As I looked at the title of this book, I was transported back to my days at the School of Social Work in Virginia. One class in particular stuck out in that memory—Mental, Emotional, and Behavioral Disorders. It was my class on therapeutic diagnosis. As a dual degree student, I was in the midst of trying to make sense of both the theological and psychological worlds of my education. I was learning and writing about people who often feel broken by their minds, while holding fast to the idea that we are created good. That class would have made a lot more sense to me if this book had been written in 2000 rather than 2012. In the authors’ words, “The purpose of this book is to develop an integrated and interrelated approach that honors the work of the specialists in psychiatry, psychology, and theology” (p. 5). I appreciate this attempt to bring to light issues around mental health through conversations that include pastoral theologians, and certainly I could have used a book like this in my dual degree program.

In this collection of conversations between psychiatrists and pastoral theologians, each pairing examines the psychological and theological implications of particular mental health diagnoses. Each chapter begins with case study. From there, a psychiatrist or psychologist discusses the prominent features of a particular diagnosis. This often includes a number of factors that may contribute to the rise of a mental health issue, as well as some of the factors that make people resistant or resilient to their diagnosis. This psychological conversation serves the purpose of introducing the particularities of diagnoses, giving the reader a sense of how someone living with a particular mental health issue may converse, relate, or act. The second half of each chapter takes this information and provides a theological turn. Here, a pastoral theologian looks at this same diagnosis through a pastoral lens; they offer pastoral care ideas; they dive in to the case study and discuss how they might respond; they offer public theological interpretations meant to call the church to a greater exploration of mental health. In short, I believe there is something here for just about everyone, in a plurality of contexts. Each chapter is well-written, even for those not conversant in mental health diagnosis.

If anything, they may suffer a bit from a wealth of information that can feel overwhelming to a novice reader. This minor critique applies to both halves of the chapters. In the beginning, the amount of information given about a particular mental health issue may present some challenges due simply
to a language gap. I don’t expect that students in an introductory pastoral theology and care course will have the same vernacular as the psychiatrists and psychologists in this book. However, the psychiatrists and psychologists do a very good job of explaining their particular mental health issue, and this gap narrows as you continue to read. On the theological side, with each chapter being contained to a particular diagnosis and pastoral theologian, the main connection between approaches is more general than specific. Each chapter is constructive, open, practical, and reflective. For the most part they offer unique approaches to pastoral counseling (different from pastoral psychotherapy) that are meant to help someone in pastoral care practices. These specifics, while fitting the overall goal of the book, often felt disconnected from one another. While I would be loathe to suggest a one size fits all pastoral care approach, there is something to be said for connecting these constructive theological insights and practices with a substantial thread.

Twelve years later, there are two things I remember from my Mental, Emotional, and Behavioral Disorders class. The first is that any assessment or diagnosis should be thought of as a tentative resting place. Mental health issues can often rise and abate; they can be contextual; they can endure; they can fade into the background. Any assessment is a snapshot of a moment in time for a care-seeker. I think there are moments in this book when this contextual approach to diagnosis is captured by a psychiatrist, psychologist, or pastoral theologian. Diagnosis is not a final label, and we would do well to remind those pastors we train that our assessment of people’s lives should meet them in the changing moments they are experiencing. The other thing I remember from that class is the first book I read, Making us crazy: DSM: The psychiatric bible and the creation of mental disorders (Kutchins & Kirk, 1997). This book is a sharp critique of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Its purpose is to explore the politics, power, and pressure behind the creation of certain mental health labels. As such, it critiques some of the methods used to create particular diagnostic labels, as well as the economic and political pressure that shapes this scientific tool. That said, the DSM is an imperfect tool, but it is the best tool we have at this time to understand certain mental health issues. Some of the pastoral theologians contributing to Ministry with Persons with Mental Illness and Their Families drew attention to their discomfort with the role that diagnosis plays in caring for someone. This is the kind of caveat that I sense needs to be stated up front: that, much like diagnosis, the DSM itself is at a tentative resting place. There is mention that assessment is imperfect, yet it is fleeting. A more sustained discussion about the perils of assessment is probably warranted if this book is going to be read as an introductory text.

With that minor note in mind, this is a good text and an even better reference for a pastor’s shelf. It captures the heart and science of particular mental health issues in a way that can provide immediate tools for engaging a care-seeker. It is careful to remind readers to maintain adequate support networks for
referring care-seekers. Each chapter is focused and complete in its assessment of mental health issues and the pastoral strategies needed to engage someone in distress. I could see using this text as a supplemental reading in an introductory class or in more advanced level pastoral theology and care courses. However, where this may have the greatest impact is for those studying in dual degree programs who are attempting to bridge the gap between theology and psychology, without compromising their commitment to one or the other.

Reference