



**Heather H. Vacek.** *Madness: American Protestant Responses to Mental Illness.* Waco: Baylor University Press, 2015. 283 pp. \$39.95, cloth, ISBN 978-1-4813-0057-5.

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I approach this review of Heather Vacek's work as someone wearing several different hats. I first encountered this metaphor as an undergraduate when my mentor, a director of women's studies and a philosophy and religion professor, described the ways someone might approach the study or discussion of religion. One could wear the hat of a person of faith, the hat of a theologian, or the hat of a religious scholar. I think that may have been the first time I encountered the idea of a within-the-self perspective-taking. Now, I more critically appreciate that taking hats on and off is often easier said than done and does not necessarily match the feminist critical standpoint theories that I employ in my research and writing.[1] With this preface, I approached Vacek's work as someone wearing various hats: someone trained within the discipline of psychology and a relative newcomer to the field of disability studies; someone who has found benefit in psychotherapeutic treatment, who has used insurance to pay for this therapy and, therefore, has a psychological diagnosis; someone who has only begun to think about this mental disability as an identity category that shapes the self. I am moreover an American Protestant, the focus of Vacek's work, and a pastor's spouse, so I have encountered engagement with mental disability in my Midwestern Lutheran upbringing, my current Metropolitan

Community Church membership, and in my clergy spouse engagement with mental health and people with mental disabilities within diverse congregations, from rural Iowa and Maryland to mid-sized cities in Upstate New York to New York City. The congregants and friends that I encountered had anxiety, depression, schizophrenia, addiction, bipolar, borderline, and other disorders that they may not have felt safe enough to share with me. As a pastor's spouse in a non-mainline religious community and denomination, I have witnessed countless conversations about physical and mental disabilities and illness. I have prayed with congregants where I attempted to inhabit a theology where "with God all things are possible" (Matthew 19:26) when loved ones were diagnosed with terminal conditions as well as a theology of a noninterventionist divinity. I was eager to read about the history of US Protestantism's response to mental disabilities. How have my faithful ancestors grappled with these questions of theology, divinity, suffering, identity, and care?

I am also living in the United States in 2018 during the Trump administration, when questions of confinement to institutions, stigma, Christian and evangelical ethics, and the treatment of neighbors seem particularly urgent and heartbreaking. I posted on social media early in my reading of Vacek that I found solace in reading a history of

activism and advocacy by Protestant thinkers who devoted their lives to good works; who centered care and recognized the humanity of all people; who thought that nature, fresh air, good food, and contact with loved ones were the foundations of restorative care. A country that is premised on moral reason, independence narrowly defined, and productivity as a foundation for citizenship, for rights, for humanity provides a precarious position for those with mental and intellectual disabilities.

I remain thankful for historians at this political moment who provide perspective in troubled times and engage in systematic work to analyze our human condition across time.

Vacek's book examines American Protestant responses to mental illness from the colonial period through the twentieth century, with a conclusion focused on twenty-first century recommendations for churches to address mental illness. Her three-century history is a guidepost in the early twenty-first century context of parishioners with mental health issues and the stigma, neglect, and alienating, harmful theology they often encounter in Christian congregations. It helps us engage with questions such as: Who should provide care? Should religious organizations abdicate care to the state? To medical professionals? Who serves the needs of people with mental disabilities better? How might we center and amplify the voices of people with disabilities and independent living in these conversations? What changes have accompanied the diminishment of a moral model of disability and the rise of a medical model in the United States? What has been lost? What has been gained?

Two major themes emerge in her historical narrative. First, professionalization and medicalization of mental health occurred over time, and clergy and congregations were relegated to the nonsecular spiritual realm. Parishioners ceased to be body, mind, and spirit to their clergy, and the care that clergy offered became only spiritual in

nature. This theme reflects the move from a moral to a medical model of disability conceptualized in disability studies.[2] Second, stigmatization of mental illness and disability grew over time and churches became more concerned about their association with people with mental disabilities. As congregations stigmatized people with mental disabilities, they transferred their "faith" to medicine. Vacek's writing gives her audience a clear sense of the disjunctions and slippages when moral and medical discourses exist side-by-side, the medical model not entirely and at once supplanting the moral. Her work describes the tangled forces of the nineteenth century and early twentieth century, including urban migration, increased immigration, industrialization, greater population density, and the lack of cures for mental illness, that produced our current understanding of disability and its place in the US context.

Vacek traces this history in a hybrid historiography combining a "great man/woman" approach with a social history of Christian responses to "mental maladies," as she refers to them (p. 4). The "great person" aspect excavates five counter-cases written against the grain of the growth of this increasing marginalization and neglect of people with mental disabilities. Her subjects include Cotton Mather (1663-1728), a colonial Puritan pastor, whose own life was marked by the mundane presence of mental disability and who held that faith and reason were not at odds; Benjamin Rush (1746-1813), a Pennsylvania physician and broad-issue reformer, who considered his vocation a form of service inspired by his faith; Dorothea Dix (1802-87), a Presbyterian social advocate and journalist who traveled throughout Massachusetts and the United States to document the maltreatment of people with mental illness confined to asylums; Anton Boisen (1876-1965), a Presbyterian pastor who experienced five mental breakdowns, was committed to mental hospitals in the Boston area, and pushed to relink Christian and medical care; and Karl Menninger (1893-1990), a prominent physician, who created the Men-

ninger clinic, the premiere facility for the treatment of mental illness in the twentieth century. Vacek does a remarkable job of capturing the lives of her subjects, detailing their personal and professional lives and how they fit within the framework of mental disabilities in their times.

Vacek has written an important text for professors of pastoral counseling/clinical pastoral education and students in divinity and theological schools to disentangle church history and understand what it is they believe about the role of churches and clergy in the accompaniment of people with mental disabilities. I can also imagine Vacek's text, particularly its last chapter, being adopted by a congregation in a Bible study series to engage with her questions of suffering, hospitality, care, health, and wellness. In fact, I might suggest this in my local congregation.

More critically, Vacek's focus on mental illness and suffering is of some concern. Although mental illness can and does bring suffering, I think we may disagree about the source of, and the extent to which, scholarly work on people with disabilities should focus on suffering. Is it due to stigma, discrimination, being abnormal, or the challenge of mental disability itself? Vacek's focus on suffering may be due to it being a central concern of Christianity, and she outlines the meaning of suffering in Christian theology in a section in her concluding chapter. However, the book seems to imply that the source of suffering for those with mental illness is their illness. At other times, she focuses on the stigma associated with mental illness as the source of suffering for people with mental disabilities. Of course, severe distress may accompany mental illness. I do not want to downplay this very real lived experience of people with psychiatric diagnoses. We can document the costs of mental health issues in personal distress, lost relationships, unemployment, homelessness, and suicide rates. However, there are also consumer/survivor/ex-patient movement (c/s/x) participants who find meaning and perspectives in the voices they hear, the unre-

lenting suffering they see in the world (one of the spiritual sources of mental illness that Anton Boisen (1876-1965) discussed in his writing), and the peculiar ways "normals" engage with each other.[3] These "sufferers" think of their diagnoses/mental disabilities as identities, gifts of vision, sources of creativity, not in an unreflective way, but with deep analysis of the lived experience of schizophrenia, depression, bipolar disorder, and autism.

Rather than suffering, I wonder if there is another way with which nondisabled congregants might engage with people with mental disabilities. A difference model suggests that mental disability may bring about a different viewpoint and worldview that is not solely a negative experience. Simultaneously, many people with mental disabilities may experience their bodymind difference as a source of identity, purpose, and meaning-making.[4] Research within disability studies and psychology has formulated disability identity models that draw on cultural identity development more familiar in the study of ethnic and racial social identities.[5] Memoirists who have mental disabilities, such as bipolar disorder and depression, and neuroatypicalities such as autism, have claimed their non-normal statuses as aspects of self that offer them community, valued marginal perspective, and support. For just three examples, one might explore Ellen Forney's graphic memoir *Marbles: Mania, Depression, Michelangelo, and Me* (2012), Susanne Antonetta's *A Mind Apart: Travels in a Neurodiverse World* (2005), or TED Talk speakers such as Stella Young and Temple Grandin. There are moments in the book where the recovery of identity-based narratives is possible. As shown in chapter 1, on Mather, clergy believed that illness had a "sacred purpose," with those who had maladies (mental and physical) being brought closer to God (p. 17). Illness served not only a punitive purpose in this formulation, but one of meaning-making. Perhaps we might see a connection between this divine making meaning and making identity in current disability movements. In chapter 4, Boisen is quoted: "Perhaps, we ... need to learn ...

that all auditory hallucinations do not necessarily come from the devil but may represent the operations of the creative mind” (p. 113). This stance might be connected to the current “hearing voices” movement that recognizes both “good” and “bad” auditory experiences (<https://www.hearing-voices.org/>). Boisen’s approach, in particular, seems to connect to many ideas from the neuroatypical movement. The discussion of abnormality in chapter 5 also provides opportunities to challenge the requirements of rationality, independence (narrowly defined), and productivity in the United States to be deserving of care. Vacek herself offers a redefinition of health common in disability studies and other fields like health psychology, in which health is not just the absence of disease. She writes, “As an alternative, if believers view health not as the absence of disease but as human flourishing (as defined through relationship with the Triune God and one another), then health may be present (and worked toward) even in the presence of illness” (p. 170). Perhaps the model of suffering within Christianity also makes difficult a turn to the connection Vacek advocates in her concluding chapter. It claims that suffering is that which should be avoided rather than that which is inevitable.

In addition, Vacek may have missed some opportunities for an intersectional analysis, where the categories of race, gender, and sexuality are revealed to be linked, of American Protestantism by not pursuing some connections more deeply. For example, homosexuality was considered deviant behavior and pathologized by the American Psychiatric Association until 1973. Vacek’s discussion of the focus on normality for twentieth-century Protestants in the United States might have been deepened by the inclusion of homosexuality as both a perceived mental disorder and sin. Here the moral and medical models of disability remained (and remain for some) concurrent for much longer. Her work contains a few references to homosexuality, usually alongside other forms of sexuality considered deviant by the church (e.g.,

masturbation). In a similar vein, how did intellectual disabilities fare within Protestant congregations and among clergy? People with intellectual disabilities seem to slip from view and analysis over time as the focus shifts to psychiatric disabilities. Also, the foundation of white supremacy within the United States rested upon assumptions of mental and physical difference and inferiority, so racism and ableism were no doubt co-constructed within American Protestantism.[6]

Contemporary psychological research underlines some of Vacek’s analysis. Cross-cultural psychological research has suggested that people with schizophrenia may have fewer relapses in cultures that still hold to a moral model of disability than those in cultures that have adopted a medical model. In the former context, people with schizophrenia are often cared for by family members in community settings, neighborhoods, and families, while those in Western contexts are treated in large facilities without much contact with loved ones and only casual contact with community members.[7] There are echoes here of the “moral treatment” provided to people with mental disabilities by Philippe Pinel in France and William Tuke in England, both rooted in faith traditions that Vacek describes in her chapter on Rush. Psychological research has also documented that the shift from a moral to a medical model has not reduced stigma against those with mental disabilities. In one study, research participants were told that one of their group members had schizophrenia. In one manifestation of the condition, the schizophrenia was attributed to that person’s biochemistry. In another manifestation, they were told that the schizophrenia was caused by something that happened in that person’s childhood. Later, when the participants had an opportunity to administer shocks to the group member with schizophrenia, the participants who had been informed that the condition was a result of the subject’s biochemistry administered more intense shocks than the shocks applied by participants who had been advised that the schizophrenia had been caused by a

childhood event.[8] The burgeoning moral/medical model split on mental disability that occurred after the Enlightenment meant that as treatments arose, a concomitant understanding of people with mental disabilities as worthy of care faded, and a trend of defining and distancing them through a set of symptoms emerged.

In her concluding chapter, Vacek engages in her own hat-swapping, removing her historian's hat for that of a theologian. In this chapter, she outlines four components of hospitality—welcome, compassion, incorporation, and patience—that she believes will ameliorate the poor treatment of people with mental disabilities in American Protestantism in the twenty-first century. This model has potential and at moments I found it to be useful, but care seems to be the primary form of relationship of Christians to those with mental illness. This construction still maintains an us and a them, whereas Mather, Dix, Boisen, and their stories make clear that we are they, they are us. I have been blessed by my participation in a marginal Christian denomination in which Biblical reading of Jesus' healing parables has focused, not on a literal healing of blindness, leprosy, bleeding, et cetera, but on the acknowledgment of a person's humanity over social norms and legalism (of any faith system). In these interpretations, Jesus healed not bodies, but communities, by crossing established social boundaries. Vacek acknowledges this insider/outsider status of welcome. A greater concern with this language of welcome, expressed by the place where I first encountered it—in congregations who “welcomed” and “affirmed” LGBTQ folks—is a “welcome” by untransformed communities of faith that remained heterosexist, homophobic, and transphobic. Welcome was limited to access, not hospitality or meaningful inclusion. The incorporation concept may remedy these limits of welcome, but a more concrete roadmap is needed of churches, denominations, and nondisabled congregants who have made change in context. Maybe that is another book, one less focused on history and more on ethnography. For example,

casseroles, as examples of Christian hospitality, are mentioned a few times in the conclusion. Though I do not wish to diminish the care provided by food for several reasons (e.g., as a representative of women's often overlooked ministries; as a Midwestern Protestant; as at least the third generation of women who have baked rolls, pies, cookies for funeral lunches), I still would like to see a transformed understanding of Christian tradition. What is the twenty-first century “casserole” for a lesbian of color who is struggling with depression and alcoholism?

#### Notes

- [1]. Sandra Harding, ed., *The Feminist Standpoint Theory Reader: Intellectual & Political Controversies* (New York: Routledge, 2004).
- [2]. Rhoda Olkin, “Could You Hold the Door for Me? Including Disability in Diversity,” *Cultural Diversity and Ethnic Minority Psychology* 8, no. 2 (2002): 130-37.
- [3]. Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor: University of Michigan Press, 2011).
- [4]. Margaret Price, “The Bodymind Problem and the Possibilities of Pain,” *Hypatia* 30, no. 1 (2015): 268-84; and Anton Boisen, *Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (Chicago: Willett, Clark and Co., 1936), 113.
- [5]. Thomas Dirth and Nyla Branscombe, “The Social Identity Approach to Disability: Bridging Disability Studies and Psychological Science,” *Psychological Bulletin* (forthcoming, 2018), advance online publication, July 12, 2018, <http://dx.doi.org/10.1037/bul0000156>.
- [6]. Kim E. Nielsen, *A Disability History of the United States* (Boston: Beacon Press, 2013).
- [7]. Juli McGruder, “Disease Models of Mental Illness and Aftercare Patient Education: Critical Observations from Meta-analyses, Cross-cultural Practices and Anthropological Study,” *The British Journal of Occupational Therapy* 67 (2004): 310-19.

[8]. Sheila Mehta, "Is Being Sick Really Better? Effect of the Disease View of Mental Disorder Stigma," *Journal of Social and Clinical Psychology* 16 (1997): 405-19.

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