distress was due to their personal sin (36%) or demonic involvement (34%), or that they should stop taking their medication (28%). Similar proportions had been told that they (41%) or their family member (32%) did not really have a mental illness, despite receiving a medical diagnosis. (The paper does not report whether there is an association between these experiences.) Similarly, roughly one third of participants in the current study had been told that their distress was associated with evil spirits (although more were aware that such accounts existed), and just over a third had encountered personal sin accounts. It is notable that structural, social, and political interpretations of altered moods were very rarely mentioned by participants, other than one reference to austerity measures, and perhaps a few references to changes in society facilitating wider discussion of mental health and distress than in previous generations. While Leavey et al. found that few ministers referred to biological models of mental distress, their description is strikingly similar to that offered by the participants:

[T]he role of biology in the development of mental illness tended to be offered as unicausal, embedded within a genetically determined disability rather than an interplay between nature and environment and often described as a 'chemical imbalance' in the body affecting the brain (Leavey et al., 2016, p.1611).

Writing about Tallis' (2016) concept of neuromania, Swinton (2018b) describes a similarly unicausal category of pharmacomania – the belief that psychotropic medication is a necessary and sufficient response to mental distress. He questions what it means to say that psychotropic medication has 'worked' when, for example, someone hears voices, rightly noting that such an experience is more complex than often allowed; not all voices are troublesome, and medication that succeeds in reducing the voices may well come with other, hard to manage, side effects:

So, rather than "better" being understood in terms of moving toward something—God—"better" is primarily perceived as moving away from something: symptoms. The meaning of these symptoms to those individuals who bear them in their bodies is not considered to be of primary importance if in fact it is taken into consideration at all (Swinton, 2018b, p.308).

This type of complexification is a helpful challenge to dominant narratives when talking



generally about the experience of mental distress, but the data in this current study highlights a difficulty when applying it to individuals. Roughly one third of participants understand their own experiences in strongly biomedical terms. The concept of biochemical imbalance is the way in which they find it most meaningful to describe their mental distress, considering their experiences to be primarily a symptom of a biological process. Looking from the outside, it is of course possible to trace the connections between these beliefs and dominant cultural narratives about mental distress, and to challenge the reductive nature of the chemical imbalance narrative. And yet, I have to return to the data. Or rather, to the real people represented by the data. 'Symptoms of a chemical imbalance' is the way in which a number of participants choose to interpret their own experiences. Am I to offer them an additional diagnosis of pharmacomania or neuromania? The process of redescribing altered moods can perhaps open up the possibility of alternative, even more helpful, scripts, but it is important to see these as in tension with more conventional scripts rather than replacing them. It also draws attention to the ways in which biomedical concepts such as 'a chemical imbalance' may have a symbolic function, attracting a web of meaning and interpretation that goes beyond the medical or scientific knowledge.

The spiritualised accounts presented by participants appear to offer alternative scripts. However, not all alternative scripts are helpful. Groups 1 and 2 of the spiritualised accounts (evil spirits and poor spiritual health) have been addressed in the literature as theologically inaccurate and potentially harmful. Mentioned previously in the Introduction, Webb (2017) takes a biblical studies approach to discuss negative lay theologies of mental distress that have been identified in interviews and Christian self-help literature. These negative lay theologies include psychological distress as evidence of lack of faith or selfishness, and psychological distress as caused by personal sin or demonic influence. Webb traces the potential biblical basis for these theologies, but concludes that they have limited biblical support and may even be contradicted by the biblical witness. A report by Ryan (2017) similarly suggests that personal expressions of mental distress are the appropriate starting points for a Christian theology and language of mental health, rather than the infrequent biblical allusions to mental ill-health in others. Psalms of lament or Jesus' words from the cross would be examples of personal expressions of distress, while the 'madness' of Nebuchadnezzar or the behaviour of the man called 'Legion' are examples of the latter. The same report draws attention to the potentially harmful effects of exorcism or deliverance ministry. In his theological work based on his own experience of depression, Colwell addresses these same kinds of harm:

By far the most problematic of these well-intentioned (but deeply misguided) people are those who assume that mental illness (or, at least, this mental illness) is demonic... Such people, I am sure, are entirely unaware of the unimaginable damage that they can inflict - or at least, this is what I assume: if they are aware of the damage they can cause, if they even have an inkling of that damage and yet persist in their assumption, then it is they rather than I who ought to be locked up (Colwell, 2014, p.27).

Disability theologians also draw attention to a historic association of sin (or poor spiritual health) and disability within Christian tradition. Drawing on a small number of biblical references,<sup>87</sup> some traditions have seen disability or illness as a direct result of individual sin. More broadly, disability has been viewed as evidence of the fallenness of the world; not the result of specific sin, but a type of brokenness that follows from the existence of sin within creation. Disability, perhaps especially that present from birth, has also been viewed as a type of virtuous suffering (Lowe, 2012); an opportunity for the goodness of God to be displayed either through physical healing (as per John 9) or through an ongoing increase in virtue and wholeness for the person or those around them – what might be called the ‘God’s special angels’ approach to disability. In all of these approaches the disabled person is a relatively passive figure and the individual minimised, the particularity of disabled bodies and experiences at risk of being lost as they function as a symbol either of sin or of virtuous suffering. Like the medical model, the sin account is a deficit model; the explanation draws attention to something that is lacking.

Disabled people have challenged this characterisation of their lives; within both the disability rights movement and disability theology these challenges began with physically disabled people, followed by those with learning disabilities (or their allies), and latterly neurodiverse people. For example, Eiesland, a physically disabled theologian, drew on minority group liberation perspectives and the disability rights movement to argue against the conflation of sin and disability, ending with her famous description of the Disabled God (1994). In response, theologians concerned with learning disability have highlighted the ways in which liberatory and rights-based approaches may exclude those with cognitive impairments through an over-emphasis on autonomy; the result has been a variety of relational theologies that emphasise human commonalities or the characteristics of a virtuous community (e.g. Yong, 2007;

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<sup>87</sup> Particularly: Leviticus 21 which bars disabled people from serving as priests; Psalm 107:17 “Some were sick through their sinful ways, and because of their iniquities endured affliction”; Mark 2:9 and John 5:14 which associate physical healing and the forgiveness of sin.

Reynolds, 2008; Creamer, 2009; Brock, 2011). As a characteristic example, Reynolds offers a theology of vulnerability, saying it is intended to:

[F]orge a path forward by rethinking human community in light of the primacy of relation and embodiment, such that the fundamental character of human wholeness through vulnerability and interdependence comes to the fore (Reynolds, 2008, p.14).

In common with those disability theologians the participants in the current study reject the sin or spiritual testing interpretations of their situation. Unlike the liberatory theologians they are more likely to accept the characterisation of altered moods as indicative of the brokenness of creation (which is not the same as saying they are broken individuals). This is perhaps linked to questions of identity (most participants did not explicitly identify themselves as disabled, nor talk about a health or mood identity), but also to some of the characteristics of altered moods; they are experienced as distressing – as suffering - in a way that other impairments may not be. In that respect the participants may have more in common with those relational theologians who have tended to focus on profound learning disabilities.

Participants' potentially transformative interpretations are particularly interesting when considered in relation to wider disability theology and when thinking about redescribing altered moods. They have some similarities with the idea of virtuous suffering, and yet the participants are not at all passive in these accounts. They wrestle with and lament the reality of their distress, but also see purpose and possibility in the experience. There is a distinct resonance between these interpretations and relational or contextual forms of disability theology, as well as with Scrutton's (2015b) description of potentially transformative suffering. There may also be a further resonance with classic disability theory that distinguishes between the functional impairment (with a biological cause) and disability (caused by a discriminatory social context). Spiritualised interpretations do not deny the existence of altered moods nor mental distress (with a variety of possible causes, including the biological – presumably evil spirits could work through neurotransmitters), but the different interpretations reflect different kinds of social contexts.

## **4.2 Description of data**

Having explained the purpose of the interview as hearing about their experience of altered moods and Christianity, I suggested the same starting point to each participant, a variation on

“Could you say something about your mood experiences?” I started with mood as it was a relatively concrete topic that participants would be expecting to talk about. This starting point gave me an indication of the shape of the rest of the interview (e.g. would we be talking about high and/or low moods, which language the participant prefers to describe mental distress) while allowing the participant to take the lead on how much information they wanted to disclose. In many cases this starting point led directly to a discussion about different interpretations of altered moods, either by the participant raising it themselves or after a question about how they or their church understood the nature of altered moods. Coding revealed several distinct data clusters addressing different aspects of the interpretation of altered moods. These clusters include: aetiology and nature of altered moods (such as describing causes, episode triggers, or explanatory models); distinctively Christian interpretations of altered moods (such as demonic influence or reflecting spiritual characteristics of the person); and recognising, diagnosing and labelling mood experiences. 20 participants addressed this topic, with participants offering both their own and others’ experiences as examples.

## **4.3 Analysis**

### **4.3.1 Aetiology and nature of altered moods**

#### **4.3.1.1 Biological accounts: “It’s a chemical imbalance”**

The accounts offered by six participants<sup>88</sup> fall into the biological ‘chemical imbalance’ group, either using the phrase explicitly or talking in closely related terms.

Interviewer: What do you think causes bipolar?

Chris: Chemical imbalances. It's as simple as that. There is no identifiable cause as such, from an external point of view, of bipolar.

Interviewer: What is it you think that depression is? What wh-wh- what causes it, or-?

Orla: I think it's chemical. I think it's all to do with... So I think it is very chemically based that, you know, the human body goes through certain

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<sup>88</sup> Helen (40+/depression-anxiety/Anglican), James (30+/depression/Charismatic Evangelical Anglican), Chris (30+/cyclothymia/Pentecostal), Orla (50+/depression/Roman Catholic), Quentin (60+/depression/Methodist), Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical).

things, and so I- I- I don't think it's always bad exp- situations cause you to be ill then and there... But I think, it- i-i-i it's that chemical imbalance, which is why the drugs work. Because the drugs keep that chemical balance nice and flat and even. So I- that's what I think depression is, and I think emotions just play a part, because emotions create the chemicals within the body. You can tell I didn't do biology at school!

Helen: I think mine's chemical. I do- I do believe that. My Nana, my paternal grandma, suffered from it terribly. And I think I have the same condition.

In these accounts participants explain at least some kinds of altered moods (sometimes their own, and sometimes 'depression' or 'bipolar' in general) as being a medical condition, entirely akin to conditions that are diagnosed as physical illnesses (such as diabetes) and caused by a neurochemical imbalance.<sup>89</sup> Altered moods are therefore characterised as a medical problem requiring treatment accessed through health care professionals, although not necessarily with medication. This group offers a broadly single factor aetiology, with the neurochemical imbalance considered to be by far the most salient factor. Other factors (such as trauma or adverse childhood experiences) are mentioned as potential causes for the chemical imbalance, and there is an acknowledgement that behavioural choices (such as getting enough sleep or eating healthily) can contribute to recovery or prevention. The accounts do not explicitly talk about constructing categories of wellness and illness, nor the distinction between physical and mental health,<sup>90</sup> but seem to assume an underlying binary. A person is either (mentally) ill or they are not. There is a sense in which this explanation functions as a justification for the participants' ongoing episodes of altered moods and/or use of medication – as long as participants follow medical advice, engage in therapy, make healthy choices etc, they are not to blame for an objective and involuntary chemical imbalance in their brain. This approach describes altered moods as a problem located *in* the (brain of) the individual, but it is not a

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<sup>89</sup> It is important to note here that conditions diagnosed as physical illnesses do not necessarily have a purely biological basis. They are also, to differing extents, biopsychosocial conditions. For example, a range of physical illnesses, including diabetes, are associated with social causes such as poverty or inequality in society (see Marmot (2020) for a review of health inequalities in England). The difference is in the way in which 'physical' and 'mental' health problems are viewed and diagnosed, rather than there being a clear dividing line between them (see 'Introduction' for more discussion on this point). Similarly, something being considered a 'medical' condition does not necessarily entail biological aetiology, and altered moods being considered a medical condition does not necessarily entail a neurochemical origin. Nevertheless, participants who spoke about altered moods as being a medical condition did tend to talk in terms of biochemical imbalance.

<sup>90</sup> As discussed in the previous footnote and the Introduction, it is not clear exactly whether there is such a distinction, or what it consists of, other than the idea of a difference receives common cultural validation in Western cultures.

problem *with* the individual. James, for example, said:

maybe it's actually just someone that's got a mental illness and- and maybe just not that, it's the way their brain works, and it's like well, I couldn't blame them for that any more than I could blame them for having cancer, or whatever.

This approach makes sense given the wider context of how altered moods are understood; many participants had encountered alternative accounts which do imply a problem with the person. Some Christian perspectives suggest that altered moods are linked to the individuals' sin, or to demonic involvement, or more generally to a lack of spiritual health. These are discussed in the next section. In other cases participants described other, non-biomedical, explanatory narratives which include negative interpretations of the person experiencing altered moods, such as depression as a character weakness or flaw. For example:

Caleb: And I, and I have struggled with a thought, 'Am I inherently evil and bad?', rather than 'this is a medical condition that has just proven too intractable and difficult to sustain a marriage on'.

Fiona: There's one person here who, who kind of, I don't know, gives the message that if you're strong and tough you can cope with anything and if you're not coping then it's cause you're not strong and tough enough.

#### **4.3.1.2 Mixed and biopsychosocial accounts: “For some people it’s a chemical imbalance, but for most people it’s caused by stress or trauma”**

The accounts offered by nine participants<sup>91</sup> fit into this second group. Nicholas' (20+/high-low/Roman Catholic) account shares characteristics with this and the final group.

These accounts accept the biomedical paradigm as a reasonably accurate and useful way of understanding altered moods, but emphasise psychological or social factors in addition to or instead of biology. These explanations reference chemical imbalances, but as an oversimplification, as having a limited evidence base, or as relevant in some cases but not all. 'Mixed' may refer either to different causes for different people, or that a combination of

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<sup>91</sup> Amy (30+/depression-anxiety/Anglican), Belinda (50+/depression/Methodist), Fiona (30+/depression-anxiety/Anglo-Catholic), Isaac (30+/dysthymia/Charismatic Evangelical), Kieran (30+/bipolar/Roman Catholic), Rashmi (20+/schizoaffective disorder/Roman Catholic), Sam (50+/depression-anxiety/Anglican) and Steve (20+/depression-anxiety/Roman Catholic).

factors are present in one person's experience.

Fiona: It feels like there are two major causes, and one is the kind of, the chemical imbalance in the brain, and the other is... just a build up of all sorts of shit that people have to deal with. And I think for me it's probably the latter more than the former.

Interviewer: How do you explain it now? What do you think causes depression?

Amy: ...I'd say the most likely for people'd be some experiences that have been negative and have led to negative thoughts.

This is a multifactorial aetiology, where altered moods are described as the result of a combination of individual reactions and predispositions, acute or cumulative stress, trauma, or childhood experiences. Participants mentioned contributing factors such as poor parenting, caring responsibilities, relationship breakdown, bereavement, stress at work, and the menopause. While these narratives may accept that altered moods are grounded in neurology, and that adverse life circumstances can affect neurotransmitters, a biochemical imbalance is not the most significant factor in these accounts.

Sam: Whether it is brain chemicals, I'm not sure. Or a- just a susceptibility to it. But- I think it ca- it can be both. You can get a mixture as well.

Participants drew attention to some of the ways in which altered moods are similar to physical illnesses (e.g. fatigue, measurable impact on daily living, use of medication), but were also attentive to the ways in which they were perceived to be dissimilar (e.g. no diagnostic test, the significant role of stress, and the ability to influence mood through individual behaviour). There were varied reasons why individual participants were keen to draw attention to these dissimilarities, despite their over-all acceptance of the biomedical paradigm. Kieran, for example, wanted to avoid being reductively medical, and to draw a distinction between bipolar (which he considered to have a biological basis, though triggered by life circumstances) and unipolar depression (which he considered a symptom rather than a medical problem).

Kieran: My- my view of depression is it's a symptom rather than a- a- a sort of medical level disorder, and there might be several things going on biologically, socially, emotionally, whatever, that- that bring this about. Bipolar... is much more likely to be grounded medically, and so to be grounded in- I guess, neurology.

Some (e.g. Amy, Fiona, Rashmi and Sam) felt that adverse life circumstances had been the main reason for their own altered moods, although they accepted that biological factors might contribute significantly to the altered moods of others:

Rashmi: Well, there's the whole biochemical kind of theory, as well, which I understand is probably true for some people, like it might be a chemical imbalance and things like that. I think for me personally, I notice that my mood tends to react to life situations, so, so things like stress or certain triggers.

Others seemed to have recognised the limitations of 'chemical imbalance' as an explanation, and wanted to complexify the category. This may have included a degree of anxiety about claiming illness status for themselves.

Nicholas: But is not as simple as- I-I-I never, I basically never agree with the kind of neat boxes that are defined medically, you know...

Isaac: And this sort of weird thing between... I don't know like if you have a, if someone has a chronic disease, like say I had diabetes or something, you kind of know that you have it and you can check your sugar levels and you can kind of say ok this is something I have. Whereas with something like that, it's influenced by so many factors that it's hard to kind of know...

This contrast between physical and mental health is a theme that cuts across the first two groups. Two specific physical conditions, a broken leg and diabetes, were most frequently compared to mental health, possibly as a result of public health campaigns using these examples.

Quentin: I think because mental health comes in that much more woolly area, that, you know, if you've got a broken leg a surgeon will mend it. You know. And we have this thing now, I mean, people ask me, 'you've been on those tablets for 20 years?' I say yes, but I've also been on the hypertension tablets for 20 years, you know. If-if-if- if my blood pressure needs that constant, why can't the chemical in my brain need that?

At a surface level the comparison with a broken leg is intended to highlight inappropriate social reactions to altered moods (e.g. stigma, associations of blame or responsibility) and a desire for altered moods to be normalised and treated as equivalent to physical health problems, but leaves deeper questions unanswered. For example, are altered moods a type of physical illness, or are they just similar to physical illnesses in significant ways? Accounts in the first group are more likely to say that mental distress is an illness, whereas the second group is



more tentative and tends to conclude that mental distress is like an illness.<sup>92</sup>

Caleb: So all I can do is hope to God that this treatment works and I see it, it's a treatment, just like chemotherapy is for people with cancer, or insulin is for diabetics.

Isaac: Yeah, I mean I think there's an aspect, so the aspect of sort of symptoms in the sense of- So I've had some times in my life where, you know, it's really difficult to get out of bed, and I would, you know, call in sick to work and sort of not be able- not feel physically able to do anything, and at that stage, I mean, that is- to me that's- that's effectively the same as... You know it's a- it's a medically- It has a specific kind of physical impact...

#### **4.3.1.3 Alternatives to the biomedical model: “I don’t accept the idea of a chemical imbalance”**

Notably, not all participants accepted the premises of biomedical accounts of altered moods. Five participants (Laurence (50+/high-low/Quaker), Matthias (30+/low/Anglo-Catholic), Nicholas (20+/high-low/Roman Catholic), Gail (60+/high-low/former Jehovah’s Witness), Paula (20+/anomalous/former Charismatic Evangelical)) fall into this group. Participants in this group share some degree of rejection of the biomedical model and, specifically, the concept of a chemical imbalance in relation to at least some experiences of altered moods. It is not always clear whether participants are referring only to their own experience of altered moods, or to altered moods more generally.

Paula: I struggle with the whole chemical idea though, I don't- I don't understand whether it- how it could be right. Cause, I mean, obviously all the stuff from which they've actually made antipsychotics and antidepressants it's all based on hypotheses that can never be proved anyway.

Altered moods are not described as a type of illness or as similar to physical illnesses, with distress taken as indicative of something other than a mental illness. For these participants mental distress is characterised as a life experience rather than a diagnosis, one that needs to be seen in the context of the whole of life, including a person’s spirituality.

Laurence: ...what I fundamentally felt was that all of my problems with my

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<sup>92</sup> The participants are not alone in offering different accounts on this point. See for example a recent report by the British Psychological Society on the nature of depression (Bowden et al., 2020) and a rejoinder by Pies (2020) entitled ‘Is depression a disease?’

mood, whether that be high or low, or- or a fluctuation between the two, were to do with my beliefs about myself and about the world and my relationship to the rest of the world.

There is little further consensus about the nature of altered moods across this group. Matthias and Nicholas' accounts characterise altered moods as an opportunity for spiritual growth, Gail's as a learned behaviour, Paula's as a form of neurodiversity, and Laurence's as a spiritual crisis. These accounts are not primarily aetiological, instead they are reflections on the (potential) meaning of the experience.

Paula: I think with autism often it's like going, yes there can be some issues, but I think actually in some ways it's very much just a different way of seeing the world... And I think the same about mental health. Is it comes with a lot of bad things, or tricky things to manage, but very much gives you a different view on how to see the world.

Nicholas: for me the moments in my life which have definit- I can say that- that altered mood has been a key part, has been during sort of life changing events, or- or- where multiple things come together and they- I have like a realisation, sort of epiphany sort of thing.

These participants are not necessarily anti-psychiatry: rejection of the biomedical model was sometimes expressed as outright scepticism or rejection, but also as a sense that while the biomedical model might have some use (e.g. in describing the underlying biological mechanisms, for communicating distress, or accessing support), it is essentially irrelevant to the lived experience and nature of altered moods.

Laurence: So I- y'know, I regard my rejection of medical model as liberating. At the time I rejected it, I hadn't got a clue about the spirituality stuff. But I do feel that, that if I hadn't rejected it, I wouldn't have been able to embrace the spirituality which I have come to regard as fundamental to my wellbeing.

Gail: Of course if you're under a lot of stress there is, there must be some chemical component to it. The stress must affect chemistry. But I don't think that's the main cause, I think it's learned behaviour. The things you see when you're young. I saw my mum have nervous breakdowns, and- and be suicidal for example.

Matthias: So like, in terms of like, our emotional health, our mental health, our spiritual health, and our bodily health are all tied up in really complicated ways. And so, it's all- stuff. Do y- I m- I don't wanna think about it just as being a chemical imbalance that happened.

Discomfort with the biomedical model extends to treatment: Matthias and Nicholas had not

sought medical help at all, while Laurence and Paula had initially received psychiatric care, including medication, but chose not to continue treatment. Gail strongly contested the medicalisation of her distress, but continued to take medication and accepted that her diagnosis was the only way to access necessary support.

Some of the participants are familiar with psychiatric research, and their rejection of the biomedical model is fuelled by the limitations of studies in this area. Laurence, for example, explicitly rejected the medical model after exploring the research literature, framing this in terms of a liberation from biomedicine and crediting this choice with creating space for spirituality and his full recovery. Two of them (Laurence and Paula) expressed appreciation for the good intentions of medical professionals but suspicion about the pharmaceutical industry, suggesting that diagnosis and medication are largely driven by the profit motives of the industry.

Paula: I mean, the DSM was written basically for drug companies, let's be honest about that one, big Pharma got their hands on it. I mean, there's random little, stupid ridiculous diagnoses in there, for the only reason that it'll sell more Xanax or anything else, that's stupid.

### **4.3.2 Interpreting altered moods from a Christian perspective**

#### **4.3.2.1 Evil spirit accounts: “It’s an attack from the enemy”**

One group of distinctively Christian accounts refer to evil or malign spirits (the devil, demons, demonic influence more generally) as causal explanations for altered moods.

Two thirds of participants<sup>93</sup> mention these kinds of Christian accounts, although with differing amounts of detail and experience. Some participants are simply aware that these accounts exist, some have encountered them occasionally, and others have belonged to communities (predominantly charismatic evangelical or Pentecostal churches) where this is a dominant

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<sup>93</sup> Amy (30+/depression-anxiety/Anglican), Belinda (50+/depression/Methodist), Caleb (50+/bipolar-BPD-PTSD/Charismatic Evangelical), Chris (30+/cyclothymia/Pentecostal), Emma (40+/depression-anxiety/Anglican), Fiona (30+/depression-anxiety/Anglo-Catholic), Isaac (30+/dysthymia/Charismatic Evangelical), James (30+/depression/Charismatic Evangelical Anglican), Kieran (30+/bipolar/Roman Catholic), Nicholas (20+/high-low/Roman Catholic), Quentin (60+/depression/Methodist), Rashmi (20+/schizoaffective disorder/Roman Catholic), Sam (50+/depression-anxiety/Anglican) and Steve (20+/depression-anxiety/Roman Catholic)

narrative for altered moods. Caleb, Chris, Emma, Isaac, and Sam, give the most comprehensive accounts of belonging to this kind of community:

Caleb: And while I accepted that there were certain medical conditions and mental health could be included, I certainly thought that things like depression were attacks from the enemy, you know.

Isaac: Yeah the question about whether it's something external in the sense of, like, demonic influence or those kind of things that is- yeah that that does, that's a good point, that does come up... I have been, been, involved in different churches, some of which are more, more sort of open to the idea of healing and demonic influence and that kind- of that kind of thing. [At one church people] were really into, like, generational curses and- and this kind of idea that, you know, if things are bad have happened to you, it's sort of something your parents did, or... there could be some sort of demonic influence.

Chris: I've heard multiple explanations. I mean, that's the, that's the most common one I get all the time - it's a demon.

The first question to arise is whether there is a difference in these accounts between types of spirit that is being invoked – described as either ‘the devil’ or more generally as demons/the demonic, or evil spirits (and in one case as being cursed or charmed)? Participants do not seem to make a clear-cut distinction between the phrases. The worldview expressed in either phrase accepts the existence of good and evil spiritual beings which interact with humans.<sup>94</sup> Some accounts use both terms fairly interchangeably (Emma, Isaac, Caleb, Steve), while in others the devil seems to be the ultimate source of evil (or of altered moods), but it is demons that directly affect people. People are usually, but not exclusively, said to be influenced or possessed by demons, not by the devil.

Emma: I do believe that there is a devil. Not with horns and a tail. But I do believe the devil exists- I mean, not everybody does, y'know. I do, believe... do feel that while my mum was very mentally- severely mentally ill I also think she was afflicted, spiritually. And have seen that. So I do think people can be afflicted by unhelpful spirits.

Rashmi: I do believe the devil can possess people. I think it's very extreme, I think it's very rare... I think that's genuine, like, satanic possession.

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<sup>94</sup> Although good spiritual beings (such as angels) were conspicuously absent from the interviews. This is characteristic of North American third wave Evangelicalism/neo-Pentecostalism, which since the 1990s has emphasised ‘spiritual warfare’ - human encounters with evil spirits – including detailed and complex demonologies (McClymond, 2014, pp.39–43; McCloud, 2015).

There is a difference between accounts which seem to invoke the devil or demons in a relatively casual and unnuanced way, and those which have a more developed aetiology and explicit theology behind them. The former do invoke the distinctively Christian concepts of the devil and the demonic as a cause for altered moods, but almost as a synonym for evil, a necessary binary opposition to God or as the source of things that are not 'of God' (everything "must come either from God, or the devil" – Emma), and often as a negative judgement on the person suffering, rather than as a distinctive theological concept. When Belinda is told in passing that "*the devil always finds the weakness*", it would not seem out of place for the person instead to have said "trouble will always find the weak" or some other sentiment. Steve reflected this in his description of demons:

I think- it's almost been made so, boring, to some extent- they're not pitchforks and horns and things, like they used to be. They're almost portrayed as people you don't like. Or people that upset you... They're almost presented in this sort of slightly passive, wandering around causing you misery and upset-ness, rather than- sort of, sneaking up from hell...

The latter accounts give a more complex description of the ways in which evil spirits interact with humanity, reflecting a particular kind of spiritual and supernatural worldview of cosmic conflict,<sup>95</sup> and in which this narrative is prioritised over other collective narratives. Caleb, Chris, Emma and Sam give a clear description of encountering Christian narratives that reject the biomedical account of altered moods in favour of an account based on the actions of evil spirits, and of what it is like to be embedded in that worldview. These narratives are also more likely to be associated with personal experience of exorcism or deliverance ministry. Three participants (Caleb, Chris, Sam) report having experienced deliverance ministry as a result of their altered moods; none of them report being helped and two report being significantly harmed by the experience. In addition, Emma and Rashmi are familiar with deliverance ministry but have either refused (Rashmi) or did not say one way or the other (Emma).

Caleb: They'd given up on me, they thought I was a lost cause. They, they'd tried to pray for me, to cast demons out of me, because they thought that my mental- I wasn't mentally ill, they thought I was demon possessed. So...

Interviewer: Ok... And how was that for you?

Caleb: Terrifying. Absolutely terrifying. I remember being curled up on the floor, in the foetal position, wailing like a baby, while they were screaming to, for this, some demon or other to be cast out of me. And it was screaming.

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<sup>95</sup> Spiritual warfare/conflict cosmology is particularly characteristic of Pentecostal traditions (Albrecht and Howard, 2014).

They weren't... praying. In any sense that I saw Jesus pray when he met people who were demon possessed. They were literally shaking me and screaming at me, you know...

Sam: Yeah, but of course I got introduced to things like deliverance ministry which messed up my head a bit. Cause I- I didn't need it, but they seemed to think I did need it, so- But yeah, I ended up thinking this was the default setting - if I can't conform to this, I'm off to hell, sort of thing. Really quite scary.

These types of evil spirit accounts appear to function similarly to the single-factor chemical imbalance aetiology, in that one factor (in this case demons) is considered to be by far the most salient. They are also both strongly binary. The binary in this case consists of personified representations of good (God) and evil (the devil and/or other demons); anything which is not good, including mental distress, must ultimately be caused by the devil. Most of these accounts see this as a problem with the individual, whose sinful behaviour might have invited the demonic attack, as described by Chris: "one of those churches also thinks I was demon possessed at a much younger age when I decided to start experimenting with sexuality". In this account altered moods are, however, perceived as caused by something external to the person, (rather than inherently part of their genetic inheritance for example). This external causation has the potential to be reassuring. Some participants, for example, described mental distress as the result of a spiritual attack that was either unrelated to their personal characteristics or as signifying something positive about the individual. Mental distress in this case may interpreted as a sign that the person is living a faithful Christian life, or just as an expected part of living in the kind of world envisioned by this worldview.<sup>96</sup>

James: But my wife and I are both quite stubborn people, and have that kind of view that maybe if things are going wrong it's a spiritual attack, but that fundamentally that only happens when you're on the right path. So it tends to make us more bloody-minded! And actually is slightly encouraging. 'All this stuff's going wrong!' Right!

Chris: I've had people tell me that, 'Oh it's just the enemy trying to find a way in. You're not oppressed, or d- or possessed, or any of the rest, it's just the enemy prodding at you - where's your weak point?'

Participants uniformly reject these evil spirit accounts as explanations for their own altered

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<sup>96</sup> See e.g. Leavey (2010) and Mercer (2013) for a social scientific approach to beliefs in supernatural causation of mental health problems.

moods, although they may have accepted them in the past; but they do not necessarily reject the worldview. Chris, Isaac, Emma and Rashmi all accept the existence of evil spirits that can influence or oppress people, while Sam accepts the existence of what she refers to as spiritual depression. Emma and Rashmi explicitly argue that a minority of cases of mental distress have a demonic or spiritual component, and that deliverance ministry is therefore appropriate in some cases.

Rashmi: Yeah, so I think most people wouldn't need an exorcism. I do believe there are some very extreme cases where someone might. But- but I think that's genuine, like, satanic possession. You know, which I personally do believe can happen - I've never seen it happen, but I do believe it can happen.

Participants may hold spiritualised and other kinds of aetiologies alongside each other. Chris, for example, offers a strongly biochemical account of his bipolar disorder, but also says that his mood experiences led to encounters with demonic spirits.

Chris: I understand that there are two sides to the spiritual realm. There's the good, and there's the evil. And- a lot of people like to forget about the evil part. Try forgetting that when you're living it. And for me, I genuinely believe I was living through a living hell. To the extent that, yes, there were demonic things attaching around me, here there and everywhere. They had no authority over me, they couldn't do anything with me. But- it was there, it was around. If I hadn't got bipolar, I don't think they'd have the right to be there.

#### **4.3.2.2 Spiritual symptom accounts: “It’s a sign you’re not a good enough Christian”**

Another cluster of explanations see altered moods as symptomatic of poor spiritual health.<sup>97</sup> Often this is said to be because joy is characteristic of a healthy Christian life, and altered moods are taken to be the antithesis of joy. Altered moods therefore indicate an individual spiritual problem, such as a sinful behaviour, lack of faith, inadequate spiritual discipline, poor life choices, or a need for emotional healing; these can be addressed through spiritual or religious practices such as prayer, ritual, pilgrimage, or Bible reading. This is not necessarily a fully spiritualised aetiology, in that altered moods may be considered a type of medical illness

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<sup>97</sup> Mentioned by: Amy (30+/depression-anxiety/Anglican), Belinda (50+/depression/Methodist), Chris (30+/cyclothymia/Pentecostal), Emma (40+/depression-anxiety/Anglican), Isaac (30+/dysthymia/Charismatic Evangelical), James (30+/depression/Charismatic Evangelical Anglican), Paula (20+/anomalous/former Charismatic Evangelical), Quentin (60+/depression/Methodist).

to which the person has become vulnerable due to their spiritual weakness. There are interesting similarities between this type of account and the account offered by cognitive behavioural therapy (CBT), in that addressing certain kinds of weakness (spiritual or cognitive-behavioural) becomes the appropriate way to treat altered moods.

Paula: But, I think, now when I look at things, partly because of, partly because of my experiences of how my church treated me when I wasn't so much in a good place, cause, very much patronising, very much, only let's pray it out of you. Very much a- if you're, you know- 'if you prayed properly, or read the Bible more then you wouldn't have a mental illness', sort of approach.

Emma: I think there really is the thing where- that if there's disorder to that degree it must be your fault, it must be sin. And it must be... 'We'll uh- we'll pray for you'.

Participants are clear about the difficulties raised by these kinds of accounts, which are largely to do with what happens when altered moods persist despite attempts to remedy the poor spiritual health. Sam, for example, speaks about searching in vain for the spiritual root of her depression and anxiety, while Amy speaks about feeling guilty for her altered moods because Christians are not meant to experience depression. Paula and Emma describe their churches' expectation that praying or reading the Bible will resolve altered moods, and the inadequate response when the mood persists. Rashmi talks about being taken to faith healers (who are said to be able to discern spiritual problems and prescribe rituals for healing), and dealing with her own and her family's disappointment when miraculous healing does not occur. Chris talks about the positive confession movement, and of being told that he is already healed and just needs to claim that healing.

Sam: And then I started bumping up against evangelical teaching, which was very black and white, and all this stuff about 'oh if you're depressed you haven't got enough faith, you're not praying hard enough'.

Chris: Oh you're not healed because you didn't pray right. You know, yes you were praying, yes we know you were calling out to God, but you didn't do it in the right way.

James: I- you know, at that narrow level I don't necessarily have a problem with it, but it's when it starts to be that it's a spiritual thing *and* that reflects on you badly. Then it becomes a- I completely and have always and absolutely felt that was wrong (*italics for emphasis*).

This cluster of explanations unambiguously suggests a problem with the person, for which the



person may or may not be held responsible. Perceptions of individual responsibility may be compounded in situations where remedies (such as Bible reading, ritual, or prayer) do not appear to work. If altered moods are symptomatic of poor spiritual health then these remedies 'should' work, and blame for the failure is attached to the person rather than the remedy or God.

#### **4.3.2.3 Spiritual testing accounts: "It's a test from God"**

A minority of participants<sup>98</sup> raise, but reject, the possibility of altered moods being a spiritual test. Such a test may be either sent or allowed by God<sup>99</sup> to examine or increase the strength of a person's faith, or be the work of evil spirits. Unlike the previous spiritual accounts, in the testing account the person is not held responsible. Instead blame is attributed to God, and participants conclude that sending or allowing mental distress as a type of test is inconsistent with the character of God.

Chris: I've heard people say, that it is just a test from the Lord - so what you're telling me then is that God gave me depression. Which again, in my viewpoint, can't be right. Because if God's love, he's not gonna give somebody something that's gonna cause them a living hell.

Isaac: There's a section in the book of Daniel where he's having these visions... and he gets like really emotionally affected by it and then it's something like it's, it's explained that it's like a test.

Orla: You know, this is something that happens, and you get through it, and you- you develop skills to get yourself through it, but it's not a test from God. Like I say, I don't- I don't believe God is- is manipulative in that way. Well, I don't want him to be, I suppose is the answer. I don't want a manipulative God. I don't want to be tested. Faith is faith. And, if you test faith, you can destroy faith, as much as you can make it stronger.

Some of the Roman or Anglo- Catholic participants<sup>100</sup> raise the possibility of altered moods

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<sup>98</sup> Isaac (30+/dysthymia/Charismatic Evangelical), Chris (30+/cyclothymia/Pentecostal), Orla (50+/depression/Roman Catholic), Kieran (30+/bipolar/Roman Catholic).

<sup>99</sup> Biblical accounts of Job, Abraham and Jesus (being tested in the wilderness) appear to raise this possibility.

<sup>100</sup> Orla, Rashmi (20+/schizoaffective disorder/Roman Catholic), Steve (20+/depression-anxiety/Roman Catholic), Sam (50+/depression-anxiety/Anglican).

being a dark night of the soul.<sup>101</sup> This spiritual experience seems to be considered a test to increase faith, in which God withholds awareness of God's presence. It is indicative of a person having an unusual depth or strength of faith. Mother Theresa is uniformly mentioned as an example of this.

Sam: Yeah it's an interesting one, that. I'm never quite sure how that's supposed to feel. Because I've had- certainly with ordinary depression- that feeling of, not so much that God doesn't exist, that God's wandered off somewhere for a bit, and doesn't seem to want to come back for some reason. I'm never quite sure whether- whether that type of depression feels like that, or whether it's something else actually.

Orla: Well, it's that challenge isn't it, getting through that, and that definitely came up with Mother Theresa. You know, she went through this, and she even questioned her faith, and- but she worked through it, and you know, this is almost kind of like a test. And I went, 'This isn't a bloody test. You know, it's not an exam I'm taking here. That, you know, proves I'm this what-or the other'.

#### **4.3.2.4 Potentially transformative accounts: "It's a devastating time of spiritual change and growth"<sup>102</sup>**

A final cluster of spiritualised accounts see altered moods as being an opportunity for spiritual growth. A minority of participants offer what I have therefore described as potentially transformative accounts of altered moods. That is, they interpret their own mood experiences as having purpose or meaning, such as being an opportunity for spiritual growth. The

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<sup>101</sup> The term 'dark night of the soul' comes from work by St. John of the Cross, describing the journey of the soul towards union with God (Kavanaugh and Rodriguez, 1991). The dark night as a broader concept of spiritual struggle or absence leading to spiritual growth forms part of Catholic spirituality and is a way of speaking about some kinds of mental distress. Work by Durà-Vilà and others (Durà-Vilà et al., 2010; Durà-Vilà, 2017) has explored this use of the dark night of the soul as a narrative of emotional distress among Roman Catholics.

<sup>102</sup> The term 'potentially transformative' is taken from Scrutton's approach to suffering and depression, and is used here to indicate a link between her work and the analysis that emerged from this empirical material (Scrutton, 2015b; 2017; 2020). The potentially transformative view "can be characterised as a meaning-making approach to mental distress, since it tends to view mental distress as symptomatic of more deep-rooted spiritual and psychological unfulfillment or dissatisfaction and to view episodes of mental distress as opportunities for spiritual growth. It speaks of episodes of mental distress as in some way potentially transformative in the sense that, through them, the person's compassion and sensitivity towards others, sense of beauty, and self-awareness can be developed" (Scrutton, 2015b, p.100). From the empirical material I would add 'awareness of the spiritual or God' to the characteristics that may be developed.

emphasis here is on the nature of the experience, rather than aetiology. There is no inherent conflict between these accounts and a biomedical aetiology, although participants offering potentially transformative accounts tended not to accept a 'simple chemical imbalance' aetiology.<sup>103</sup> Unlike the other kinds of spiritualised accounts, participants offer these as their own interpretation of their own altered moods, rather than an interpretation that they have rejected. These interpretations have typically arisen from participants trying to make sense of their own experiences, rather than being interpretations offered by a church, and so have less in common with each other than the previous accounts. There is a clear (but not exact) overlap between these accounts and the accounts proposing alternatives to the biomedical model. It is important to note that participants who offer these accounts do not argue that mental distress is a good thing in itself, nor are they making light of the experience. Rather, these interpretations come from participants making meaning of their often devastating experiences of altered moods.

Emma (40+/depression-anxiety/Anglican), for example, describes her period of severe low mood and recovery as a process of redemption, in which she became more fully the 'new creation in Christ' that had been promised to her at baptism. The experience of altered moods brought parts of her old identity out into the open, allowing God to redeem them. She identifies a mismatch between Christian teaching and experience, in that the old identity had not disappeared just by virtue of her taking on a new identity as a baptised Christian. She links her suffering to aspects of that old, suppressed, identity reasserting themselves; but through the suffering unexpectedly experiences God loving the old identity back into life.

Interviewer: Do you feel like your period of depression has meant then that you can encounter God?

Emma: I feel more redeemed!

Interviewer: You feel more redeemed?

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<sup>103</sup> It is possible that the interpretations offered by participants are affected by the context, for example, participants in the 'potentially transformative' group might have been more likely to talk about biological aetiology to a medical doctor rather a theological researcher. I did not address this directly with participants, although I did explore with some participants whether they would speak differently about their moods in medical or church contexts. The answer from each participant was no, although the question was interpreted by participants as referring to how they would describe their symptoms/feelings, rather than about aetiology. For example, Kieran said, "I mean obviously, there are some things that, y- you don't want to make other people uncomfortable- But not... just because they're in church. No, absolutely not. Indeed I have had conversations with the priest down there, where- You know, I was quite, brutally blunt about the nature of what had gone on."

Emma: Yes! I do, because I feel, I feel that I got more in touch with myself, with part of myself that was unredeemed, in a way. I mean I was- I'm not saying- no part of anyone is unredeemed. But there was big parts of myself completely shut down - corpse. Corpses of myself, you know. Never touched the living- never touched the light. For- all for a reason, shut down. And while it's been quite horrendous in some ways, seeing those things, and still is (laughs). It's- God wants to be there. And that's the kind of wonderful thing. So it- it's not a matter of me controlling where God wants to be anymore - I don't tell God wh- I can't tell God where, where he can be and can't be.

Laurence (50+/high-low/Quaker), while cautious about describing his experiences as leading to any kind of spiritual awakening, retrospectively sees his altered moods as having elements of spiritual crisis and spirituality as the key to recovery. He also sees his high or low moods as potentially indicative of the need for spiritual change.

Laurence: But it's- it-it-it it's comfortable for me to put that interpretation [of spiritual crisis] on it retrospectively... I'm definitely in tune with the idea, now. And, I would say, that these days, if I do experience any kind of signs of low or high mood I will start to look at my beliefs and how I put them into practice. The way my spirituality influences the way I live in the world.

Nicholas (20+/high-low/Roman Catholic) describes intense experiences of high and low moods and God-given experiences of life-changing synchronicity, with the synchronicity and related euphoria often following a time of low or troubled moods.

Nicholas: To describe it is difficult. It's more that- usually I've been in some sort of state of anxiety, or state of trying to understand what's going on, in my life, or in- or something which is, which I'm involved in. And then pulling through that, has resulted in, you know, realisation moments, or, or- You know, that's when I do feel this kind of euphoria, or-or-or- Yeah, things clicking into place, that sort of experience.

Matthias (30+/low/Anglo-Catholic) views his experience of altered moods as a source of growth, turning things upside down and changing how he thought about faith. He visualises his low mood as a necessary chrysalis-like process with God present but invisible throughout. God is imagined as behind a wall, with religious practices offering a glimpse of light through cracks in the wall.

Matthias: I s'pose I have thought of it, and have discussed it with other people as potentially being... Not something that was caused by God, but as part of a process that might have needed to happen in order for me to start thinking about other things, potentially. Or, to move me on in some way.

Rashmi (20+/schizoaffective disorder/Roman Catholic) sees an unknown purpose in her ongoing altered moods, finding personal and spiritual value in suffering. She believes that God could heal her, but since her moods persist she believes God must have a reason for her ongoing experiences. She suggests that only God ultimately knows what is happening (spiritually) in altered moods, and so it is important to make sense of the experience in a positive way. Making meaning of suffering is one way to live with the mystery.

Rashmi: God wants me to be this way for a certain reason and I might not be privy to that reason at the moment or ever, but for some reason this is how I'm meant to be. And this is how my life is meant to look. And so I don't think it's something- so I'm not- I'm sure God could cure it, or, or heal me if he wanted to, but I don't personally feel at this moment that that's what meant to be happening.

Steve (20+/depression-anxiety/Roman Catholic) is unable to answer the question of extreme suffering, but feels that Catholicism is able to talk positively about suffering, unlike his evangelical upbringing where suffering was hidden. Learning from the book of Job, he sees pain as a potential source of spiritual growth both for the person in pain and others around them.

Steve: So, although I had a horrible time, my depression, my anxiety, my anger, my sadness, completely changes the way I understand the world. My sexuality changes how I define and see the world. And so I think the church is able to talk about suffering in a positive way. Without it brushing it aside.

Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical) also talks in quite some depth about having meaning and purpose despite great mental distress, but offers a somewhat different perspective. He strongly believes that he has been designed by God for greatness, and that he has been given a dream by God which he must pursue. He offers the phrase 'a can-do life, not a make-do life' to summarise his approach. Caleb intentionally chooses positive labels (such as successful or great) to describe himself, even if those things do not seem apparent to him at the moment. These positive labels stand in contrast to both the labels he feels internally and the labels he has been given by others. From this perspective suffering is rejected as meaningful or relevant, except in so far as it is a challenge to overcome. He does, however, offer the Hebrew Bible story of Joseph as a model of his approach. Since Joseph had to pass through suffering to achieve the greatness promised to him by God, this implies that a kind of meaning may be found in suffering, but that it is not seen as the opportunity for spiritual

growth as in the potentially transformative accounts. Rather, the aim is to endure and overcome the suffering in order to reach a place of blessing. As a representative of prosperity theology,<sup>104</sup> this perspective is in some ways an outlier among the interviews. Yet it still follows the same pattern of suffering followed by transformation.

Caleb: You know, that you were designed for purpose. That you were designed to be a history maker. That you were designed for seeds of greatness, that, God never designed you or gave you breath to live a... make-do life or a get-by life. He wants you to live a can-do life - I can do this, I can do that. I can do all things through Christ who strengthens me.

These various potentially transformative accounts are tied together by the idea of growth and resurrection through (or following) suffering. The participants either identify as Christian or are working within a Christian worldview, and the accounts they offer are not about spiritual growth in the abstract. They are particular to their lived context, drawing on theological concepts and themes. Their focus is on the common experience of human suffering, seen in a theological context.

#### **4.3.2.5 Rejection of spiritual interpretations**

Having outlined a taxonomy of participants' interpretations of altered moods, it is important to note that some participants<sup>105</sup> reject all spiritualised accounts. These participants view spiritualised interpretations as incorrect, implausible, or incompatible with common sense or science. Other participants<sup>106</sup> also reject, on the surface, spiritualised interpretations. However, what they are rejecting is individualised spiritual interpretations - their objections are grounded in a different interpretation of Christian texts and teaching. For example, biblical references to the Satan or demons are taken to be symbolic language, a pre-medical way of explaining observable altered moods. These participants emphasise the responsible use of religious language, rather than creating a kind of spiritualised psychology.

Fiona: ...things like the Gerasene demoniac [Mark 5:1-20] and- that kind of

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<sup>104</sup> Sometimes called 'health and wealth' theology, the idea that salvation includes freedom from all kinds of poverty (including financial) and sickness (Livingstone, 2014).

<sup>105</sup> Quentin (60+/depression/Methodist), James (30+/depression/Charismatic Evangelical Anglican), Orla (50+/depression/Roman Catholic).

<sup>106</sup> Fiona (30+/depression-anxiety/Anglo-Catholic), Kieran (30+/bipolar/Roman Catholic), Nicholas (20+/high-low/Roman Catholic).

stuff, you know, people who are possessed... you know, th- that there was a very limited understanding of y'know, medicine, and so therefore anything that went wrong was probably down to some kind of demonic possession because how else would you explain it?

Isaac: Because they're almo- a lot of them are a bit, almost a bit sort of like a pseudo psychology, it's like somebody's read some, some books about mental illness and then tried to kind of put a- and-and concepts, like, you know, that you can pass down genetic traits and so it's sort of tried to kind of put a spiritual sort of spin on it, in that way.

Kieran: No. I mean, I've always had the- been in the kind of way of reading for example, the Gospels, that would tend to see the language of the demonic as either symbolic, or as a- another way of talking about what we'd call mental illness. But not, not invested with any, like, ontological significance.

Rather than treating altered moods as an unusual case indicating an individual problem, these participants place altered moods within the broader sweep of creation history. Nicholas (20+/high-low/Roman Catholic), for example, describes altered moods as part of sacred life and part of God's creation, while Kieran describes them as part of what's gone wrong with the world and not related to anything about him in particular.

Kieran: But it- it's nothing to do with me as an individual, it's not li- neither a punishment, nor a reward, nor a test, nor- it's just one of those things.

### **4.3.3 Labelling mood experiences**

#### **4.3.3.1 Empowered or liberated by labels**

In this respect the study participants are representative of the diverse positions people may take to the naming of mood experiences. Some participants emphatically rejected medical diagnoses, some hesitated to name their own mood experiences in biomedical terms while not entirely rejecting the concepts; others described their diagnosis as broadly helpful, some found it personally empowering.

Some participants,<sup>107</sup> from across the range of Christian traditions, had a broadly positive

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<sup>107</sup> Amy (30+/depression-anxiety/Anglican), Chris (30+/cyclothymia/Pentecostal), Helen (40+/depression-anxiety/Anglican), Kieran (30+/bipolar/Roman Catholic), James (30+/depression/Charismatic Evangelical Anglican), Rashmi (20+/schizoaffective disorder/Roman Catholic).

attitude towards mood labels, finding the biomedical diagnosis of their altered moods to be empowering or liberating. Labels are considered to give a common language which allows people to articulate and share experiences, learn from each other, and also access treatment or support. Naming a distressing and often frightening experience of altered moods is seen as a way to fit individual experiences into a framework, which reduces fear of the unknown and helps people to articulate and understand their experiences. This is a kind of process of validation which gives meaning and shape to their experiences and restores a sense of control as people realise it's not 'just them'. Helen, for example, describes the process as empowering, suggesting that labelling the experience allows her to own it, and owning a problem helps to solve it, while Chris calls diagnosis a 'light-bulb moment'. Labels are also a way of externalising the experience – the altered moods are not an inherent part of the person.

Helen: I do think this term [depression] is quite new, but it's a very empowering term, it's, it- you know, why sh- why should we not put a label on it. Y'know, you can't put a label on everything but sometimes it can be quite empowering, to say actually, this is how I'm feeling.

Rashmi: So for me, having a medical context to it has been super helpful. Really liberating, and really empowering. Just having that knowledge of what's going on, and what might be happening to me,

Participants in this group also identify potential dangers with the use of labels, such as losing sight of the individuality of people's experiences, the potential for stigma, the power imbalance between medical professionals and service users, and the fact that some labels do not lead to effective treatment.

#### **4.3.3.2 Questioning the label**

Some participants<sup>108</sup> accept biomedical labels as useful and reasonably accurate descriptions of their experience, but have concerns about what it means to receive these labels and whether the label can adequately capture the complexity of altered moods. Participants do not reject the labels, but find it hard to label their own experiences or perceive that other people find the labels more helpful than they do. They also worry about the interaction between the label and the person's identity, feeling that labels may harm the person by

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<sup>108</sup> Belinda (50+/depression/Methodist), Isaac (30+/dysthymia/Charismatic Evangelical), Nicholas (20+/high-low/Roman Catholic), Quentin (60+/depression/Methodist), Steve (20+/depression-anxiety/Roman Catholic).



attracting stigma, denying the possibility of growth and change, or being valued inappropriately. For example, Isaac acknowledges that the biomedical label seems to fit his experience, although he questions the lack of objective diagnostic tests. At the same time he feels defined by the label and sees it as a potentially unchangeable statement about who he is.

Isaac: So yeah, it was kind of like a lot of the things about it seemed to make sense, but then also I didn't like the idea that that was some sort of condition that meant like that's who I- you know, that's just kind of who I was.

Nicholas: I don't really have strong objections [to medical labels]. Other than that labels can- it can be bad in the end like- cause I believe that everyone is- you know, like human life is you know really-it's just sacred and valuable and sometimes when the label that you are a certain, you know you've got some sort of mental illness, or a syndrome or something of that-you know usually it's helpful, but occasionally it-it can be quite damning I guess, or it kind of sticks with-with someone.

Using Nicholas' language, it is likely that some labels are more sticky than others, based on different perceptions of those labels. For example, a label of schizophrenia is more stigmatised than a label of depression (Mann and Himelein, 2004), and the stigma associated with different diagnoses may be driven by different underlying perceptions (Krendl and Freeman, 2019).<sup>109</sup>

#### **4.3.3.3 Resisting or rejecting the label**

Some participants<sup>110</sup> contest the usefulness of biomedical labels, arguing against reducing complex and diverse clusters of symptoms to a single diagnosis. Labels are seen as inadequate and restrictive descriptions of complex experiences, which might be a valid reaction to difficult circumstances. These participants have not found biomedical labels useful in dealing with their distress and have experienced stigma associated with certain labels, including within the medical profession. Most are uncomfortable with the culturally dominant emphasis on the biomedical model to describe mood experiences, and, as might be expected, there is

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<sup>109</sup> Krendl and Freeman (2019) found that different mental health diagnoses differed in relation to social desirability and perceived controllability, i.e. the stigma associated with some conditions was related to a lack of social desirability, including the extent to which a diagnosis was perceived as threatening. In others it was related to perceptions that the experience is within the control of the individual.

<sup>110</sup> Gail (60+/high-low/former Jehovah's Witness), Laurence (50+/high-low/Quaker), Orla (50+/depression/Roman Catholic), Paula (20+/anomalous/former Charismatic Evangelical).

significant overlap with participants who also reject biomedical accounts. Orla is an exception to this – she accepts the biomedical model but has experienced medical labels as limitations and restrictions, describing them as becoming like millstones dragging people down. Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical) also appears to accept medical labels relatively uncritically, but speaks about claiming positive spiritual labels for himself, by choosing to believe that his life has meaning and that he is a success.

Gail: it doesn't mean that the behaviours or symptoms you have aren't difficult or, you know- but particularly difficult at the time and that you become vulnerable because of them, but I contest any use of any label for those kind of incidents.

Laurence: I personally reject all diagnostic labels, I, I am a public health postgraduate, I know about social determinants of health theory, I've looked into stigma, the more you label people, the more damage you seem to do.

Participants who otherwise resist diagnostic labels may still recognise that diagnoses can have practical benefits, such as facilitating communication, accessing treatment and other kinds of support (including financial). They also recognise that other people have a different reaction to the labels. Paula, for example, found diagnosis helpful at the beginning for the same kinds of reasons outlined above, but not in the long-term. Despite unease with the biomedical framework Paula also succinctly highlighted a need for some kind of shared framework or language to describe altered moods:

You can always go, “Oh yes but what is normal?”, and have that really crass cliched debate...but I think there's very much a point in which you know that you don't react to things the same way that other people do.

#### **4.4 Summary: Interpreting Altered Moods**

This chapter drew on participant's responses to questions such as 'could you say something about your mood experiences?', 'what did you think was going on?', or 'has that diagnosis been helpful to you?' to develop an analysis of participants' interpretations of altered moods. It primarily addressed the first research question: How do people with lived experience of Christianity interpret their experiences of altered moods? There is no single answer to that question; participants offered a range of interpretations and individual participants might hold more than one interpretation at the same time. However, the analysis identified three major clusters of concepts:

- interpretations of altered moods arising from a chemical imbalance
- medical labelling/diagnosis of mood experiences
- and individual spiritualised interpretations.

Participants took different positions in relation to each of those concepts, ranging from very positive/unqualified acceptance to very negative/rejection. The analysis also continued to highlight three themes that were identified in the previous chapter: *a potential disconnect between lived experience and theory, identity-talk, and the concept of suffering.*

The potential disconnect may be between the lived experience of altered moods and Christian teaching or theology, but can also be the relationship between a lived diagnosis and a medical label or diagnosis. In particular, it raises the question of how to make sense of individual experiences when those experiences conflict with a sense of how the world 'should' be, i.e. the implicit or explicit theology of individuals and churches. For example, Isaac (30+/dysthymia/Charismatic Evangelical) describes the need to balance the idealised description of Christian life found in the popular book *A Purpose-Driven Life*, and the realities of people's lived experiences:

Isaac: And that somehow- yeah, that somehow there's a- there's a kind of a balancing factor between what, you know, what pe- what our purpose is and- in the sort of quite formulaic way... [the book] describes it, and what people's actual lived experience is. And somehow, how do those things, how are those things bridged?

The qualitative design of this research does not, (and was not intended to), allow firm conclusions to be drawn about associations between demographic characteristics, Christian tradition, and experience. However, it seems that participants<sup>111</sup> are slightly more likely to describe a disconnection between experience and theology when they are talking about Evangelical, Charismatic, or Pentecostal traditions.<sup>112</sup> If 'Christian' is an important part of your identity, and what you understand of Christianity is at odds with your lived experience, there is

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<sup>111</sup> Participants who referred to this kind of disconnect with theology are Belinda, Caleb, Chris, Emma, Gail, Isaac, Kieran, Orla, Paula, Quentin, Rashmi, Sam, Steve. In some cases they are talking about their own current or former Christian tradition, in other cases they encountered this disconnection more indirectly e.g. through a passing comment or knowing about someone else's experiences.

<sup>112</sup> Although not exclusively. Orla and Quentin, for example, talks about a disconnect that they perceive between Catholic views of depression and suffering and their own experiences.

a need to bridge that gap. Participants have done this in different ways – some by embracing a very biomedical approach to their moods, some by finding spiritual purpose in their mood experiences, and some by turning to a different expression of Christianity or spirituality. Notably, none of them have done so by embracing individualised spiritual accounts that view altered moods as related to evil spirits, poor spiritual health, or as a test from God. Regardless of tradition, participants rejected those spiritual explanations for their own altered moods, while sometimes accepting an individualised spiritual aspect to altered moods in certain circumstances.<sup>113</sup> There did, however, seem to be less of an individual spiritualised aetiological emphasis among the Roman Catholic participants, who offered instead spiritual accounts of altered moods as part of living in a fallen world.

The participants' rejection of spiritualised accounts are likely to be related to two particularly problematic aspects of those accounts – the blame (often but not necessarily) imputed to the person experiencing altered moods, and the ways in which communities or ministers of religion suggest that such situations can be resolved (e.g. deliverance ministry or more frequent/diligent religious practices). It is hard not to conclude that evil spirit and spiritual symptom accounts, at least in the form in which they have been presented to or understood by participants, carry a real risk of harm. This is due to the outcomes of these accounts rather than the spiritual interpretations themselves. None of the participants accept these accounts as relevant to their own altered moods, none report finding them helpful when dealing with distress, and a number report being harmed by the ways in which the accounts are translated into practice. For those who do accept these accounts, (mainly those from a charismatic evangelical tradition who accept the reality of spiritual attack), perhaps a more pastorally responsible approach is suggested by Emma (40+/depression-anxiety/Anglican):

Emma: I do actually believe in deliverance, and deliverance ministries... In connection with certain kind of afflictions. I don't believe that they have to necessarily be dramatically cast out in a kind of shake- shake it out of you session... Some people become very seriously mentally ill and it probably- I think it probably is appropriate to pray, pray for deliverance. Not necessarily in a sort of Pentecostal-charismatic... shouty sort of way.

Identity-talk is most evident in the labelling section, with participants concerned about the effect that stigmatised medical labels might have on a person's identity. Positive effects are

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<sup>113</sup> This is in line with findings in Muslim communities (Dein and Illaiee, 2013).

noted (e.g. feeling relief that I am ill not bad), but also potential harm associated with integrating a (negative) label into one's self-identity. This is in line with social scientific research into labelling and identity theory, in which both perceived social stigma (what I think people think about me) and self-stigma (what I think about myself) are broadly associated with reduced mental wellbeing (Corrigan and Watson, 2002; Marcussen et al., 2019).<sup>114</sup> It is also helpful to note here that some participants with what might be diagnosed as severe and enduring mental health problems – those with the 'stickiest' (most stigmatised) labels, did indicate that their diagnosis was a challenge to their identity. Caleb, for example, said that receiving a personality disorder diagnosis had been devastating, like gaining "a complete new identity" (quoted in full in section 3.3).

The concept of suffering runs as a thread throughout the thesis, but surfacing more explicitly at certain points. It can be seen to surface to some extent in all the spiritualised interpretations, but especially in the potentially transformative interpretations. These interpretations, which consider that the suffering of mental distress could potentially serve as an opportunity for spiritual growth, are linked to broader questions such as the role of suffering in life and theodicy. These questions are further discussed in Chapters 6 and 7.

Finally, it is striking that most, although not all, of the data considered in this chapter is highly individualistic. Altered moods are said to arise from the individual, not from society. Even in multifactorial accounts, non-biological factors are mentioned primarily in the context of the individual life course. Similarly, the spiritual accounts focus primarily on characteristics of the individual. For example, when sin is mentioned it is exclusively personal sin, not structural or corporate sin – the emphasis is on the individual sinning, not having been sinned against. It is possible that this individualistic focus results from the interview situation – an individual has been invited to give an account of their individual experiences. There is some inconsistent research evidence about the willingness of people to acknowledge structural determinants of health in a research situation; people may tend to emphasise narrative about individual agency and healthy lifestyle choices in an interview situation (Davidson et al., 2006; Putland et al., 2011). It may also reflect the lack of ethnic diversity among the participants, since some research indicates that people from different ethnic backgrounds may interpret mental

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<sup>114</sup> N.B. These studies typically report correlation not causation, that is, they are unable to conclude whether internalised stigma leads to poorer mental health, or if poorer mental health leads to increased perceptions of stigma.

distress differently (Leavey et al., 2016).

If, as Eiesland contends, “the act of naming someone or something grants the namer power over the named” (1994, p.25), then this chapter aimed to continue the redescription of altered moods by allowing participants to name their own experiences. In doing so it addressed the question of how participants interpret altered moods, highlighted the ways in which these interpretations contribute to some of the major themes that emerged throughout the research, and set the context for the more explicitly theological material that follows in later chapters. I turn now to that material, and to the second research question, ‘does the experience of altered moods change people’s theology?’

## Chapter 5

### First floor: Imaging God

#### 5.1 Introduction to theme

This chapter continues the redescription of the experience of altered moods by presenting the first part of the more explicitly<sup>115</sup> theological material, specifically, the ways in which participants image God, and the relationship participants identify between those images and their mood experiences. In the previous chapter I discussed participants' responses to the question "what are altered moods?". Participants offered a range of interpretations for their altered mood experiences, focusing on the aetiology and nature of altered moods, Christian (spiritualised) interpretations of altered moods, and the process of naming experiences. Key variables that emerged through the discussion were attitudes towards the idea of a 'chemical imbalance', attitudes to spiritualised accounts of altered moods, and attitudes towards the medical labelling of experiences. In these accounts participants documented ways in which their mood experiences and their theology and Christian tradition had intersected. These individual and communal interpretations of altered moods provide a basis for the next two chapters, in which I turn to discussing the ways in which participants speak theologically about their own mood experiences. These experiences and the ways in which they are interpreted form the ground floor of the participants' theological projects, providing a base layer and, to some extent, outer limits of what can be constructed theologically. If, for the sake of argument, altered moods were commonly interpreted as evidence of alien abduction resulting from the alien desire to examine the exemplary moral character of the abductee, then that would significantly alter the emphasis and parameters of the resulting theological reflection, compared to an interpretation in which mental distress results solely from a genetic mutation or an interpretation which views mental distress as a form of neurodiversity, or one in which

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<sup>115</sup> I use the term 'explicitly' here, firstly because I consider the grounded theology methodology to be a theological methodology, and secondly because of my conviction, derived from the sociology of lived religion and practical/contextual theology, that theology cannot be strictly compartmentalised from others aspects of life. As discussed in section 2.1.1.2, this kind of "worldly theology" (Scharen and Vigen, 2011, p.67) is not without controversy. However, I take the perspective that the use of qualitative methods within theology is a way of making "the bold claim that what non-academics think, live, know, practice, do, and experience matters in a fundamental (not merely illustrative) way" (Scharen and Vigen, 2011, p.67).

mental distress is a reasonable response to an unreasonable society. More prosaically, the meanings that people attribute to their experiences, including the ways in which they reflect theologically about those experiences, are shaped by the interpretive tools and concepts to which they have access.

The concept of epistemic injustice (Fricker, 2007) can shed some light on the ways in which different interpretations of altered moods may interact. Epistemic injustice occurs when a member of a marginalised group is harmed in their capacity as a 'knower'. In Fricker's original concept, epistemic injustice may take the form of testimonial or hermeneutical injustice. Testimonial injustice occurs when someone's testimony is discounted because of prejudice based on their identification with a stigmatised, marginalised, or non-dominant group. For example, in Western societies, someone's account and interpretation of their depressed mood may be dismissed as implausible because they are a woman, because they are a person of colour, or because they are Muslim. In this particular case, their testimony about their mood experiences may even be dismissed as implausible precisely because of their mood experiences and/or diagnosis – i.e. the testimony of people who experience mental distress may be considered unreliable because of generalised stigma directed at those with mental health problems, or because of assumptions about the effects of mental distress (e.g. that it harms a person's cognitive abilities). Hermeneutical injustice occurs when a gap in the collective interpretive resources used to understand certain experiences puts some people at a disadvantage. Fricker offers the example of women who experienced unwelcome sexual advances before the concept of sexual harassment was widespread. Those women may have lacked either the interpretive resources to understand their own experiences at all, or they may have been unable to communicate those experiences to others because of the lack of widespread knowledge of the concept of sexual harassment. Other authors, and later work by Fricker herself (2017), have further clarified the concept and parameters of hermeneutical injustice in other situations, including those where there is hermeneutical dissent – i.e. when necessary hermeneutical interpretive resources are not entirely absent but are not available in the collective pool of shared concepts. For example, Goetze (2018) has discussed 6 forms of hermeneutical injustice, which vary depending on who (out of the subject, the subject's own social group, other social groups, or the collective) has access to the relevant interpretive resources. These forms range from effacement, where no-one has the relevant resources, to obstruction, where everyone except the collective has the relevant resources.

As I discussed in section 1.4 in relation to the experience of mental distress as a shared context



for theological reflection, it is not straightforward to describe those who experience altered moods as a marginalised group. The diversity of experiences and lack of a shared identity makes it difficult to speak about collective or corporate interpretive resources, just as it is difficult to speak about the shared context that might give rise to a contextual theology of altered moods. Nevertheless, it is possible to identify situations where at least some of Goetze's forms of hermeneutical injustice might potentially be experienced by participants. These injustices arise from their specific situation and interactions between the religious social group, the wider society, and their mood experiences. At the very least, the discussions of different types of injustice can help illuminate the complexities of hermeneutical negotiations that occur when people are part of a social group that has different interpretive resources to the collective group. For example, people's testimony about God may be discounted by their church because they are known to have a diagnosed mental health problem. They may also find that they lack adequate interpretive resources to understand their experiences, if their faith community group holds to one fairly limited interpretation of mental distress. They may also find it difficult to communicate their experiences effectively if different groups hold significantly different interpretations of distress. Goetze, for example, outlines 'exportation' as a type of injustice that occurs when "the subject acquires interpretive tools from a social group other than any of her own, and attempts to communicate with people in her own social group who have not acquired those tools" (2018, p.83). In this case, Goetze suggests that the likely result is that the person leaves their own social group for a more supportive one; this well reflects participants' reports of their reaction to groups that insist on demonic or sin interpretations of mental distress.

Building on Chapter 4, (which analysed some of the interpretations of altered moods that participants had encountered), Chapters 5 and 6 examine theological interpretive resources which appear to be held in common by participants and which form the basis of the theology of altered moods outlined in the final chapter. Not all participants had reflected theologically on the interaction between their mood experiences and spiritual life, but those who offered reflections consistently highlighted two areas: the images or representations which people hold of God (and how those representations are linked to their mood experiences), and Christology, especially the suffering of Jesus. These two areas are closely intertwined and should be read as companion chapters. Reflecting this intertwined nature, in Chapter 7 the analysis from both chapters is brought into dialogue with disability theology. Chapters 3-6 present data from participants who represent a wide range of Christian traditions. Presenting the dialogue separately in Chapter 7 aims to maintain a narrative focus in the two analysis

chapters; acknowledging differences without attempting to account for, or dialogue with, every possible theological tradition represented by participants. Chapter 8 continues this process by engaging with theology that arises from specific Christian traditions (e.g. Lutheran); the intention is that it is my analysis which is brought into dialogue with the theology, rather than attempting to bring the interview data directly into dialogue with traditions that may not represent the participants' own traditions. It should be noted, however, that the lived experience of religion is unlikely to be as clearly demarcated as the different theological traditions might imply; lived religion and ordinary theology is not static and people may 'borrow' concepts and ideas they encounter from different traditions.<sup>116</sup>

In this current chapter I discuss participants' images of God. In section 3.3.2 I discussed my early observation that participants tended to describe God in ways that suggested stability and solidity in the face of the biographical disruption that can result from altered moods. For example, God was described as an anchor, or as a rock. In that context, the language used to describe God seems to be less about the conceptualisation of God *per se*, and more about the ways in which faith, and God, have functioned in the person's over all biography. In other words, the emphasis is not so much on the ways in which God is a stabiliser, but rather on the stability which God has brought to that person's identity and biography; the emphasis is on the effect on the person and the ways in which they have experienced the stability offered by God. This chapter switches the perspective to focus more specifically on the ways in which participants conceptualise God in Godself; the images that they hold of God.<sup>117</sup>

Specifically, I argue that:

- There is an interaction between participants' images of God and their mood experiences, and that the experience of altered moods is perceived by participants as changing their predominant images of God
- Participants image God as personal, present and pervasive, stressing "the nearer side of God" (Macquarrie, 1975, p.131).

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<sup>116</sup> Literature from the sociology of lived religion suggests that people 'merge horizons' in their everyday religious thought (McGuire, 2008): "plurality and impurity do not lead to religious demise" (Ammerman, 2007, p.6).

<sup>117</sup> Unless otherwise specified, 'image of God' throughout this chapter should be taken as referring to the images that people hold of God, rather than the theological doctrine of *imago Dei* (although it may be related – see discussion in section 7.1).

As this is qualitative research the claim is not that this is characteristic of every person who experiences altered moods, or even every participant in this research. Nevertheless, this analysis represents consistent trends in the data, which emerged spontaneously in early interviews and which can be observed in interviews with people from different Christian traditions and with different mood and life experiences.

Representations of Jesus also emerged as significant to some participants, and these are discussed along with Christology and suffering in the next chapter. Although some participants linked their image of God with their image of Jesus, it proved helpful to separate them for analysis. This separation helped to steer the analysis and dialogue away from the complex theological area of divine im/passibility, and the question of whether God can be said to suffer in Godself.<sup>118</sup> The reason for steering the analysis away from this significant question is simply that it is not one that participants raised during their interviews. Participants agreed that Jesus suffered, especially at the end of his earthly life. Many, although not all, participants found this suffering had meaning for their own experiences, while others took inspiration from alternative aspects of the life of Jesus. A number of participants suggested that Jesus' experience of suffering meant that God understood human suffering 'from the inside'. Some of those participants also offered confessional statements about Jesus being both God and human. It is, however, not possible to say from the data whether participants understood God in Godself to have suffered, and so the analysis of suffering that arises from this data is linked with the analysis of imaging Jesus, rather than imaging God.

## **5.2 Description of data**

The first indication that images of God were significant to participants asked to narrate their lived experiences of altered moods arose in early interviews, during which a number of participants described God using metaphors related to stability and solidity and related those to their mood experiences. Participants also reported that their experience of altered moods had led to change in the images, language and metaphors that they found most meaningful as representations of God. These changes were perceived as part of the spiritual disruption

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<sup>118</sup> Scrutton (2013) notes that contemporary Christian theology typically approaches the concept of divine passibility through the question "Can God suffer in Godself?", which contrasts with the broader approach typical of philosophy of religion: "Is God subject to emotions?"

described in Chapter 3 and therefore tended to be presented by participants as good outcomes from their mental distress.

I therefore raised the theme of images of God in later interviews, by asking participants about their idea or image of God, how they would describe God, or what the word God means to them. I also asked whether they felt their mood experiences interacted with the ways in which they thought about faith or God. The data presented below is based primarily on 15 interviews<sup>119</sup> in which the representation of God was either discussed explicitly or can be gathered from answers to other questions, and to a lesser extent on three interviews<sup>120</sup> in which images of God were mentioned in passing.

## 5.3 Analysis

### 5.3.1 Interactions between image of God and mood experiences

Participants from across the theological spectrum recognise relationships between their representations or images of God and their life experiences. This is not a case of the research process revealing something that had been hidden from view to the participants. Participants are self-reflective and readily identify factors (such as relationship with parents, theological education, temperament, or the experience of altered moods) that are in some way related to their images of God.

Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical), for example, describes a complicated interplay between his significant relationships (with his father, his spouses, and his churches), his altered moods, and his image of God. He says his previous image was of a distant and aloof God, but he has worked hard to change that image to a God who is kind and loving.

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<sup>119</sup> Belinda (50+/depression/Methodist), Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical), Chris (30+/cyclothymia/Pentecostal), Emma (40+/depression-anxiety/Anglican), Fiona (30+/depression-anxiety/Anglo-Catholic), Gail (60+/high-low/former Jehovah's Witness), Helen (40+/depression-anxiety/Anglican), Isaac (30+/dysthymia/Charismatic Evangelical), James (30+/depression/Charismatic Evangelical Anglican), Kieran (30+/bipolar/Roman Catholic), Laurence (50+/high-low/Quaker), Nicholas (20+/high-low/Roman Catholic), Orla (50+/depression/Roman Catholic), Quentin (60+/depression/Methodist), Rashmi (20+/schizoaffective disorder/Roman Catholic).

<sup>120</sup> Amy (30+/depression-anxiety/Anglican), Diane (60+/depression-anxiety/Anglican) and Steve (20+/depression-anxiety/Roman Catholic).

Nevertheless he finds it hard to maintain that image of God throughout his altered moods, being unable to understand why God appears to allow this ongoing trauma and mental distress. He also links his current feelings about God (such as fearing rejection or feeling abandoned) with his past history, particularly his abusive relationship with his father.

Interviewer: At those times when you're having those feelings of despair, do you know how you feel about God at that point?

Caleb: I used to feel very abandoned. Rejected. My biggest fear is that I will always be rejected. I was rejected as a child, as a baby by my father.... So, when people, ministers in church would preach and say God is our heavenly father and he loves us, then I would, that would be something I just fail to relate to....

I think, my idea of God has changed. And that I once saw him as aloof, dictatorial, uninvolved, distant. But now I don't think he's that, any of those things. Now I believe he's merciful, I believe he's kind, loving, patient.

Similarly, Isaac (30+/dysthymia/Charismatic Evangelical) describes his image of God as having dual aspects – positive and negative – which are strongly related to his mood experiences. The negative image is stronger when his mood is low, and *vice versa*. Isaac highlights the emotional aspect to God images – he intellectually believes in the positive image of God but the negative image is sustained by his altered moods and early experiences of high expectations. Isaac has to manage these differences in his feelings and intellectual beliefs about reality and God.

Isaac: So- if I feel quite negative about, sort of the world, and my life and things around me then I think it does have an impact on how I- how I see God... And because I think it's almost like this sort of duelling concept of God in my mind... the- maybe more negative ideas of God seem more true, even though intellectually I could know that they're not...

Participants do not simply describe the ways in which their mood experiences and God images are associated with each other (such as both being related to early traumatic experiences, or finding images of stability reassuring when life feels insecure). Some, although not all, of these participants explicitly acknowledge ways in which their mood experiences have led to changes in their God images, with the lived experience becoming a resource for theological reflection.

Belinda (50+/depression/Methodist), for example, links her experience of depression to developments in her image of God, explicitly saying that her view of God has been changed by her life experiences.

Emma reflects that a challenge to her image of God was a significant feature of her severe depression, and that the 'breaking down' she experienced was paralleled by a breaking down of her image of God. In response to the question, "Could you describe your image of God now? Is it changed?", she said:

Emma: God's a creator for me... That's the most helpful thing for me. Because creation involves destruction as well. And I think that makes a lot of sense in my own life, in terms of what has broken down. I think before, God was about sanity and holding it all together, and that would be me holding it all together... I'd always had to hold myself together. That, I'd never had anyone to help me, I never had the support... For me the big thing has been that I don't have to contain myself and I don't have to contain God either. So I don't have to hold myself together. I don't have to be held together, in the same way that I had to hold myself together. So I can be broken, and God can be broken too.

Sam (50+/depression-anxiety/Anglican) also talks explicitly about changing – deconstructing – her previous damaging image of God, saying it is a slow and arduous process, like turning an oil tanker. She describes the process as demolishing an image of God as an angry and rejecting tyrant, and reconstructing an image of God as a loving presence, who is 'in the pit' alongside her. Her original God image came from a particular evangelical church tradition and to some extent her family relationships; her new God image was prompted by involvement in a different, Anglo Catholic, church tradition. While she sees the new image as healthier and more mature, she has had to negotiate what she sees as a contradiction between the holiness and love of God. She also finds that the image of God as presence leaves her wishing for some more action from God, rather than just a sense of accompaniment.

Sam: But, you know, I- I had to demolish all this stuff about God being a tyrant, and what have you. Cos- This clergyman, I'm still in contact with him now, he's retired but- And he said, 'oh no, God is love', you know, and- You could see it in him. If you know what I mean. What- what that meant. So, I've been trying to concentrate more on that. But it's rather like turning an oil tanker round!

Laurence (50+/high-low/Quaker) asserts that his current image of God is very different to the Christian image that he was educated to believe as a child and which he rejected along with Christianity as a whole. Laurence associates his old, Christian, image of God with the beginning of his mental distress; he developed this new image of God as part of the process of re-examining his beliefs and spirituality, initially through attendance at Alcoholics Anonymous

meetings, where a concept of spirituality was assumed in the 12 steps. Exploring spirituality allowed him to address the root cause of his mental distress, which was to do with a lack of confidence and being uncertain about his place in the world.

Laurence: But- but, to me, I mean in some ways I kind of regret the fact that some of my early experiences with Christianity led me to rejecting it. But I have to be very grateful for the fact that my later experiences have led me to examine it in what I have to regard as a much more practical way, for me, of coming to terms with who I am and my place in the world, and my relationship with- with others...

But I-I always try and make it very plain when I discuss God that God is not- my concept of God is not the concept that I was educated to believe... You know, this is not the concept that I was brought up with in childhood.

Interviewer: ...have [your mood experiences and spirituality] changed each other? Has one had an effect on the other?

Laurence: I would hope so, yeah. Cos-Cos I- I do believe that, that starting to address this whole spirituality to me was, was key to being able to live my life the way I wanted to. And living the life the way I want to is without high or low moods.

Like Laurence, Quentin (60+/depression/Methodist) also describes a change in his image of God, which he too sees as a shift away from traditional Christian ways of characterising God, although it is notable that his description bears a striking similarity to Kieran's (30+/bipolar/Roman Catholic) and traditional Thomist accounts. He describes this shift as a type of coping mechanism, with the new characterisation arising as a way through his altered moods, which are related to a sense of discomfort and conflict with much of Christianity.

Quentin: What God means to me is, is being. Not a being. It is being, it is that which was at the heart of creation. That which gave us- that which gave us life and created us... It took me a long time to get there [to this understanding of God]. And I- and I- And it's relating that to, it's relating that to where God is in, in the church and things. That becomes the- that tension, the elastic's getting very tight...

Interviewer: Do you feel as though your mood experiences have contributed to this new characterisation of God?

Quentin: ... [I]f I think about it logically, the way I feel, and the way I think has led me to find a way which I can- a way that works for me. It's not as simple as being a coping mechanism, but it-it's- it comes out of that sort of thing... So I think... I think if I thought about it long enough, the answer would be clear, "Yes".

### 5.3.2 Images of God: Personal, present and pervasive

Participants offer a range of images of God with differing levels of detail. Some offer visual images, while others suggest characteristics of God, or theological categories. In response to a question such as, "If you had to describe God then/now, what would you say? What does the word God mean to you?", participants gave answers such as:

Amy: God is very much love and it's about those relationships. And grace and mercy. So second chances.

Gail: [My image used to be]...an all-powerful being... all-loving... there's that thing, you know, you go to bed, you lie down, and that you're in someone's care.

Helen: Comforting. Comfortable... Warm. There.... Present.

Kieran: The- the reason why there is something rather nothing at all... You know, that which underlies and gives- gives being to the whole world.

Rashmi: I think my overwhelming sense of God is that he is love, and that he has a sense of humour that isn't compatible with mine, that's my overwhelming sense of him...

Some participants offered longer descriptions of their image of God. Emma (40+/depression-anxiety/Anglican), for example, colourfully describes her former image of God as an 'angry, violent, and unpredictable paranoid schizophrenic maniac' – and likens this image to certain aspects of her parents. Through the spiritual growth that was prompted by, or interwoven with, her altered moods, her current image of God is quite different. She says that her image of God now embraces not understanding, that she does not feel the need to contain God, and that she sees God as 'beyond gender', 'loving', 'a creator' (with creation incorporating destruction).

Isaac (30+/dysthymia/Charismatic Evangelical) described having two competing images of God – God who is nurturing, but also God who is an angry sports coach.

Isaac: So yes, so the- the positive ones would be that sort of, sort of like compassionate loving affirming. Kind of like a nur- nurturing sort of, you know, like that sort of- that sort of side. And the negative side would be kind of angry, like kind of like a taskmaster, like a- but in a- in a, extremely like a- you know, like a really angry coach who like, he- you can't ever do enough you know you do like 50 push-ups, you gotta do another hundred, you know



that sort of thing. And- and almost, yeah sort of like looking on people with with a kind of, like a, like disfavour?

Rashmi (20+/schizoaffective disorder/Roman Catholic) offers a number of images of God, both personified and more diffuse, saying that it is hard to conceptualise God because God is outside time and space. She says that God is a loving father, a practical joker with a sense of humour that is not entirely compatible with hers. She also describes God as a numinous presence, as incomprehensible love in itself. These images are closely interwoven with her mood experiences. For example, the practical joker image relates to her sense that God knows things about her life that she does not know, such as the reason for her continued altered moods. The ways in which she understands God are also affected by powerful mystical experiences – she describes them as a ‘blossoming of understanding of the divine’ - in which some of her questions about God are answered. For example, she had been anxious about the second coming of Jesus, concerned that she would not be able to recognise him if it happened in her lifetime. Spiritual experiences reassured her that she would be able to recognise and follow Jesus.

Rashmi: At the moment I'm inclined to think [heaven is] a place where there's no one else, just you and God. And you're just basking in each other's presence. And that presence is a kind of numinous light. It's not a physical presence of someone, it's not a person... I think- there's a lot of unknown things about God, because I think he's just so- because he's beyond this universe, like, he's- he exists outside time and space, so- I think it's so hard to conceptualise God... But yeah, I think my overwhelming sense of God is that he is love, and that he has a sense of humour that isn't compatible with mine

Along with Kieran (30+/bipolar/Roman Catholic), Nicholas (20+/high-low/Roman Catholic) seems to have a stronger sense than some other participants that God images are metaphorical images rather than factual descriptions. He says he finds it hard to describe God, saying that he does not have a clear image of God. His description is of a pervasive presence, saying that God is in everything, in people, and in relationships and love. He suggests that the diverse images of God presented in biblical parables are profound ways to understand what God is like. He also talks about his image of God shifting depending on his own needs and experiences. For example, as a child he aligned himself with the suffering Christ, as a younger adult his image of God reflected a need for synchronicity when life felt chaotic, and his current image of God reflects a need to be connected to himself and the world around him.

Nicholas: ...my image of God actually has been shifting depending on what I

most need to align myself with, if you know what I mean. So when I was younger... I was kind of aligning myself to the suffering of Christ. I kind of needed that at that time I guess, I kind of had that sort of need for that. Then, when those crazy kind of synchronicity sort of things happened, it was because I was letting things get out of hand, and it was kind of-that was kind of getting too- I was weighing myself too much on a certain way of life I guess, a way of living, and a kind of way of viewing things so that pulled me out of that. Now, I feel as if I-I-my image-my feeling of God, and thinking of my spirituality is more about- I have to kind of be more connected to myself and, to be able to do something more in the long term rather than kind of fleeting sort of moments. So that means sort of- a daily sort of- I don't know actually, because I'm probably still working it out!

Participants also identified a potential disconnect between people's lived experiences and the classical Christian images of God; this was particularly in relation to God being described as a Father. Participants questioned how that image can be understood by people who have had difficult or absent relationships with male parental figures, and were divided as to whether the image or the person needed to change. For example, Belinda (50+/depression/Methodist) and Emma described developing new images of God, Steve (20+/depression-anxiety/Roman Catholic) values the parental image he found in Mary and Joseph as well as God, while Caleb (50+/ bipolar-BPD-PTSD/Charismatic Evangelical) accepted 'Father God' as a fundamental image that he needed to accept through continuously working to overcome the effects of a traumatic relationship with his biological father.

Related to this disconnect, some participants recognise the diversity of God images that might be held even within one religious community. Quentin (60+/depression/Methodist) speaks about the difference he feels there is between his image of God and that which he observes in the church:

Because you've got- yes you can have an abstract- it depends how you view your God. I mean some people will have God very close to them, you know, and have God there walking beside them every day. I've got it internalised in Christ within me.

Orla's (50+/depression/Roman Catholic) description of her image of God makes considerable reference to what she describes as mainstream or traditional Roman Catholic God images, but she presents her own concept of God as having been formed in opposition to what she believes to be traditional Catholic teaching. For example, she says that she challenges the idea

of God as parent, or of having gender.<sup>121</sup> This aspect of Orla's account highlights the ways in which these narratives are subjective accounts of a lived experience, and the ways in which tradition may be received and interpreted by individuals or communities. Orla's way of expressing this is, "And I guess I'm a hypocrite, cos in the things that it doesn't suit me like abortion, like same-sex relationships, I've just gone, do you know what? I don't agree with that, I'm just- 'That's it'." It also highlights the need to research ordinary theology, rather than solely the inherited or academic theological tradition, since these things may well differ and people's views on what the inherited tradition teaches may not fully match the 'official' version. For example, although the Catechism of the Catholic Church does use male pronouns for God and refers to God as Father, it also says that "[God] is neither man nor woman: he is God" (CCC, 1997, para. 239). At the same time as feeling herself in opposition to Catholic teaching Orla also describes God as the reason the Universe exists, and refers to more traditional images of God, for example noting that she uses male pronouns for God and that she finds comfort from God and wishes God would explain things.

Orla also highlights the similarities she sees between different religions, and considers that God might be an internal sense of connection or belief that is held in common with others, rather than a separate or objective entity.

Orla: So it's that acceptance, even with a h- Humanists. It's that- they have removed the title God, but their beliefs are internal, are the same as a Jew or a Christian or a Muslim, or a Sikh or whatever. It's about doing good. And God is good, and God is love, and so when we have goodness and love, that therefore we have God. Whether God really exists, or is something internal. It's God.

Orla's emphasis here on the similarities between different faiths and worldviews further brings out both the potential differences between lived religion and a church's theological tradition, and the ways in which lived experience may affect a person's theology. Orla discusses elsewhere the fact that her spouse is Muslim and her reflections on the commonalities between faiths may not find expression in the official Catechism of the Church but have clearly developed through her relationships and close personal contact with another faith community.

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<sup>121</sup> This discrepancy between a participant's view of the orthodoxy of their beliefs and what theological tradition might consider orthodox occurs in other interviews too, notably Quentin's representation of God which he sees as quite different to mainstream or orthodox Christianity but which bears similarity to Thomism.

Looking across the interviews as a whole, participants emphasise the personal, present, and accessible nature of God, while also acknowledging that it is hard to conceptualise God in Godself. It is hard to summarise this in a single phrase, but Macquarrie's idea of "the nearer side of God" comes close, i.e. "immanence, humility, accessibility, openness and love" (Macquarrie, 1975, p.131). It is not possible to say within the boundaries of this qualitative research whether this tendency is more characteristic of those who experience altered moods when compared with those without such experiences. However, as detailed above, participants themselves do identify changes in their images of God, and associate those changes with their mood experiences. For example, Fiona (30+/depression-anxiety/Anglo-Catholic) says that she finds more meaning, theologically, in the incarnation rather than the resurrection, identifying with the fragility of God incarnate rather than the triumphal resurrection. She images God as compassionate, and as both mother and father. She is uncertain to what extent this is related to her altered moods or if it just reflects her temperament, natural development, and theological education.

As noted before, traditional theological categories may not adequately reflect the ordinary theology present in the interviews. For example, Christian theology traditionally speaks of God as omnipresent and omnipotent. Many of the images offered by participants emphasise the omnipresence of God, while few emphasise omnipotence, with most participants avoiding reference to the power of God. God who is present even in extreme distress takes precedence over God who is outside human experience.

While most images emphasise the immanent characteristics of God ('God with us'), some offer an image in which God is still accessible but which emphasises the 'more-than-ness' of God – these images hold together both the immanent and transcendent aspects of God. For example, when asked to describe God, Chris (30+/cyclothymia/Pentecostal) says that God defies definition; God is 'literally everything', present in all things and able to be experienced in all circumstances. When pushed for a description, Chris describes God as love, saying that God is fully love, and that anything else would not be God. Similarly, James' (30+/depression/Charismatic Evangelical Anglican) God image is of a personal presence who is universal, amazing, caring, and 'huge' – in other words, superlative. "And he [God] was cleverer than me, as well as being everything elser than me." For James, God is objectively present, regardless of human feelings or beliefs about God.

Kieran (30+/bipolar/Roman Catholic), Laurence (50+/high-low/Quaker) and Quentin (60+/depression/Methodist) are exceptions to this trend for describing God as personal, present and pervasive.<sup>122</sup> Kieran himself suggests that he has a Thomist understanding – that all human language, thought, and pictures are wholly inadequate when it comes to describing God. Kieran has a high level of theological and philosophical education. This is reflected in his described image of God; he says the word ‘God’ referring to that which means there is something rather than nothing, that which underlies and gives being to the whole world. This image can be a powerful one at times when he would prefer not to be alive, because God is underlying and holding up even him. Kieran himself suggests that this is a fairly transcendent view of God, and if he wants to picture God, it would be God incarnate as Jesus – God’s picture in God’s self.

Kieran: You know, that which underlies and gives- gives being to the whole world, that- An-And therefore, to me, even when I least feel like it. Which I- Actually, I mean, I- Times when you'd rather not be alive, is actually quite a quite a sort of, strong! You know, that God is holding everything up. But God is- for this sort o- God, as God, as opposed to God incarnate as Jesus, is, is beyond our ability to think, to picture - all our pictures are just that, and inadequate. But that, again, you know, God doesn't actually depend on my ability to feel something about God. God doesn't depend on... it- anything to do with me, God transcends me and my states.

Laurence is currently a Quaker, but does not necessarily identify as Christian. While he is not sure of the existence of a deity or a higher power, he holds to certain spiritual principles (such as the AA tenet that 'a power greater than myself can restore me to sanity') and believes that something holds the universe together. He is willing to refer to this power as a deity or God for the purposes of conversation, but for himself is unsure what that means. He finds the idea that nature and God are indivisible (saying that in Quaker terms there is something of God in everyone) a useful concept for imaging God.

Laurence: That there is something which holds the universe together, but I don't know what it is, and why would I? I am as a speck of dust in comparison with the rest of it. But I think one thing that I do take from maybe more, some of the more Christian way of understanding things is- and certainly from the Quaker way, is that even now, I am this kind of almost infinitesimally small part of, of an infinitely huge universe, in the eyes of whatever that deity is - and I suspect it doesn't have eyes, as such - I'm still important.

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<sup>122</sup> Quentin’s image of God was discussed earlier in this chapter.

## 5.4 Summary: Imaging God

This chapter addressed the research question ‘Does the experience of altered moods change people’s theology?’ Drawing on interview data relating to participants’ images of God, it presents the case that participants’ God images interact with their mood experiences, and that in some cases the experience of altered moods is perceived by participants as changing their predominant images of God. Taken together, the analysis suggests that participants predominantly image God as personal, present and pervasive, stressing “the nearer side of God” (Macquarrie, 1975, p.131).

Some participants offered alternative images. For these participants the most significant aspect of their God images did not seem to be that their own images had changed through interaction with lived mood experiences. Instead they emphasised the ways in which their own God images differed from the images that they took to be mainstream or traditional. This may be related to participants holding relatively stereotyped views of tradition, but also to participants wanting to resist what they perceive as the status quo and to their self-image. For Orla (50+/depression/Roman Catholic), Laurence (50+/high-low/Quaker) and Quentin (60+/depression/Methodist) this resistance to tradition seemed to be an important part of their narrative. They defined themselves, partially, in opposition to what they perceived as tradition. This is discussed again in Chapter 6 in relation to Christology, where Jesus is imaged as a rebel, as someone who stood against religious tradition, and as an example to follow.

The analysis therefore highlights again a potential disconnect, certain kinds of identity-talk, and something of the complexity of those concepts. The disconnect this time is between participants’ lived experience (of both mood and religion) and Christian tradition as it relates to images of God.<sup>123</sup> Certain images of God – God as Father, God as victorious or all powerful – are mentioned as problematic, or are de-emphasised. This analysis of God images and their relationship to altered moods is discussed further and brought into dialogue with insights from disability theology in Chapter 7. That dialogue chapter is presented as a ‘mezzanine floor’ which links or sits in between Chapters 5 and 6. This imagery of the mezzanine is intended to convey the idea that the analysis and theological reflection of these two chapters are closely

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<sup>123</sup> More precisely, tradition as it has been understood by participants. As discussed in relation to Orla, their understanding and experience may not be as nuanced as the tradition.

related. The themes of these three chapters – imaging God, Christology, and the dialogue - are then carried forward into the chapter on mad theology.

## Chapter 6

### Second floor: Christology

#### 6.1 Introduction to theme

In this chapter, (which should be read as a companion chapter to the previous one), I explore the second cluster of theological themes which emerged as important resources for participants seeking to reflect theologically on their experiences. The first cluster related to God in Godself, the second to God in the person of Jesus. The analysis explores this theme of Christology from two directions; images of Jesus and divine solidarity in suffering. Images of God in Godself and images of Jesus are therefore analysed and presented separately in this thesis, due to differences in the way that they were approached by participants. This separation should not be taken to imply anything about the participants' trinitarian theology, since those participants who spoke about Christology seemed to accept the mainstream creedal and doctrinal formulation that Jesus was both fully God and fully human. However, the language of the interview was informal, and participants likely understood the word 'God' to refer to God in Godself, as distinct from God in the person of Jesus.

Those participants who both identified as Christian at the time of the interview and discussed Jesus did not necessarily offer an explicit statement about the divinity of Jesus, but that traditional Christological position did seem to form the backdrop to their discussions (for example, participants spontaneously spoke about Jesus when asked a question about God). Traditional confessional statements about the nature of Jesus suggest that what we can say about Jesus we can also say about God, but without 'confusion of [divine and human] natures'.<sup>124</sup> So an emphasis on the (human) suffering of Jesus does not say anything about participants' views on whether God (in Godself) suffers, and in fact participants do not discuss this question. The direction for the analysis is thus supported by both the data and theological tradition. Just as grounding the analysis in the data led the previous chapter away from engaging directly with theological debates about passibilism, in this chapter it also leads away from theological debates about atonement and soteriology. Participants find meaning in the suffering of Jesus and relate that to their own experiences, but that meaning is focused around

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<sup>124</sup> From the Chalcedonian Formulation (451) which says the two natures are "without confusion, change, division, or separation" (Price and Gaddis, 2007, p.204).



Jesus of Nazareth, who participants believe to also be Jesus the Christ, 'suffering with' rather than 'suffering for' them.<sup>125</sup> These kinds of reflections on the suffering of Jesus are therefore Christological in nature, and touch on questions of theodicy - the problem of accounting for the existence of evil (and perhaps the particular form of suffering which we have labelled as mental distress), within a Christian tradition which assumes an omnipotent and omnibenevolent God.

The 'problem of evil' is a philosophical and theological question (see e.g. Tooley, 2019). Philosophically, it can be formulated as a logical problem (i.e. the existence of (some kinds of) evil means it is logically impossible for (some kinds) of God to exist), or as an evidential one (i.e. the existence of (some kinds of) evil makes it less likely that God exists). This is necessarily an extremely simplified summary of a long-standing and complex debate in philosophy. My rationale for providing such a limited discussion of the philosophical aspects of the problem of evil is that none of the participants formulated their own 'problem of evil' in this way. Rather, they assumed the existence of an omnipotent and omnibenevolent God, and the problem was formulated as a pastoral one – how to maintain one's belief in God in the face of trauma – or acknowledged but reframed in terms of the presence of God in the midst of suffering. The modern conception of theodicy arose during the Enlightenment period,<sup>126</sup> originally in the sense of justifying or defending God (whose existence was assumed), given the evidence of undeserved evil in the world. Over time both the emphasis and reach of Christian theodicies has changed. The problem of evil is no longer only discussed by academic philosophers and theologians, and the emphasis is not on justifying God but rather justifying having faith or belief in God. In a review of the history of Christian theodicies, Long suggests that:

More recently, though, theodicy has come to have a somewhat different meaning, one that is less about putting God on trial and more about putting our faith to the test. In this newer sense... theodicy is about how believers can hold together important faith claims that seem, on the surface anyway, to be incompatible: that there is a God, that God is loving and just, that God is powerful, and that there is undeserved suffering in the world. Understood this way, theodicy is not about coming up with excuses for God's behavior in a world of evil but about how faith in a loving God is plausible, given what we

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<sup>125</sup> This distinction between Jesus of Nazareth (the physical, earthly, Jesus) and Jesus the Christ (the eternal Jesus, as developed in later Christian thought) is consistent with academic theology but perhaps not common usage (Fredriksen, 2000; Bohache, 2008).

<sup>126</sup> The term itself was coined by the philosopher Leibniz (2005).

know and experience about suffering (Long, 2014, Preface, para. 6).<sup>127</sup>

It is in this latter sense that these interviews touch on questions of theodicy – with suffering (either related to mood experiences, or in general) identified as a challenge to faith or belief in God.

Raising the question of theodicy also raises the related question of the relationship between suffering, pain, and evil. Conceptually, these three things are not quite the same, although colloquially they may be used more or less interchangeably. For example, Stump (2010, p.5) highlights certain situations where suffering occurs without pain (such as unexpected instantaneous death)<sup>128</sup> and that some kinds of pain (e.g. chosen natural childbirth or athletics training) are usually considered to be suffering but not evil. Stump further argues that suffering is not evil in itself, because the process of suffering can lead to good outcomes, specifically, closer relationships with God and other people. She does note, however, that these good outcomes do not make suffering in itself any less horrific (she likens suffering to chemotherapy drugs) or imply that people should not seek to alleviate suffering wherever possible. Identifying broadly with a Thomist tradition, Stump suggests that suffering arises when human flourishing is frustrated (Stump, 2010; Stump, 2019). Swinton (2018c) similarly distinguishes between evil and suffering, suggesting that suffering is always tragic but not always evil. His definition of what makes suffering evil begins with some similarity to Stump's, saying that, "It is forms of suffering that specifically impede the purpose of God for human beings that are truly evil... Evil is present in experiences of suffering, misery, and death that strip a person of the possibility of finding meaning and hope" (Swinton, 2018c, pp.55, 58). However, for Swinton, 'purposes of God' seem to have a narrower meaning than the human flourishing suggested by Stump. While he acknowledges that events such as the Holocaust are evil in the sense that they are "a clear violation of human beings who are made in the image of God", he emphasises that suffering, including that of genocides such as the Holocaust, is evil "because it draws people away from God" (Swinton, 2018c, pp.55–6).

Some authors (e.g. Hall, 1986; Creamer, 2009; Vacek, 2015) take a different angle and suggest

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<sup>127</sup> Exact page citation not possible due to lack of pagination in the e-book edition. This citation format follows the Leeds Harvard guidelines for this situation.

<sup>128</sup> Her examples here are not entirely convincing since psychological pain might well occur to other people as a result of the 'pain-free' death. Nevertheless, I take the point that it is possible to imagine situations where suffering, pain and evil are uncoupled.

that some kinds of suffering,<sup>129</sup> or at least vulnerability to suffering, are inherently part of creation, and therefore cannot be evil:

[Although] Christians profess the presence and name creation as good, creation is not perfect, and suffering is to be expected. This "shadow side" of creation includes the "finite, limited, and vulnerable" realities of human life and assumes that "challenge, risk, and growth are part of creaturely existence as intended by God." Inherently, even if paradoxically, creation, including human existence, is simultaneously good yet imperfect and finite (Vacek, 2015, p.163).

In relation to this thesis, I do not think that participants used the terms suffering and evil in a precise theological or philosophical way. Participants are clear that altered moods are associated with suffering, and that the suffering of altered moods is bad, but the question of whether all suffering is a kind of evil is outside the scope of the material. In relation to theodicy, James (30+/depression/Charismatic Evangelical Anglican) makes this same point, saying, "that's a depth of theology that I don't try and wrestle with the tiny points of." The theodicy concerns of participants are to do with suffering, not evil. They suggest that God allows suffering, but do not particularly offer explanations as to why. Seven participants do refer to 'evil' in their interviews, but the language of evil is primarily reserved for discussion of spirits, in relation to abuse or other kinds of intentional action, or without precision (e.g. something is the lesser of two evils). This use of language is in line with Swinton's intuition that people more easily speak about moral evil rather than natural evil. Following Stump and Swinton's usage, I therefore would hesitate to describe all suffering as evil, but have no hesitation in describing all suffering as undesirable. This includes suffering that arises from altered moods.

The history of disability studies and disability theology, tied as it was to the disability rights movement, has tended to downplay the existence of suffering associated with impairment and disability. In reaction to the characterisation of disabled existence as full of suffering and to be pitied, authors have rightly pointed out that impairments are not inherently a source of suffering, and that much of the suffering that does occur has a social cause such as stigma or inaccessible environments. Nevertheless, later authors have also acknowledged a degree of suffering (such as chronic pain, conditions managed with invasive medical procedures, or deteriorating abilities) arising from physical impairment which has not always been recognised

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<sup>129</sup> Including the suffering associated with disability and mental distress.

by the social model and which cannot be alleviated by social changes (Newell, 2010; Fast, 2016).<sup>130</sup>

There is a potential disjunction here between the experience of a physical or learning disability and that of altered moods; certainly there is likely to be a disjunction between this experience of 'mere difference' (Barnes, 2016) and the current research participants, by virtue of the recruitment process which required participants to acknowledge disruption to their everyday life. Experiences that biomedicine might diagnose as mood disorders are, almost by definition, associated with mental distress and suffering.<sup>131</sup> Even the experience of being unusually high in mood does not, despite common expectations, always involve euphoria, and often has a serious impact on daily life, including employment, relationships, and finances.<sup>132</sup> Given this background, it is perhaps not surprising that, unlike the broader field of disability theology, interviews that focused on participants' mood experiences led to reflections on suffering. A further potential disjunction is related to the definition of disability. Can (or should) altered moods be classed as a disability? The legal answer (in the UK) is yes, if they have a substantial and long-term impact on activities of daily life, even if that impact fluctuates. It is likely, however, that at least some of the participants in this study would not meet the legal criteria. Although I did not ask specifically, it is also likely that some, or even most, of the participants would not consider themselves to be disabled and would see their experiences as much more closely aligned with the concept of illness rather than disability. For these reasons the participants' experiences have more in common with chronic physical pain than stable mobility or sensory impairments. Vacek, for example, says this about the suffering associated with poor mental health:

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<sup>130</sup> Endress also notes this conflict between the social model of disability and chronic pain: "...what if the redefinition of one's body as a "holy space" is not enough for those who have bodies in pain? What if, when the institutions and barriers which construct social disabilities pass away, the body still hurts?" (Endress, 2019, p.12).

<sup>131</sup> With the caveat that people, including one participant, who describe their mood experiences as a type of diversity might resist this characterisation. Even so, 'mad positive' accounts tend to retain suffering as a part of the experience. However in this case the suffering may not be viewed as an inherent part of the diversity, or may be thought to be outweighed by positive elements of the experience.

<sup>132</sup> The website of the UK charity Mind, for example, lists being irritable, agitated, unable to concentrate, and feeling out of control as potential feelings during high episodes, and provides the following (unattributed) illustrative quotation: "Everything is extremely bright and loud and everything inside my head is moving extremely fast. I'm irritated with everyone because no-one talks or does things as fast as I do. It's amazing but horrible at the same time..." (Mind, 2021). Published memoirs also confirm this characterisation of bipolar (e.g. Jamison, 2015; Coleman, 2016).

Suffering, though, proves deeper than frightening symptoms and diagnostic complexity. Because treatments are not always available or utilized, and because in many cases cures prove elusive, many who suffer face chronic distress... Suffering, including mental illness, disrupts a sense of the rightness of the created order and one's place within it; much suffering seems inexplicable. Mental illness can cast adrift those who suffer, in visible and invisible ways (Vacek, 2015, p.162).

It is important to note at the outset of this chapter that participants offered diverse images of Jesus, responses to his suffering, and especially diverse accounts of the role of suffering in life. The temptation when writing a chapter such as this is to smooth out the differences, with the aim of creating what might feel to the author to be a stronger and more coherent line of argument. However, I believe that would have been a mistake in this case. At the simplest level, the commitment to grounding the analysis in the data requires an acknowledgement of diversity. But more than that, the diverse and scattered nature of the data has resonance with the experience of suffering itself, which does not feel coherent and is often not amenable to logic. It seems right that the experience of distress associated with altered moods should not be reduced to a single theoretical argument and this chapter therefore aims to identify trends in the data while also acknowledging areas of difference. Some of these differences may be related to denomination/tradition. For example, I, a central Anglican, had never encountered the idea of 'offering up' suffering (either generally or to reduce the suffering of souls in purgatory), which is mentioned by three of the Catholic participants.<sup>133</sup> Similarly, Caleb's (50+/bipolar-BPD-PTSD/Charismatic Evangelical) perspective - suffering is something that is to be endured until the person achieves the blessings that God has promised to them – clearly has roots in prosperity theology (Livingstone, 2014; Bowler, 2018).

The concept of suffering begins to come much more explicitly into view in Chapters 6-8. It is also important to note at the outset that discussions of the role of suffering in life, including those that see potential purpose and meaning in suffering, should not be read as implying that suffering is good in itself. Neither I nor the participants take this position. None of them, for example, suggested that they might stop medication or therapy in order to experience more

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<sup>133</sup> Pope John Paul II wrote about this concept of redemptive suffering: "And so there should come together in spirit beneath the Cross on Calvary all suffering people who believe in Christ, and particularly those who suffer because of their faith in him who is the Crucified and Risen One, so that the offering of their sufferings may hasten the fulfilment of the prayer of the Saviour himself that all may be one" (John Paul II, 1984, para. 31).

distress, because the distress in itself is a good thing (e.g. because the experience of distress expresses closeness to God or solidarity with Jesus' suffering). The closest approach to this position occurs in the discussion about potentially transformative views of the role of suffering in life, where some participants consider whether their experience of altered moods might have been a type of spiritual awakening which could have been interrupted by the use of medication or therapy. Nevertheless, their perspectives seem to be that their experiences of suffering were potentially transformative (Scrutton, 2015b), rather than, for example, willed by God.

## 6.2 Description of data

During the initial stages of interview and data analysis I anticipated that one chapter on 'Imaging God' would incorporate all of the participants' images of the divine, regardless of which aspects of 'the divine' were discussed by participants. Early interviewees spontaneously discussed both God in Godself and Jesus in response to questions about their image of God, while no participants spoke at length about the Holy Spirit, Wisdom or other potential aspects of the divine. In later interviews I therefore asked specifically about both God in Godself and Jesus. It became apparent that participants had significantly different things to say about their images of God and Jesus and that these two concepts were embedded in different webs of meaning and led to different areas of theological reflection. Questions such as 'how would you describe X?' or 'what does X mean to you?' produced quite different answers, depending on whether X was replaced with God or Jesus. I therefore present the analysis of participants' reflections on God in Godself and Jesus separately; God in Godself in Chapter 5 and Christology here.

Fewer participants offer an image of Jesus than of God.<sup>134</sup> This should not be taken as an indication of the relative importance of God/Jesus images to the participants in general, since the constant-comparative and semi-structured nature of the interview methodology meant that I only asked specifically about Jesus in later interviews. The fact that participants

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<sup>134</sup> The participants who offer an image of Jesus are Belinda (50+/depression/Methodist), Chris (30+/cyclothymia/Pentecostal), Emma (40+/depression-anxiety/Anglican), James (30+/depression/Charismatic Evangelical Anglican), Kieran (30+/bipolar/Roman Catholic), Orla (50+/depression/Roman Catholic), and Rashmi (20+/schizoaffective disorder/Roman Catholic), and to a lesser extent Laurence (50+/high-low/Quaker) and Quentin (60+/depression/Methodist).

spontaneously discussed Jesus when asked about their image of God might suggest that their Jesus image is more important to them, or just easier to articulate, while, alternatively, Helen (40+/depression-anxiety/Anglican) said that she rarely thought of Jesus. It might also have been related to other factors, such as the limitations of the one-off interview format. Participants might have talked more about God in Godself at another time, or if the question was phrased slightly differently. It is not possible to draw firm conclusions on this based on the data.

Using the constant-comparative method meant I could ask specifically about these emerging areas of interest in later interviews; I also purposively sampled potential participants to increase the number of Roman Catholic interviewees, since participants from this tradition more frequently offered reflections on the role of suffering in life. The sections on finding solidarity in Jesus' suffering therefore draws primarily on the subset of interviews in which participants offered reflections on this topic, and therefore also primarily (but not exclusively) on the interviews with Roman or Anglo- Catholic participants.<sup>135</sup> In earlier interviews the topic was spontaneously introduced by participants, often in relation to answering the 'problem of suffering'. In later interviews I introduced the topic myself, asking a question similar to "Some faith communities speak a lot about suffering. Have you got any thoughts about the role of suffering in life?", with follow-up questions as appropriate.

## **6.3 Analysis**

### **6.3.1 Images of Jesus: understanding human vulnerability from the inside**

There are diverse links between the images of God and image of Jesus offered by participants – speaking theologically, between participants' implicit doctrine of God and Christology. Some participants – Chris (30+/cyclothymia/Pentecostal), James (30+/depression/Charismatic Evangelical Anglican), Rashmi (20+/schizoaffective disorder/Roman Catholic), Kieran (30+/bipolar/Roman Catholic) - offer or strongly imply the confessional statement that Jesus was both fully God and fully human. Jesus, however, is said to understand human experience

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<sup>135</sup> The participants included in this are Caleb (Charismatic Evangelical), Emma (Anglican), Fiona (Anglo-Catholic), Matthias (Anglo-Catholic), Nicholas (Roman Catholic), Orla (Roman Catholic), Quentin (Methodist, formerly Roman Catholic), Rashmi (Roman Catholic) and Steve (Roman Catholic); some material is also drawn from the interviews with Chris (Pentecostal), Diane (Anglican), Helen (Anglican) and Gail (former Jehovah's Witness).

'from the inside',<sup>136</sup> meaning that these participants feel assured that God understands their mental distress. For example, Chris describes Jesus as being uniquely able to understand human experiences. He also describes Jesus as different, being God as well as human: "[Jesus] was human, so he gets it. He understands. But what made him different, he was also God."

When asked about their image of God, some participants automatically speak about Jesus as well. Others do not offer an image of Jesus until asked specifically. The image of Jesus, however, is noticeably easier for participants to verbalise than the image of God. No one offers an image of the Holy Spirit and only Rashmi refers directly to the concept of the Trinity. Only Kieran refers to a non-adult image of Jesus: "Jesus as the child in his mother's arms is quite an important image actually, so vulnerable, dependent." Three more of the Catholic participants (Fiona, Rashmi, Steve) refer to Mary/Our Lady as a very significant figure and important resource within their faith and experience. Steve, for example, links his experience of Mary to a religious experience he had at a time when he was intending suicide, while Rashmi's spiritual experiences included hearing Mary:

Steve: The reality means that there's someone there... Our Lady being fantastic. So I had a suicidal- twice, actually, but I had a religious experience just as I was about to commit suicide. First time. I don't really like to call it a miraculous intervention, th- the sort of critical part of my brain goes, 'Don't be silly'. I have a very ornate sort of olive wood rosary that just stays by my bed, in its little box. That's where it stays. Unless I'm using it. That's it. I was on the bridge, going to do what I was going to do, and for some reason I wanted to check my pocket, and my rosary was in my pocket. I can't explain why it's there. I don't want to say it magically appeared. Naturally I go, 'Oh a bit much'. There will be some psychological explanation, about why I picked it up to feel comfortable, could be wrong - I'm open to being wrong. But that- the rosary suddenly clicked me into commonsense. Going, 'What on earth you doing? This is silly'. I wasn't too far from the hospital, so I just- I was competent enough to get to hospital, where I just sat and prayed the rosary for an hour, sort of brought myself back down to- reality as it were.

While participants describe Jesus in different ways, there is a trend towards offering the suffering and crucified Jesus as the most meaningful image, rather than, for example, images of the resurrected Jesus or ascended and victorious Christ. Some participants – Belinda (50+/depression/Methodist), Kieran (Roman Catholic), Emma (40+/depression-anxiety/Anglican) - identify this trend as resulting directly from their mood experiences. Very

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<sup>136</sup> Both while on earth and as the risen/ascended Jesus today.



few participants spoke at all about the transcendence or triumphant power of God. Two of the participants who are Christian ministers explicitly indicated their preference for incarnational theology and human images of Christ, rather than triumphalist ones.

Belinda, for example, identifies with, and relates to, the vulnerability and suffering of Christ on the cross and resists the idea of a 'nice' or 'comfy comfy Jesus'. She says that her image of Jesus is built on her life experiences.

Belinda: I think, I don't think I'd be alone in saying that having depression does make you very vulnerable and you very much relate to a vulnerable Christ. You know, so you relate to the cross really. Very much so... And see the power in vulnerability and the strength, you know, when we, when that really hits home, when you read in the Passion stories, who Jesus came to be and who he wasn't for some people. Very much so.

For Emma (40+/depression-anxiety/Anglican) it felt imperative, during her severe depression, to know whether Jesus had felt emotion, i.e. had he felt fear and really suffered on the cross. She found herself strongly identifying with these experiences of Jesus, and perhaps the identification would have been lessened if he had not fully experienced those human emotions. Concluding that he had felt fear and suffered meant that she experienced a degree of comfort and solidarity – Jesus understood and was able to be with her in her suffering.

Emma: I thought quite a lot about Jesus on the cross, actually. Because, and I remember, you know research is a terrible- it's a great thing, it's a terrible thing as well, you sort of go internet hunting, you know, this, that and the other- you know, to look, think and consider things, but-... I remember thinking, 'Did Christ- was he terrified, did he feel fear? Did he doubt?' And that whole thing, about Christ's doubt and did he, was he terrified. Cause I, I think fear and doubt were the two things that I could really identify with, more than anything else! (Laughs). So it became quite important that, if I was identifying myself with Christ, that I could actually know.

Kieran (30+/bipolar/Roman Catholic) says that, visually, he finds the standard imagery of Jesus helpful, except for those presenting him as white.<sup>137</sup> The images he suggests are the crucifixion, Jesus glorified but still with wounds, and Jesus as a child with his mother. He says that the point of these images is that Jesus was as we are (or will be), emphasising a solidarity

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<sup>137</sup> With the implication that this is not an accurate representation of the ethnicity or skin tone of the historical Jesus.

between our own lives and that of Jesus. He draws a link between his mood experiences and the way he understands the suffering and crucifixion of Jesus; having previously seen these kinds of images as associated with a particular understanding of salvation, the aspect of empathetic solidarity has become more significant. He speaks about it as shifting from being a 'Christmas Christian' to valuing the imagery and spirituality of Holy Week and Easter.

Laurence (50+/high-low/Quaker) is critical of what he considers to be traditional Christian beliefs about Jesus, but he too can identify with the suffering of Jesus. His image of God is influenced by the resonance he sees between Sufism, philosophy, Buddhism, Taoism, and the Quaker approach to Christianity, for example in relation to suffering in life.

Laurence: We can't be happy all the time, but I think to me... part of that spirituality, and here I-I kind of borrow from some of the Eastern traditions – [is] acceptance... [M]y reading of- of the life and teachings of Jesus is that that's also a part of that, within that. There is pain in life. You know, to me the- the crucifixion, the suffering of Jesus, is very symbolic of that. And even though I struggle t-to take it in the way that the Bible literally describes it, I can take the symbolism to mean that there is- you know, some suffering is inevitable in life.

Rashmi (20+/schizoaffective disorder/Roman Catholic) also says that she is drawn to Jesus' Passion, but she also refers to the Trinity when describing God, suggesting that it can be helpful to think of different aspects of God. Speaking of Jesus, she is fascinated by his character, debating whether being fully God means that he was a fully perfect human. Similar to her image of God as a practical joker she highlights Jesus' sense of humour and refers to him as 'winding people up' e.g. when telling parables and refusing to explain them.

Rashmi... But I have found myself increasingly drawn to the idea of God- of Jesus in the garden of Gethsemane. Before he- before his crucifixion... ...I think Jesus also has a good sense of humour. I think he likes winding people up... Like, you know, 'Oh you'll understand this one day. But not now, I'm not gonna tell you now, I'm not gonna tell you now. You'll understand it one day', kind of thing. But I think he's very down to earth, he is very- I think he's very forward-looking, for his time.

Three participants offer images of Jesus that do not emphasise his suffering. Although coming from different Christian traditions, (charismatic evangelical Anglican and Roman Catholic, respectively), James and Orla offer a different type of characterisation of Jesus as a political revolutionary and hero who ultimately suffers the consequences of that way of living. James

(30+/depression/Charismatic Evangelical Anglican) has a stronger image of Jesus than of God, finding him easier to visualise in a concrete way, and speaking at quite some length about the attractiveness of Jesus' character and his almost physical presence. Jesus is described as a heroic figure who is on the side of the little guy - he is uncompromising and unconventional, noble and good, sometimes blunt or intentionally offensive but also gentle and compassionate. As well as speaking about Jesus being crucified 'for being outrageous', James offers the story of Jesus turning over the money lenders' tables as an example of the kind of character he is. Jesus is described as everything James has always admired and aspired to be, as well as being loved by his non-religious family members for his human commitment to social justice and for his perceived embodiment of the ideals of socialism and anarchism.

James: And he could be quite abrupt at times, and he wasn't always tactful. You know sometimes in his- when he was blunt he was extremely blunt. When he wanted to be offensive he was maximally offensive.... Y'know, they didn't kill him because he was nice to people, they killed him because he was absolutely outrageous. And, in a sense, if it weren't for who he actually was, he was incredibly arrogant. I mean, he wasn't, because he was God, but- You know, some of the things he says, they kind of ripped their clothes. It's just like, you're claiming to be God. He's like, 'Yea, yep!' ... And I always liked that. It's honesty, isn't it?

Orla (50+/depression/Roman Catholic) starts her description of Jesus with the existence of the historical Jesus. She describes an alternative 'religious right' image of Jesus, with which she disagrees. Rather than discussing a change in her own image of God, she sees a conflict between her own image and what she perceives to be the dominant images around her.

Orla: So, as- as I get older I get a bit conflicted about the use of the term Jesus. Because to me, what he meant growing up, and what other people want him to mean now, are at odds. They are talking about a different guy.... So, I think - long answer short - Christ is what you want him to be. You know, or what you're prepared to make him, but to me, to be a Christian is to be full of love.

The image of Jesus that she grew up with was a revolutionary, political Jesus, one that led people to work for social justice.

Orla: It was political Christianity, and, you know this is unfair and unjust, and you- 'What you gonna do about it?', kind of thing. So, Jesus to me was-resistance and rebellion. And about love, and making things right with the world, equalising it.

Quentin (60+/depression/Methodist) also offers the idea of Jesus as a troublemaker.

Interviewer: You don't feel any particular connection with it [Jesus' suffering]?

Quentin: ...But- And tha- yes, I can see it's part of the humanity, because troublemakers- that's what happens to troublemakers, and all the rest of it.

### **6.3.2 The Passion of Jesus: Solidarity in suffering**

The humanity and vulnerability of Jesus, especially in the events of the Passion, therefore emerges as a theme in these interviews. Participants look to the suffering Jesus and find there solidarity and a 'friend for the journey' of their own suffering.

Emma (40+/depression-anxiety/Anglican) speaks imaginatively about experiencing spiritual distress and disruption as a result of her altered moods. She contrasts the theology that she had previously received from her church with the reality of her experiences, and finds the theology lacking in its response to suffering and lacking space for doubt, suggesting that Christian faith has been used to try and suppress reality. Through her theological wrestling she comes to a new place of stability, in which she is liberated from having to hold it all together, and finds life and holiness in her own brokenness. Much of her theological wrestling is centred around the question of whether God, in Christ, really suffered on the cross; her conclusion that Christ did suffer means she feels God genuinely understands her experiences. Moving away from the idea that God is responsible for everything, she brings together what she understands of Christian and Buddhist concepts of salvation and enlightenment to emphasise what she sees as a need for both in the experience of altered moods.

Emma: ...it is that sort of thing about enlightenment and the kind of work that one does in that, and salvation y'kn- the idea of God kind of reaching down and rescuing us. Both of which are true, I mean I definitely would never throw out God reaching down and pulling us up from the pit, sort of thing. But I think with extreme depression or anxiety, I think that question becomes very pertinent because there's a lot of enlightenment that needs to happen. Not just the salvation bit!<sup>138</sup>

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<sup>138</sup> This view that the Christian concept of salvation does not incorporate what Emma understands by enlightenment could be challenged. For example, the Bible contains the Pauline injunction to "work out your own salvation with fear and trembling" (Philippians 2:12), which sounds similar to Emma's description of enlightenment.

Matthias (30+/low/Anglo-Catholic) describes his low mood changing how he thinks about suffering and the meaning of the crucifixion. There is a sense of solidarity with Christ who also suffered, and a new understanding of salvation and resurrection as coming back from absolutely nothing (as exemplified by the concept of the harrowing of hell). He highlights what it means 'to take up your cross' in Christian discipleship, and the Catholic idea of 'offering up' one's suffering. In this sense, Matthias' theology shifts to be centred around a new appreciation for the Christian doctrine of incarnation.

Matthias: And that sense of being massively down, made me- It changed the way I thought about suffering and Christianity. And it really turned on my head my understanding of crucifixion, and- So, my, my dad is Irish... So, I had quite a big family background of Irish pious Roman Catholicism, and, quote, 'offering it up'. Which, I have always thought of as being a really horrible and weird thing to do. 'Cause it's like saying, if you're suffering, [Irish accent] 'Ah, united with the offering of our Lord!' (Laughs) Thinking- That strikes me as a bit odd. But- And I still think it's slightly odd, in some ways. But, it changed my understanding of... what it would mean to take up your cross.

Over his life Nicholas' (20+/high-low/Roman Catholic) attitude to the role of suffering has changed. In childhood he felt an emotional connection with Christ's suffering, and had a strong awareness of Christ suffering for him. He says that he understands that some strands of Roman Catholicism advocate suffering as a way to connect with Christ, but as an adult he has come to believe that this attitude is unhelpful. Instead he links the suffering of Christ with resurrection. Christ's example is seen as a light at the end of the tunnel, an example in how to deal with terrible human suffering and an example of suffering leading to transformation.

Nicholas: So, I've kind of moved away from that and-and more seen it as- that people who can go through- who do go through suffering in their lives, can see in that that Christ has gone through that as well. But that there is sort of light at the end of the tunnel, and that you know Christ went through you know resurrection, and, and it-and a great, you know positive outcome happened, you know out of all this... And, then I kind of, I definitely think that the- the archetype is there of-of-so it's kind of a Karl Jungian sort of style of thinking, where, where you can see in various traditions across the world and in various beliefs and various, you know, human experience basically, that going through a stage of suffering you can-you can pull through and, you become transformed.

Rashmi (20+/schizoaffective disorder/Roman Catholic) suggests that suffering may be redemptive and also finds meaning in the idea of offering up her suffering for the souls in

purgatory. She finds her experience of suffering validated in Catholicism and in the life of Jesus, which reassures her that God understands her suffering. Rashmi has a strong reaction to the Passion of Christ, being both fascinated and traumatised by it. The suffering of Christ gives her freedom from the expectation of happiness, and Jesus being unable to carry his cross gives her permission to be unable to cope. She is drawn to the image of Jesus in Gethsemane, and has asked God to allow her to be there with Jesus so that he would not be alone. She believes that some of her mental distress is associated with, in a spiritual way, accompanying Jesus in Gethsemane. The ways in which she understands God and Jesus are also affected by powerful spiritual experiences which she thinks may or may not be psychotic experiences – she describes them as a ‘blossoming of understanding of the divine’ - in which some of her questions about God are answered.

Rashmi: I said to God- I said, ‘I want to- I feel really bad that Jesus is alone in the garden of Gethsemane and the disciples aren't watching. And that they're sleeping, and I feel really bad for Jesus’. So I said to God, ‘I want to be with Jesus, and I want him to know he's not alone this Lent. I want him to know he's not alone’. And I've kind of paid the price for that, in terms of my mood disorder. Because every Lent, I do tend to get very ill.

Rashmi expresses her sense that Jesus is in solidarity with her suffering, but also a sense of the solidarity working in the opposite direction – she is in solidarity with Jesus in his suffering. This is, perhaps, reflective of Catholic devotional theology, which encourages not only solidarity with the suffering of Jesus but also with the lives (and suffering) of the saints. There is a sharing in the suffering (and merit) of the saints that encompasses the whole Church (Congregation for Divine Worship and the Discipline of the Sacraments, 2001; United States Conference of Catholic Bishops, 2003). It also implies a sense in which her religion is both contributing, and giving sense, to her altered moods.

Along with Rashmi, religious themes are a significant part of Gail's (60+/high-low/former Jehovah's Witness) altered mood experiences. At times she believed that she had religious powers and could use them to protect people. She also conflated the events of 9-11 with the Armageddon – end of the world – that her church had taught her to expect. At that time she identified with Jesus ‘tasting death’ (Hebrews 2:9) and felt ready to die - she was not upset by Armageddon or afraid of death.

Gail: What I was thinking, you know, I was thinking of that scripture - Jesus tasted death for every man. And I was thinking, 'Yeah that's what I'm doing.

I'm tasting death, now I'm ready to die. That's fine.' And I was calm.

As an alternative perspective, two of the participants react strongly against any suggestion that they might connect with the suffering of Jesus. Orla (50+/depression/Roman Catholic) rejects the valorisation of self-sacrifice that she says she has observed within Irish Catholicism.<sup>139</sup> She sees this tradition as placing an unhelpful emphasis on self-punishment and unnecessary sacrifice, thus increasing the amount of suffering in the world. When asked about the role of suffering in life and any connection with God, she says that making a link between human suffering and that of Christ would be egotistical. Mental distress is simply something to be endured, and not something to be theologised. Quentin (60+/depression/Methodist) has a similar view of what he perceives to be Catholic tradition, i.e. punishing yourself or intentionally seeking suffering. He rejects the idea that suffering is good, although suffering can be the consequence of goodness. He can make no sense of Christ's suffering, questioning the need for it and declaring himself revolted by the crucifixion. For Quentin, the crucified Christ is not a source of solidarity or comfort.

Orla: No. I'm not, I'm not egotistical to that- (laughs). He suffered on the cross, and I've got depression! No, I don't. But I know from my background that's a big deal. It's a big deal politically, Irish politics is all about the sacrifice.... [There's a group] I think it's called the Opus Dei, and... they are into kind of that self-flagellation. And they see that very much we must suffer to connect ourselves to Christ. No! Be a good person, that connects you to Christ, not inflicting physical pain on yourself.

Quentin: The suffering of Christ. I- I have a great problem with the whole thing about Christ. You know, I just cannot- I just cannot find any sense, I- I can understand why he had to be this sort of sacrifice and salvation and all the rest of it, but why Christ had to go through that, why God the Father wanted God the son to do that it- I just cannot make any sense of it whatsoever. I find it- I find that very difficult theologically. It- you know.

In these accounts participants express a particular resonance between their own mental

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<sup>139</sup> Matthias, Nicholas, Orla and Quentin said that they had observed what they considered to be an unhealthy attitude towards suffering and self-sacrifice from Roman Catholics in previous generations – an attitude that they did not themselves share or fully understand. They referred to this as 'advocating' suffering (Nicholas), as sacrifice being a 'really big deal' (Orla), and as the idea that 'suffering is good' (Quentin). In the case of Irish Catholicism, (Matthias, Orla and Quentin had Irish heritage), the strength of these kinds of ideas (and stereotypes) may be related to the particular history of Irish Catholics, including colonialism, migration/diaspora and anti-Irish prejudice/discrimination, and the institutional church (and abuses) (Ó Corráin, 2018).

distress and the suffering of Christ. In the suffering of mental distress, the humanity and vulnerability of the earthly Jesus becomes important in a new way. His suffering and crucifixion is important to participants not in the sense of atonement or salvation, but as evidence that God understands human distress. For some of the participants Christianity is encountered at an experiential and even visceral level as they struggle to make sense of their distress in the light of Christian theology.

Although participants did not, in the main, discuss atonement or soteriology in relation to Jesus' suffering and crucifixion, they did raise questions of theodicy. Traditional formulations of Christian theodicies are intended to address an assumed conflict between the existence of evil (often in the guise of innocent suffering) and an omnipotent and omnibenevolent God. When given the open opportunity to discuss their view of the role of suffering in life, some participants do raise this question. Their answers indicate an appreciation of the difficulty people may have in reconciling suffering and belief in God, and also a desire not to assign blame to God. Responsibility for suffering is assigned elsewhere, and the emphasis is on God or Jesus being present in the suffering.

Diane (60+/depression-anxiety/Anglican), for example, suggests that human choices are responsible for most suffering, and does not feel the need to blame God for her own suffering. Helen (40+/depression-anxiety/Anglican) similarly absolves God from responsibility and sees God present in, rather than to blame for, tragedy. Chris (30+/cyclothymia/Pentecostal) reports that he is frequently asked how he can believe in God despite the traumatic experiences of his life, but that he does not blame God for those events and instead imagines Jesus sitting beside people. James (30+/depression/Charismatic Evangelical Anglican) distinguishes God allowing suffering from God causing suffering, and trusts in the logic of God even if he himself is unable to make rational sense of the universe. Rashmi (20+/schizoaffective disorder/Roman Catholic) says that the suffering that she has personally experienced is due to other people, and that a lot of the suffering in the world can be traced back to people's actions. She does, however, struggle with the idea of natural disasters, and wonders how to account for that kind of suffering.

Helen: E-Even when there's horrible things go on in the world an-and you hear people saying, 'How can God let this happen?' my instant reaction is, 'It's not God that makes it happen, it's some other force'. And actually God's there, putting it all back together and putting out th- You know, I just have this vision of God rallying round making sure everybody's OK, you know you



see these, you know, wherever there's a disaster there's people helping. That's God at work, not th-the force of evil.

James: I think one key thing that I learnt when I was at University, I'd been having a discussion with someone, or thinking about the whole question of why is the world bad when God is good, and how does that work together, is that a logical problem. And I came to a realisation then... God is clever and I'm not! And- that is ridiculously arrogant to not just realise, but you know, when you're doing Maths at a University, and stuff like this, you kind of think that you can figure stuff out. And I realised that actually, even if I couldn't figure it out, even if it looked to me like there was a contradiction, there can't be, because God understands this stuff and he knows the answer to this.<sup>140</sup>

Rashmi: Well, I think, the suffering I've gone through personally, is a result of other people. So, other people's sins or mistakes, or whatever. In terms of- I find myself [inaudible] because there's things like landslides and volcanoes and stuff like that, that's not really the result of anyone else's sin. So that, I have no answer for.

The question of theodicy also links back to the potentially transformative accounts discussed in 'Interpreting altered moods'. Those accounts view the suffering of altered moods as a potential opportunity for spiritual growth, and seem to be one way in which participants address the theodicy question for themselves, and in relation to their own suffering. It is a contextual interpretation of mental distress. They do not generalise their account to all circumstances and to all kinds of suffering.

In all these cases, the resolution offered by participants is not a philosophical or logical answer to the unanswered problem of theodicy; for example, the participants who offer a potentially transformative account are not arguing that God causes their suffering so that they will grow spiritually. Instead resolution comes in the form of belief and trust - that God is present, that Jesus understands their suffering, or that good may come from the experience. Abbott (2019) observes a similar process in Christian survivors of meteorological catastrophes (e.g. the 2010 Haiti earthquake). Abbott notes that they held strong beliefs in divine sovereignty and providence, but that, far from raising questions of theodicy, these beliefs brought them comfort: "From a few hundred participants, less than a handful raised any desire to interrogate God or to hold God to account in a negative way for their plight" (Abbott, 2019, p.213).

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<sup>140</sup> James' position here is in line with the philosophical position of skeptical theism (Dougherty, 2016).

## 6.4 Summary: Christology

This chapter addressed the project's third research question: 'how might the experience of altered moods inform or challenge wider Christian theology?' Analysis of participant interviews highlighted two particular areas of Christian theology that might be informed or challenged by their moods experiences: the doctrine of God (addressed in Chapter 5) and Christology (addressed in this chapter). Both of these theological themes are brought into dialogue with disability theology in Chapter 7.

The analysis in this chapter explored participants' Christological reflection from two angles: images of Jesus, and divine solidarity in suffering. In relation to images of Jesus, participants almost exclusively offer images drawn from his adult earthly life. The majority of those images relate to the Passion and suffering of Jesus, with some participants linking these images directly to their own experience of suffering associated with altered moods. The idea of suffering, both the suffering of Jesus and the role of human suffering in life, leads to the second area of analysis, that of encountering the solidarity of God through Jesus' suffering. Participants' experiences of altered moods draw them to the idea of Jesus' suffering, and then to a sense of divine solidarity with their own suffering. None of these accounts intentionally valorise suffering, and although participants do raise questions of theodicy, they do not, mostly, resolve them through logical or academic arguments. Instead they appeal to the personal and pervasive presence of God in the suffering, or to Jesus' solidarity in suffering, or to the spiritual growth they have observed in themselves. Suffering is seen as an undesirable but inevitable part of being human in the kind of world in which we live. As Hall observes, Jesus is not "the answer" to the suffering associated with altered moods. Rather, the suffering Jesus is identified as the "Answerer" (Hall, 1987, p.94).

Those participants who offer images of Jesus but do not mention his suffering are James (30+/depression/Charismatic Evangelical Anglican), Orla (50+/depression/Roman Catholic), and Quentin (60+/depression/Methodist). Orla and Quentin are also the two participants who very strongly resist the idea that they might find meaning or solidarity in his suffering. The images that they offer are of a political, troublemaker Jesus, who is on the side of the marginalised. It is interesting to note that a different kind of solidarity that comes into view in these images, focused on the life and ministry of Jesus, rather than his suffering. He is, however, still in solidarity with those who are suffering, for example from the effects of racism

or powerlessness.

The concept of suffering, which has run as a thread throughout the earlier chapters therefore comes clearly into view in this chapter and continues to be in view throughout Chapters 7 and 8. The ways in which the themes that arise from this and the previous chapter inform and challenge wider Christian theology are related and intertwined, and so the next chapter considers them both together in relation to disability theology.

## Chapter 7

# Mezzanine floor: Imaging God and Jesus in dialogue with disability theology

The previous two chapters introduced the theological reflections of participants and the two areas of theology (Images of God and Christology) that emerged as most informed and challenged by the experience of altered moods. This chapter continues the theological redescription project by drawing together the analysis from the previous two chapters and setting it into dialogue with disability theology. In doing so, it addresses the fourth research question: How congruent is wider Christian theology with the lived experience of altered moods? As discussed in the introduction, the literature of disability theology is the wider disciplinary context which most closely aligns with this project, notwithstanding the open question of whether altered moods are always or only sometimes a form of disability. This chapter is described as a mezzanine floor to indicate that it sits in between, or links, Chapters 5 and 6, and is a smaller floor than the others. This is because it takes forward the analysis in the previous chapters, rather than introducing new empirical material. The dialogue also, therefore, looks forward into the next chapter, which draws together themes from across the thesis to develop possible directions for a contextual theology of altered moods.

### 7.1 Imaging God

At first glance the question ‘who is the God we worship?’ seems to be quite straight forward. We worship the God revealed to us in Scripture through the life, death and resurrection of Jesus Christ. That of course is the case. However, the rich, diverse and often contradictory understandings of God available within the Christian tradition tempts us to ask: *whose* God is the God we worship and *whose* Jesus do we follow? (Swinton, 2011, p.276, italics in original).

Swinton’s questions offer an apt introduction to this chapter: in the context of altered moods, whose is the God we worship, and whose Jesus do we follow? Such questions sit squarely in the territory of contextual and practical theology. The answers are not simply academic, but have ‘real-world’ impact, since the way in which we view God has implications for how we view ourselves and others. Writing specifically in the context of disability, Creamer notes that:

[C]ertain models of God as Father have been used to contribute to the characterization of people with disabilities as children in a way that is different than the characterization of people/children of God who are seen as normal. It is a different image of Father, highlighting different aspects of child-like... The divine Father and child model, like the medical model, when taken to its conventional end, negates individual and corporate agency and denies the person-ness of the person with the disability (Creamer, 2006, p.78).

Creamer notwithstanding, practical and contextual theological work on imaging the divine has taken place primarily within feminist, womanist or black theology, and thus has focused mainly on the interactions between gender, race and images of God. For example, drawing on psychological theories relating to imaging the divine, Knight (2011) highlights the relative absence of empirical research in this area, and the often turbulent processes of ongoing spiritual growth leading to changes in individual images of the divine:

Each person is continually forming and re-forming her internal imagery as she interacts with representations of, and as she experiences relationships with, the divine and other people. Therefore, while a shared cultural and religious background can cause significant similarities to the imaginations of others, a particular person's internal configuration of significant representations and relationships is unique at any particular time (Knight, 2011, p.3).

The narrative analysis presented by Knight highlights connections and disconnections, (within the North American culture in which she is working), between classical images of God and the lived experience of individuals who interact with these shared or 'official' God images from their own perspective. This perspective is informed by gender and race, especially as these are experienced in human relationships, and most particularly within parental or family relationships. Classically derived images of God (as white and male) learned in childhood become infused with the emotions associated with human relationships, especially childhood family relationships. God images are thus more than cognitive; they have an affective aspect as well. In the narratives discussed by Knight, the participants' images of God gradually shift from being classically derived white, male, representations to alternative images with gender and racial diversity. This shift is prompted by their lived experiences of gender and race and recognition of the limitations of classically derived images. Participants report that this too is more than a cognitive process; they need to engage emotionally and spiritually with the images in order for them to become meaningful and enduring.

In a similar vein, writing about liberatory images of God, Stone (2004) observes that changes in God images should be recognised by psychotherapists as a potentially important part of spiritual growth for people who hold a conscious image of God. As with the participants in this study, such changes are usually associated with a state of disequilibrium and to previous images being acknowledged as inadequate:

Spiritual and psychological growth always involves necessary losses. Clients usually present at a time of disequilibrium, sometimes longing to restore a previous state of well-being or in a state of pain and confusion because the previous situation, relationship, job, understanding, image of God is now revealed to be inadequate (Stone, 2004, p.17).

Turning to specifically Christian images of God, it is necessary to first acknowledge the more common use of the phrase “image of God” or *imago Dei*. This phrase has occupied a central position in Christian theological anthropology (McFadyen, 2012; Jones and Barbeau, 2016). In Genesis humans are said to be made in the image and likeness of God:

Then God said, ‘Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth.’  
So God created humankind in his image,  
in the image of God he created them;  
male and female he created them (Genesis 1:26-27).

Historically, there have been three main strands of thought about the *imago Dei*, and in particular what it means for humanity to be made in the image and likeness of God (and to be differentiated from non-human creatures). The substantialist perspective views the image of God as being a characteristic of humanity (such as reason or language). A functional perspective views the image of God as the function that humans are meant to fulfil within creation (often as representatives of the authority of God, i.e. having dominion over nature). A relational perspective sees the *imago Dei* as consisting of the relationships between God and humans, or humans and humans (Jones and Barbeau, 2016, p.13).

It is possible to discern two major, but non-exclusive, trends in the ways in which *imago Dei* is conceptualised in contemporary theology. The first views the *imago Dei* as the basis for individual human dignity and worth; having been made in the image of God is a characteristic of being human that is shared equally by every person. This view has historically characterised

Catholic theological perspectives: "The definition of *imago Dei*... [consists] of simply having been created by God and therefore having inherent value, intrinsic worth..." (Hedges-Goettl, 2002, p.21). The second trend views the *imago Dei* as being constituted by the human relationship to God, and has been typical of Reformed theology. This relationship is damaged after the Fall, meaning that the *imago Dei* is lost, or at least damaged, until it is restored through redemption in Christ, who is the full image of God. Robinson (2010) has described these two aspects as 'ascendant' and 'descendant', with the ascendant stressing human orientation towards God, while the descendant stresses God coming towards humanity (in Christ).

There is not space in this thesis to do justice to the extensive theological tradition around the doctrine of *imago Dei*. Nor does a discussion of the doctrine, as traditionally expounded, directly arise from the data or analysis – participants do not speak about humans being made in the image of God, although it is possible to see a connection with, for example, the idea that all people have worth or are loved by God regardless of their experience of mental distress. There is also a potential connection to contextual theology, analogous to the way in which the idea that all are made in the image of God can be a building block for a Queer Theology, for example (van Klinken and Phiri, 2015). Paula (20+/anomalous/former Charismatic Evangelical) perhaps comes closest to this in her development of the idea that experiencing mental distress is just part of the diversity of humanity, like autism or other kinds of neurodiversity. Nonetheless, the doctrine of *imago Dei* is linked to the data in a different way. *Imago Dei*, as part of theological anthropology, focuses on the image of God as seen or expressed in humanity. It asks questions about the human implications of being made in the image of God. However, looked at from the other side of the equation, *imago Dei* also has implications for our image of God. Our view of ourselves is not independent of the way in which we image God. There is a close link between our image of God and our communal image of self, because our concepts of deity express something of our ultimate values and virtues. This connection remains regardless of whether the image of humanity or image of God comes first; whether we make God in our own image (as psychologists of religion might argue), or if human image is a reflection of the divine (as theologians might argue) (see e.g. Hall, 1986 for a discussion of this in relation to environmental stewardship). Thomas (2012) has similarly drawn attention to the ways in which the trends in interpretation of *imago Dei* have been affected as least as much by culture as by exegesis. The supposed quality of individual humans that makes up the image has varied depending what was valued by the wider culture at that time. So, for example, the early Church writers who identified *imago Dei* with human reason were writing

at a time when rationality was highly valued and salvation seen in terms of illumination of the mind (Thomas, 2012, pp.135–6). Speaking specifically of disability theology, Cooper makes this point in relation to images of God as disabled. The normative nature of ableness means that the connection between human abilities and images of God is easily overlooked. The startling nature of God imaged as disabled is a reminder that God in Godself does not ‘really’ walk, or speak, or have strong arms:

There is nothing wrong with using metaphors to allow us to speak about God. Quite the opposite: It is important to speak about God and, therefore, we must use metaphors. Problems arise only when we forget: (1) that our language about God is metaphorical language and (2) that there is a relation between the particularity of the "me," who creates the metaphors and images of God, and the character of those metaphors and images (Cooper, 1992, p.174).

All images that Christians might use of God in Godself are metaphorical. Individuals and communities engage in a process of finding "the best images available to us in order to say something about the divine" (McFague, 1982, cited in Creamer, 2006, p.77). Whilst metaphorical, images of God can be powerful. As Goldberg phrases it, "Images of God dictate who will feel worthy in society and who will feel inferior, who will be respected and who will be despised, who will get easy access to the literal material goods of culture and who will have to fight for those same goods" (Goldenberg, 1979, p.126). The way in which communities and individuals name and depict God shapes their experiences and understanding of God, in the same way that naming any experience affects the understanding of that experience. Naming a mood experience as ‘depressive illness’ or ‘spiritual awakening’ affected participants’ experiences (although not all were affected in the same way – see Chapter 4 for a discussion on participants’ perspectives on labelling altered moods); naming God in different ways affected their experiences as well. Metaphorical does not mean arbitrary, however. Christian tradition also suggests a tension between the idea that God in Godself is unknowable (in the sense that God transcends human capacities), but God is not unknown (McFarland, 2005, p.19).

There are two significant areas in which *imago Dei* intersects with disability theology. The first is a critique of perspectives that locate the *imago Dei* in a characteristic of individual persons (whether that characteristic is a substance, function, or relationship). Disability theology highlights the ways in which such theology risks implying that some disabled people are less than human, if, for example, their intellectual impairment means that they might be judged



unable to embody that characteristic. This concern is not without precedent; Western history provides a number of examples of groups of people (among them women, children, Jews and people of colour) being judged as scoring lower on the 'imaging God' scale and therefore being deemed less worthy of respect or protection (Kilner, 2015, pp.20–21). The danger is not that such theology intentionally characterises some people as less than human, but that its anthropology is (unintentionally or unconsciously) ableist. This is similar to the criticism of liberatory disability theology based on the social model and on assumptions of independence and autonomy. Creamer outlines this criticism as follows:

Reflection on intellectual disability in particular not only raised a challenge against anthropocentric models of God (i.e., that imagining God as a person may have creative potential but also carries significant dangers and limitations) but also highlighted some of the problematic assumptions of the social model, particularly the implied claim that people with disabilities are "just as good" as the non-disabled, where "good" actually meant competent, smart, capable, and so on (Creamer, 2012, p.343).

The second area of intersection builds on this insight, and consists of the construction of images in which God is imaged as disabled.

Although a smaller field than other contextual theologies, contextual disability theology has given significant attention to the imaging of God. As previously discussed, God is imaged as disabled in various ways, with disability theologians arguing from the lived experience of disability to the metaphorical imaging of God. Attention is drawn to the fact that human abilities are often taken as the starting point for imaging God, and to what can be learnt by starting from human disability instead. Cooper provides an example of this position:

Our tendency is to think of divine power in the same terms as our power, except to extend God's power unlimitedly. That is, there are limits to our power; there are no limits to God's power. If we can do some things, God is able to do anything. Thus, human 'ableness' provides us with the image to think about God's power... As feminists argue, despite all the male images of God, men do not, by virtue of their maleness, more closely represent the image of God than do women. So it is true that the able-bodied do not, by virtue of their able-bodiedness, more closely represent the image of God than do the disabled. God does not see with eyes nor hear with ears nor move with legs, and so forth (Cooper, 1992, pp.173–4).

Imaging God as disabled is about more than viewing God as simply present to disabled people. Rather, disability is metaphorically brought into the nature of God, it is made the centre point

of theological reflection (Swinton, 2012). These current interviews reveal a process similar to that identified in relation to gender, race and disability. Participants report that their images of God have shifted over time, often in response to their mood experiences. For some participants this is a highly emotive process, with participants describing strong emotional resonance between their moods and their God images, or a strong emotional aspect to the images. Rather than focusing on race and gender (i.e. rejecting the image of God as white and male), this shift is closer to that described in disability theology when God is imaged as disabled. Participants do not, however, image God in Godself as disabled, instead they image God as present, personal and pervasive.

A different approach is suggested by Witham (2010). Documenting the Western 'biography' of God, Witham suggests that Christian theologians from Augustine until after the Reformation held in tension two aspects of God's character: God as person, and God as cosmic being (Witham, 2010, pp.3–4). These aspects can indeed both be observed in the images offered by participants, a tension I described as God being accessible but also 'more-than'. Witham is charting theological developments leading to open theism and process theology, but offers an image that also illuminates the transitions in individuals' God images at a time of disequilibrium or turmoil. Witham suggests that biographies of God are similar to a woven garment, with the characteristics of God represented by threads that are woven tightly together into one. Pulling on one thread – Witham suggests omniscience, or immutability – loosens other threads, so that eventually they become loose enough to be woven into a new garment. The experience of altered moods seems to function like pulling at one thread in their image of God – perhaps the thread of the idea that God has a perfect plan for your life, or that mental distress is the result of sin – some participants can continue to comfortably live with this loose thread in their original garment, while for others the whole thing unravels and is later knit back together into a different form with the experience of altered moods woven throughout.

Jesus is described in the Bible as the "image of the invisible God" (Colossians 1:15). Following Cooper (1992, quoted above), it is not however, the contingencies of Jesus' body (e.g. that it was male) that tell us something about God in Godself. Disability theology does not predominantly rely on the idea that Jesus experienced something akin to disability at the end of his life. Instead it draws on concepts of incarnation, kenosis, and trinity to emphasise the dependency and vulnerability of Jesus; that Jesus experienced human limitations, finitude, and vulnerability. This is explored in the next section, in which the participants' images of Jesus (as

one who understands 'from the inside' and who offers solidarity in suffering) are brought into the dialogue.

## 7.2 Imaging Jesus

The image of Jesus as vulnerable and suffering emerged as significant in the analysis. Many, although by no means all, participants found that his suffering provided a sense of solidarity, consolation and companionship in their own experiences; Jesus' experience of suffering is taken to mean that God understands human suffering. For those participants who did not find solidarity in his suffering, a different location for solidarity emerged – in Jesus' life and ministry. While participants do raise questions of theodicy, this does not emerge as their main emphasis. This is consistent with the conclusions of those who write about theologies of suffering (e.g. Weaver (2013), Peterman and Schmutzer (2016), Beach (2018)). For example, Beach suggests that:

Perhaps in suffering the demand for companions is greater than the demand for theories of possible meaning or attempts to answer the perennial lament, "Why?" (Beach, 2018, p.252).

Contextual Christologies – theological interpretations of Christ written from various contemporary social contexts – such as black, womanist, or queer Christologies seek to articulate the ways in which Christ can be said to be black, a woman, or queer.<sup>141</sup> Disability theologians have similarly imaged God as physically or intellectually disabled (e.g. Hauerwas, 1986; Eiesland, 1994; Morris, 2008; Lewis, 2013). There have been relatively few accounts of God imaged as experiencing poor mental health, although there is a small cluster of self-described 'playful' and psychologically inspired works in which God or Jesus are diagnosed as melancholic, having bipolar disorder or a personality disorder, or as potentially diagnosable with one of a number of conditions in the DSM-IV (Ellens, 2007; Carlin, 2009; Helsel, 2009; Capps, 2010). Unlike the contextual theologies, however, these diagnoses are not being (re)claimed as positive identities/characteristics or as reflective of shared human characteristics (such as vulnerability or limitedness) which are more usually overlooked or seen as only characteristic of disabled people. Instead these works 'read back' various kinds of psychopathology into biblical or theological resources. For example, Carlin's argument, based on Capps' psychobiography of Jesus, that God the Father can be described as melancholic

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<sup>141</sup> See Karkkainen (2016) for an overview of contemporary Christologies.

concludes with the line:

[F]athers and sons indeed have a great many issues to work out—many internalized black eyes and plastic bats to come to terms with— and, at the root of these issues, more often than not, is the missing mother, whom they both love (Carlin, 2009, p.220).

Similarly, Helsel's description of God's characteristics and behaviours as meeting the clinical criteria for a diagnosis of bipolar disorder is intended to name "some of the fearful and terrifying aspects of the tradition clearly" (Helsel, 2009, p.189) by suggesting that God's relationship to creation (as related in Jewish and Christian scriptures) has been "characterized by the terrifying flux of a mood disorder such as Bipolar I" (Helsel, 2009, p.190).

The participants in this study are not claiming that Jesus experienced altered moods either in the pattern of contextual theologians or the pastoral psychologists quoted above. They are, like the contextual theologians, theologising from their own context and finding resonance with Jesus' experiences, but they are not claiming that Christ has, either metaphorically or literally, mental health challenges. Rather, they are finding solidarity in his experience of suffering; seeing their own experience of distress reflected in his suffering.

For participants from across the Christian traditions the most salient feature of Jesus' suffering is a sense of solidarity, identification and recognition. Participants are not looking to the cross for atonement for sin, but rather for a sense of meaning in suffering.

### **7.3 Summary: Imaging of God and Jesus in dialogue with disability theology**

This mezzanine chapter brought the analysis of the previous two chapters into dialogue with disability theology. In doing so, it identified a number of commonalities and some disagreement. The changes in participants' God images in relation to their altered moods, the close connection between representations of God and representations of humans that flows from the doctrine of *imago Dei*, and the tension between God as unknowable but not unknown are all points of commonality and connection.

The most significant area of disagreement is related to the idea that God may be imaged as disabled, an idea which occupies a significant place within disability theology. This does not emerge from the empirical material of this project. God is not imaged as disabled (or as experiencing altered moods). Rather than offering new images of God as psychotic, depressed, or having extreme mood swings, this theology gives a central place to the image of the suffering and crucified Jesus. This traditional image is reinterpreted and experienced as an image of extreme mental distress, so that, as with the images of God as disabled offered by contextual disability theology, altered moods are brought into the nature of God (Swinton, 2011; 2012). The emphasis is on the experience of suffering, not a shared identity. This conclusion echoes the discussion about identity in section 1.3 of the introduction, where, based on the literature, I drew a distinction between disability (identity-first) and mental health (person-first) language. It also points forward to the theology of mental health being a theology of experience, rather than a theology of identity.

These insights are therefore taken forward and developed further in the next chapter. This final substantive chapter continues to address the fourth research question: how congruent is wider Christian theology with the lived experience of altered moods? It also addresses the final research question: What theological themes might provide the contours of a contextual theology of mental health?

## Chapter 8

### Penthouse: Mad Theology

In this chapter I draw together the directions and threads that have emerged from the preceding chapters and outline one possible shape for a contextual theology of altered moods. This section rests on the foundation of the previous chapters, especially the insights and thoughts shared by participants, but the building materials and final design reflect my own perspective and theological commitments to a greater extent than the other chapters. In Chapter 2 I suggested that an explicit acknowledgement of the researcher's voice was missing from the original model of mutual critical correlation. This chapter therefore more explicitly introduces the researcher's voice to the dialogue. I acknowledge that not every participant's perspective will be captured by this section. One of the strengths of grounded theory alongside maximum variation and theoretical sampling is the heterogeneity of data that is produced. The aim in grounded theory is to construct a theory that is robust enough to survive that heterogeneity and which takes account of variations in experience, interpretation, or behaviour (Charmaz, 2014, p.109). In the data analysis in the preceding chapters I have sought to do justice to the variations in participants' perspectives and experiences, without 'smoothing out' differences. However, as discussed in Chapter 2, the aim of this thesis is not to produce a classical grounded theory. It is, instead, a work of practical theology which utilises grounded theory as a robust method of data collection and analysis which centres the voices and experiences of participants. Differences between Christian theological traditions are considerable, notwithstanding the fact that the lived experience of Christianity in the UK is unlikely to be representative of one 'pure' theological or ecclesiastical tradition. Alongside that, practical theology has sometimes been criticised for concentrating on the practical and minimising the theological.<sup>142</sup> This final chapter is therefore a theological reflection on theology of altered moods, written from my own context as a British, UK-based, ordained member of the Church of England who identifies with those strands of theology and ecclesiology often referred to as the central tradition (Atherstone, 2016), and writing at the time of the Covid-19 global pandemic. This particular perspective is reflected in the choice of main conversation partners: particularly the reformed theology of the cross represented by

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<sup>142</sup> See Miller-McLemore for a refutation of the (mis)characterisation of practical theology as "descriptive, empirical, interpretative, and not normative, theological, and... Christian" (2012a, p.5) or Root (2014, p.19ff) for a summary of this criticism.

Luther<sup>143</sup> and Hall which has resonance with my own theological tradition, and trauma theory and theology which has come to prominence as a result of the pandemic. To continue the woven garment image from the previous section, this chapter gathers up threads from the participants stories and weaves them into a different garment – one that reflects my own perspective and that I would feel able to own and wear. This is not intended to be a one-size fits all garment, but instead is a response to the need identified by Cooper-White: the need for ‘thick theology’ – theology which is “multilayered, complex, and open to multifariousness and modes of symbolization in both our psychological and anthropological conceptualizations of persons, conflict, trauma, pathology, health, and wellness; as well as in our understanding of the transcendent, of God” (Cooper-White, 2011, p.5).<sup>144</sup>

I have entitled this chapter ‘mad theology’ to evoke comparisons between the theology of altered moods and other kinds of contextual theology, rather than to align this chapter with Mad Pride or mad positive activism.<sup>145</sup> With the exception of Paula (20+/anomalous/former Charismatic Evangelical), who discussed her mood experiences as something akin to neurodivergence, participants did not use the language of madness nor of Mad Pride.<sup>146</sup>

This chapter therefore intentionally goes beyond the words of the participants but is grounded in them and in my experience of being immersed in the participants’ words over the last four years. Mindful of the virtue of humility when working with other people’s stories and the significant diversity among the participants, I hope that this closing reflection is sufficiently well in line with the spirit of their reflections that participants would recognise my respect for their experiences and that at least some of the participants would also be able to recognise

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<sup>143</sup> Tracing Luther’s legacy within contemporary Anglicanism, and the Church of England specifically, is complex due to the particular history of the English Reformation (Ryrie, 2016). Space does not permit discussion of that legacy here, however, the resonance I perceive between the theology of the cross and the central Anglican tradition may be partially explained by Richardson’s characterisation of Luther as “too Catholic for the reformed Evangelical, and too Protestant for the Anglo-Catholic” (Richardson, 1996, para. 5); precisely the positioning of central Anglicanism.

<sup>144</sup> Drawing on the idea of “thick description” in ethnography, originally in Geertz (2008).

<sup>145</sup> Rashed (2019, p.151) defines Mad Pride as: “a movement and discourse that pose a direct and radical challenge to the social norms and values underpinning views on “mental illness.” [It] rejects the language of “illness” and “disorder,” reclaims the term “mad,” and replaces its negative connotations with more positive understandings. It reverses the customary understanding of madness as illness in favor of the view that madness can be grounds for identity and culture”.

<sup>146</sup> That is, non-dominant positive narratives of altered moods or a sense that altered moods formed part of their identity.

their own experiences in it. This intentional 'going beyond' also allows me to utilise aspects of Christian tradition that most likely would not only be unfamiliar to some participants but would conflict with their own tradition. Specifically, I draw on Luther's theology of the cross, despite drawing reflections on suffering that arose from interviews with a number of Roman Catholic participants.

This chapter addresses the fifth research question: 'What theological themes might provide the contours of a contextual theology of mental health?'. It draws together and expands the overarching themes that emerged throughout the project and thesis. Specifically, these themes are: identity, disconnections between experience and theology, interpretations of altered moods, images of God, Christology, and the theology of experience. As with previous chapters, there are different conversation partners in this chapter. These are: psychological trauma theory, the work of Serene Jones and Shelley Rambo on the theology of trauma, contextual Christologies, and the theology of the cross. In different ways, each of these offer a theological perspective on the suffering of Jesus and, taken together, illuminate the analysis that has been presented in the earlier chapters. In particular, these conversation partners attend to the reality of ongoing suffering and shared experience rather than shared identity, which have emerged as characteristic of theology of altered moods. The chapter therefore closes by noting potential points of connection between them and the experience of altered moods. These points of connection are offered as potential directions for a mad theology and are: wounds that remain, realism about experience, encountering the solidarity of God through the suffering of Jesus, and the abiding nature of God's love. These connections highlight mad theology as one that bears witness to the fact that God can be glimpsed and encountered even in mental distress.

The first dialogue partner consists of material from trauma studies and trauma theology. This material deals head-on with the reality of ongoing suffering. As with disability studies and theology, trauma is used in these disciplines as a hermeneutical lens, and Jesus is identified as a victim/survivor of trauma. Unlike disability theology, however, trauma is not treated as a shared social identity. Dialogue with trauma theology therefore has the potential to illuminate themes that have emerged throughout this thesis but have been identified as points of disconnection between theologies of altered moods and disability theology or the sociology of illness; specifically, the significance of suffering, identity, and the theology of experience.



## 8.1 Trauma

Trauma is an ongoing psychological and physiological ‘wound’ arising from exposure to a threatening or harmful event that overwhelms the usual ability to cope or respond to danger, and which cannot be averted by the action of the person or community. As reported in section 2.3.3, a number of participants in this research disclosed additional ‘real world’ traumatic events, ‘adverse childhood experiences’,<sup>147</sup> or actual/potential diagnoses of post-traumatic stress disorder (PTSD). The interviews were not focused on these events; participants disclosed them in reflecting on their mood experiences. There are complex relationships between mental distress, altered moods, and trauma. Trauma is strongly associated with the later development of altered moods such as those diagnosed as depression or anxiety and other kinds of mental health challenges, may worsen pre-existing poor mental health, or lead to particular forms of mental distress such as those diagnosed as PTSD or complex post-traumatic stress disorder (cPTSD)<sup>148</sup> (SAMHSA, 2014a; Sweeney et al., 2016; Torjesen, 2019). However, there are additional similarities between the situation of experiencing trauma and experiencing altered moods, particularly when considering the ways in which altered moods shape theology. Trauma is a similarly biopsychosocial phenomenon, albeit with more clearly identified ‘biological’ bases than altered moods. As with altered moods, trauma can in some ways be considered a non-traditional shared context, which trauma theologians have identified as shaping theology in certain ways (Rambo, 2010; Rambo, 2017; Jones, 2019). There are also phenomenological parallels between trauma and altered moods.

To begin to explore the ways in which trauma theology may illuminate not just the analysis already presented in this thesis but also the potential contours of a mad theology, I turn first

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<sup>147</sup> The concept of ‘Adverse Childhood Experiences’ (ACEs) and their association with poorer adult health outcomes first emerged in the late 1990s in a largescale survey of patients receiving treatment from the US health provider Kaiser-Permanente. ACEs take place before the age of 18 and include abuse, neglect, and challenging household circumstances. Adults who report more ACEs are at greater risk of developing cancer, heart disease, diabetes and mental health problems (Boullier and Blair, 2018).

<sup>148</sup> Complex PTSD is a diagnostic category in ICD-11 and includes symptoms of PTSD as well as additional difficulties with regulating mood and interpersonal relationships; it is thought to be associated with chronic, severe, or childhood trauma (Williamson and Greenberg, 2019). There is an ongoing debate about the relationship between cPTSD and borderline personality disorder (BPD), which often co-occur. Some scholars suggest that BPD should be reclassified as a trauma spectrum disorder, due to the strong association between developmental trauma and later BPD diagnoses (e.g. Kulkarni, 2017).

to definitions of trauma. Drawing together definitions from a number of fields, SAMHSA suggests that trauma “results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (Substance Abuse and Mental Health Services Administration, 2014b, p.7). Such adverse effects may or may not be formally diagnosed as PTSD, which requires specific diagnostic criteria to be met.<sup>149, 150</sup>

Trauma may be caused by a one-off event or repeated over time and can relate to events that are experienced directly, witnessed, that happen to someone we are close to, or through exposure to the aftermath of an event (such as first responders). This includes social trauma (such as marginalisation, poverty or systemic racism) and historical trauma (the legacy of violence committed against a community) as well as those things more usually or easily identified as traumatic – including, but not limited to, one-off or repeated interpersonal violence (e.g. sexual assault), community violence (e.g. war), crime, abuse, childhood neglect, serious accident or illness, and natural disasters (Sweeney et al., 2016). Trauma is ‘dose-dependent’, that is, the more severe the stressor (in terms of harm, numbers involved, or duration), the more likely it is that it will result in trauma. Recovery from trauma is certainly possible but often slow and difficult, and involves three stages: (re)establishing a sense of safety and trust in the world, reconstructing or re-narrating the trauma, and restored social or relational connections (Herman, 2015). Trauma is not linear but tends to be cyclical; people re-

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<sup>149</sup> E.g. ICD-10 says that PTSD “may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all of the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares... 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises” (World Health Organization, 2019, 6B40). DSM-5 lists multiple criteria that must be met, including a stressor that involves “ actual or threatened death, serious injury, or sexual violence”, plus a combination of various kinds of symptoms including intrusive memories, avoidance of memories or reminders of the event, negative changes to cognition or mood, and increased arousal or reactivity (American Psychiatric Association, 2013).

<sup>150</sup> There are various debates around the diagnostic criteria for traumatic and stressor-related conditions such as PTSD. In particular, there has been debate about ‘Criterion A’ – exposure to a stressor – and which types of stressor and exposure should be included (Weathers and Keane, 2007). As with the questions around labelling and the medicalisation of altered moods (see Chapter 4), the concept of a medical condition called PTSD may be criticised on the grounds of inappropriate generalisation from Western experiences and a lack of diagnostic precision.

experience the original trauma through flashbacks and may unconsciously and involuntarily repeat their trauma in other aspects of their lives. Recovery involves interrupting these cycles, allowing the trauma to be processed.

What the different definitions share in common is the idea that trauma involves a stressor (such as abuse or witnessing a terror incident), significant psychological or physical harm or threat associated with that stressor, and ongoing effects associated with the stressor. Drawing together definitions for use from a theological perspective, Jones offers the following broad definition of trauma: “A traumatic event is one in which a person or persons perceives themselves or others as threatened by an external force that seeks to annihilate them and against which they are unable to resist and which overwhelms their capacity to cope” (Jones, 2019, p.37).<sup>151</sup> Definitions of trauma generally assume that this wound arises from a ‘real world’ circumstance that can be identified, even if memories of the event are partial or unstable – it is an ‘external force’. As such, the kinds of mood experiences that are the focus of this thesis would not typically be considered traumatic and I am not trying to make a case that they should be. Specific physiological mechanisms relating to the processing of memories are involved in trauma and traumatic stress reactions, and there is no necessary parallel with altered moods which are not associated with specific traumatic experiences that need to be remembered and processed.

Having made that distinction, one characteristic of altered moods is certainly that the intensity of feelings may be unavoidable and overwhelm the ability of the individual to cope. They may also be experienced by the person as life-threatening or as threatening annihilation – most obviously in the case of altered moods with psychosis (e.g. paranoia or hearing threatening voices),<sup>152</sup> but also in cases where, for example, the person feels driven to suicide by their altered moods, or it may be a more existential sense of annihilation – their altered moods are too intense for their self to withstand them. This is not to claim that every experience of altered moods is traumatic, nor that the physiological mechanisms are necessarily similar, but simply to note that some characteristics of traumatic events may also be familiar to those experiencing altered moods, even if altered moods are not included in traditional definitions of

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<sup>151</sup> Jones describes this definition as a quotation from the work of van der Kolk and Herman, but does not give a precise citation.

<sup>152</sup> First episode psychosis, both the psychosis itself and the treatment patients may receive from health care systems, has been identified as a potential trauma which could lead to the development of post-traumatic stress (Mueser and Rosenberg, 2003)

experiences likely to result in trauma. Given this, the definitions discussed above, and the fact that historical and chronic social stressors are also associated with the development of both trauma and altered moods, trauma theology emerges as a relevant conversation partner when considering the less developed field of mad theology. It is therefore to the theology of trauma that I now turn.

Trauma theory is increasingly being employed in diverse disciplines, including the different branches of theology. Here it has been used, for example, as a theoretical lens for interpreting exilic biblical narratives (Garber, 2015), as a hermeneutical lens for reading the Gospels and accounts of the early church (McGrath, 2006; Rambo, 2010; Reinhartz, 2015; Rambo, 2017) or for reinterpreting Christian doctrines and theological concepts,<sup>153</sup> in liturgical studies (O'Donnell, 2015) and in pastoral and practical theology (Warner et al., 2020). Trauma is therefore a significant area of recent theological study:

In particular, the impact of traumatic experience, upon both readers and authors/editors, has attracted the interest of biblical scholars in recent years. A rapid explosion in the incorporation of trauma theory, itself developing at a great rate, by scholars from an extremely wide range of disciplines, has helped to stimulate this interest. It might perhaps be not inappropriate to describe the application of trauma theory to biblical exegesis as one of the 'hottest' areas of biblical scholarship at present (Warner, 2020, p.227).

Christian theologians writing on trauma have identified the Passion of Jesus as a trauma narrative. The question they pose is how, or whether, it is possible to understand the crucifixion and suffering of Jesus without glorifying violence in itself – and relatedly, how to interpret the Passion in a way that does not retraumatise survivors of violence. Brock and Parker, writing about theories of atonement, resist the idea that any violence, even that done to Jesus, can be redemptive. They conclude that, in Western Christianity's claim that humanity is saved through the violence of the cross, Jesus "has been betrayed by his own tradition... His life and work were not furthered by his death" (2002, p.249). Instead, they argue that Jesus' followers, despite that community being traumatised and scarred by his death, discovered that "the presence of God endures through violence" (Brock and Parker, 2002, p.250). In their view, the resurrection of Jesus should not be viewed as a triumph over death, because speaking in

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<sup>153</sup> E.g. there are strong parallels between the psychological description of recovery from trauma and the Christian narrative of God's grace breaking into a world trapped in cycles of violence.

terms of triumph potentially negates the rejection of Jesus' suffering and death as the locus of redemption. They strongly reject the idea that any good can come out of trauma, instead the resurrection is a symbol of the power of life and survival. Brock and Parker follow in a long tradition of feminist authors who critique traditional Western atonement theories. Particularly troublesome are penal-substitutionary atonement theory, in which God willingly sacrifices his son for the salvation of the world, and the idea that suffering should be embraced because it brings closeness to Jesus who also suffered, because of their potential to implicitly sanction human violence and abuse. Such views are often held alongside patriarchal social structures in which acts of self-sacrifice are particularly demanded or encouraged from women.

While acknowledging these concerns, Jones offers a different perspective. She describes the response that some members of a women's self-defence class had to a Maundy Thursday service in her church:

After the service, Mari spoke to me first, rubbing the knuckle she had bruised in class: "This cross story, . . . it's the only part of this Christian thing I like. I get it. And, it's like he gets me. He knows."... Shanika left next, saying something about Jesus standing between her and her ex-partner, taking blows meant for her, keeping her safe... As a feminist theologian, my first reaction was to worry that somehow they had been inadvertently harmed by being there. I worried that as they sat there, they were once again being emotionally battered by bad theology... Yet I knew from our class that none of these women valorized or romanticized the violence done to them or to others. After all, they were learning to fight back against violence and in rather ardent ways, no less. Furthermore, they had as much as told me that the service was empowering to them, not devastating, and I had to believe that they meant what they said, that they could be trusted arbiters of their own sentiments...<sup>154</sup> And as their departing words to me conveyed, that nourishment flowed from a strong, positive connection they felt with Jesus in the midst of his passion (Jones, 2019, p.87).

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<sup>154</sup> There is pastoral wisdom in the idea that people should be treated as 'trusted arbiters of their own sentiments'. This leaves open the questions of whether people's accounts should always be taken at face value, and whether people can be wrong about what they think about themselves. Addressing these questions are beyond the scope of this thesis. However, the idea that interviews may produce unreliable accounts is discussed in section 2.3.2. Following Silverman (2007) I have taken the approach of acknowledging these issues but pragmatically accepting that the usual way to understand someone's experiences is to ask them. I have therefore taken participants' accounts more or less at face value, but have attempted to make it clear in the text where participants' accounts appear to contain contradictions. For example, if a participant gives an account of their church's doctrine which does not appear to match the published doctrinal formulations, or if a participant says that they reject a particular concept but then go on to talk in terms of that concept.

Jones goes on to develop what she describes as a Christology of mirroring. That is, in Mari's statement, Jones hears echoes of other Christian interpretations of the cross that emphasise "the believer's experience of solidarity between themselves and Christ as the source of redemption" (Jones, 2019, p.88). In a Christology of mirroring, we see our own stories of suffering and trauma mirrored back to us in the trauma of the cross. This is not, however, to be understood as an uncomplicated act of reflection. While Jones highlights a number of similarities between trauma theory and the Passion narrative, she also cautions against obscuring very real contextual differences in the ways that people (are able to) respond to violence. Both trauma narrative and interpretations of the cross are multivalent. Jones concludes that there is no one Christology that will adequately speak to or encompass every experience of trauma, but suggests that, in the Passion story, traumatised people will find "...no divine justification for suffering, but... [an] outstretched gesture of understanding, of solidarity, and of welcoming embrace" (Jones, 2019, p.105).

## 8.2 Contextual Christologies

Jones' Christology of mirroring, with Christ and the cross viewed through the lens of trauma, is reminiscent of other Christologies of liberation and of the Christology in Chapters 6 and 7, which concluded with the insight that solidarity is found through imaging Jesus as someone who has experienced the realities of mental distress. Bohache has described Christologies of liberation as being about 'a Saviour just like me' (Bohache, 2008, p.67ff):

But the Christness of Jesus is what transcends his historicity and makes solidarity possible. As Christ, Jesus does not remain a Jew or an Anglo-Saxon, but can be Indian, Indonesian, Chinese, Filipino or Thai... [W]hat links the Christologies of Asians, Africans, and African-Americans: each of these peoples images Christ as one of them, through whom they are able to relate to God so that God becomes tangible for them... Christ... delivers them through his ability to be one with them in their circumstances – 'a Savior just like me' (Bohache, 2008, p.80).<sup>155</sup>

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<sup>155</sup> It should be noted here that it is not necessarily the case that everyone wants (or believes themselves to want) a 'Saviour just like me' – Orla, for example, strongly resisted any suggestion of solidarity or likeness between her experiences and Jesus. However, participants who rejected the idea of solidarity in suffering nevertheless did speak about solidarity obliquely. Jesus was described as embodying the fight against oppressions (e.g. racism) that participants had encountered in their lives (although not necessarily directed at them personally), and in solidarity with the powerless and marginalised.

These Christologies are relevant to the experience of altered moods not because 'altered moods' is necessarily a shared context (or that people with those experiences are oppressed and needing liberation in the traditional sense), but because these Christologies by definition emerge from contexts of suffering, just as the Christology outlined in Chapter 6 has emerged from the suffering associated with altered moods. I am reminded too of womanist Christologies, which tend to be less concerned than feminist theologies with the maleness of Jesus (Bohache, 2008, p.133). The humanity, not the maleness of Jesus, is the central point – a humanity which demonstrates his solidarity with black women. In this encounter with Jesus who is in solidarity with them, women gain a sense of 'somebodiness' – a sense that they have worth, and are somebody who matters; this often stands in stark contrast to their everyday experiences of racism and sexism. In this theology of altered moods, this sense of 'somebodiness' is gained in a different way, through solidarity in experience rather than similarity of identity. God is not imagined as experiencing altered moods. Instead, the traditional image of Jesus suffering on the cross is adopted and transformed to incorporate the suffering associated with altered moods.

The question of whether people will still have impairments in God's coming kingdom (also phrased as 'the afterlife', 'general resurrection of the dead', or 'heaven') is linked to these contextual Christologies and also to the theme of identity-talk identified throughout this project. It is an ongoing debate within disability theology. Eiesland's original image of the Disabled God was prompted by the realisation that Jesus, in the Gospels, is described as retaining wounds on his hands and side in his resurrection body (John 20:27). Disability theologians disagree as to whether this means that the resurrection bodies of disabled people will retain their disabilities. Yong, for example, has argued that there will be a continuity of identity between pre- and post-resurrection bodies such that people with Down's Syndrome will retain the phenotype of trisomy 21 in their resurrection bodies. Acknowledging that this is 'speculative' eschatology, Yong suggests that, in the eschaton, "disability will be transformed even if its particular scars and marks will be redeemed, not eliminated" (2007, p.281). While Yong's theology may be criticised for imprecision or inconsistency around the questions of whether all impairments will be visible in the resurrection body or how he distinguishes illnesses from disability, and whether God can or cannot heal disabilities (rather than illness) (Mullins, 2011), the core of his argument seems to centre on identity. He argues that certain disabilities maybe so central to the identity of the person that removing the disability would leave the person unrecognisable to others or themselves. Taking a slightly different view, Timpe (2019; 2020) points out that, since many disabilities are acquired without challenging a

person's identity, there is no reason to think that disability is always essential to identity and that its removal would necessarily be damaging in the way described by Yong. However, Timpe also suggests that removal (in the afterlife) of even incidental or contingent aspects of identity (such as being a parent) can convincingly be thought to be damaging to a person's self-identity, and that the same might apply for some disabilities:

On the view I've developed, there may be some disabilities that can be retained in the afterlife in a way that doesn't impair the beatific vision, even if there are others that may not have a place in our eschatology because they detract from a person's flourishing (Timpe, 2019, p.245).

These kind of discussions again highlight the difference between disability theology and theology of altered moods. Participants did not seem to consider that their altered moods were either a challenge to their identity or that they would continue in the afterlife. In relation to trauma, however, Rambo (2017) takes the theological imagination in a slightly different and more helpful direction. In this work, Jesus' continuing, post-resurrection, wounds are taken as symbols of trauma rather than disability. The question is not whether physical marks of trauma will be present in the afterlife, but what those marks symbolise for the living. This is a helpful direction when considering altered moods and contextual Christologies. As I concluded at the end of the previous chapter, the participants in this study did not describe Jesus as a saviour exactly like them. That is, none of them described Jesus as experiencing the kind of altered moods that might have been diagnosed as depression, bipolar disorder, or cPTSD. They did not image those experiences as having a place in the eschaton, either in relation to themselves or Jesus. Some participants did, however, highlight their experience of solidarity with Jesus, especially in his Passion – of seeing their own suffering mirrored in the cross. Jesus is a saviour like them because he too experienced the extremes of mental suffering. Some participants also indicated that there were valued outcomes (e.g. increased empathy) arising from their mood experiences; these had been incorporated into their self-identity and so it would not be surprising if they imagined that these outcomes persisted in the resurrection. Diagnoses/symptoms/suffering are not imagined to be taken forward into the afterlife (unsurprisingly, since by definition they detract from human flourishing) but the outcomes associated with those experiences might be.

It is probably not surprising that no participants described Jesus as experiencing altered moods, even though they were very willing to admit that he really did suffer – and even though the reality of that suffering was important to them as they sought to interpret their



own experiences. The imagery associated with contextual Christologies – Jesus as black, Asian, disabled etc – is nowhere near as widely acknowledged as the imagery associated with traditional Western Christologies. The idea that disability may be a mere difference (rather than a bad difference) and that disability may continue into the afterlife is still controversial. If an image of Jesus as physically or cognitively disabled is startling, there are perhaps even stronger cultural reasons for resisting the idea that Jesus could appropriately be described as experiencing altered moods, as mentally ill, or as mad. Writing about CS Lewis' influential saying that Jesus was either the Son of God, a madman, or something worse, Collicutt draws attention to the "unquestioned assumption that 'madness' and the divine are mutually exclusive" (2020, p.59). She summarises the contemporary cultural resistance to the idea that Jesus could be mad as resting in a further assumption. This assumption is that, what was previously described as madness is a type of illness, and therefore incompatible with God, who is healthy. Collicutt goes on to develop what she describes as "the scandalous idea of a mad God incarnate" (2020, p.59), arguing that in a number of ways the Gospels present Jesus as mad (in the sense of behaving in ways that are judged to be deeply and disturbingly strange, rather than irrational or unwell), and that there appears to have been a debate as to whether this was simple or divine madness.

Collicutt's work captures an important dimension which has so far largely been missing from mental health theology. Mad theology is much less developed than other contextual theologies, and it is rare to read that "ministry by, to, and with mad people only begins to make sense if Jesus is understood to be simply mad" (Collicutt, 2020, p.76 citing; Lawrence, 2020) in a theological work on mental health. However, people who might identify as mad are a relatively small subset of those who experience mental health challenges. The examples that Collicutt offers are drawn from what medically might be described as psychosis (or hearing voices), rather than the range of mental health conditions. Based on the reflections offered by participants in this study, I suggest that another, potentially more fruitful, direction for mad theology is to look to the cross and the solidarity of God revealed there, rather than finding solidarity in the (mad) life and ministry of Jesus or through imaging Jesus as mad. This avoids a potential downfall to Collicutt's approach, which could be seen to divinise suffering (given that the psychosis involved in 'madness' is necessarily characterised by distress in order to be classified as psychopathological). I turn therefore to the theology of the cross.<sup>156</sup>

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<sup>156</sup> A turn that Weaver has described as seeking a "response to pain in the enduring symbol of the cross" (2013, p.18).

### 8.3 Theology of the cross

Recalling the conclusions drawn by Brock and Parker (2002) and Jones (2019) from their explorations of the trauma and violence of the cross – that Love or Presence persists – the image of Jesus suffering on the cross is, from the perspective of Christian theology, a symbol that God is present in the suffering of the world. It is an image of divine love – although as the trauma theologians reminded us, there are many theories as to how the cross accomplishes this. For some – though not all – of the research participants, the suffering and crucifixion of Jesus was the most significant aspect of the Christian narrative and the most significant aspect of Christology (rather than, for example, the birth or resurrection of Jesus). The cross symbolised the idea that Jesus understands human vulnerability and suffering ‘from the inside’, and spoke to them of Jesus’ solidarity in their suffering.

The contemporary theologian Douglas John Hall describes the theology of the cross as inherently contextual theology (Hall, 2003, pp.35–52). This type of theology is “geared for the hardcore reality of suffering” (Fast, 2016, p.121), and arises in response to the suffering in the world:

The metaphor of crucifixion is not as inaccessible to us as it was to our Enlightenment forbears. There is a “cross of reality” visible in every honest news broadcast. It is in fact this everyday human cross that makes it both possible and necessary... to develop a contextually sensitive theology of the cross (Hall, 2003, p.71).

The phrase ‘theology of the cross’ originates with Luther, who traced his ideas firstly back to the biblical writings attributed to St Paul, and then to Augustine. And yet it has also been described as “subversive” (Tomlin, 1997, p.70), “never much loved” (Moltmann, 2015, xix), and as a “red thread” running through the Christian theological tradition (Fast, 2011, p.416); always present and discernible but rarely taking centre stage.

At this point it is necessary to pause and offer some caveats. The introduction of Luther into a thesis dealing with disability and mental distress is not without controversy. He is commonly perceived to have been strongly ableist, based on reported comments about a severely disabled child. Luther is reported to have described the child as a changeling (i.e. not human), and, on that basis, recommended throwing the child into the river. This incident was used by National Socialists during the Third Reich as justification for their programme of euthanasia of

disabled people (Heuser, 2012). Notwithstanding scholarship on the wider body of Luther's work, which raises the possibility that he had a more nuanced approach to disability (Miles, 2001), this is clearly a repugnant and highly problematic aspect of Luther's work and legacy. At the very least, "Luther remains for us a highly ambiguous figure when it comes to the issue of disability" (Heuser, 2012, p.199). We would probably also want to add anti-Semitism and support for violent oppression of 'peasants' to the list of troubling ambiguities. And yet his theology has been, and remains, influential far beyond those who would call themselves Lutherans.

In the introduction to *Disability in the Christian Tradition* Brock and Swinton suggest what may be a way to cope with this ambiguity by appealing to the concept of the communion of saints. Their argument is that Christians throughout the ages are, theologically and spiritually, part of one 'family', bound together not just by a shared commitment to Christ, but as intimately connected members of the same body. This does not, in itself, answer the question of the most appropriate orientation towards historical or well-known figures when new, problematic, information emerges. It does, however, suggest that theologians do not necessarily need to conclude that past contexts were simply so alien that there can be no reasonable connection between the thinking of the past and contemporary thought:

The historian must often terminate her investigation with the admission that the thinking of those in the past was so different from ours that we can't make any reasonable sense of it. We must simply admit that we are alienated from them and find it very difficult to learn from them. But it is precisely here that Christian theology is forced to take another route. Its study of those in the past takes place as a study of people under a shared Lord. Because Christians throughout the ages have read a single set of scriptures within a shared confession of the role of the person and work of Jesus Christ, they are provided with a theologically inflected understanding of the very concepts of tradition and history (Brock and Swinton, 2012, p.17).

An appeal to the communion of saints does not erase the very problematic views of the past (and indeed the present – eugenics is not confined to the past). It does, however, provide a rationale for continuing to engage with those who have gone before, while acknowledging the vast differences between Christians, both past and present.

Any discussion that sets Luther's comments on changelings into context runs the risk of appearing to endorse his description of a severely disabled child as a 'devil's child'. That said, it seems relevant to note that he was not apparently drawing a distinction between disabled and

non-disabled people generally. Elsewhere in his writings he takes it for granted that disability, along with other kinds of hardships, are simply part of human experience (Luther cited in Guðmundsdóttir, 2015, p.236).

One further caveat is necessary. Discussions of the theological meaning of suffering frequently risk appearing to glorify or romanticise violence and suffering. This is especially the case when speaking about the cross, and is emphatically not my intention in what follows. The kind of suffering encountered at the cross, and that involved in altered moods, is not good in itself. Luther himself, while arguing that the glory of God is revealed in the suffering of the cross, specifically warns against choosing suffering. A descriptive emphasis on suffering, as found in Luther's theology of the cross, is not the same as prescribing suffering (Guðmundsdóttir, 2015).

With those caveats in place, I turn now to introducing Luther's theology of the cross.

In 1518, Martin Luther, presiding at the Heidelberg Disputation, presented 28 theological and 12 philosophical theses, describing them as theological paradoxes deduced from the biblical texts attributed to St Paul and the work of Augustine. Luther draws from the Bible (specifically, Romans 1; 1 Corinthians 1; John 10 & 14; Philippians 3) a number of interwoven contrasts in these theses: wisdom and folly, visible and invisible, manifest and hidden, glory and humility, evil and good. In this disputation he introduced the concept of the theologian or theology of the cross (*theologia crucis*), contrasting it with the theologian or theology of glory (*theologia gloriae*). In the standard English translation the central theses that describe the theologian of the cross are:

19. That person does not deserve to be called a theologian who looks upon the invisible things of God as though they were clearly perceptible in those things which have actually happened [Romans 1.20].

20. He deserves to be called a theologian, however, who comprehends the visible and manifest things of God seen through suffering and the cross.

21. A theologian of glory calls evil good and good evil. A theologian of the cross calls the thing what it actually is (Luther, 1957).<sup>157</sup>

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<sup>157</sup> In the proof attached to theses 19-21, it is evident that Luther is concerned with the question of justification by faith, and with countering the concept of natural revelation. As far as Luther is concerned, a theologian of the cross is someone who trusts that they are justified through faith, rather than seeking justification through works. Luther would argue that God is

McGrath provides a more nuanced translation of two of these theses as:

19. Anyone who observes the invisible things of God, understood through those things that are created, does not deserve to be called a theologian.
  20. But anyone who understands the visible rearwards parts of God as observed in suffering and the cross does deserve to be called a theologian.
- (McGrath, 2011, pp.202–3)

What it means to be a theologian of the cross is further outlined through describing what it is not – a theology of glory. Luther says that a theologian of glory has not recognised God hidden in suffering, leading them to call the cross evil rather than good.<sup>158</sup> A theologian of glory starts from the wrong place; rather than beginning with the cross and viewing the world through a cruciform lens they begin with the things of the world (including, for example, conceptions of God and the nature of God’s self-disclosure) and view the cross through those. In Luther’s terms, a theologian of the cross views the world through the lens of Christ’s suffering and cross.

This suggests a particular one-way relationship between experience (things of the world) and theology, rather than the dialogue model that I am pursuing in this chapter. However, Hall suggests that theology of glory could be translated as ‘triumphalism’ or ‘ideology’. He defines this as:

[T]he tendency in all strongly held world-views, whether religious or secular, to present themselves as full and complete accounts of reality... Such a tendency is triumphalistic in the sense that it triumphs – at least in its own self-estimate – over all ignorance, uncertainty, doubt, and incompleteness, as well, of course, as over every other point of view (Hall, 2003, p.17).

In the context of the 21<sup>st</sup> disputation, Hall suggests that this means that the theology of glory “presents divine revelation in a straightforward, undialectical, and authoritarian manner that silences argument, silences doubt – silences, therefore, real humanity” (2003, p.20). Such a description could have been written about some spiritualised accounts of altered moods; it is

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revealed only in Christ, while theologians of glory mistakenly identify the things of God elsewhere. Thus, theologians of the cross “call the thing what it is”.

<sup>158</sup> McGrath defines the difference between the two theologians as “...a theologian of glory “observes what is understood”. A theologian of the cross, however, “understands what is seen”” (McGrath, 2011, p.204).

certainly reflective of the outcome of those theologies. The real experiences and doubts of participants are silenced by inflexible or binary theologies which claim to be a full and uncomplicated account of reality. It does not feel like a stretch of the imagination to think that participants might have identified these as 'theologies of glory' if they had been aware of the term. However, while it is tempting to name some specific spiritual approaches and Christian 'solutions' to altered moods as theologies of glory, to do so would take me beyond the scope of this study.<sup>159</sup> Nevertheless, in the course of their interviews, a number of participants shared both helpful and harmful responses by their church community, as well as the participants' views on those responses. Some participants identify and criticise the response of their church community, largely on the basis that it is not true to their experience – it is not calling the thing what it is

Articulating concepts associated with theology of the cross is not easy, relying as it does on the paradoxical language of hidden revelation and addressing, as it does, the sufferings of life. As Hall suggests, "The theology of the cross can never be a brilliant statement about the brokenness of life; it has to be a broken statement about life's brokenness, because it participates in what it seeks to describe" (Hegedus, 1989, p.23). This difficulty in articulating concepts is shared with trauma theology and with the mad theology outlined in the next section; in each case it is necessary to draw on theological imagination and metaphor, and the shape of the theology reflects the brokenness or suffering that is part of the subject matter.

Works that explicitly self-identify as theology of the cross (and which therefore trace their roots back to Luther) typically emphasise the profound otherness of God, and the problems with the world. For example, McCarroll says:

The pervasive reality of suffering in the world undercuts all prideful pretensions that desire to ignore, repress, or gloss over the wretchedness of life in this realm. It is only through an engagement with the darkness of life in its suffering, brokenness, and tragedy that the truth of things in this realm can be apprehended and spoken, including intimations of beauty and goodness.

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<sup>159</sup> The intention of this research was never to gather data about churches' responses to mental distress, and as such these are not covered by the research questions. The intention is also not to critique churches without giving them the opportunity to share their own perspective – instead the intention is to amplify and centre those voices and ordinary theologies which may not otherwise be heard. It is making space for the testimony of those who experience altered moods, based on the belief that while mental distress is not a gift, those who experience it can be a gift to the church. The aim here is not to uncover theologies of glory that might be active in the context of Christians experiencing altered moods.

The theologian who employs a hermeneutic of the cross cannot honestly apprehend beauty without the tragic dimensions of life interpenetrating and deepening her apprehension (McCarroll, 2014, p.92).

Such an emphasis is consistent with the ways in which Lutheran reformed theology has conceptualised revelation and grace - typically resisting the possibility of natural revelation, making a sharp distinction between reason and revelation, and, in relation to “grace alone”, strongly emphasising a total human inability to earn or merit salvation other than through faith. This may not, in fact, be any different to the official doctrine of other traditions,<sup>160</sup> but the emphasis on the ‘pervasive reality of suffering’ and the light of God as entirely ‘other’ and discontinuous with the darkness of the world, can nonetheless be jarring to those of us from other traditions. To put it bluntly, these theologies of the cross seem to have a low opinion of humanity and the world (see e.g. Hall, 2003; Fast, 2011; McCarroll, 2014), which contrasts with the more positive attitude to wider society that is typical of the central Anglican tradition (see section 1.2). However, at least in the case of Hall and McCarroll, this is an intended function of the purpose of their theology. Both argue for the need for theology to be contextual – in their case arising from the context of contemporary North America. Their explicit aim is to:

deconstruct the edifices of the theology of glory in all its guises in the world. This is the critical and negating task wherein the theologian engages the realities of his time and place in a negative apologetic. In uncovering the theology of glory, the theologian of the cross moves negatively (or critically), naming and unpacking what is wrong in the world (McCarroll, 2014, p.94).

These contemporary theologies contend that theologians of the cross perceive that “God is not hidden at the cross, but is revealed there most plainly” (Thomas, 2012, p.139). God may be said to ‘hide’ by both concealing and revealing Godself in the events of the cross; violent and traumatic events which, naturally speaking, would appear to be the exact opposite of Almighty God. “Faith, however, sees behind and beyond the brutality and ugliness of the crucifixion as such; it sees the glory (*doxa*) “hidden beneath its opposite”” (Hall, 2003, p.93). The theological paradox is that God is both revealed and hidden in the apparent weakness of the cross. God is revealed hidden in the suffering of Christ and the cross. The crucifixion, a scene of apparent weakness and real trauma, is in fact the central image of the hidden presence of God in the

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<sup>160</sup> See Lutheran World Federation (2019) for an ecumenical statement about the doctrine of justification which articulates “a common understanding of our justification by God’s grace through faith in Christ” (p.9).

world (Louw, 2003, p.393). It is not immediately self-evident that the suffering of Jesus – a man dying on a cross – is an expression of divine love.<sup>161</sup> There is little that is obviously glorious about that image. As with Moses, who was permitted to see only the posterior, rearwards, vision of God passing by (Exodus 33), this self-revelation by God is not of the full magnificent glory of God's face. It is, rather, concealed, partial, glimpsed in passing. This is the foolishness or scandal of the cross (1 Corinthians 1:18-25).

This scandal is not just an intellectual challenge. Considering the cross as the ultimate image of divine love may be emotionally and psychologically challenging, by highlighting the finitude and limitedness of humanity. However, McCarroll suggests that reactions to theology of the cross may vary (between "terror or relief" (2014, p.69)), depending on the context of those encountering the theology:

The gospel is heard and experienced differently in different contexts. In contexts of power, it comes disruptively, breaking through the false presumptions upon which our empires are built...[But] in the experience of authentic human vulnerability there is the possibility for greater humility and openness to receive that for which the soul longs... Thus, in contexts of vulnerability and authentic humility and in the face of suffering, the discontinuity of the gospel can be experienced in a way that is life-affirming. (McCarroll, 2014, p.70).

The experience of altered moods is often accompanied by such an awareness of limits and vulnerability. It is certainly often accompanied by suffering. It is perhaps no surprise then that an awareness of Jesus' suffering on the cross was experienced by some participants as life-affirming, despite the trauma and horror of that scene. I want to suggest, therefore, some potential points of connection between the theology of the cross, the insights offered by trauma theory, and the experience of altered moods. These draw on the empirical analysis in each of the previous chapters to offer some of the contours that might be expected in a contextual theology of altered moods; those ways in which the experience of altered moods shapes theology. They are, however, offered as tentative and potential points of connection or direction towards a mad theology, rather than as a grand theory of altered moods or mad theology. This is reflective of the nature of suffering and trauma itself, and is in line with both Hall's approach to theology of the cross and Jones' conclusions about Christology. Each point

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<sup>161</sup> Although it should be noted that the expression of divine love may be more evident at the cross when considered in the context of Jesus' whole life and ministry.



of connection arises from the analysis in one of the previous chapters. These points of connection are: Wounds that remain (from the chapter 'Narrative shape'), realism about experience (from 'Interpreting altered moods'), solidarity in suffering (from 'Christology'), and the persistence of love (from 'Imaging God').

## **8.4 Towards a mad theology**

### **8.4.1 Wounds that remain**

In Chapter 3 I demonstrated that participants' altered moods narratives demonstrate a range of identity-talk. They do not, however, present their mood experiences as challenging or transforming their identity or sense of self, as might have been expected from the sociological literature on chronic illness and acquired disability (Bury, 1982; Williams, 2000; Williams, 2000; Lafrance and Stoppard, 2006; Locock et al., 2009). As discussed above, however, trauma emerged as a more useful lens or framing concept than biographical disruption and recovery. Participants' narratives of their altered moods did not explicitly acknowledge a sense of their identity being challenged and reformed after a disruptive experience. This may be related to the particular concepts of identity present in that literature, but perhaps is also partially because of the ongoing and fluctuating nature of altered moods – even those participants who considered themselves recovered did not offer a smooth and linear biography of disruption and recovery. Trauma, on the other hand:

leaves holes in the stories we tell about our lives. There are places in those stories where endings are abrupt and ragged, other places where stories are unfinished; in this way, violence creates open-ended narrative spaces filled with fear, silence, and uncertainty (Jones, 2019, p.101).

The theological parallel to biographical disruption and recovery would seem to be the traditional linear narrative of cross followed by resurrection, where life triumphs over death. This narrative has been criticised by trauma theologians as insufficient to account for the ongoing nature of trauma and its afterlife, where life and death (in the guise of the wounds of trauma) are felt to be "coterminous rather than sequential, entangled rather than clearly delineated" (Rambo, 2017, Introduction, Section 3, para. 6). This description of the afterlife of trauma fits the context of altered moods much more closely than the linear narrative. There is life after and alongside altered moods, but it is not a narrative of victory, triumph and glory. It

is much more fragile and tentative than that; God is encountered in the experience, but the wounds remain.

In *Spirit and Trauma* (2010; 2015) and *Resurrecting Wounds* (2017) Rambo uses a trauma hermeneutic to explore Christian concepts of healing and redemption, cross and resurrection, and the interpretation of suffering. She draws particularly on two descriptions of trauma – trauma as an encounter with death<sup>162</sup> and as an ongoing wound: “the storm is gone, but ‘after the storm’ is always here” (Rambo, 2015, p.7). She challenges the linear theological narrative that moves from cross to resurrection - that life follows, or is victorious over, death. She suggests that this “runs the risk of glossing over a more mixed experience of death and life” (Rambo, 2015, p.12), such as life after trauma – an experience of ongoing suffering (or ‘death’) that remains in life. To speak to the experience of trauma, theology needs to attend to the ‘middle’ – the area between cross and resurrection, between death and new life. Rambo challenges theology to attend to life after the cross without moving immediately to resurrection, and to recognise the ways in which trauma, including that of the cross, remains after the event. In relation to the chronology of the Gospels, this space is exemplified by Holy Saturday and the post-resurrection appearances of Jesus. Rambo notes that these post-resurrection appearances are both extraordinary and ordinary – the very presence of Jesus is extraordinary, and yet he does ordinary things like cook and eat. Suggesting that these appearances are “testimonies to life beyond trauma”, Rambo uses the post-resurrection wounds of Jesus as a symbol of the afterlife of trauma. The presence of these wounds is significant because they are a mark of death appearing within life. The victory of life incorporates the woundedness rather than erasing it. She therefore develops the idea of Jesus’ resurrection wounds (Luke 24:39-40; John 20:20, 25-27) in a slightly different direction to contextual disability theologians. Rather than interpreting the wounds as evidence of post-resurrection physical impairment (leading to the image of the disabled God), they are instead seen as a symbol of life “marked by wounds and yet recreated through them” (Rambo, 2017, Introduction, Section 3, para. 5). Perhaps the significant difference is that trauma is not being envisaged in terms of identity or as mere difference. Jesus’ wounds function as a marker of his identity – the crucified and resurrected one – rather than conferring group membership. The wounds of trauma may be a significant part of self-identity without implying a group identity.

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<sup>162</sup> Potentially literally, in the traumatic event, but also as a metaphorical way of describing the ongoing impact of traumatic events – the death of former certainties and ways of being in the world.

Trauma theologians are careful not to imply that trauma itself is a good; they are not offering positive narratives of trauma even though survivors and the literature attest to the possibility of post-traumatic remaking or growth. In these respects the mad theology that I am outlining is much closer to trauma theology than contextual disability theology. Altered moods are not widely discussed in terms of identity, nor as mere difference. Certainly there are valued outcomes that may arise from altered moods, and some people interpret them as potentially transformative, but these are more similar to post-traumatic growth than either the recovery identity posited by sociologists of illness or contextual disability Christologies. The biographical and theological arc of altered moods tracks that of trauma; wounds that remain (on Jesus or people who have experienced altered moods) become a site of disjunction between mad theology and disability theology.<sup>163</sup> This mad theology is a theology of experience, not a theology of identity. As Rambo suggests:

there is something of those wounds still persisting in life... there is no pure space to stand apart from them, and... we need to think creatively and constructively in the midst of these realities (Rambo, 2017, Conclusion, Section 1, para. 1).

The mad theology arising from this project is one attempt to think creatively and constructively in the midst of the realities of altered moods. It is to these realities that I turn next.

#### **8.4.2 Realism about experience - calling the thing what it is**

The cross is a very human scene and belongs to the story of humanity: that humans inflict violence on each other is well within our sphere of knowledge, even if we have not ourselves experienced traumatic violence. Theology of the cross is realistic about the world and takes lived experience seriously.<sup>164</sup> This is not to say that theological claims are only valid to the extent that they can be verified by experience, but the theology of the cross says that doctrine

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<sup>163</sup> They also demand that the social in biopsychosocial remains in view – Jesus’ wounds are evidence of the humiliation and marginalisation associated with crucifixion.

<sup>164</sup> Hall describes this as honesty about experience and Christian realism (Hall, 1987, p.13), quoting “La theorie c’est bon, mais ça n’empêche pas d’exister”: Theory is good, but it doesn’t prevent things from existing (Jean-Marie Charcot cited in Hall, 1987, p.41).

is not a purely abstract and theoretical undertaking - it has to be submitted to the test of life. Solberg suggests that Luther's theology gives a central place to lived experience:

It also suggests his disdain for theology as speculation and for the pretence that anyone could do theology at a distance from everyday life, which is always lived *coram mundo* (before, or in the presence of, the world) and *coram Deo* (in the presence of God) (cited in Guðmundsdóttir, 2015, p.235).

Theology of the cross therefore encourages realism about experience.

In the chapter 'Interpreting altered moods' I presented the mood experiences of participants, and then examined the ways in which they interpreted those experiences. Interpretations fell into two major categories; those organised around acceptance/rejection of a biochemical account of altered moods, and spiritualised accounts. A minority of participants interpreted their altered moods as a time of spiritual growth, but otherwise they rejected spiritualised accounts in relation to their own mood experiences. Spiritualised interpretations were discussed because they were either a) thought to be possible in theory/in some cases, or b) were interpretations that others had given to the participants. Participants identified a gap between their experiences and the theology offered by others/their churches, for example, the belief that Bible reading and prayer 'should' resolve depression. Borrowing a phrase from Luther's Heidelberg Disposition, I describe this orientation of mad theology as 'calling the thing what it is'. Trauma theory too, suggests an important role for 'calling it what it is'. Recovery from trauma involves remembering, re-narrating, and acknowledging the harm that has been done.<sup>165</sup>

Realism about experience and 'calling the thing what it is' is precisely what Christians who experience altered moods are doing when they describe a gap between their experiences and the theology they have encountered, and when they reject spiritualised interpretations of their own experiences. Throughout the participants' accounts it is apparent that people seek

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<sup>165</sup> O'Donnell criticises use of the word recovery in relation to trauma, suggesting that 'post-traumatic remaking' more accurately captures the experience of "putting oneself together in the aftermath of trauma... rather than a recovery of the self that was" (O'Donnell, 2021, p.269). This seems to be in line with what recovery usually means in mental health and sociology of chronic illness – 'recovery' in this case does not imply returning to either the self that came before, or to the absence of difficulties/symptoms, but to living well with and after mental health challenges. See Bonney and Stickley (2008) for a systematic review of recovery concepts.

to be clear-sighted and realistic about both the depths of their own distress, and the difficulties they face in interpreting this suffering. When churches suggest that spiritual practices or faith should reduce mental distress and therefore blame people for continuing distress, participants 'call it what it is' and reject it as a theology of glory. The disconnect between experience and theology is one example of 'realism about experience', another might be the careful and clear accounts of their altered moods offered by participants.<sup>166</sup>

These first two points of connection - the wounds that remain and calling the thing what it is - lead to the next point, encountering the solidarity of God. It is not unusual for contextual theologies to talk about solidarity. This emphasis has however, a distinctive shape within mad theology, formed by the suffering associated with altered moods. The cross and suffering of Jesus come to the fore, with Jesus understood to be in solidarity with human suffering and a companion for the journey.

### **8.4.3 Encountering the solidarity of God through the suffering of Jesus**

In the chapter 'Christology', I argued that participants image Jesus as having an 'insider' view of human life. This idea that God, through the suffering of Jesus, understands human suffering 'from the inside' is the central point of connection between trauma theory, theology of the cross, and the experience of altered moods. This is in line with Scrutton's work on Christianity and depression, where she suggests that "Jesus' solidarity with those who suffer should be foremost in our minds when we think theologically about depression" (Scrutton, 2020, p.193). As Hall phrases this:

The theology of the cross declares God is with you — Emmanuel. He is alongside you in your suffering. He is in the darkest place of your dark night. You do not have to look for him in the sky, beyond the stars, in infinite light, in glory unimaginable. He is incarnate. That means he has been crucified (cited in Hegedus, 1989, p.24).

Questions such as whether God in Godself suffers and how this relates to concepts of Trinity do not come to the fore in these experiences. Instead, God who understands human suffering is also understood to be present in our suffering. God is revealed hidden in the suffering of

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<sup>166</sup> The idea that depression, in particular, is a more, rather than less realistic view of the world is known as 'depressive realism' and has its roots in psychological research.

Christ, and spiritual growth is (sometimes) paradoxically found through the experience of suffering. The crucifixion is not seen as an easy answer to suffering, nor is it described in terms of atonement, such as substitution for sin. Instead, the cross is described in terms of solidarity with the suffering Christ. The presence and solidarity of God are revealed through the cross:

Hidden beneath the suffering of the cross is the presence of God. We wait upon such revealing. God, through the lens of the cross, is one who is particularly present in solidarity with those who suffer and are abandoned, humiliated, and betrayed by the power and coercion of the world (McCarroll, 2014, p.199).

This solidarity is deeper than the 'misery loves company' type of relationship described disparagingly by Forde (Forde, 1997, Preface, para. 2). Nor is it that Jesus is imagined to have suffered inexplicably at the hands of a shared unknown enemy, as Forde suggests. There is a recognition that much suffering has an identifiable cause (e.g. as a result of trauma inflicted by others), or an acceptance that suffering is associated with living in the kind of world we have. There is also a recognition that the cross is the place at which "the old being is crucified and the resurrection of the new is anticipated" (Fast, 2016, p.124), with Jesus, the Answerer, both accepting their suffering and offering hope of resurrection.

There are at least two aspects to the idea of solidarity with Christ. There is the believer's experience of Christ's solidarity with them and then there is human-human solidarity, which, from the perspective of Christian theology, also flows from Christ. Muers, reflecting on the nature of Christian solidarity in a pandemic describes this two-fold nature in this way: "Christ is both the pattern of how this solidarity works, as he stands with the victims of structural injustice, and the one whose presence is recognized in the act of solidarity with the neighbour in need" (Muers, 2020, p.531).

O'Donnell outlines some limitations of the theological idea of solidarity (between Jesus suffering on the cross and our human suffering) as a way of making meaning of the cross. As with Rambo (2010), she suggests that it moves too quickly to resurrection, that it is through the resurrection that Jesus' suffering on the cross is given significance, and that this expectation that life will triumph over death is untrue to the experiences of trauma survivors. She also suggests that the idea that Jesus knows what it is like to suffer can offer only fleeting comfort if it is not paired with action – that empathy is a starting- not an end-point. She offers

the concept of groundless solidarity (i.e. solidarity that is not rooted in shared experience or identity), coupled with the actions of witness, love, and survival:

Entwined with witness, then, is love: a love that calls the trauma survivor out of death; a love that survives. Perhaps this is the hope a trauma survivor can see in the broken, tortured and abused body of Jesus on the cross - that love, or at least this love anyway, survives. And this love is strong enough to call the trauma survivor out of death.... (O'Donnell, 2021, p.269).

The components of mad theology outlined in this chapter and rooted in the research participants' narratives of their altered moods, are in line with O'Donnell's conclusions about trauma survivors. Altered moods do not necessarily link so easily with death, although, for some people in some circumstances, death – or living death - may feel like an appropriate metaphor for the mental distress experienced. And of course the possibility of self-harm or suicide often accompanies mental health challenges, whether that is someone's own experience, in DSM criteria, or in the narratives of participants keen to reassure the researcher that although their depression was serious, 'they never seriously considered suicide'. Nevertheless, her conclusions are borne out by the participants' narratives. Mad theology looks to the cross, but does not rush to resurrection. The resurrection of Jesus is not denied or minimised, but it is not the most salient factor. Similarly, Jesus is not said to have precisely shared the experience of altered moods – this solidarity is not grounded in a shared identity. What gives meaning to the solidarity expressed by Jesus on the cross, moving it beyond mere empathy from a fellow-sufferer, is the fact that this is seen not just as human love, but as the love of God. The suffering of Jesus is significant because it reveals the abiding nature of God's love – a love that persists and endures even through madness.

#### **8.4.4 The abiding nature of God's love**

The final point of connection is related to the chapter 'Imaging God'. In that chapter I suggested that participants image God as present, personal, and pervasive, with the emphasis on characteristics summarised by Macquarrie as 'the nearer side of God'. This characterisation is the love that is revealed at the cross and that persists through madness. The conclusions offered by a number of authors in this chapter are strikingly similar to each other and to this image of God, despite their different starting points:

For at bottom the theology of the cross means nothing more nor less than this: God's own abiding commitment to this world (Hall, 1989, p.26).

Jesus is put in the place of the marginalized, the outcast, the humiliated, the shamed, the broken, and tortured and killed . . . and love persists. That is it. There is no bigger theory that undergirds that (Jones, 2019, p.177).

Presence burns fiercely... Through extremities of experience, God is with us... (Brock and Parker, 2002, pp.248–9).

Love survives trauma and the divine love is strong enough to call trauma survivors out of death (O'Donnell, 2021, p.270).

Perhaps the divine story is neither a tragic one nor a triumphant one but, in fact, a story of divine remaining, the story of love that survives (Rambo, 2010, p.172).

All argue that Jesus was not a martyr seeking torture, the cross is not a justification for violence, and God was not the perpetrator of the violence of the cross. Jesus is tortured and killed, and in the face of that trauma, Love, or Presence, persists. Seeking to articulate the ways in which God's love is encountered through the suffering associated with altered moods, Luther's image of catching a glimpse of the rearwards or posterior view of God is a particularly evocative one, echoed by Brock and Parker:

Let us say that life shows us the face of God only in fleeting glimpses, by the light of night fires, in dancing shadows, in departing ghosts, and in recollections of steady love. (Brock and Parker, 2002, p.252)

These images capture something of the theology that arises from the experience of altered moods, and which has been explored throughout this chapter. It is, like the experiences themselves, shifting and perhaps more easily expressed in metaphor than direct statements. Trauma and suffering do not necessarily or immediately yield a glimpse of God. And yet research participants and authors offer testimonies that it is in fact possible to glimpse God in the messy tangle of lived experience. I finish this section, therefore, with an image offered by Matthias, which captures this same sense of glimpsing God:

Matthias: So, there were times when I felt that it wasn't that God wasn't there, I was just not able to see it. I, like, had massive walls up, and if I could just maybe stand near enough to the wall, close enough, there might be a tiny hole in which I could see what was beyond this. And it- That made me think you've got to just keep- you've gotta stay there. Because there is that light there, and there might be gleams... And if you stay near the gleam you might get to chip away at the hole! And if enough of us are getting the gleams, and trying to let people know the gleams are there, that maybe there will be more light eventually.



## Chapter 9

# Conclusion

Mental health challenges are a common feature of contemporary life in the UK. Churches and Christian communities are no exception to this. While macro-level surveys suggest that religious involvement may be generally associated with improved mental wellbeing,<sup>167</sup> this by no means exempts Christians from experiencing poor mental health. There are, however, good reasons for thinking that religious communities, and the individuals within them, may understand mental health challenges in distinctive ways, such as interpreting them from a spiritual or theological perspective (e.g. Scrutton, 2020).

In this research I therefore set out to explore the contemporary, lived experience of altered moods and Christianity using a distinctive empirical theological methodology to develop a grounded practical theology. Through collecting and analysing new interview data from 21 participants, I have shown that the lived experience of Christianity and altered moods inform and challenge each other in four main areas: identity, interpretations of altered moods, images of God, and Christology. I have also demonstrated three major overarching themes that frame these interactions between altered moods and Christianity: altered moods as a common experience not a group identity, the idea of a potential disconnect between theology and experience, and the concept of suffering. Through bringing these areas and themes into dialogue with wider Christian theology I conclude that it is possible to discern directions for a contextual theology of altered moods. This thesis therefore contributes to two areas of emerging and as yet underdeveloped literature: contextual theologies of experience, and the use of empirical methods within a theological methodology.

The argument of this thesis can be summarised as follows:

### *Methodology*

- The underlying commitment to ground theology in experience (i.e. to centre the experiences of participants) is reflected in the choice of methodology, what I have

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<sup>167</sup> (Spencer et al., 2016) discussed in section 1.1.

described as grounded practical theology methodology. This is an innovative methodology which combines grounded theory methods with a dialogic mutual critical correlation practical theological methodology. In this approach, grounded theory is utilised as a theological methodology.

### *Narrative shape*

- Attention to the narrative shape of the interviews reveals firstly that altered moods are associated with a significant degree of suffering, and secondly that the lived experiences of altered moods and Christianity inform each other in ways which lead to particular kinds of identity-talk. This section draws on and complicates the sensitising concepts of core narrative and biographical disruption. These concepts are not present in the data in a straightforward way; altered moods are not seen as a shared identity, nor a challenge to self-identity. Concepts of spiritual disruption and a potential disconnect between theology and everyday experience are central to this identity-talk. Both these concepts recur in the ways in which people interpret and label their mood experiences.

### *Research question 1: How do people with lived experience of Christianity interpret their experiences of altered moods?*

- The two major clusters of interpretations are those which centre on the idea of a 'chemical imbalance' (with that particular perspective either accepted, partially accepted, or rejected), and those which interpret them in spiritualised terms. Attitudes towards the medical labelling of altered moods form a third cluster. These attitudes are associated with the idea of a chemical imbalance, i.e. those who strongly resisted the narrative of altered moods resulting from a chemical imbalance also tended to reject medical labelling as unhelpful or inaccurate. They also reflect further identity-talk, in relation to potential stigma associated with diagnosis.
- Spiritualised accounts interpret altered moods as evidence of evil spirits or poor spiritual health, as a form of testing, or, positively, as a potentially transformative time of spiritual growth. None of the participants endorsed the first three types of spiritualised account as accurate interpretations of their own altered moods, but some had encountered them in their churches (rather than having just heard of them in

passing). Potential disconnects between experience/theology and experience/medicine are therefore identified in this analysis. Evil spirit and poor spiritual health interpretations are perceived as often, but not inherently, harmful to those experiencing altered moods. This harm is related to the blame that often accompanies those accounts, or to the type of deliverance ministry or simplistic solutions (such as reading the Bible more often) that may follow them.

*Research question 2: Does the experience of altered moods change people's theology?*

*Research question 3: How might the experience of altered moods inform or challenge Christian theology?*

- Turning the focus from the lived experience of altered moods to the lived experience of Christianity, altered moods can be seen to interact with wider Christian theology in two major areas: images or representations of God in Godself, and Christology. In some cases there is a perceived relationship between theology and experience, with experience leading to changed theology i.e. the experience of altered moods shapes theology in certain ways. This interaction emerges in relation to both images of God and Christology.
- The images of God that arise from the intersection between the lived experiences of altered moods and Christianity typically characterise God as present, personal, and pervasive. God is imaged as accessible, but also 'more-than'. Images of God are also formed in relation to images that are considered to be mainstream or traditional (such as God as father).
- Christology is also a significant theological interpretive resource. Jesus is represented as understanding human vulnerability 'from the inside'. These images of Jesus are almost exclusively of the adult, earthly, Jesus and tend towards images of his Passion and suffering. Divine solidarity is most frequently encountered through Jesus' suffering, but also in Jesus' wider life and ministry, in his solidarity with those who are powerless or oppressed.

*Research question 4: How congruent is wider Christian theology with the lived experience of altered moods?*

- The concept of suffering runs as a thread throughout the analysis. The interpretative accounts, images of God, and Christology are all oriented towards the question of theodicy in relation to suffering; these are different approaches to resolve the perceived tension between the existence of suffering and the Christian tradition of an omnipotent and omnibenevolent God.
- The analysis of the empirical material is then placed in dialogue with disability theology. This process of dialogic mutual critical correlation identifies areas of commonality between the voice of experience and the voice of Christian tradition, but also a significant difference. Unlike in the disability theology literature, God is not imaged as experiencing altered moods. Instead, the traditional image of Jesus suffering on the cross is adopted and transformed to incorporate the suffering associated with altered moods. Jesus on the cross is the site of divine solidarity with human suffering, a companion for the journey. This approach appears to be distinctive to theological reflection on altered moods.
- This insight leads to a further process of dialogue, in which the preceding analysis is brought into conversation with contextual Christologies, trauma theology, and theology of the cross. These areas of theology offer differing perspectives on Jesus' suffering, and illuminate the points of disconnection between mental health theologies and disability theology, by attending to the reality of ongoing suffering and the emphasis on shared experience rather than shared identity.

*Research question 5: What theological themes might provide the contours of a contextual theology of mental health?*

- Finally, all the threads are gathered up and woven together into a new garment, one that outlines potential contours of a new theology of experience – a theology of altered moods, or mad theology. These contours are: wounds that remain, realism about experience, encountering the solidarity of God through the suffering of Jesus, and the abiding nature of God's love. Through these contours this theology emerges as one that bears witness to the fact that God can be glimpsed and encountered even in the 'messy tangle' of altered moods and mental distress.

The argument presented above offers a grounded practical theology of altered moods, based on a robust and innovative empirical methodology. This practical theology builds on and develops the existing literature by applying insights from contextual theologies, disability theology, and the newly emerging theologies of experience, in a different context – that of altered moods. As such, it is a practical theology ‘which is contextual’, rather than a full contextual theology.

By grounding theology in experience, this thesis therefore makes a contribution to the existing literature in four areas:

- 1) This project addresses a number of the gaps identified in the introductory literature review and acknowledged by authors in the field, in particular the relatively little attention paid specifically to the theology of mental health (when compared with the large and diverse field of disability theology), and the very small number of published accounts of using grounded theory as a theological methodology. The project also aligns with established authors’ calls for more research into the lived experience of mental health and Christianity. Specifically, Swinton’s (2020a) call for theological redescriptions of common mental health challenges, and Ryan’s call for “an authentic biblical and theological language of mental health” (2017, p.8).
- 2) The new empirical material and analysis presented here extends our understanding of the lived experience of altered moods and Christianity and the ways in which they inform each other. In particular, it extends our understanding of the ordinary theology of Christians who experience a range of mental challenges, the theological resources that they draw on to interpret and live with those challenges, and points of connection between these ordinary theologies and wider Christian theology.
- 3) The grounded practical theology contributes to and extends the emerging field of theologies of experience which previously have focused on dementia or trauma. It identifies the ways in which theology of altered moods is distinctive when compared to wider disability theology and suggests potential directions for a theology of altered moods. The empirical nature of the project is also distinctive in the area of mental health theology, where the majority of the previous work is theoretical, autobiographical, or relies on previously published accounts.<sup>168</sup>

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<sup>168</sup> Discussed in section 1.4.

- 4) The methodology contributes to the field of empirical theology through the use of grounded theory as a theological methodology. I believe that this is the first time this kind of methodology has been used in relation to mental health.

There were, of course, limitations to the project. One of the most significant areas of limitation relates to the methodology. Specifically, the pool of participants who provided the empirical material, decisions that were made about recruitment and inclusion criteria, and, relatedly, the collection of demographic data. Inclusion criteria were intentionally broad, in order to allow any participant who identified as having lived experience of Christianity and disruptive altered moods to be added to the pool. I also asked for very little information about potential participants, other than for them to confirm they met the inclusion criteria. Later in the recruitment process I also carried out purposive sampling, and asked potential participants if they considered themselves part of the specific groups I was seeking to interview (at different times this was identifying as LGBTQ+, male, or Catholic). These decisions were made with good intentions, as I was concerned not to exclude participants without a diagnosis or set up unnecessary barriers to participation, to provide a large enough pool for maximum variation sampling, and to meet ethical requirements when dealing with potentially sensitive topics. However, these decisions limited the kind of analysis that was possible, and the conclusions that could be drawn from it. For example, the wide range of mood experiences and Christian traditions meant that analysis had to focus on looking for commonalities across the narratives, while acknowledging differences and outliers. This diversity meant that it was not possible to drill down into some of the interesting concepts that emerged, or, in most cases, to correlate participant characteristics with analytic themes. The sample was not large enough, I did not have sufficient demographic information, and one interview did not provide the right kind of data to pursue interesting questions to do with differences in tradition or their relationship with participant characteristics (such as whether certain interpretations of altered moods were associated with age or background).

The final group of participants were not representative of the UK population in significant ways, specifically with respect to ethnicity, nationality, education level, and perhaps sexuality and gender identity. This lack of diversity was most likely related to my recruitment strategy and possible self-selection bias, but also to the decision not to collect demographic information. This lack of information meant it was difficult to give any details about participant ethnicity, since I was relying on what participants may have disclosed in the course of the interview and to some extent my own perceptions (which may or may not be accurate). My

estimate is that seven of the 21 participants had minoritised ethnic heritage, of whom two had US citizenship, and three had Irish heritage. While qualitative research does not rely on representative sampling, this lack of representation among the participants does still represent a limitation to this specific research, since all of these characteristics might affect the lived experience of both altered moods and Christianity. The final way in which the participant pool and selection was limited is that only one participant no longer identified as Christian. While it is understandable that someone might not wish to be interviewed about something they no longer identify with, this did place a further limit on the analysis.

The second area of limitation relates to Christian tradition. While there was a broad range of Christian traditions represented among the participants, no participant was part of a black majority church or an Orthodox church. This represents a limitation for the same reasons described above. However, the range of Christian traditions was both a strength and a limitation in other ways. In terms of the grounded theory methodology, variation is considered a strength and is actively sought out. It is thought to enhance the robustness of the analysis and resulting theory, as it has to account for divergent cases. In terms of theology, it is much more usual to write from within one tradition. When it came to bringing the empirical analysis into conversation with wider theology it was therefore not at all clear which theological tradition to use. This was an unanticipated difficulty of using grounded theory as a tool in theological methodology, which I resolved to some extent by initially bringing the voice of experience into dialogue with disability theology which tends to be less explicitly confessional. Explicitly confessional material, specifically the Lutheran theology of the cross, I reserved for the final chapter, which intentionally went beyond the empirical data to introduce my own voice. This range of tradition does, however, mean that while it is possible to say, for example, that 'Christians offer these interpretations of altered moods', it is much more difficult to say 'Roman Catholics offer these interpretations', or 'Roman Catholics and Pentecostals differ in these ways.'

This consideration of the limitations of the research suggests one fruitful area for future research could be to address some of those limitations by carrying out similar research but with tighter inclusion criteria. For example, the experiences of people who no longer identify as Christian might offer a useful counterpoint to the analysis so far, as would an exploration of specific traditions. There are, however, other fruitful areas of research that arise more directly from the empirical material and analysis. One direction would be to develop the idea of theologies of experience by exploring other areas of lived experience that might be thought to

shape theology. Autism would be one possibility, as would dyslexia (perhaps in relation to the text-focused nature of Christianity, and the idea of Jesus as the word/*logos* of God). The second area relates to pastoral theology and ministry to/with/by people who experience mental health challenges. This project was not intended to be primarily a work of pastoral theology, however, in the course of the interviews I incidentally collected a very large range of material about churches' approaches to mental health challenges, both helpful and unhelpful. This material is not, in the main, presented in this thesis, but would be a fruitful area for future research and analysis.

Even without the pastoral material being presented in this thesis, this research has some clear pastoral implications. One of those pastoral implications is in relation to evil spirit and spiritual symptom accounts. Such accounts are typically perceived as harmful by those people on the receiving end of them, not because of the content of the account, but because of its outcomes. These harmful outcomes are aggressive deliverance ministry or exorcism, exhortations to greater spiritual efforts, and blame (including linking altered moods with personal sin) directed at the person when mental health challenges develop or do not resolve. For those people who accept these accounts as a possible interpretation of altered moods, a more pastorally responsible approach would be to offer deliverance ministry in the form of prayer, and to consider carefully whether such ministry might be considered aggressive, coercive, or threatening to the person receiving it. Ministers and communities should also be wary of presenting a 'one interpretation fits all' approach to altered moods, and to implying through pastoral practice that one particular approach 'should' resolve mental health challenges. The reality is that mental health challenges are often long-term, even if intermittent and even if the person is a faithful Christian; theology is not free to disregard this reality.

A second pastoral implication that flows from this thesis relates to the ways in which people who experience mental health challenges are enabled, or not, to take their place and contribute to the life of Christian communities. Altered moods are not a gift, but people who experience them are a gift to the church. This thesis has demonstrated that people who experience altered moods reflect deeply and theologically about them, and that their insights can illuminate both wider Christian theology and the everyday experiences of Christians (whether or not they themselves experience altered moods). Acknowledging the wounds that remain for many people, realism about experience, divine solidarity and suffering, and the abiding nature of God's love – these are all theological insights that arise in the experience of



altered moods but have relevance beyond that experience for people living through suffering. I hope, therefore, that this research will prove useful, in the first place, for Christians who experience altered moods. However, I hope it will also be useful for pastoral ministers looking to value the experiences and insights of those who experience altered moods, and finally, mental health professionals who wish to understand more of the experiences of the people they support.

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## Appendix A: Final interview schedule

### Area 1: Altered mood

- Can you tell me a bit about your mood experiences - being unusually low/high?
  - At the time, how did you explain what was happening?
  - Thoughts about diagnosis and labelling?
- What does the word depression/bipolar/mood mean to you now?

### Area 2 – Christian experience

- Can you tell me a bit about your experience of Christianity? Did you grow up as a Christian?
- How would you describe your spiritual identity now?
- What words or pictures would you use to describe God/Higher Power/Jesus?

### Area 3 - Interactions

- Do you recall ever hearing/reading anything about Christianity and mental health?
  - How would your church/Christians you knew react if someone had altered mood?
  - In your opinion, does the Bible say anything about mental health?
- How would your church/Christians explain altered moods? E.g. what causes them, what should the treatment be?
  - Would you describe your mood differently if you were talking to someone from church than to a doctor?
- Is there any connection for you between your spiritual life/faith and your experience of altered mood?
  - Would you say your spiritual life has been changed as a result of your personal experience of altered mood?
  - Have your altered moods been changed as a result of your experience of Christianity?
- Have you got a view on the role of suffering in life?

### Closing

- Anything you thought we'd talk about that we haven't?
- Anything else you think I need to know?
- Anything you want to ask?