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Understanding the Relationship Between Mental Health and Spiritual Warfare for Pastoral Care Ministry

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UNDERSTANDING THE RELATIONSHIP BETWEEN MENTAL HEALTH AND
SPIRITUAL WARFARE FOR EFFECTIVE PASTORAL CARE MINISTRY

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ABSTRACT

This thesis paper discussed the ways to understand the relationship between mental health and spiritual warfare for people who are providing pastoral care ministry. It analyzes three biblical characters who may have appeared to have suffered from mental health symptoms and explores the latest literature on spiritual warfare and its connection to mental health. The literature explored various thoughts from a psychological perspective of those in pastoral care roles. The methodology was qualitative, grounded theory and case study, including interviewing counselors/therapists, pastoral care pastors, and practitioners in spiritual warfare. According to the findings effective pastoral ministry includes, psychological training, increased spiritual discernment in making referrals to mental health providers when needed, and the importance of experiencing inner healing. Themes included the recognition of spiritual warfare and the spiritual realm, integration of theological and psychological framework, and collaboration of participants for holistic ministry.

CHAPTER ONE: THE PROBLEM WITH UNDERSTANDING THE RELATIONSHIP
BETWEEN MENTAL HEALTH AND SPIRITUAL WARFARE

Problem and Its Context

Mental health diagnoses are rising dramatically. Those who believe in Scripture believe spiritual warfare exists, believe the overtness and intensity of spiritual warfare is also on the rise. Thus, eliciting the question of a relationship between these two phenomena and their impact on the ministry of the church.

Therefore, the issue this project addressed was understanding the relationship between mental health and spiritual warfare to provide effective pastoral care ministry. In response to the problem, the researcher, a) explored biblical examples of individuals who appeared to have experienced both mental health and spiritual warfare characteristics (1Kgs 19, 1 Sm.15 and Mk. 5), b) reviewed the current literature on spiritual warfare and mental health, c) conducted a qualitative case study interviewing key individuals serving those experiencing both mental health and spiritual crises and, d) identified recommendations to equip ministers for pastoral care when faced when serving individuals experiencing the relationship between mental health and spiritual warfare.

Mental health diagnoses are on the rise and those who believe in the Bible also believe that spiritual warfare exists. For example, a symptom like depression or anxiety could exist as a result of either or both. The relationship between mental health and spiritual warfare must be explored so pastors can know how best to minister to individuals.

The relationship between mental health and spiritual warfare means to recognize what is the difference between these two concepts and how they may overlap. To also recognize what may be mistaken for the other.

Mental Health and Spiritual Warfare

Prior to exploring the connection between mental health and spiritual warfare, the researcher defined some of the basic concepts associated with these two phenomena individually. According to the *Journal of World Psychiatry Association,*

> Mental Health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.[1]

The Mayo Clinic refers to mental illness or mental health disorders as, "a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors."[2] Mental health and mental illness have been commonly used interchangeably, but mental health has a broader understanding of one's state of mind, whereas mental illness is a specific diagnosis resulting from an individual's thoughts and behaviors.

In the book, *Understanding Spiritual Warfare: Four Views,* David Powlison, author of the chapter "*The Classical Model*" believes,

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[1] Silvana Galderisi, Andres Heinz, Marianne Kastrup, Julian Beezhold, Norman Sartorius, "Toward A New Definition of Mental Health," *Journal of World Psychiatry* 14, no. 2 (June 2015): 231

[2] "Mental Illness: Symptoms and Causes," Mayo Clinic, accessed August 2, 2022, https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968.

> Spiritual warfare is a phrase that is not in the Bible, but it is as Pastoral Theological term for describing the moral conflict of the Christian life. It is a metaphor for our lifelong struggle with our lies and other liars, our lust and other tempters, our sins and other evil doers, the present darkness that continually unsettles us.[3]

C. Peter Wagner and Rebecca Greenwood, from their chapter, "The Strategic-Level Deliverance Model," understand spiritual warfare to be an "invisible battle in the spiritual realm involving a power confrontation between the Kingdom of God and the Kingdom of Darkness."[4] Wagner and Greenwood also suggest that spiritual warfare has three levels. *Ground Level* is the "practice of deliverance ministry that involves breaking demonic influences in an individual. It occurs on a personal level."[5] *The Occult Level* "involves resistance to a more ordered level of demonic authority."[6] This level has more to do with witchcraft and satanism, etc. The last level is referred to as *Strategic Level*, and they believe it "requires power confrontations with high ranking principalities and powers as described by Paul in Ephesians 6:12."[7]

Delimitations

The researcher analyzed only three primary biblical examples found in 1Kings 19:3-4, 1 Samuel 16:34 and Mark 5:2-8. Elijah, King Saul and Man from Gadarenes were three individuals who experienced mental health and spiritual warfare characteristics. The

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[3] David Powlison, "The Classical Model," in *Understanding Spiritual Warfare: Four Views*, ed. James K. Beilby and Paul Rhoades Eddy, (Grand Rapids: Baker Academics, 2012), 92.

[4] C. Peter Wagner and Rebecca Greenwood, "The Strategic-Level Deliverance Model," in *Understanding Spiritual Warfare: Four Views*, James K. Beilby and Paul Rhoades Eddy (Grand Rapids: Baker Academics, 2012), 178-179.

[5] Wagner, Greenwood, "The Strategic-Level Deliverance Model," 179.

[6] Wagner, Greenwood, "The Strategic-Level Deliverance Model," 179.

[7] Wagner, Greenwood, "The Strategic-Level Deliverance Model," 179.

usage of current literature on spiritual warfare was confined to a basic theological understanding of the topic. Current literature on mental health was limited to sources that have equipped individuals to provide pastoral care. Those regarding mental health were limited to documents on anxiety, depression, and suicidal ideation. The researcher limited the qualitative study professionals of protestant churches, who provide pastoral care, are spiritual warfare practitioners, and licensed mental health counselors. Four to nine participants in each area were interviewed. A total of twenty interviews.

Assumptions

Four primary assumptions were made at the onset of this project. The first assumption was that spiritual warfare takes place in the unseen spiritual realm and effects the seen physical realm. The second assumption is that there was a relationship between spiritual warfare and mental health. The third assumption was that the biblical narratives analyzed show a connection between and between mental health and spiritual warfare. The fourth assumption was that spiritual biblically-based practices help alleviate mental health issues.

Subproblems

The first subproblem was to explore biblical examples of individuals who appeared to have experienced both mental health and spiritual warfare characteristics. (1 Kgs. 19, 1 Sam. 15, Mk 5). The second subproblem was to review literature on the topic of mental health and spiritual warfare. The third subproblem was to conduct research interviewing key individuals serving those experiencing both mental health and spiritual crisis to mental health. The fourth subproblem was to identify recommendations that equip ministers for pastoral care for both the spiritual and mental health needs.

Setting of the Project

The researcher believes that professionals in the twenty-first century have been

dealing with mental health cases at an alarming rate. According to the National Alliance

on Mental Illness, "21% of adults in the United States experienced mental illness in 2020.

That represents 1 in 5 Americans."[8] The impact of this data on the American church

cannot be ignored. Historically, the church has been predominantly one-dimensional in

its care for its people, with the primary focus on one's soul. However, the increase in

mental health cases in recent years has forced them to shift to a more holistic approach

that includes an individual's mental and emotional health. The challenge is most pastoral

teams are not prepared for or equipped to accomplish this task. Caring for one's soul

along with emotional health assist with a more balanced view and caring for someone

holistically. Caring for someone holistically means to care for their whole being. Their

spiritual, physical and mental needs. Progress is slow evidenced by Lifeway research.

In 2013, Bob Smietana of Lifeway Research administered a survey and found that

"nearly half of evangelical, fundamentalist or born-again Christians believe prayer and

bible study alone can overcome serious mental illness."[9] However, Ed Stetzer, the former

President of Lifeway, believed churches have become a more welcoming place, but says,

"he worried that some Christians see mental health as a character flaw rather than a

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[8] "Individuals with Mental Illness," National Alliance on Mental Illness, accessed May 24, 2021, https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness.

[9] Bob Smietana, "Mental Health: Half of Evangelicals Believe Prayer Can Heal Mental Illness," Lifeway Research, accessed September 10, 2022, https://research.lifeway.com/2013/09/17/mental-health-half-of-evangelicals-believe-prayer-can-heal-mental-illness/.

medical condition."[10] Mental health issues did not appear to be a topic for pastors to discuss from the pulpit with 66 percent of pastors discussing it once a year, rarely or never. Furthermore, he was astonished that Pastors did not seem to have a plan of addressing mental health issues even though congregants often turned to them for help. He is convinced, "Pastors need guidance and preparation for dealing with mental health crises. They often don't have a plan to help individuals or families affected by mental illness and miss opportunities to be the church."[11] This was evident in the researchers study. There was a need for pastors to be more transparent in discussing mental health from the pulpit, educated in psychological training and open to referring out to mental health professionals.

Of the churches who participated in the Lifeway 2013 survey only 27 percent of them had a plan to assist a family who was struggling with mental health. Other notable data from Lifeway poll includes:

- 21 percent of families were aware of any plan
- 14 percent of churches polled had a skilled counselor on the pastoral staff
- 68 percent did have a list of resources for families that were available if needed

According to the 2022 poll, Lifeway updated its stats from 2013 and they identified positive trends as well as a few new concepts regarding the church's approach to mental health. For example, Lifeway say's there has been a 10 percent increase in the number of times Mental Health/Illness issues come up in a sermon. The church has

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[10] Bob Smietana, "Mental Health: Half of Evangelicals Believe Prayer Can Heal Mental Illness," 2.

[11] Bob Smietana, "Mental Illness Remains Taboo Topic for Many Pastors," Lifeway Research, accessed September 10, 2022, https://research.lifeway.com/2014/09/22/mental-illness-remains-taboo-topic-for-many-pastors/.

become more aware of the needs of the congregation and the list of experts and referrals

has increased along with a plan to support families. Other notable increases include:

- 26 percent of pastors said they provide training to those who suffer from mental illness
- 23 percent provide topical seminars on depression and anxiety
- 20 percent of pastors also indicated they are training leaders to identify mental health symptoms
- 86 percent of Pastors feel they are "prepared to identify when someone needs to be referred to an expert"[12]

That percentage is slightly up from 2014 according to Aaron Earls from Lifeway. The

data shows that the church has become more aware of the congregational needs in regards

to mental health, a closer look at the numbers reveals there is a long way to go to be

effective.

This concern is emphasized in the article, "Through a Glass Darkly," the author

tells of a student from Vanderbilt Divinity school who suffered from mental illness. She,

the student felt "living with depression or any other form of mental illness distorts how

you see things."[13] As an adolescent, her family sought help through the church but did

not receive the assistance needed. She was told mental health illness was a problem of her

heart and it was seen as a sign of weakness and more pointedly seen as a sin.

Matthew Stanford a neuroscientist at Baylor University, holds that the trouble the

church faces resides in the tension between religion and science. He states that "men and

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[12] Aaron Earls, "Pastors Have Congregational and For Some Personal Experience With Mental Health," Lifeway Research, accessed September 12, 2022, https://research.lifeway.com/2022/08/02/pastors-have-congregational-and-for-some-personal-experience-with-mental-illness/.

[13] Ken Camp, "Through a Glass Darkly: Churches Respond to Mental Illness," *The Baptist Standard,* March 9, 2009, https://wordandway.org/2009/03/06/through-a-glass-darkly-churches-respond-to-mental-illness/.

women diagnosed with mental illness are told they need to pray more and turn from their sin. Mental illness is equated with demon possession, weak faith and generational sin. The underlying stain on the church is the lack of knowledge, both of basic brain function and scriptural truth."[14] Furthermore, he claims the church is ignorant of the brain chemistry, environmental and biological factors that the development of one's personality.

Richard Blake, the Director of counseling and Psychological Services agrees with Stanford. He asserts that pastors need to be open about mental health issues in their congregation and saying, "Ministers often have training in pastoral counseling to help people successfully work through the normal grief after a loss, but they lack the expertise to recognize persistent mental health problems stemming from deeper life issues or biochemical imbalances."[15] He advocates for supporting the person who is suffering from mental health will assist in improving the health of that individual. This belief is backed up by research that indicates a person who has a healthy faith life and involvement in a congregation can help that person get through these mental health crises with a bit more ease.

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[14] Camp, "Through a Glass Darkly: Churches Respond to Mental Illness," 25.

[15] Camp, "Through a Glass Darkly: Churches Respond to Mental Illness," 26.

Importance of the Project

To the Researcher

The National Alliance of Mental Illness claims that "1 in 5 of Americans suffer

mental illness"[16] is staggering. As previously stated by the *Journal of World Psychiatry*

Association,

Mental Health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.[17]

Though the researcher has not sustained long periods of time wrestling with

mental health issues, there have been moments and short stretches when there were dark

thoughts, suicidal thoughts debilitating depression that dramatically escalated. The

interest in this subject started to take shape after observing the increase in mental health

cases and how our mindsets are distorted when one goes through traumatic or difficult

experiences. That interest became acutely focused when the researcher sensed a

connection between mental health and spiritual warfare after presenting a workshop on

prayer to a local church.

Upon leaving the session, the researcher began to muse about the effectiveness of

the presentation and immediately had an overwhelming sense of inadequacy and sadness

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[16] "Your Journey: Individuals with Mental Illness," National Alliance on Mental Illness, accessed May 25, 2021, https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness.

[17] Silvana Galderisi, Andres Heinz, Marianne Kastrup, Julian Beezhold, Norman Sartorius, "Toward A New Definition of Mental Health," *Journal of World Psychiatry* 14, no. 2 (June 2015): 231.

and irrational thoughts. Instantly the researcher was sent into a tailspin of situational depression.

Looking back the overwhelming heaviness and feeling of the oppression could not be explained naturally, and hence the researcher acknowledged it was a spiritual attack. The irrational thoughts included suicidal ideation, feelings of hopelessness and lack of self-worth. The fast and furious onset of this depression sent the researcher to bed for a few days, a coping mechanism that had never been used before. The oppressive weight seemed unbearable the irrational thoughts were consuming. It was brought to the attention that another participant who assisted with the workshop was also feeling a sense of oppression. They had never experienced that type of crisis before. It was at that moment that the researcher realized this may be a spiritual attack as two primary people who planned, organized and taught a presentation on prayer. This specific workshop centered on equipping church members in understanding prayer on a deeper level and to use it effectively. Prayer has been used as a weapon against the spiritual forces (Eph. 6) and to equip others may have caused the onset of this attack. Immediately my friend began to pray and within days the feeling of normalcy began to emerge healing was restored.

The importance of sharing this narrative was the catalyst in asking the question regarding the relationship between mental health and spiritual warfare. The researcher discovered the shift from rational thinking to irrational thinking within an hour of the presentation on prayer. The fear of failure and inadequacy was consuming and the spiral of darkness was bent on destruction. Depression seeped into negative thoughts, withdrawal and an inward focus. According to Wagner and Greenwood who view

spiritual warfare as an "unseen battle in the spiritual realm,"[18] which involves two

kingdoms, the Kingdom of God and Kingdom of darkness. These Kingdoms are at war

with each other in the spiritual realm and understanding how to help individuals

understand this concept is crucial for the research.

To Ministry

Since humans are comprised of body, soul, and spirit (1Thes. 5:23), the researcher

believed this thesis can provide a substantial benefit to pastoral care professionals and

assist individuals dealing with mental health issues. The researcher was not aware if

pastors receive adequate training on pastoral care in the area of mental health and

spiritual warfare. However, the researcher was aware that there has been more of a desire

for pastors to talk about mental health from the pulpit.

This conclusion was echoed by Pastor Graham from Prestonwood Baptist Church,

in his article, "Why Should the Church Should be on the Frontlines of the Mental Health

Crisis," he believes "the church's failure lies not in intention, but largely in

misinformation and lack of proper training. While there is a spiritual aspect to mental

health that churches and pastors can and should address, we often have missed the

clinical reality of mental health."[19] He perceives the importance of being part of the

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[18] Wagner and Greenwood, "Strategic-Level Deliverance Model,"179.

[19] Jack Graham, "Why the Church Needs to be on the Frontlines of the Mental Health Crisis," *Christian Post Voices*, March 21, 2021, accessed September 19, 2022. https://www.christianpost.com/voices/the-church-needs-to-be-on-the-frontlines-of-mental-health-crisis.html.

church is evidenced by fellow believers bearing each other's burdens, not only spiritually, but mentally and emotionally as well.

In the article, "Mental Health and Spiritual Evil," clinical psychologist, Robin Rosenberg does "wonder how much the increase of mental illness can be attributed at least partly to spiritual causes."[20] She believes mental health is dominate, but also believes that "demonic influence, oppression, and in severe cases possession are real too. Although mental and spiritual problems are two different things, we'd be both naïve and foolish not to consider the connections between the two."[21]

The researcher looked at this area holistically and with balance, engaging in both the current theological and secular mental health literature. The researcher believed a better understanding of mental health and spiritual warfare can be taught to pastoral care professionals to empower them to combat mental health - trauma that leads to lies and emotionally unhealthy choices. Choices that can be magnified and exacerbated by the influential lies of Satan and demonic forces.

Historically, academia has engaged in sciences that can be measured and proven. Therefore, there is a discrepancy in the certainty of a body possessing a soul. Traditionally, the interconnected of the body, mind and soul is considered to be a fundamental tenant of the Judeo-Christian belief system. Yet many academics such as Jerry Mungadze agree with the idea. However, he also believes it is difficult to separate

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[20] Shane Raynor, "Mental Illness and Spiritual Evil," *Ministry Matters*, March 21, 2014, accessed September 19, 2022, https://www.ministrymatters.com/all/entry/5233/mental-illness-and-spiritual-evil.

[21] Raynor, "Mental Illness and Spiritual Evil," 2.

the body from the mind and soul. In this article, "Spiritual Conflict in Light of Psychology and Medicine, he contends that all three must be addressed in making a diagnosis. He states, "our minds and souls contain our decision-making capacity, our desires, our will and our emotions. Our mind or soul is the realm where psychological processes take place. Our bodies, including the brain interact with our mind/soul, and physical medicine helps us with the problems related to the body." [22]

To Academia

Academia may not have ever considered that bodies have a soul and only engage in the science of what is sure and can be proven. Mungadze, as stated earlier believes that the brain interacts with our soul and our mind. He views it more holistically and academia can learn from having a clearer perspective and not omitting the potential of a spiritual conflict. Mungadza also attests that research in the Mental health sciences can "help the church better understand wounded people and how they react to certain situations. When people are traumatized during childhood, certain biological alterations occur in the way their brain processed information."[23] The researcher believes a balanced view with varying mental health and pastoral voices can influence productive dialogue in the academy. This type of dialogue would also be substantial in the training of students in counseling programs. Looking at an individual holistically would not only include mental illness but also address the spiritual connection.

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[22] Jerry Mungadze, "Spiritual Conflict in Light of Psychology and Medicine," *Lausanne Movement*, accessed September 24, 2022, https://lausanne.org/content/psychology-and-medicine.

[23] Jerry Mungadze, "Spiritual Conflict in Light of Psychology and Medicine," 8.

Methodology and Overview

The researcher conducted a qualitative case study with semi-structured interviews. The researcher identified 20 individuals who were serving those experiencing both mental health and spiritual crises. They included pastoral care pastors, mental health therapists/counselors and practitioners of spiritual warfare prayer ministries. The researcher used the Grounded Theory Model for conducting and analyzing the interviews.

Project Overview

The first step was to study the three biblical characters; Elijah, King Saul, and The Man from Gerasene. The second step was to study the current literature on spiritual warfare and mental health. The researcher read various perspectives presented by Christian and secular authors in order to gain an unbiased, well balanced understanding of the topic. The third step was to create a set of questions for the interviews of those who served as pastoral care pastors, spiritual warfare practitioners, and Christian mental health therapists. The fourth step was to conduct interviews in person or via zoom. The fifth step was to collect the data from the interviews and conduct an analysis of themes and commonalities. The sixth step was to identify key strategies that equip ministers for pastoral care ministry when faced with understanding the relationship between mental health and spiritual warfare. Equipping would include discerning what is mental health and what could be spiritual warfare and if the two intersect.

Summary

The researcher's primary aspiration is to contribute to the conversation on the relationship between mental health and spiritual warfare. To empower those to be more

effective in their ministry. The researcher's secondary desire is for increased clarity on

this topic in order to aid those in academia and to edify other individuals who have also

contemplated this question.

CHAPTER TWO: THEOLOGICAL REFLECTION ON MENTAL HEALTH AND
SPIRITUAL WARFARE.

To gain an understating of the relationship between mental health and spiritual
warfare, the researcher explored three individuals who appeared to have experienced both
mental health illness and spiritual warfare characteristics simultaneously. The theological
reflection will focus on Elijah (1 Kgs.19), King Saul (1 Sam.15) and the Man of Gerasene
(Mk. 5) to better understand their experiences that could be described as both mental
illness and spiritual warfare.

Background of the Theological Reflection

The crisis of mental health and spiritual warfare originated in the Garden of Eden,
when the serpent first deceived Eve by inciting doubt. He led by saying in Genesis 3:1,
"To the woman, Did God really say, you must not eat from any tree in the garden?"[24]
This initial act of deception Satan set out to falsify sin, of what God said in Genesis 3:4,
"You will not certainly die," the serpent said to the woman. "For God knows that when
you eat from it your eyes will be opened, and you will be like God, knowing good and
evil." Forgetting she had been created in God's image, she took the fruit and at it, as did
her husband,

This act of disobedience by Adam and Eve changed the course of history. Their
relationship with God was now represented by a chasm, rather than intimacy. Their

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[24] Unless otherwise noted, all Scripture citations are from, *New International Version: Study Bible*, (Grand Rapids: Zondervan, 2011).

physical bodies would experience pain and death. Their sin not only affected their physical bodies and relationship with God, but it also distorted their minds and emotions.

We see this in Genesis 3:7-10 as the first series of negative emotions expressed in the bible. Adam and Eve's guilt and shame propelled them to conceal their nakedness with fig leaves from God who created them. Their shame gave rise to fear as evidenced by Adam's response to God's question as to why are you hiding. Genesis 1:10 says, "I heard you in the garden, and I was afraid because I was naked; so, I hid." All of humanity is tied to this one act of rebellion in the Garden. Pain and death; guilt, shame and fear are now a part of the ripple effects of their choice now affect the narratives of our lives.

God's redemption of this world and sinful nature would come through the life, death, and resurrection of Jesus Christ, who bridged the chasm between humanity and God. However, Satan who is called, the "Father of Lies," (Jn 8:45), continues to use the same tactics used in the Garden - doubt, denial, and distortion. Unfortunately, the results are the same, separation from God, pain and death, emotional distress and a crisis of mental health. This gives credit to Tony Baker's statement, "believers are not exempt from depression. It may be well that Elijah was the classic manic depressive. As far as possible we all need to know and understand our temperaments, as given by God as affected by the fall."[25] The temperament of each individual is susceptible to mental health challenges and how this intersects with the tactics of the enemy.

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[25] Tony Baker, "Elijah: A God Just Like His:1 Kings 19: Down but not Out," *Evangel* 20, no 1, (2002): 2, https://biblicalstudies.org.uk/pdf/evangel/20-1_002.pdf.

Spiritual Warfare and Mental Health in the Bible

Understanding spiritual warfare and mental health in Scripture begins with

acknowledging that neither phrase appears in any book of the bible. However, Scripture

does provide imagery and stories related to both concepts. When considering the theme

of spiritual warfare, individuals often point to the example of Jesus casting out demons,

but Scripture suggests that the Apostle Paul understood spiritual warfare. Paul explains

that there is a battle and there are tools for that battle in Ephesians 6:10-17.

> Finally, be strong in the Lord and in his mighty power. Put on the full armor of
> God, so that you can take your stand against the devil's schemes. For our struggle
> is not against flesh and blood, but against the rulers, against the authorities, against
> the powers of this dark world and against the spiritual forces of evil in the heavenly
> realms. Therefore, put on the full armor of God, so that when the day of evil comes,
> you may be able to stand your ground, and after you have done everything, to
> stand. Stand firm then, with the belt of truth buckled around your waist, with the
> breastplate of righteousness in place, and with your feet fitted with the readiness
> that comes from the gospel of peace. In addition to all this, take up the shield of
> faith, with which you can extinguish all the flaming arrows of the evil one. Take
> the helmet of salvation and the sword of the Spirit, which is the word of God.[26]

After the Apostle Paul writes most of Ephesians expressing how to live a life of

holiness and Christian living, he shares the realities of the enemy and his evil forces.

Author, John R.W. Stott says, "He (Paul) reminds us of the opposition. Beneath the

surfaces appearances an unseen spiritual battle is raging. He introduces us to the devil

(already mentioned in 2:2 and 4:27) and to certain principalities and powers at his

command."[27] The author continues by saying, "…his purpose is not to satisfy our

curiosity, but to warn us to their hostility and teach us how to overcome them. Is God's

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[26] NIV

[27] John Stott, "God's New Society: The Message of Ephesians, (Downers Grove, Inter Varsity Press, 1979): 261.

plan to create a new society? Then they will do their utmost to destroy it. He is simply wanting to emphasis the reality of our engagement with the powers of evil and the grim necessity of hand to hand combat."[28] The principalities and powers are demonic and according to Stott, have three main characteristics; they are powerful, wicked (using power destructively), and cunning. By cunning, Stott believes, "We must not imagine, therefore that open persecution and open temptation to sin are his only or even his commonest weapons; he prefers to seduce us into compromise and deceive us into error."[29] The tactics of the enemy is to make us believe he doesn't exist, but, Stott elaborates this idea. He says "All is attributed to us; we have all become so psychological in our attitude and thinking. We are ignorant of this great objective fact, the being, the existence of the devil, the adversary, the accuser and his fiery darts." [30] As a result of the reality of the enemy, the Apostle Paul uses the imagery of warfare as ways to protect ourselves against the wiles of the enemy and his desire for complete destruction of our lives. The battle waged against us brings us to our dependence on God. Author, Clinton Arnold, emphatically believes the armor of God furnishes the armor, he states, "The emphasis falls on God's supplying all the power and strength believers need to stand against the enemy."[31] There are numerous Scriptures that give us encouragement on how to stand against what the enemy and his demonic forces will attack through our mind.

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[28] John R.W. Stott, 261-262.

[29] John R.W. Stott, 265.

[30] John R.W. Stott, 265

[31] Clinton E. Arnold, *Exegetical Commentary on the New Testament: Ephesians*, (Grand Rapids, Zondervan, 2010), 444.

Spiritual warfare is a term that refers to a battle that occurs in the spiritual realm between the Kingdom of God and the Enemy of Darkness. And though spiritual warfare is not a phrase found in the biblical text, E. Janet Warner, writes, "many New Testament scholars say there is a long tradition of using warfare language to describe Jesus' encounters with evil spirits."[32] Likewise, Susan Garrett, also believes Luke's writings portray most of Luke as spiritual warfare. Graham Twelftree sees "Jesus' exorcisms as an eschatological battle and argues that the battles in Mark are cosmic and spiritual and that John views Jesus' entire ministry as a battle with Satan or the demonic."[33] Theologian Gregory Boyd presupposes that, "anything in opposition to God means battle. The Kingdom of God, and therefore the Kingdom of Satan, is a military concept Jesus' miracle over nature, as well as his healings, exorcisms, and especially his resurrection, were definite acts of war that accomplished and demonstrated his victory over Satan."[34]

These scholars have helped define spiritual warfare and though their language may vary from each other, at the core they believe there is a battle raging between the God of heaven's armies and the prince of darkness.

Biblical Examples

Mental health is connected to our soul and spirit. Our soul represents our senses, desires, and reasoning where life is present. The spirit is how one connects with God. To better understand the relationship between mental health and spiritual warfare, the

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[32] Janet E. Warren, "Spiritual Warfare: A Dead Metaphor," *Journal of Pentecostal Theology* 21, (2012): 281.

[33] Graham H. Twelftree, *Jesus the Miracle Worker*, (Downers Grove: Inter-Varsity Press, 1999), 281.

[34] Greg Boyd, *God at War: The Bible and Spiritual Conflict*, (Downers Grove: Inter-Varsity Press, 1997), 19.

researcher explored biblical examples of individuals that experienced both mental health illness and spiritual warfare characteristics/symptoms. Specific attention was focused on three diagnoses of mental illness; anxiety, depression, and suicidal ideation. One aspect of mental illness is depression. Fraser Watts states, "Depression is a very common mental health problem and one where many different factors intersect. Biological, social, developmental, and spiritual factors seem to come together in depression, more than with any other mental health issue."[35] Watt's definition gives an example of how the body, soul, mind and spirit intersect in the area of spiritual warfare.

This section examined the experiences of the Prophet Elijah in 1 Kings 19, King Saul in 1 Samuel 16, and the Man of Gerasene in Mark 5.

Elijah

The book of 1 Kings is estimated to have been written during 550 BC, while Israel was in Babylon. It describes the history of the Kings of Judah (Southern Kingdom) and Israel (Northern Kingdom) after these two areas had been divided following Solomon's death. The NIV notes, the theme of Kings was the "welfare of Israel and her kings depended on their submission to and reliance on Israel's covenant God – their obedience to Sinailtic covenant regulations and their faithful response to God's prophets."[36] God used the prophets to turn Israel back to covenant faithfulness and Simon J. DeVries describes the historic context of Elijah within this period, he states,

> The prophet stories of 1 and 2 Kgs bear eloquent testimony of a time of extreme crisis in Israel. Ahab and his sons, but especially his wife Jezebel, were actively fostering Baalism. Hostilities with Syria were on the rise, the hostilities with

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[35] Fraser Wyatts, "Theology and Science of Mental Health and Well Being," *Zygon* 53, no. 2, (2018): 342.

[36] New International Version, (Grand Rapids, Zondervan, 2011), 505.

Hazael would result in the nation's humiliating subjugation. The prophets about whom these stories are told strove for recognition of legitimacy, which inevitably could come only as they stood up in Yahweh's name, to resist the abomination of Baalism and the menace of Syrian aggression.[37]

Elijah was the prophet whom God used to challenge those who worshiped false gods and stood up for Yahweh's name. Elijah orchestrated a plan for the false prophets of Baal and Asherah to witness the work of the one true God. The false prophets were to call on their gods to burn up the sacrifice, but nothing happened. They shouted from morning until evening and they slashed their bodies until blood flowed out. Elijah was also taunting them as they continued to call the false gods to rain down fire, which did not help. Elijah made a sacrifice for the altar, drenched it with water, dug a trench around the altar, which was also filled with water. With one prayer to God in 1 Kings 18:36-39, Elijah said,

> LORD, the God of Abraham, Isaac, and Israel, let it be known today that you are God in Israel and that I am your servant and have done all these things at your command. Answer me, LORD, answer me, so these people will know that you, LORD, are God and that you are turning their hearts back again. The fire of the LORD fell and burned up the sacrifice, the wood, the stones, the soil, and also licked up the water in the trench. When all the people saw this, they fell prostrate and cried, "The LORD—he is God! The LORD—he is God!

The Israelites would not only see the hand of God burn up the sacrifice, but they would also see God pour down rain from the sky after a three-year drought Elijah had prayed for. However, neither his obedient faith nor the demonstration of God's power shielded Elijah from what appeared to be a deep depression that followed his victory on Mount Carmel. For once the prophets of Baal were defeated, Elijah ordered their execution. This enraged

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[37] Simon J. DeVreis, *Word Biblical Commentary*, (Waco, Word Books, 1985), 209.

Queen Jezebel and she sent him a message threatening to kill him as he did her prophets. Terrified, Elijah fled! He then isolated himself in the wilderness where he wanted to die

Elijah's actions seem to contradict the profound faith he just demonstrated, but according to Allen S. Maller, that is not the case. He states "The impact of a visible public miracle on the people isn't very lasting. Although we often wish for a clear sign that will convince all the people of the truth, it would seem the public miracles aren't that effective. Individuals believe in miracles because they have faith, not the reverse."[38] This act of God not only failed to change Israel's heart, it furthered hardened Jezebel and Ahab.

Seeing God's hand at work was not enough to sustain Elijah's elation. The fear was overwhelming and he wanted his life to end. Worse, he felt useless to God. Baker concludes Elijah had numerous interrelated factors at play which included, "exhaustion, panic, depression, self-pity, self-seeking, and self-justification."[39] For Elijah, God could not be found in the way he expected. Neil Brice describes how Elijah must have felt:

> It would appear that the sense of God, that which he wanted, was nowhere to be found either under the solitary broom tree (a sense of abandonment and loneliness) neither on the mountain where God had been so clearly obvious both to him and others in the past. Furthermore, even in the mighty wind strong enough to split rocks, the earthquake—a sure sign of God—and the fire, the usual signs of God were empty and no comfort, and there was no leading. Elijah begged to die. His life felt empty and abandoned, his sense that God had been using him in the past was no help now.[40]

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[38] Allen S. Maller, "Elijah's Recovery From Depression," *Dor Le Dor* 17, no.1 (1988): 35.

[39] Baker, "Elijah - A God Just Like His:1 Kings 19: Down But Not Out," 2.

[40] Neil Brice, "23rd June: 2nd Sunday after Pentecost," *The Expository Times* 130, no. 8 (2019): 366..

Elijah would find God, but not in the way he anticipated. God would meet him in his loneliness and despair. The prophet Elijah witnessed a miracle and assumed that would have changed the heart of Israel, but it did not. Then was targeted for what took place.

Depression tends to occur in the crushed, disappointed and afraid. Elijah was exhausted. His defenses were down, leaving the door wide open for the depression to enter. After a traumatic situation occurs and a person is left brokenhearted. The spiral of depression started with the threat to his own life and also due to Israel's continued ambivalence towards the God of Israel. Depression was due to grieving the potential death of his own life, but also mourning Israel's neglect as a time to worship the God of Israel. Once the adrenaline wore off and the exhaustion settled in his mind was unable to combat the felling of hopelessness that invaded his mind.

The exhaustion was his flight from Jezreel to Beersheba and then into the dessert, which was well over 20 miles. The added panic over the thought of his life being taken only magnified this exhaustion and brought him deeper into a mental health crisis. Exhaustion brought him to panic as he thought his life would be taken, but Jezebel wanted him driven from the land. Baker expanded on Elijah's mental state by stating,

> In the nature of things, depression makes the sufferer very inward looking. Those not suffering in this way cannot easily identify fully with those for whom life has become a long, dark tunnel with no light at the end; but sometimes a solitary sufferer may be seem resolved to travel the tunnel slowly and savors the darkness.[41]

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[41] Baker, "Elijah - A God Just Like His: 1Kings 19: Down But Not Out," 3.

Elijah was also unable to understand that there was 7000 people who also worshiped God. He went to Mount Horeb where God asked him twice, what he was doing there. Though Elijah was zealous for God the disappointment of Israel's ambivalence and apostasy and the fear of death drove him further inward. However, God in his grace met him as he was at his lowest and refocused him to anoint others who would become his successor and two Kings.

Satan's primary tactic in spiritual warfare is to attack the mind. He cannot read our minds, but he can influence how we think. In the midst of mental chaos and confusion, he overwhelms us with irrational fears – fear taken as truth. He uses fear to isolate us from the world around us and he convinces us we are alone in our suffering. The intense exhaustion overpowered him until he wanted his life to end. He begged God to take his life because life was more than he could bear. He was convinced he was no longer useful for ministry. Elijah's time in the wilderness was a time of spiritual and it physical refreshment. His time in the wilderness was similar to when the Israelites came out of Egypt and spent time getting to know the Lord and how to rely on his provision.

God ministered to Elijah on Mt. Horeb (Sinai) in an unexpected way. It was not through the earthquake, fire or wind that God showed up and manifested his presence. It was through a gentle whisper. Afterward, God gave him instructions for when his time in the wilderness was completed and anoint his successor.

It is important to note that God use Elijah in this ministry even after he went through this difficult, desperate and dark time in his life. His encounter with God was able to sustain him through the wilderness and beyond.

King Saul

First and 2 Samuel are named after the prophet who anointed both King Saul and King David were written sometime after Israel was divided into the northern and southern kingdoms. The book of 1 Samuel recounts the political system that is established by a human king. They rejected God as their king and wanted a king like those of other countries surrounding them. The NIV states, "Their desire was for a king such as the nations around them had to lead them into battle and give them a sense of security and unity. The request of a king constituted a denial of their covenant relationship to the Lord, who was their King."[42] The king was not to reign autonomously, but "his authority and power; rather he was to the subject to the law of the Lord and word of the prophet. This was not just for Saul but also for all the Kings who would occupy the throne in Israel in the future."[43] Even though Samuel warned them what a King would do and not benefit them his efforts to relate this was said in vain.

Since Israel wanted a king and no longer wanted to listen to God's prophets or have God as their King. God gave them what they wanted and Samuel anointed King Saul, but his continued disobedience in leading Israel would cause him to lose his reputation, leadership role as king, and evaluably his mind. This is recorded in Samuel 13:7-10:

> Saul remained at Gilgal, and all the troops with him were quaking with fear. He waited seven days, the time set by Samuel; but Samuel did not come to Gilgal, and Saul's men began to scatter. He said, "Bring me the burnt offering and the

[42] NIV, 404.

[43] NIV, 405.

fellowship offerings." And Saul offered up the burnt offering. Just as he finished making the offering, Samuel arrived, and Saul went out to greet him.

King Saul was asked to wait for Samuel. As the days passed, he took it upon himself, as he watched his men's fear increase and he began to panic, but the seven days were not over yet. When his men began to scatter, he realized he had lost control over the situation, but he'd lost his men's confidence and respect. In an effort to regain his honor, he took it upon himself to make the sacrifice and move ahead. The Lord was going to use Saul to punish the Amalekites for their generations of sin. He commanded Saul to "totally destroy all that belongs to them." (1 Sam.15:3a) Nothing and no one was to be spared. Jessica N.T. Lee, expounds,

> Saul gave in to fear and placed his trust in numbers rather than in Yahweh, even though he knew from Jabesh-Gilead that Yahweh was more than capable of fighting on their behalf. Moreover, by making his sacrifice before fearful men, Saul reinforced a message to the people that Yahweh must be enticed to battle. In so doing, he misrepresented Yahweh in much the same way that Moses misrepresented Yahweh with the waters of Meribah and so was barred from entering the land.[44]

But King Saul rejected what the Lord's command. Instead, he took King Agag prisoner and plundered all the best cattle for a sacrifice to God. As a result, God rejected him as King over Israel. First Samuel 15:26 says, "But Samuel said to him, "I will not go back with you. You have rejected the word of the LORD, and the LORD has rejected you as king over Israel!" Samuel publicly rebuked Saul for his disobedience. Then, after a series of other decisions King Saul was rejected and also lost the anointing of God: "Now the

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[44] Jessica N.T. Lee, "The Role of the People in Saul's Rise and Fall," *Bibliotheca Sacra* 174, no. 694, (2017): 169.

Spirit of the LORD had departed from Saul, and an evil spirit from the LORD tormented him" (1Sam.16:14).

This was a spiritual demonic spirit that was from outside who was given liberty to torture him mentally. Saul suffered mental torment as a result of a spirit. God's hand of protection was no longer over him, which allowed the enemy to come and wreak havoc on his mental state. H.C Ackerman had an interesting perspective on Saul's condition and refers to it as "nervous exhaustion."[45] It is considered "a condition that had elements of goodness as well as evil. He believed Saul "was at war with his social nature; the conflicting claims of his individual and cooperative self were not made to coalesce so that the lack of this inner harmony produced the mental torment which symptomized the divided personality."[46] Ackerman asserts that,

> The Spirit of God which leaves Saul is also the Spirit of Fellowship. The Holy Spirit is the God of Fellowship of brotherhood, of human relations operative. And when Saul violated social relationships he sinned against the Holy Ghost. When Saul envied and persecuted David, he sinned against his own better self for the better and truer self is social.[47]

Saul was unwilling to obey God's commands. He feared those he served more than he feared God. Lee pointedly states,

> Saul's sin, on the other hand, specifically perverted the nature of kingship. Saul prioritized his relationship with the people over his relationship with Yahweh when it was his relationship with Yahweh that should have governed his relationship with the people. In the process, Saul misrepresented Yahweh before

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[45] H.C. Ackermand, "Saul: A Psychotherapuetic Analysis," *Anglican Theological Review* 2, no. 2, (1920): 114.

[46] Ackermand, "Saul: A Psychotherapeutic Analysis," 122.

[47] Ackermand, "Saul: A Psychotherapeutic Analysis," 114.

the people, even going so far as to encourage their sin. All kings sin, but a king who allowed Yahweh's people to sin against their God could not be endured.[48]

It is evident that King Saul's relationship with Yahweh changed when he disobeyed the Holy Spirt by relinquishing his dependence on God. Saul was more than mentally unstable, as was intimated by Rebecca Raphael, who believes "Saul's disobedience results in his madness (this evil spirit from the Lord), and his madness, in turn, causes his anxious and aggressive behavior toward David. From that point on, Saul's madness functions mainly as an obstacle or threat to David, the new protagonist."[49]

Saul's, disobedience, rage, and envy would strip him of his kingship, his legacy and his mental health. Eventually, they would strip him of his life. *The Believers Bible Commentary*, states, "Saul was constantly redefining the Lord's commands, doing what seemed best."[50]

God is sovereign, and has the authority, wisdom and power to do what He chooses. Saul's perpetual rejection of his authority caused the Lord to give him what he wanted – complete separation from God. He then removed his spirit from Saul, leaving no restraint for the evil influencing his sin. This allowed the Enemy to take over. God can not initiate evil, but he can withdraw his protection and allow evil to enter. Saul had the free will to make his own choices and he chose to compromise God's direct instruction.

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[48] Lee, "The Role of the People in Saul's Rise and Fall," 177.

[49] Rebecca Raphael, "Madly Disobedient: The Representation of Madness Handels Oratorio Saul," *Perspectives in Religious Studies* 34, no.1, (2007): 8.

[50] William McDonald, *The Believers Bible Commentary: A Complete Bible Commentary in One Volume*, (Nashville: Thomas Nelson, 1980), 308.

Lee also concludes, "Saul rose to the kingship of the voice of the people. He fit the popular ideal of kingship, but as King of Israel, he could not skirt Yahweh's standards and demands."[51] The *Enduring Word* commentary offered this perspective on Saul,

> Saul clearly had the Spirit of the LORD upon him at one time (1Samuel 10:10). As he was proud and rebellious against God, Saul resisted the Holy Spirit. He told the Holy Spirit "No" and "Go away" so many times that God finally gave Saul what he wanted. But Saul never realized the price to pay when the Spirit of the LORD departed from him. Saul thought he would be freer to do *his thing* without the Spirit of the LORD "bugging" him. He didn't realize he would be in even more bondage to a distressing spirit that troubled him.[52]

The Sprit that tormented Saul was from the enemy and manifested itself in envy, jealousy and hatred with a fierce desire to kill David. It began when David due to the number of Philistines that David's men slew. Ackerman believes his "nervous decline was spiritual, along with having a divided soul. He was at war with himself and his lack of harmony produced mental torment which symptomized the divided personality."[53]

Furthermore, Saul was unable to restore his relationship with God under the demonic influence. H.C. Ackerman concludes that "Saul, refused to acknowledge the logical and superior sovereignty of David, his religious colleague in the disposition of divine providence; he ceased not to strive contrary to the manifest will of God for an unattainable object and died at the length of Gilboa, carrying his still tormenting desires unfulfilled to the grave – albeit on the field of honor."[54] Saul's desire for ambition and

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[51] Lee, "The Role of the People in Saul's Rise and Fall," 178.

[52] "Bible Commentary," https://enduringword.com/bible-commentary/1-samuel-16, accessed July 6, 2022.

[53] Ackerman, "Saul: A Psychotherapeutic Analysis," 119, 120.

[54] Ackerman, "Saul: A Psychotherapeutic Analysis," 119.

rebelliousness within his soul caused such extreme inner turmoil and grieving of God's
Spirit had to depart.

<p align="center">*The Man of Gerasene*</p>

The book of Mark was written between 50's – 60's AD, the author has been
established as John Mark who has been noted as a helper to Paul and Barnabas. The
Gospel of Mark emphasis is on what Jesus did more than what he said. It is the shortest
book of the Gospels and moves in rapid pace of the story of Jesus ministry while on
earth.

According to author R.T. France the book of Mark plays a major role in are the
area of exorcism. He states, "Following Jesus' astonishing control over the wild forces
ow wind and water, Mark tells of his equally remarkable control over the untamable force
of a man possessed by not one demon, but by a whole army of them."[55] There are other
stories of demonic forces, but this is the more explicit. France goes onto say, "Mark's
most spectacular exorcism narrative; it's distinctive features include the location in
Gentile territory, the vivid depiction of the demonic condition, the concept of multiple
possessions, the naming of the demon and the visible demonstration of success in the
destruction of the pigs."[56]

In Mark 4:45, Jesus entered a boat with his disciples and crossed the Sea of
Galilee. Even though there was a violent storm as they traveled, deliverance was coming
for the Man of Gerasene. He was a man who lived naked among the tombs, cut himself

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[55] R.T. France, *The New International Greek Testament Commentary*, (Grand Rapids, William B. Eerdmans, 2002), 226.

[56] France, NIGTC, 226.

with stones, and often cried out. The man of Gerasene was one of a few narratives in the Bible that revealed a clear demonic presence, or as is considered today a mental health crisis.

Therefore, as John Lewis teaches, Jesus mission was to cross the lake, because he had a mission purpose. He says about Jesus, "He moves across the lake and then he gets out of the boat. It is an orientation guided by his love for the afflicted and oppressed, and his mission to enact the good news of salvation."[57] Craig Keener shares how, "possession can be expressed violently, toward oneself and others, both in the early Christian narratives and in some modern accounts. Thus, possession is expressed self-destructively in Mark 5:5, where a demonized man cuts himself with stones."[58]

After Jesus arrived in Gerasene, the man from the tombs came out. "When he saw Jesus from a distance, he ran and fell on his knees in front of him. He shouted at the top of his voice, 'What do you want with me, Jesus, Son of the Most High God? In God's name don't torture me!" For Jesus had said to him, "Come out of this man, you impure spirit!" (Mark 5:5-6). As soon as the demonic spirits were cast left the man he was restored and in his "right mind" and he was restored.

Jesus showed his authority over the spirits possessing this demonic man in this story. Teresa Calpino stated,

> The demoniac recognizes Jesus' superior power but instead of running away, he runs toward Jesus and bows down to him. His bowing implies the demon's immediate submission to a superior authority. Verse 6 also supplies the contrast

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[57] John Lewis, "Farewell Gerasenes: A Bible Study on Mark 5:1-20," *Evangelical Review of Theology* 30, no.3, (2006): 265.

[58] Craig S Keener, "Spirit Possession as a Cross-cultural Experience," *Bulletin for Biblica Research* 20, no.2, (2010): 231.

between v. 2, where Jesus simply steps out of the boat and is met by the demoniac, and v. 7, where the demon frantically begs Jesus to escape the torment.[59]

The demon's effort to escape torment reveals the character of Satan's Kingdom of Darkness. In regards to this avoidance, Calpino wrote, because of this avoidance of torture, "this demon is not only selfish but highly malevolent and merciless."[60]

Once the demons were gone, Jesus gives hope to the man of Gerasene and gives him a role of staying where he is and declaring what Jesus had done for him. Lewis states this about the Man of Gerasene, "He must stay where he is, but he must re-orientate himself away from the place of the dead to the home of the living. It is a narrative of hope that addresses every human dilemma."[61]

When the Man from Gerasene was asked, what is your name, he said, "Legion," that was to state that there were many of them, and they were unified in their tormenting of this man. The Biblical commentary, *Enduring the Word,* "1) He lived among the decaying and dead, contrary to Jewish law and human instinct by dwelling among the tombs, 2) he had supernatural strength and pulled chains apart, 3) the man was tormented and self-destructive, by crying out and cutting himself with stones, 4) and he has uncontrollable behavior and no one could anyone tame him."[62]

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[59] Teresa Calpino, "The Gerasene Demoniac (Mark 5:1-20): The Pre-Markan Function of the Pericope," *Biblical Research,* (2008): 15.

[60] Calpino, "The Gerasene Demoniac (Mark 5:1-20): The pre-Markan Function of the Pericope," 19.

[61] Lewis, "Farewell Gerasenes: A Bible Study on Mark 5:1-20," 266.

[62] "Bible Commentary," https://enduringword.com/bible-commentary/mark-5/, accessed July, 6, 2021.

A man like this today would be institutionalized and branded as mentally ill. He would be considered a danger to himself to others and his cutting would be viewed as suicidal ideation/attempts. However, institutions did not exist at that time nor did the diagnosis of mental illness. Yet his symptoms were similar to ones who suffer similarly today. And so was his isolation, living outside of the city in the tombs.

Bruce Malina confirmed this in his article, "Jesus, Pigs and Human Transformation," where he said, "the possessed man living outside the city and without a human concourse would not have had a meaningful human existence."[63]

However, after his mind was restored, he desired to be with Jesus, but Jesus tells him to stay where he was. His mission was to reengage with his community and to share what the Lord had done. Despite this miracle, the people of Gerasene did not want Jesus to stay there. They saw this interference in sending the demons into the pigs as financially costly. They did not see the gratitude in this act, unlike the demonic man.

There is nothing known about the history of his demonic possession. What know is known is that this man was found in Gentile territory, one of the ten Gentile cities in the Decapolis. It was also known the Jews and Gentiles had disdain for each other. The Man of Gerasene represented everything the Jews despised. According to theologian R. C. Sproul, there were four different areas of defilement for the Man of Gerasene, "1) he had an unclean spirit, 2) he lived amongst the tombs, 3) he lived in Gentile territory and 4) he was around pigs."[64] This violation went against the purification laws of their Jewish

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[63] Robert J. Karris, "Luke 8:6-39: Jesus, Pigs and Human Transformation," *New Theology Review*, vol. 4 (1991): 42.

[64] R.C. Sproul, "Sermon's from Mark: A Gadarene Demoniac (Mark 5:1-9)," accessed October 26, 2022, https://www.youtube.com/watch?v=NHHNItt6HQY.

culture and demonstrated why the Gentiles were seen as unclean. Richard Culpepper, quotes M.E. Boring who says this about Issacs's admonition to Jacob in regards to the Gentiles; "Separate yourself from the Gentiles, and do not eat with them…because their deeds are defiled, and all of their ways are contaminated, and despicable and abominable. They slaughter their sacrifices to the dead and to the demons they bow down and they eat in the tombs."[65]

Yet this Gentile was the reason Jesus and his disciples crossed over to the other side of the Lake. Clearly, this man was not himself. He could not be tamed by chains. He constantly cried out, he lived among the dead, and he cut himself. But Jesus' had the power and authority to deliver him and did. And the demons immediately recognized Jesus and his power and "come out of this man." The author R.T. France believes, "this whole narrative, therefore, constitutes a striking example of how the NT presents demon possession not as a psychological problem of the one afflicted, but as a matter of alien occupation."[66] This understating of demon possession would coincide with many of the participants of this research.

Jesus did not cause the destruction of the pigs, the enemy did. Jesus saw this man's worth. The restoration was immediate, and there is a clear difference in the man's behavior.

In a similar situation, this clear behavior difference was witnessed by Ken Chamberlain a Master of Divinity student who wrote about his time as a chaplain in a

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[65] Richard Culpepper, "Jesus as Healer in the Gospel of Matthew Part ll: Jesus as Healing Matthew 8-9" *AOSIS*, Vol. 50, no.1 (2016), 10.4102/ids.v50i1.2116.

[66] France, NIGTC, 230.

mental health institution. There he had his own encounter with a patient who reminded him of the Man of Gerasene. This man was diagnosed with an "altered mental state."[67] There was a history of mental health issues, but this extreme behavior is what brought him to the facility. His behavior was similar to the Man of Gerasene in that he was not able to be controlled and had to be put in restraints. He refused to eat, drink or speak to anyone; he just grunted. He was a large man and was called the "Bear" because his behavior resembled that of an animal. As a chaplain, Chamberlain needed to do a spiritual assessment, but was unable to because of the man's current condition.

It was discovered by medical staff while reading an article that the various medications the patient was on would cause serious damage to his physical body. He was taken off the medication cold turkey due to concerns of a potential lawsuit. He was being prayed for by family and chaplains and being watched 24 hours a day. Within days there was a transformation that took place. He began to come out of his "altered state" and began to eat and communicate. Chamberlain says, "His return to normalcy had been multifaceted: intense pastoral care, proper medication and nutrition, human concern, and what simply must be seen as a divine touch."[68] It appeared this patient was on a dose of medication which exacerbated his mental health crisis, and a combination of the correct dosage of medication and prayer helped this patient find wholeness and healing.

Summary

Scripture provides examples of individuals that experience both mental health and spiritual warfare characteristics.

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[67] Ken Chamberlain, "The Gadarene Demoniac Finds Wholeness," *Journal of Pastoral Care and Counseling*, vol. 61, no. 1-2 (Spring-Summer 2007): 133.

[68] Chamberlain, "The Gadarene Demoniac Finds Wholeness," 134.

Elijah experienced depression that revealed itself through, isolation, physical and mental exhaustion, disparaging life as well as fear.

King Saul experienced spiritual warfare as a result of his rejection of God. The spiritual covering that once protected him, was no longer available and his soul became divided. Subsequently, the downward spiral of behavior included fear of people's opinions, depression, anxiety, jealousy, anger and rage. This extreme behavior change led to inner turmoil and produce outward destruction toward others.

The man of Gerasene was a man possessed by demonic spirits, though it is unclear in Scripture how he became that way. His outward behavior showed an extreme mental health crisis but also demonstrated he was being tormented by the author France described as an "alien being." He acted out by being naked, screaming, cutting himself with stones and living in the tombs. He was also a danger to himself and others. He encountered Jesus, and there was no longer a spiritual battle raging within him. The man became whole and was told to tell everyone from his town what Jesus had done.

While Scripture does not explain the relationship between mental health and spiritual warfare, one can conclude that it is possible that the two experiences can happen at the same time. The first two biblical characters, Elijah and King Saul had the commonality of fear being the root cause of their mental health crisis. It opened up the door for their mind to be affected and a spiritual warfare battle to take place. The Man from Gerasene history is unknown, but the isolation from human contact and community also opened up a door for the mind to deteriorate and may have contributed to his mental health crisis.

In John 10:10, it says "The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full." These biblical characters were a target for the enemy. The context of this scripture was Jesus as Shepherd protecting his sheep. The enemy was the antithesis of the work of the good Shepherd which is to give life. Each of these biblical characters were attacked by the enemy. The enemy tried to steal the purpose of Elijah. Destroy King Saul through selfish purposes and kill the Man of Gadarenes through self-harm. The tactics of the enemy continue today, and the relationship between mental health and spiritual warfare should be acknowledged.

CHAPTER THREE: LITERATURE REVIEW ON SPIRITUAL WARFARE AND

MENTAL HEALTH

To gain an understanding of the relationship between mental health and spiritual

warfare, the researcher reviewed current literature on spiritual warfare and mental health.

Along with understanding each topic, the researcher was interested to explore pastoral

care responses. The literature ranges from the disciplines of psychology, social work,

religion, theology, counseling and pastoral care.

Spiritual Warfare Literature

Greg Boyd an academic expert in the field of spiritual warfare and one of four

contributors to a book called, *Understanding Spiritual Warfare: Four Views*. He

believed,

> Much of what comes to pass in history doesn't reflect God's benevolent will, but
> rather reflects the wills of agents working at cross purposes with God. The world
> we live in looks like a war zone because the world is a war zone, and followers of
> Jesus have an important role to play in how the conflict unfolds.[69]

For the past twenty years Boyd and Paul Eddy, editors of the book, have co-taught

a course on spiritual warfare at Bethel University (St. Paul, MN). These men with others

editors, Jim Beilby and Paul Eddy, discussed various topics in the book including, "the

moral problem in the language of spiritual warfare, the nature of spirit beings and the

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[69] Jim K. Beilby and Paul R Eddy, "Spiritual Warfare: 4 Views," (Grand Rapids: Baker
Academic, 2012): 129-130.

demonic, and Christian perspectives on spiritual warfare theology and practice."[70] This

book presented four different views of spiritual warfare using a model of critical thinking

and respectful dialogue. This enabled the researcher to understand the nuances of

spiritual warfare in a balanced theological framework and to apply that information to the

problem proposed.

Neil T. Anderson and Martin M. Warner also study the area of spiritual warfare.

In their book, *The Essential Guide to Spiritual Warfare: Learn to Use Spiritual Weapons;*

Keep Your Mind and Heart Strong in Christ; Recognize Satan's Lies and Defend Your

Loved Ones. They also discussed the battle of the two kingdoms, The Kingdom of God

and Kingdom of Darkness. Anderson and Warner state in their introduction how "he will

focus on the work of Satan, but also the victory we have in Christ."[71] Anderson would

then examine spiritual warfare from a pastoral perspective.

Quin Sherrer and Ruthanne Garlock in their book, *The Spiritual Warriors Prayer*

Guide, referred to the Word of God/Scripture as a weapon to be used for spiritual

warfare. They gave practical instruction on how to use Scripture and prayer against the

forces of darkness while discussing various topics on how to prepare for battle, winning

personal battles, defending your home and interceding for others. In regards to winning

personal battles on depression, they recognize that, "some cases of depression may be

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[70] Greg Boyd, "The Ground Level – Deliverance Model," in *Spiritual Warfare: 4 Views,* ed. Jim K Beilby and Paul R. Eddy (Grand Rapids: Baker Academic, 2012), 2.

[71] Neil T. Anderson, and Timothy M. Warner, *The Essential Guide to Spiritual Warfare: Learn to Use Spiritual Weapons; Keep Your Mind and Heart Strong in Christ; Recognize Satan's Lies and Defend Your Loved Ones*, (Minneapolis: Bethany House, 2000), 10.

caused by an imbalance in the body's chemistry, side effects of medication, or insufficient nutrition. Usually, a combination of physical, emotional and spiritual factors come into play."[72] These authors also believed, "doubt, discouragement, and depression are also primary weapons used by Satan in the battle against our minds."[73] This book was helpful for the researcher to understand the spiritual warfare practitioners' point of view.

Shane Raynor in his article, *Mental Illness and Spiritual Evil*, claimed, "There is a high prevalence in the United States isn't only because we've gotten better at detecting mental illness. More of us are mentally ill than in previous generations, and our mental illness is manifesting at earlier points in our lives."[74] Raynor believed that mental illness is real, but also contented there are demonic also at play too, he stated, "Although mental and spiritual problems are two different things, we'd be both naïve and foolish not to consider the connections between the two. I am convinced that, in more cases than we'd like to admit, they feed off of each other."[75] He asserted that secular psychiatry is not equipped to deal with spiritual evil but also believed deliverance ministries have no accountability and become worse off after receiving such deliverance.

In the journal article "*Spiritual Warfare 101: Preparing the Student for Christian Battle.*" Amy Stambach, defined what spiritual warfare was in the American and Kenyan cultures. Looking through the eyes of an American missionary and a Kenyan evangelist.

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[72] Quin Sherrer and RuthAnne Garlock, *The Spiritual Warriors's Prayer Guide* (Bloomington, MN: Chosen Books,1992), 79.

[73] Sherrer and Garlock, *The Spiritual Warriors's Prayer Guide*, 80.

[74] Raynor, "Mental Illness and Spiritual Evil," 2.

[75] Raynor, "Mental Illness and Spiritual Evil," 2.

Stambach explored the differences between these cultures and concluded, "Kenyans and Americans conceive warfare as a struggle between secular and Christian worldviews and considers education to be one of the strongest weapons needed to win the battle."[76] American missionary and African cultures clash in the context of how to reach the African people for Christ and how they have different views on evangelism. This article did not give a perspective on spiritual warfare and mental health, there was a benefit from understating other cultural perspectives in regards to spiritual warfare.

Theologian Nam Shin Park's article on "*Hermeneutics and Spiritual Warfare*," compared the Western theologies in regard to spiritual warfare to those in Nairobi, Kenya. He focused on four areas; his own experience, biblical teaching on spiritual warfare, and how spiritual warfare has been practiced in the church and how Kenyan theology has been influenced by Korea through the Western perspective. This article was helpful in understating the historical context of spiritual warfare and how it's perceived in our Western culture.

Though the book, "*Bearing the Unbearable: Trauma, Gospel and Pastoral Care*," by Deborah van Deusen Hunsinger did not refer directly to spiritual warfare in relationship to mental health, it did guide the pastoral caregiver's understanding of how the spirit realm connected to and influences trauma. Hunsinger says,

> While ministry cannot replace the work of psychiatry or psychotherapy, it can nevertheless function as an indispensable part of the healing process. When human trust has alluded them, the traumatized desperately need an anchor, a point of reference, something or someone reliable in which to place their trust. Scripture

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[76] Amy Stambach, "Spiritual Warfare 101: Preparing for Chrisian Battle," *Journal of Religion in Africa* 39, no. 2, (2009): 137.

attest again and again to the power of Spirit. God comes to those who cry out for help.[77]

The author advocated for those who serve in pastoral care roles can assist in the healing of the traumatized by offering them a time of lament, complaint, grief and hope in a safe space.

In the book, *Darkness is my Only Companion: A Christian Response to Mental Illness,* Kathryn Greene-McCreight does not just focus on her own mental illness, but also the theological reflections on mental illness, such as sin, grace and redemption. The book is intended to help pastors who are working with their congregation on this topic. Her desire was to help Christians learn to, "interpret, accept, and handle suffering, especially that with a stigma of mental illness. My concern is to offer theological resources for interpreting and surviving mental illness." [78] Therefore, it helped the researcher with insight into pastoral care ministries.

J. LeBron McBride is a Christian Psychologist, who wrote, *Spiritual Crisis: Surviving Trauma to the Soul.* In his book, he not only shared the account of his own spiritual crisis; but also used psychology, sociology and pastoral care to help the reader develop new ways of caring for one's soul and those of others.

Harold Koeing discusses the relationship between mental health and religion. In his book, *Faith and Mental Health: Religious Resources for Healing*, Koeing is a

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[77] Debrorah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel and Pastoral Care*, (Grand Rapids: William B. Eerdmann, 2015), 16.

[78] Kathryn Greene-McCreight, "Darkness Is My Only Companion: A Christian Response to Mental Illness (Grand Rapids: Brazos Press, 2015), xix.

Medical Doctor who has done extensive research on "the relationship between religion and positive emotions, psychiatric illness and severe and persistent mental disorders. "[79] He has conducted studies on mental health and religion and how they influence each other. His book is geared to mental health professionals along with those serving in pastoral care positions. This information would assist the researcher in understanding how he conducted his research and how he connected religion to mental health.

Lessons from Spiritual Warfare Literature

Themes from the literature on spiritual warfare included:

- There is a battle of the kingdom of God and kingdom of darkness
- Acknowledgement of chemical imbalance, but also physical, emotional and spiritual factors comes into play
- Satan sows doubt and discouragement – battle against our minds
- Mental illness is real, but there is a demonic influence
- Healing process of trauma needs an anchor

Mental Health/Pastoral Care Literature

The researcher also focused on the literature on the topic of mental health and spiritual warfare. The journals range in areas from psychology, social work, religion, theology, counseling and pastoral care.

Steve Ballaban's article entitled, *The Use of Traumatic Biblical Narratives in Spiritual Recovery from Trauma: Theory and Case Study*, addressed the tension between traumatic events in an individual's life and the trauma narratives in the Biblical text. This article illuminated ways in which pastoral care professionals can provide sound and

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[79] Harold Koeing, "*Faith and Mental Health: Religious Research Resources for Healing* (West Conshohocken, PA: Templeton Foundation Press, 2005): x.

scripturally based during difficult times. Ballaban conclusion is that the stories in the

Bible can "mirror experiences of those who live in the modern world and can have the

power to give a sense of meaning and comfort to them. One way is through normalizing

the experience."[80] This offers a fresh perspective on the use of passages to guide those

recovering from trauma.

Vincent R. Starnino, Sachiko Gomi and Edward Canda conducted a qualitative

study on, "Spiritual Strengths Assessment in Mental Health." They concluded that

"spirituality can be a recovery related resource for people with severe mental illnesses,

some service providers and uses experience challenges related to spiritual assessment."[81]

One of those challenges was related to the topic itself by defining what is spiritual

warfare. This was important to understand because the researcher's goal is to provide

pastoral care professionals with the tools and language how to help those with mental

health issues.

In the *Journal of Professional Psychology: Research and Practice*, "Seeking

Help for Religious and Spiritual Struggles: Exploring: The Role of Mental Health

Literacy," authors Joseph M. Currier, Ryan C. McDermott, Darrien E. Hawkins, Chelsea

L. Greer and Rosalie Carpenter, "explored the mental health literacy of religious or

spiritual struggles and help seeking persons."[82] Reading this article also showed the

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[80] Steven Ballaban, "The Use of Tramatic Biblical Narratives in Spiritual Recovery from Trauma: Theory and Case Study, *Journal of Pastoral Care and Counseling* 68 no. 4 (2014): 10.

[81] Vincent R. Starnino, Sachiko Gomi, Edward R. Canda, "Sprtual Strenghts Assesment in Mental Health Practice," *British Journal of Social Work* 44 (2014): 863.

[82] Rosalie Carpenter, Joseph M. Currier, Chelsea L. Greer, Darrien L. Hawkins, and Ryon C. McDermott. "Seeking Help for Religious and Sprtual Struggles: Exploring the Role of Mental Health Literacy, *Professional Psychology:Research and Practice* 49, no.1 (2018): 91.

missing gaps in serving this particular population of college students who have questions about their spiritual and religious struggles and how pastoral care assists them in their healing.

Lifeway Research produced a series of articles that helped the researcher understand, how Evangelical Christian in American view the relationship between mental illness and religious practices, as well as, how the church needs to be challenged to acknowledge, understand and address this intensifying issue. The results from 2013-2014 research were presented in an article entitled, "Mental Health: Half of Evangelicals Believe Prayer Can Heal Mental Illness." Here Bob Smietana shared these statistics, "35 percent believed that prayer and bible alone can help with serious mental illness, like depression, bipolar and schizophrenia."[83] The statistics were split by faith and age. 50 percent of young adults between 18-29 believed Bible study and prayer "could" help as opposed to 30 percent of those over 55 years of age. Likewise, the vast majority (48%) of Evangelicals or born-again Christians at that time believed prayer alone can overcome mental illness. Whereas only 27 percent of Americans believed agreed.

In the article "Mental Illness Remains Taboo Topic for Many Pastors," Smietana, discussed the issues pastors have had with mental illness. He exposed that 25% of them reported their own struggles while only 12 percent conveyed they had a clear diagnosis. He quoted clinical psychologist, Chuck Hannaford, argues that Pastor can share their struggles without sharing details, "It is shame we can't be more open about it, but what I am talking about is just an openness from the pulpit that people struggle with these issues

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[83] Smietana, "Mental Health: Half of Evangelicals Believe Prayer can heal Mental Illness," 1.

and it's not an easy answer."[84] He also quoted, Jared Pingleton, director of counseling services at Focus on the Family who asserted, "those with mental illness can feel left out, as if the church doesn't care, or worse, they can feel mental illness is a sign of spiritual failure."[85] Smietana also provided a commentary on several biblical characters who were known for their faith, but today would have been viewed as individuals with mental illness and struggled with suicide and depression.

Since then Lifeway Research has produced updated data and articles to address what is currently trending in the area of spiritual warfare and mental health, such as "Gen Z Mental Health Crisis: How Pastors Can Make a Difference," "Stress Tops Mental Health Challenges Pastors Face" and "Pastors Have Congregational and for some Personal Experience with Mental Illness." All of these articles point to the need for churches to be open in talking about mental health from the pulpit more than once a year. 30 percent of pastors talked about mental health a few times a year, but only 9 percent said once a month and 4 percent more than that.

Pastors, however there has been a 10 percent increase in who are more than likely to bring it up several times a year as compared to those polled in 2013-2014. These articles also disclose that stress, discouragement, distractions and loneliness add to the growing crisis Pastors face with their mental health due to the pandemic, pastors are

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[84] Smietana, "Mental Health Remains Taboo Topic for Many Pastors, 5.

[85] Smietana, "Mental Health Remains Taboo Topic for Many Pastors, 4.

facing added pressure to "focus time and resources on building mental health friendly culture that goes beyond crisis response."[86]

In the article examining the mental health needs of Gen Z, Smietana suggested there students not just be noticed, but be a part of an experience of belonging. In order to cultivate this culture churches should do three things: 1) Look for Outliers, 2) Consider assigning an adult mentor to students and 3) Give mental health first-aid training to students. The article concludes by saying, "Taking action dedicated to building connection at your youth group or college ministry is a sure way to create an environment that is mental health friendly at it's very core."[87]

Jerry Mungadze in his article, *Spiritual Conflict in Light of Psychology and Medicine*, believes in the idea that humans are made up of body, soul, and spirit. He concludes, "the church has sought to use worldly means to reach man where he is in his complexity, this without the power of God is futile. Other times the church fails to ignore the complexity of man and over spiritualizes therefore not producing lasting results." [88] These results are in regard to not just dealing with mental health from a spiritual point of view, but addressing the psychological issues. This was valuable in providing a holistic view of how spirituality and mental health issues are connected.

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[86] Jamieson Taylor and Kevin Singer, "Gen Z Mental Health Crisis: How Pastors Can Make a Difference," accessed September 10, 2022, https://research.lifeway.com/2022/06/20/gen-z-mental-health-crisis-how.

[87] Taylor and Singer, "Gen Z Mental Health Crisis: How Pastors Can Make a Difference," 6.

[88] Jerry Mungadza, "Spiritual Conflict in Light of Psychology and Medicine," 2.

Historically, the relationship between the church and the mental health field has been strained. Some of the antagonism stems from Sigmund Freud's devout atheism, as "well as approaches such as strict behaviorism and exclusively cognitive or biological views of human behavior and existence."[89] According to Pete Singer in his article, "*Coordinating Pastoral Care of Survivors with Mental Health Providers,*" "the need to collaborate has been growing as they have grown in awareness of each other." Pastors, more than at any time in the past are likely to refer a person to a mental health professional. Singer believe pastors are beginning to discover, "the more intense the distress, and the more pervasive the disassociation, the more essential it is to make a referral to a mental health provider."[90] This article points to the need for further collaboration between pastoral care and mental health professionals to better serve those suffering from mental health and gives strategies for the next step in serving those in need.

In the article, "*A Working Model for the Integration of Spirituality in Counseling,*" Miles Matise, Jeffery Ratcliff, and Flava Mosci may not speak directly to the relationship between mental health and spiritual warfare. However, it did address the need for spirituality to be discussed during the counseling process. They assert, "for counseling to be effective it must address the body, mind, and spirit. As the study of mental health and the individual has evolved, the field of counseling has adapted to and

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[89] Pete Singer, "Coordinating Pastoral Care of Survivors with Mental Health Providers," *Currents in Theology and Mission* 45, no. 3 (July 2018): 31.

[90] Singer, "Coordinating Pastoral Care of Survivors with Mental Health Providers," 33.

integrated spirituality in the counseling practice."[91] In their assessments, they used a

spiritual awareness decision tree for counselors to measure their own personal biases in

regard to spiritual matters. They also utilized a spiritual assessment guide where

counselors were able to "accurately meet the client at the state of their spiritual

development and to provide a cognitive psycho-spiritual framework to assist the client

through their experience."[92] This helped the researcher determine the need for

collaboration between those who serve those suffering from mental health concerns.

Jason Whitehead, the Director of Consultation and Formation at Iliff School of

Theology, wrote and intriguing article entitled, "*Ghost and Guest: A Pastoral Theology

of Belonging for Ministry with Persons' with Mental Illness*." He developed a pastoral

theology to help those with mental illness have a sense of belonging. This article helped

the researcher understand the most damaging stigmas that cause further trauma those

suffering from mental health issues. According to Whitehead they are identified as,

isolation, marginalization, and stigmatization. He affirms humans are social beings who

sense, "we need one another; we need kinship, confidants and connection for our mental

and physical health."[93]

Ira Halper, Laurel Burton, Elliott Kleinman and Charles Rubey discussed how

psychology, psychiatry and religion are interconnected, in their article, "Depression of

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[91] Miles Matise, Jeffrey Ratcliff and Flavia Mosci, "A Working Model for the Integration of Spirituality in Counseling," *Journal of Spirituality in Mental Health* Vol. 20, no.1 (2018): 28.

[92] Matise, Ratcliff, and Mosci, "A Working Model for the Integration of Spirituality in Counseling," 45.

[93] Jason C. Whitehead, "Ghost and Guests: A Pastoral Theology of Belonging for Ministry with Persons with Mental Illness," *Journal of Pastoral Care and Counseling*, 40, no 4 (2016): 258.

the Soul." They looked at depressed congregants and the responses from various clergy.

The clergy had "experience with severely depressed people has led many of us to wonder

what happens to faith, previously and important element in life when depression hits and

hits hard. Clinical experiences suggest that faith (an important element in the overall

meaning-system of spiritually – oriented people) decreases as depression increases."[94]

The model suggested by the authors included, hospitality, suspicion, deconstruction,

imagination, reconstruction and generativity. Their model helped the depressed client

move through a process of healing and to where new meaning can be found. Rabbi Elliott

saw a key element in understanding how healing works. He believes, "To effect the soul

of an individual, we must encounter the souls that touch it. Spiritual health is built in the

context of community and family, not with an individual alone."[95] Though not all the

scholar's views on the healing of depression presented are the same, the researcher can

appreciate the different perspectives which will assist in helping determine effective

pastoral care ministry.

"*Spirituality: The Road to Mental Health and Illness*, author W. Patrick Sullivan,

discusses the various views of addressing spirituality/religion in a therapeutic setting. In

spite of its importance, Sullivan states, "spirituality and religious beliefs and practices in

the lives of consumers, the mental health field seems to be split on what to make of this –

if anything many questions remain." [96] These views vary and the history of this dispute

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[94] Ira Halper, Laurel A. Burton, Elliott A. Kleinman and Charles T. Rubey, "Depression of the Soul," *Journal of Religion and Health*, Vol 35, no. 4 (Winter 1996): 313.

[95] Halper, Burton, Kleinman and Rubey, "Depression of the Soul," 315.

[96] W. Patrick Sullivan, "Spirituality: A Road to Mental Health or Mental Illness, "*Journal of Religion and Spirituality in Social Work: Social Thought,* 28: 1-2 (2009): 85

was noted in this same article by stating, "Late nineteenth century psychiatry distanced itself from religion and spirituality for good reasons. Psychiatry needed to assert itself as a physical science that was not way related to crudely unscientific and irrational faith healing emblematic or pre-modern procedures for treating mental illness."[97] There are positive associations with mental health and spirituality and religion. The article states,

> Research points to areas that would benefit all people regardless if they are suffering from mental illness or not. Formal religious practice tends to promote lifestyles that promotes a lifestyle that prohibits or discourages behavior that can negatively impact health, such as smoking, drinking, other substance abuse, and risky sexual behavior. Reduction of these behaviors along would tend to improve overall health.[98]

The article continues showing the pros and cons of how religion and spirituality play a role in mental health. Its importance comes with having meaning in life and optimism, but also can provoke challenges because of disappointment in the institutions which were to help individuals. This can also cause more anxiety and shame because of the abuse of power that may have been used. There is a need for spiritual competency and Sullivan strongly asserts, "the lack of perceived professional competency in diverse spiritual/religious matters, the highly emotional nature of the content, and unclear practice guidelines, all point to a reluctance of most mental health practitioners[99] to travel too far down this road." Despite this, the research, according to Sullivan, shows that

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[97] Sullivan, "Spirituality: A Road to Mental Health or Mental Illness," 86.

[98] Sullivan, "Spirituality: A Road to Mental Health or Mental Illness," 87.

[99] Sullivan, "Spirituality: A Road to Mental Health or Mental Illness," 94.

consumer testimony, "underscores a beneficial role of spirituality/religion in the recovery process, avenues for addressing this area must be considered."[100]

This article was helpful for the researcher to see the various viewpoints mental health therapists/social workers are challenged with in discussing religious/spirituality with their clients. A basic assessment would help in understanding a client's spiritual life.

Fernando Garzon wrote the article, *Interventions that Apply Scripture and Psychotherapy,* which looked at case study of a male with, "depressed mood, low self-esteem, suicidal thoughts and trouble sleeping."[101] He was using his Christian faith as a support and was open to disusing his faith as a part of treatment. His underlying belief about himself was that he was worthless stemming from childhood and traumatic events that occurred with his family. The article focused on a psychosocial technique called Rational Emotive Behavior Therapy, which uses "reason and logic a primary tactics to change core irrational beliefs, while cognitive behavior emphasis idiosyncratic or individualized dysfunction perception styles and more experimental, empirical modality to alter those misconceptions."[102] Another method used in working with the client included scripture. Using scripture was intended to "bring these core issues and connected emotions into the living presence of God for processing, as well as for processing with the therapist. One biblical intervention seeking to facilitate resolution of

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[100] Sullivan, "Spirituality: A Road to Mental Health or Mental Illness," 94.

[101] Fernando Garzon, "Interventions that Apply Scripture in Psychotherapy," *Journal of Psychology and Theology* vol.33, no. 2 (2005): 113-121.

[102] Garzon, 116.

core effective issues in inner healing prayer."[103] In Inner healing prayer consist of looking

back, "seek under the Holy Sprit's leading to uncover, familial and ancestral experiences

that are through to contribute to the troubled present." [104]

This article speaks to the integration of Scripture, inner healing can take place in a

therapeutic setting. It has to be done with skill without ethical considerations.

In the *Journal of Spirituality in Mental Health*, four authors wrote the article,

"Christians With Chronic Complex Trauma and Relationally Focused Spiritual

Difficulties: A Conversational Model Perspective." This article focused on some of the

positive aspects of spirituality and religion. One positive aspect is it can, "bolster the

effects of psychotherapy, incorporating themes of gratitude, forgiveness, empathy which

are essential in the therapeutic process."[105] The authors also state,

> Where trauma leads to disconnection or isolation from others and or God, Christians are without the relational dynamic so central to their faith. Finding ways to assist Christians thus affected to, a) resolve their trauma, b) develop an integrated and healthy sense of self and c) establish and maintain meaningful relationships with other including God and their Christian community is crucial for both their psychological and spiritual health.[106]

The model proposed in this article was Conversational Model and the subject was a woman

struggling in her relationships as a result of childhood traumas of abuse and neglect, this

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[103] Garzon, 117.

[104] Garzon. 117.

[105] Marie-Therese Proctor, Michelle Cleary, Rachel Kornhaber and Loyola McClean, "Christians with Chronic Complex Trauma and Relationally Focused Spiritual Difficulties: A Conversational Model Perspective, Journal of Spirituality and Mental Health 21, no. 2, (2019): 77-110.

[106] Procter, Cleary, Kornhaber and McClean, 79.

spilled into her relationships at church and therefore was not a safe apace for her. They said, "her struggles were a result of, personal sinfulness or lack of faith…they would ague that Satan is having go at me, but I don't think that. Spiritualization of her trauma which minimalized her emotional pain, is not consistent with contemporary trauma etiology and treatment and risked re-traumatizing her."[107] This caused more insecurity in her relationship with God and others. It is important that those in pastoral care see the, "merit of integrated care, including the value of trauma education for Church leaders and pastoral workers."[108]

This article was affirming due to the importance of integration of education and pastoral care workers to work with others for the benefit of Christians experiencing relational difficulties.

Lessons from Mental Health Literature/Pastoral Care Literature

The themes the researcher found in the literature for mental health practitioners and pastoral care pastors:

- There are benefits to spiritual assessments in the therapeutic setting
- Mental health should be discussed from a pastoral care perspective
- Collaboration should take place between mental health and pastoral care
- Inner healing prayer can have a place in therapeutic setting

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[107] Proctor, Cleary, Kornhaber, McClean, 101.

[108] Proctor, Cleary, Kornhaber, McClean, 104.

Summary

Though this thesis has limited literature on the topic, the researcher has sufficient resources to direct further research and to provide a baseline to establish an understanding of the various views on the relationship between mental health and spiritual warfare.

The literature does acknowledge spiritual warfare is a battle or conflict manifesting in our world. This battle is also found in our minds, and author Shane Raynor believed mental health and spiritual issues can "feed off of each other." The literature supported each other on the benefit of providing spiritual assessments or addressing the person's spirituality.

The research in the literature also included the need for churches to cultivate a culture where mental health is normalized as a part of the conversation, along with a holistic view of helping those suffering from mental health. Collaboration between pastoral care and mental health providers was recommended to serve those who are in need.

CHAPTER FOUR: RESEARCH METHODS

To understand the relationship between mental health and spiritual warfare the researcher conducted qualitative research using a case study, grounded theory, and structured interviews with mental health providers, pastoral care pastors and spiritual warfare practitioners. The data from these interviews were analyzed through comparing, contrasting and coding the interviews. Based on the results, the researcher suggested effective pastoral care ministry methods for understanding the relationship between mental health and spiritual warfare.

Research Method and Approach

Qualitative Research

Qualitative research was the appropriate methodology for understanding the relationship between mental health and spiritual warfare for effective pastoral care ministry. Unlike quantitative research, which looks at numerical data and statistical analysis, qualitative research defined by Juliet Corbin and Anselm Strauss is, "a form of research in which a researcher or designated co-researcher collects and interprets data making the researcher as much a part of the research process as the participants."[109] Andre Queiros, Daniel Faria, and Fernando Almeida articulate that qualitative research is

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[109] Juliet Corbin and Anselm Strauss, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches,* (Los Angeles, SAGE, 2015): 4.

not based on numerical representation, but "qualitative research is concerned with aspects of reality that cannot be quantified, focusing on the understanding and explanation of the dynamics of social relations. It works with the universe of meanings, motives, aspirations, beliefs, value and attitude, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of variables."[110] Corbin and Strauss also stress that qualitative research is "fluid in nature and looks at the experiences of participants and the meanings that are formed and transformed."[111] Therefore, qualitative research is used to understand how people experience the world and is dependent on gathering quality content to interpret the data.

Through the course of this study, the researcher experienced the validity of Corbin and Strauss, who assert "some of the characteristics of individuals who conduct qualitative research, have a sense of curiosity, are willing to take risks, live in ambiguity, work through problems in the field and see value in the work produced."[112] With that said the researcher discovered Qualitative research was the best method for the researcher to interview participants and link data for analysis and interpretation. Qualitative research gave the researcher the opportunity to hear the voices of those who have worked with clients, parishioners and those seeking healing. The content shared by interviewees would be rich and informative.

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[110] Andre Queiros, Daniel Faria, and Fernando Almeida, "Strengths and Limitations of Qualitative and Quantitative Research Methods," *European Journal of Education Studies*, vol 3, no. 9 (2017): 370.

[111] Corbin and Strauss, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches*, 5.

[112] Corbin and Strauss, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches*, 5.

Case Study

Frederick Mfinanga, Rofina Mrosso and Stephen Bishibura qualify, "study about a person, group or people or a unit, which is aimed to generalize over several units."[113] Another definition of a case study method, "is an empirical inquiry that investigates the contemporary phenomena with the real-life context, especially when the boundaries between phenomena and context are not clearly evident."[114] The subject matter of understanding the relationship between mental health and spiritual warfare was given real life context as participants would share from their experiences.

The question posed for this thesis project was how to design a case study for this unique type of analysis. It was determined it would be "useful to investigate a complex contemporary phenomenon using multiple data sources."[115] The researcher specifically chose this method to examine the 'why' and 'how' in understanding the relationship between mental health and spiritual warfare for effective pastor care ministry.

Historically the effectiveness of this method has been based on the data collection and analysis, by asking good questions, actively listening and interpreting answers. This places the burden on the researcher, "having a sound grasp of the questions and

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[113] Frederick Alleni Mfinanga, Rofina Martin Mrosso and Stephen Bishibura, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches,* vol 2, no. 5 (2019): 51.

[114] Mfinanga, Mrosso, Bishibura, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches*, 51.

[115] Mfinanga, Mrosso, Bishibura, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches*, 52.

propositions of the case study, and being able to approach the study in an unbiased and flexible manner."[116]

Regarding data analysis of a case study the authors, strongly believe that "the data analysis of this rich resource in based on examining, categorizing and tabulating evidence to assess whether the evidence supports or otherwise the initial propositions of the study."[117] The researcher listened intently to the experiences shared by the participants and tried to hear what was unexpected in order to deflect any biases.

Grounded Theory

Grounded theory is based on the idea that you build your theory from the data collected and analyzed. The analysis looks at similarities and differences and makes comparisons from the data. According to Corbin and Strauss, what makes grounded theory unique is: "1) information is derived from data collected during the research process and not prior to the beginning of the research. It is this feature that grounded theory gets its name, 2) research analysis and data collection are interrelated."[118]

There are some challenges and disadvantages of using grounded theory,

1. The researcher can choose a topic that they don't have enough information or knowledge of. This could cause information to be missed data and coding to be inaccurate.

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[116] Mfinanga, Mrosso, Bishibura, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches*, 52.

[117] Mfinanga, Mrosso, Bishibura, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches,* 52.

[118] Corbin and Strauss, *Compaing Case Study and Grounded Theory and Qualitative Research Approaches,* 7.

2. The researcher needs to stay unbiased so as not to use their own observations in a text which can affect the ground theory method.

3. The researcher realized the difficulty in analyzing qualitative data unlike quantitative which is numerical and easier to analyze.

Despite the challenges and disadvantages associated with grounded theory, the researcher chose this method to gather information and become more knowledgeable about understanding the relationship between mental health and spiritual warfare. The researcher was purposeful in abstaining from personal bias and was also a part of the process of interpreting the data.

Research Instrument and Data Collection

Several methodologies can be used in collecting data. Qualitative research uses *focus groups, case studies, observer, ethnography, field research structured interviews and in-depth interviews*. The two methods the researcher employed to understand the relationship between mental health and spiritual warfare for effective pastoral ministry were case studies and structured interviews. Vyhemiester and Robertson believe, "personal interviews with participants show a more personal side to the research by exploring ideas, feeling and opinions that bring greater depth and understanding of the statistics." [119] The researcher believed the interviews were rich in content and helped show value in the analysis from the data.

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[119] Nancy Jean Vyhmeister and Terry Dwain Robertson, *Your Guide to Writing Quality Research Papers for Students of Religion and Theology* (Grand Rapids, MI: Zondervan, 2014): 196.

Queiros, Faria and Almeida believe, "structured interviews are an assessment method designed to get and compare responses from all the interviews. The interviewee is inquired about past experiences and/or proposed hypothetical situations. The process is standard for all people interviewed."[120] They also agree there are advantages to this type of interview, from the high response rate to the interviewers presence to make sure nothing is misinterpreted. The disadvantages of this type of method are the consumption of time and the reduced flexibility in the answers to the questions posed. Despite the disadvantages the insight gained from the research was helpful in determining how to provide a more effective pastoral care ministry.

Interview

The researcher conducted interviews which consisted of a series of open-ended questions to better understand concepts, ascertain opinions and learn from the interviewee's experiences. The questions asked were guided by three areas of understanding; theological, psychological and spiritual warfare. The researcher interviewed mental health professionals, pastoral care professionals and spiritual warfare practitioners. Using this method provided the researcher a wide breadth of material to analyze. The questions posed supplied the researcher with the data needed for a full analysis to determine how to create a more effective pastoral care ministry.

The researcher asked questions that were direct for the participants in understanding how they saw the connection between mental health and spiritual warfare. The researcher was curious to hear their own personal definitions and how

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[120] Andre Queiros, Daniel Faria, Fernando Almeida, "Strengths and Limitations of Qualitative and Quantitative Research Methods," 377.

they saw biblical characters in relationship to the topic. How they integrated biblical knowledge and psychological knowledge in their ministry and counseling sessions, along with issues that would help bring the topic to the forefront of discussion in ministry and therapeutic settings.

Each interviewee was asked demographic questions followed by experience in their area of work and ministry.

Demographic:
- What church or organization are you employed by?
- What is your current title and what do you do?
- How long have you been in your current role?
- What is the educational training for the role you have now?
- What population do you mainly serve?

Experience:
1. How would you define mental health?
2. How would you define spiritual warfare?
3. How would you characterize three biblical characters mental health?

Example: Elijah, King Saul and Man of Gerasene
4. What types of theoretical framework do you use to help those you serve?

Example: theological or psychological
5. In the work that you do, how have you seen mental health and spiritual warfare intersect with each other?
6. What do you believe is missing in the area of understanding mental health and spiritual warfare?
7. What could help the local church better understand mental health and/or spiritual warfare?
8. How can understanding spiritual warfare help those serving in the mental health field?

The researcher gained consent to ask these questions through a formal letter sent to each participant. (see Appendix A and Addendum)

Data Collection and Analysis

Interviews were conducted in person or via google meets and lasted 45-60 minutes. The data was collected through asking structured questions and was analyzed by noting themes and coded for interpretation. According to Shahid N. Kahn, in grounded theory, the researcher takes a "snapshot of the people's perception in a natural setting and try to highlight and explore perceptions of an employee's perception regarding some phenomena."[121] He also asserts that grounded theory is an "appropriate way to study human behavior on a sensitive topic even in a different cultural context."[122] The research used these tools in understanding the relationship between mental health and spiritual warfare and examined the experiences of mental health providers, pastoral care ministers and spiritual warfare practitioners.

Research Participants

Data collections and analysis were either conducted via zoom or in person. The data collected was hand written. Participants included, 1) mental health professionals who practice in various venues such as private practice, university counseling center, and traditional mental health counseling clinics, 2) Pastoral care pastors were from various protestant denominations who exercised various functions in their roles, and 3) Spiritual

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[121] Shahid Khan, "Qualitative Research Method:Grounded Theory," *International Journal of Business and Management*, (October 2014):225.

[122] Kahn, "Qualitative Research Method:Grounded Theory," 225.

warfare practitioners were from a few different organizations who use different prayer tools for deliverance ministry.

The researcher was acquainted with most of the participants and was referred to the remainder. As mentioned, Vyhemiester and Robertson, "The personal interviews with participants show a more personal side to the research by exploring ideas, feeling and opinions that bring greater depth and understanding of the statistics."[123] The content shared by the participants was heartfelt and passionate and each believed in the importance of the work they were doing.

Summary

There were nine mental health therapists ranging in age from 20-69 with 2-30+ years of experience in the field, various racial ethnicities and denominational backgrounds. They represented both male and female genders. Most possessed a Master's degree while a few earned their doctorate.

The four participants who serve as pastoral care ministers averaged 50+ years of age and represented the same ethnicity. All of these men and women have their masters and all have several years of experience in ministry. They differed in their ability to articulate understanding the relationship between mental health and spiritual warfare.

Five of the mental health therapists served in Christian organizations and could freely speak in their context regarding faith. The other four were in places where there was an option to talk about faith concerns. One therapist's clients were mostly non-Christians and therefore there was hardly ever a conversation regarding faith.

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[123] Vyhmeister and Robertson, *Your Guide to Writing Quality Research Papers for Students of Religion and Theology*, 196.

There were seven spiritual warfare practitioners from various denominations and six women and one male. They ranged in age from 30-65 and were varied in their experience and education. Their training in inner healing ministry varied greatly from the Holy Spirit to formalized training curriculum.

When the interviews were complete, then began the process of coding the information looking for themes. Each participant was asked the same questions along with follow-up questions when needed. The data and its interpretation were used to suggest a new way to support those in pastoral care ministries, along with some benefits for the academy. The information shared was theological and psychologically grounded. It gave a holistic view of mental health and spiritual warfare from the literature obtained and interviews conducted.

CHAPTER FIVE: DATA COLLECTION

The researcher interviewed twenty participants to address the research question, "Understanding the Relationship Between Mental Health and Spiritual Warfare for Effective Pastoral Care Ministry." The methodology used was a qualitative study and grounded study. Qualitative research is used to understand how people experience the world and is dependent on gathering quality content to interpret the data. Grounded theory builds theory from the data collected and analyzed. The analysis looks at similarities and differences and makes comparisons from the data. These two types of methods were helpful in identifying themes from the structured interviews with the participants.

Participant Demographics

The participants included four pastors, nine mental health practitioners and seven spiritual warfare practitioners. There were thirteen questions in all, but the first five were based on demographics. The last eight questions were based on participants' knowledge of definitions and experiences with those they served. Each interview lasted on average 45 minutes, and all but three interviews were conducted online. All except one participant was from the Twin Cities area.

Pastoral Care Pastors

The researcher chose to interview pastors to better understand their knowledge of the relationship between mental health and spiritual warfare. Of the twenty research

participants, four were pastors (Table 1.1). While three of the pastors served in an

associate role and one participant served as a lead pastor, all participants had experience

providing pastoral care to individuals. The lead pastor spent most of his career in pastoral

care and only became a lead pastor in the past four years. All participants had completed

a Master's degree. Three had served in ministry for over 25 years and one had only

served 8 years. While two served in a Converge setting, others served in a Lutheran or

Congregational setting. There was an equal representation of female (n=2) and male

(n=2) pastors and all of them were in their late adulthood (60 -70).

Table 1.1 Demographics of Pastoral Care Pastors

Participant	Role	Education	Years in Ministry	Age	Denomination
Pastor A	Associate Pastor	Masters Institute	8 years	Female 60s	Lutheran
Pastor B	Community Care Pastor	Masters of Divinity	26 years	Male 60s	Converge
Pastor C	Lead Pastor	Masters of Divinity	30+ years	Male 60s	Congregational
Pastor D	Pastor of Congregational Care	Masters of Divinity	36 + years	Female 70s	Converge

Mental Health Practitioners

The researcher chose to interview mental health practitioners (Table 1.2) to better

understand their knowledge of the relationship between mental health and spiritual warfare.

Of the twenty participants nine practice in the mental health field. All had their Master's

degrees, and four practitioners either had a Doctorate of Psychology, Doctorate of

Philosophy, or Doctorate of Education. Seven had fourteen years or more of experience in

counseling, and two had just graduated with their masters in the last two years and are

practicing therapists. There was a disproportionate amount number of females. There were

females (n=7) to males (n=2). Seven practitioners were in middle to late adulthood (40-

60), while two were in their mid to late 20s. Three served in a university setting, two had

their own private practice and four served in local counseling centers

Table 1.2 Demographics of Mental Health Practitioners

Participant	Role	Education	Years in Field	Age	Work Setting
MHP E	Mental Health Counselor 11	Masters in Community Counseling	14 years	Female 40s	University
MHP F	Mental Health Practitioner	PsyD	30+ years	Female 60s	Counseling Center
MHP G	Clinical Psychologist	PsyD	20 years	Female 40s	Private Practice
MHP H	Mental Health Counselor	MA. Marriage and Family Therapy	9 years	Male 40s	University
MHP I	Marriage and Family Therapist	MA Marriage and Family Therapist	2 years	Female 20s	Counseling Center
MHP J	Psychologist	Masters in Theology and PhD in Psychology	30 years	Male 60s	Counseling Center
MHP K	Mental Health Therapist	MA Marriage and Family Therapy	2 years	Female 20s	Counseling Center
MHP L	Director of Counseling Services/Psychologist	PhD in Child Development	20+ years	Female 50s	University
MHP M	Assistant Professor MFT- Therapist	Doctorate in Leadership in Higher Education	20+ years	Female 50s	University and Private Practice

Spiritual Warfare Practitioners

The researcher chose to interview spiritual warfare practitioners (Table 1.3) to

better understand their knowledge of the relationship between mental health and spiritual

warfare. Of the twenty participants seven were involved in inner healing prayer ministers.

The participants varied in their ministerial work; three were involved in organizations

that facilitate prayer ministries; Two had their own private inner healing prayer ministry;

and two ministered through a church. These ministries were mostly supplemental to the

participants careers either during or after retirement. One was a founder of a thriving

prayer ministry in the Twin Cities for more than twenty years. Six of the seven had ten or

more years in ministry. The teaching has varied from specific inner healing techniques to

reliance on the Holy Spirit. There was a disproportional number of females (n=6) to men

(n=1). Five females were in late adulthood (50s-60s) and one male and one female were

in early to mid (30s-40s) adulthood.

Table 1.3 Demographics of Spiritual Warfare Practitioners

Participant	Role	Education*	Years in Field	Age	Work Setting
SWP N	Facilitator for Ministry	NOVO Training	8 years	Female 30s	NOVO
SWP O	Inner Healing Minister	SOZO and Theophostic Training	25 years	Female 60s	Private Ministry/ Retired
SWP P	Spiritual Advisor Service Director	Holy Spirit Training	17 years	Female 50s	Business Consulting
SWP Q	Founder of Prayer Ministry	English, Author of six books	21 years	Female 60s	Founder of Prayer Ministry/Retired
SWP R	Ministry	Holy Spirit (former nurse)	13 years	Female 60s	Church Ministry/Misc.
SWP S	Ministry	SOZO Training	10 years	Female 60s	Church Ministry/Misc.
SWP T	Ministry Director	Leanne Payne Ministry/Dessert Stream	25 years	Male 40s	Private Ministry

*Training resources are located in Appendix B.

Interview Data and Findings

The researcher interviewed twenty participants. Each participant approved of

being interviewed after a letter was sent via email and each gave verbal consent. The

researcher posed eight questions beyond the demographics outlined in the tables above.

Below are the questions asked of each participant. The researcher organized the responses by their specific area of ministry. Each participant is identified by a letter indicated in the tables above.

Pastoral Care Pastors

The first two questions were designed to assess participants' basic understanding of mental health and spiritual warfare. When asked, *how would you define mental health*? two participants B and D shared a wholistic definition that included multiple facets. Participant A shared a definition that was informed by scripture and a relationship with Christ. Participant C shared a definition that referenced any chemical imbalance. The pastors defined mental health in spiritual, wholistic and chemistry terms which were similar to the other research participants. However, the pastors did not define mental health in terms of wellbeing which was seen among the other research participants.

Table 5.1 Pastor's Response to Question 1

Participant	Response	Theme
A	"Mental health through the Word of God and being anchored in Christ."	Spiritual
B	"One's overall wellbeing, mentally intellectually, spiritually. Integration of how we are in relationship with ourselves. Also, in our faith and spiritual life."	Wholistic
C	"The range between chemical imbalance – brain chemistry. How we operate in life to trauma situation in self-perception and world perception."	Chemistry
D	"From the Old Testament it's our mind, body and spirit. Psychological and how we have been created."	Wholistic

When asked, *how would you define spiritual warfare*? all of the participants had a basic understanding of spiritual warfare and its reality. The source was associated with evil, demonic or thief. Only one pastor used a scripture passage to describe spiritual warfare.

Table 5.2 Pastor's Response to Question 2

Participant	Response	Theme
A	"Led by the evil one and all his demons. It is a real thing. Some don't think it's real, it is subtle. Ongoing awareness, but not dwell on it."	Evil
B	"Direct attack of evil. The influence of evil to oppose the way of God."	Evil
C	"Outward entity is provoking and deterring God for us to thrive. The most profound is demonic oppression and possession."	Demonic
D	"Active and real – defeated by power of Christ. John 10:10. The thief is here to kill, steal and destroy."	Thief

Scripture includes biblical characters that face what is commonly identified as mental health or spiritual warfare experiences. The researcher was interested in learning how the pastors would assess each of these characters: Elijah, King Saul and Man of Gerasene. Consequently, the third question asked was, *How would you characterize three biblical characters' mental health?* Participants described Elijah as depressed, exhausted, and vulnerable. This experience was attributed to being exhausted, isolated and walking in the flesh. Participant C also mentioned that the experience was situational and biochemical. King Saul, was seen as someone who made his choices by participant A. Participants B, C and D referred to him as either possessed, oppressed, or depressed. They all believed he was paranoid. He was also referred to by participant B as the "center of all influences." It was also about power and jealousy. The Man from Gerasene, was viewed by participants, B, C and D as demon possessed. Only participant D made a reference to

the Man of Gerasene not having a mental health issue, but rather a recognition of the

demonic.

Table 5.3 Pastor's Response to Question 3

Participants	Elijah	King Saul	Man of Gerasene
A	"Focused on an off from himself at certain points. Depressive state."	"Lost everything. Possession took place. Deliberate choice."	"Spiritual possession."
B	"Exhausted, over extended, loss of perspective, depressed, myopic, Lost touch with physical and emotional needs. Isolated, contributed to discouragement."	"Saw himself as the center of all influences, power, jealous, paranoid, defensive."	"Possessed, overcome by outside evil – consumed by active influence of evil. Called out in his right mind."
C	"Out of world experience. Provocative and prophetic. Last ½ of story –depressive state. Mental health was situational, biochemical."	"Oppression, paranoia, pushing up against spiritual warfare held him back from thriving. Insecurity.	"Demon possessed. The way he is described raised questions with theologians. What we have is just what we know. Demon possession."
D	"Anyone with prophetic gift, misunderstood, and disappointed of spiritual gift. Submitted to God. Walked in flesh. He was scared."	"I look at his behavior and how he treated people. To hurt and to kill. Either demonic or mental health. Depression, paranoia, but I am not a mental health practitioner. God rejected Saul. His behavior and conduct. He was on the throne of his own life."	"He was a man in the culture. Close to community. Someone's child. They fed and cared for him. Tried to chain and subdue him. Issues of demonic -not mental health. Jesus went to the unclean to make them clean."

The researcher was interested in learning how participants use their skills in

serving the population. The fourth question was, *What type of theoretical framework do*

you use to help those you serve? Pastors, B and C used an integrative method of pastoral

counseling. Three A, C and D were open to referring to members of their population to

receive more psychological work if needed. I assessed that Pastor B had more training in

mental health practices through education and reading, but also used a biblical

framework. Pastors A and D used mainly a theological framework.

Table 5.4 Pastor's Response to Question 4

Participants	Response	Themes
A	"I only see people a couple of times. I will recommend a physical to see if it is a chemical deficiency Then come back to me. I asses if they will benefit from a psychological, but come along side in pastoral role.	Theological
B	"Integration of biblical – relationship with emotional health. Very influenced by Curt Thompson (psychiatrist/ author) – Neuro chemistry – life experiences, trauma and shame. - one's relationship with their neuro chemistry influence wellbeing. The important place of emotion and spirituality go hand and hand. Family systems is a helpful framework to consider ones place in the family and sense of self. Tendency to respond out of reactivity verses whole systems."	Integrated
C	"I use both. Don't do as much counseling in the last 4 years. Help deal with it spiritually. Very quick to recognize my limitations with trauma. Learn some stuff at seminars or self-taught, but quickly refer."	Integrated
D	"Theological – God's word is the best gift. Ongoing psychological help will refer to others.	Theological

The researcher directly asked each participant how they understood the relationship

between spiritual warfare and mental health. The fifth question was, *In the work that you*

do, how have you seen mental health and spiritual warfare intersect with each other?

The intersection of mental health and spiritual warfare for the pastors was somewhat

evident, but articulating that intersection was not done with clarity. Pastors A and D

shared stories of how mental health and spiritual warfare intersect, while Pastors B and C

expressed their ideas.

Table 5.5 Pastor's Response to Question 5

Participant	Response	Themes
A	"In regards to praying for each other. It depends. Depressive state, but not full blown. Can see countenance in face change. I ask questions like, 'where do you see Jesus and what do you think he is saying to you?' If they come not full blown then they answer with the Holy Spirit in them. I have also been involved where I had to cleanse a home. Full blown spiritual aspect."	Depends on situation
B	"I think the element of shame, inadequacy develops. Respond out of assumed responsibility and things out of their control or agency. Nurture shame can influence self and emotional health."	Shame and Inadequacy
C	"So much integration – large system happening. God came to us – realm beyond God. I would say intersection is the confusing place because we have to make judgements – have to decide and discern well. I know for me personally – send to a mental health counselor. I think the overlap for me to try and approach it in the same way. I think possession is not mental health. Oppression - I think mental health exacerbates it."	Confusing, make judgements
D	Intersect – powerful name of Lord Jesus Christ. Power in King. "Shadow of evil is that an intersection -how are we going to deal with it and protect the flock?"	Intersect experience through stories

The researcher wanted to learn what participants believe was missing in understanding mental health and spiritual warfare. The sixth question was, *What do you believe is missing in the area of understanding mental health and spiritual warfare?* Most pastors believe what is missing is awareness, a supportive environment, prayer, access and education in understanding mental health and spiritual warfare. The pastors talked about it in different ways, but they sense that an understanding of both in important in the process of healing.

Table 5.6 Pastors response to Question 6

Participants	Response	Themes
A	"Peoples comfort in discussing it, depending on which generation you're in. Some people would rather die than verbalize. It is seen as private information. People come to a point where situations don't define them. Dark Night of the Soul. Awareness and	Awareness and comfort in discussion

	comfortability – normal experience with life. There is fear associated with it."	
B	"Place of prayer. Resources need to be present to be there for experiences. Help individuals and sit with identifying what feelings – needing to be a safe, supportive context – in the pain they are living with. What is missing is to help, sit, identify what we are attending to – just reacting – just coping – expectations and perceptions. Attention to behavior and what are experiences. Family systems approach with trauma, presenting opportunities to grow, support mending. Influence to pray and invite God's wisdom"	Resources and identify feelings
C	"So much. Access to people to help sort things out. They can't afford it. Live with it as opposed to using tools. More training. Boxes to be checked for knowledge.	Access, training
D	"Lack of education, experience, lack of passion. Pastors preach but scared of congregational issues. Don't know what to say. People would engage and God would use them for his purposes. Practitioners are good at what they do. I would be remiss if I didn't go to them for help."	Lack of education

The purpose of this project was to understand the relationship between mental health and spiritual warfare for effective pastoral care ministry, pastors brought particular insight to the researcher asked this seventh question: *What could help the local church better understand mental health and/or spiritual warfare?* The answers from the pastors were varied, but participants recognized that they do not know everything and need to be willing to have resources available. Pastors A and C referred to outside resources. Pastor D mentioned the need to have those on staff have increased discernment of the spiritual gifts.

Table 5.7 Pastor's Response to Question 7

Participants	Responses	Themes
A	"As I look at the sermon series I am giving up a Sunday to have a licensed therapist come and speak. What are the helps available – don't think you're crazy for reaching out, it doesn't define you. Someone who comes in who they trust is giving information that is important."	Expertise of others

B	"The aspect of emotional health, it's impossible to mature and be spiritually well apart from being emotionally well. Do you want to be well? Pool of Salome. Commit to recover and be well. Integration of one's emotional and relational lives and spiritual maturity taken seriously."	Wholistic perspective of wellness
C	"There are certain things I don't know. You need a rolodex on your computer that needs to be updated every six months. Making it available to church. The church has to want it themselves."	Resources of others
D	"Mobilization of the gifts. Shared story of man who came out as satanic who had been on staff. We needed a team of advisors of different spiritual gifts. Needed to discern and call it out."	Varied spiritual gifts

The researcher wanted to not only help pastors have effective tools in understanding mental health and spiritual warfare, but also understand how mental health practitioners can benefit from this knowledge. The eighth question was, *how can understanding spiritual warfare help those serving in the mental health field?* Pastors varied in their answers, but all suggested having a basic understanding of the connection between their humanity and spirituality. Pastors C and D believed a recognition of principalities that play into mental health would help those who are mental health practitioners. Pastor B believed in growing an understanding of the person holistically, while Pastor A focused on having a personal understanding of self and being in tune with the Holy Spirit.

Table 5.8 Pastor's Responses to Question 8

Participants	Responses	Themes
A	"If they have a belief that takes place. Grow in the own personal understanding. Taking them through the process and bringing them through. Connection with the Holy Spirit and what you speak for and present yourself in."	Grow in personal understanding and connection with the Holy Spirit
B	"Broadens understanding of human person – not just boils down – sees each other in spite of interaction with the here and now – not just neuro chemistry. Human dignity. Much broader with purpose and design."	Broaden understanding of human person
C	"Going the wrong way and never getting to where you want to be. Supernatural. Don't see change and use medication. Reality is that there are principalities. If we	Own possibilities that principalities at play

	can't own that possibility to accept and acknowledge – to even be open that we know and understand."	
D	"It's a walk of faith. The fall is the embodiment of who we are. Can't help if not a believer and not aware of spiritual things going on around them. If they are they have a powerful tool when it comes to reconciliation – himself or her - mental health related. Demonic – let's deal with it. I did a sleep study and alpha waves told me I was depressed. In my 30s prayed more – physiological thing happen to my body. This helped me to listen to others. Don't answer as black and white as I did 15 years ago."	Awareness of powerful things going around.

Mental Health Practitioners

The first two questions were designed to assess participants' basic understanding of

mental health and spiritual warfare. When asked, *how would you define mental health*?

most mental health providers used similar language to the definition of mental health.

The main reference was the well-being of the individual; they should be balanced and in

the right relationship with themselves and others emotionally, spiritually, and physically.

The mental health professionals defined mental health in wholistic terms which was

similar to other groups. In addition, they defined mental health in wellbeing terms which

were not seen among most pastors. This group did not specify spiritual or chemistry

elements.

Table 5.9 Mental Health Practitioners Responses to Question 1

Participants	Response	Theme
E	"Looking at how our thoughts and feelings impact our daily life and ability to participate in life. If healthy we process feelings and think and take care of ourselves."	Wholistic
F	"State of wellbeing and have the resources to address challenges that come up in life in a way that allows one to remain fortified to address every day in a healthy way, without long periods of destabilization."	Wellbeing
G	"Multiple aspects of life – emotional – cognitive health and how those manifests itself in behavior. For people how, they have peace or lack of an inner world. Impacted by individual, society and family. Multilayered – internal and external stressors."	Wholistic

H	"Is being able to be brutally honest about reality while tolerating the different stresses of that reality. Complex emotions as human being experience. Holistic -flourishing."	Wholistic
I	"Looks systematically like an enveloping umbrella – family genetics – biblically passed from 5 and 6 generations. Like how it's effected black people through slavery. Developing a picture of origin and how society impacts. How we show up in the world and live our lives."	Wholistic
J	"As being in a right relationship with self, others and God. If you perceive there is a God, Which I do. I don't work with just Christians."	Wellbeing
K	"The health of someone in their internal state – very healthy or the opposite of mental health – feeling sick or lack of health internally."	Wellbeing
L	"Includes wellbeing – mental, emotional and relationship as it impacts cognitive function and relational behavioral choices."	Wellbeing
M	"I use the World Health Organization definition. Assume without mental health not healthy. Can't assume healthy without a state of balance between physical, spiritual, mental, social and economics. Relational wellbeing."	Wellbeing

When asked, *how would you define spiritual warfare*? the mental health practitioners recognized the unseen realm in our world and realize there are forces of darkness that we battle. Seven out of nine practitioners understood the existence of good and evil in our world. Two practitioners H and M viewed spiritual warfare through the lens of Shalom and bringing about peace in the world.

Table 5.10 Mental Health Professional Response to Question 2

Participants	Responses	Theme
E	"I recognized a spiritual element that impacts our life. Unseen realm and seen realm that impact us. Attacks of the evil one.	Unseen realm
F	"The author of spiritual warfare takes advantage of natural situations and intensities them by various influences and it becomes interwoven in our natural and physical wellbeing. The challenge is discerning what exactly what we are dealing with."	Unseen realm
G	"The unseen, unknowable but impactful conflict between God's goodness and evil. Individual forces of darkness."	Unseen realm
H	"Partnering with God and bringing about his shalom to a broken world. World not just with human being but spiritual beings. Both fight against with God's shalom."	God's Shalom

I	"As C.S. Lewis say's, we should not think the enemy is around every corner, but naïve to think nothing. There are powers that work in spiritual realm. A physical realm working for Satan, an unseen battle."	Spiritual realm
J	"Being influenced or attacked by the other team, Satan and his crew."	Spiritual realm
K	"Happening in spiritual level - between good and lack of goodness."	Spiritual realm
L	"Conflict between God and opposing Satan. Demonic forces. As humans war on either side with God or against God. God calls people into alignment with redemptions, his will and purpose."	Waring against God
M	"Lived experience. As Christians and followers of Jesus encounter Holy Spirit to bring about Shalom in the world."	God's Shalom

Scripture includes biblical characters that face what is commonly identified as mental health or spiritual warfare experiences. The researcher was interested in learning how mental health practitioners would talk about each of these characters: Elijah, King Saul and Man of Gerasene. The third question asked was, *how would you characterize three biblical characters, mental health?* Most of the mental health practitioners F, H, L, and M described Elijah's mental health as depressive disorder and anxiety. Apparent causes were exhaustion, isolation, fear, and vulnerability. This caused cognitive distortion and the opportunity for sabotage by the enemy. Participants viewed Saul's mental health as someone who was narcissistic, paranoid, anxious, fearful and wanted power. The Man of Gerasene was viewed as possessed by a demon. Therapist F did not sense there was a mental health issue that manifested, Therapist I believed that mental health can be used by demonic influences. Therapist G believed that human genetics and demonic can co-exist. Since there is no historical account, there were few assumptions made about being thrown out by the community and isolated which may have been the cause of demonic oppression.

Table 5.11 Mental Health Practitioners Biblical Characters

Participant	Elijah	King Saul	Man of Gerasene
E	"When it comes to mental health and spiritual warfare they are connected. Exhausted he had been doing ministry – so on a spiritual level enemy doesn't like it. Satan looks for ways to sabotage – weaken our state. May be depressive because of burnout. We have to care for ourselves to have best mental health. Process his thinking – not go as well. Nothing you do matters – so he may be predisposed because of fall of sin. We are all going to have things predisposed towards us."	"It is clear there was spiritual work in Saul's situation. I think again pre-disposition. Made choice path away from God. Heal the thinking of unhealthy things. Enemy got a foothold. Happy to exploit them."	"I really think both are involved in this situation, He has mental health issues. In this case it's community. He gets thrown out of community. He - Satan looks for ways to exploit."
F	"Mental Health battle was vacillating and stable. Confident to destabilization. Exerted a lot of physical energy – spiritual and natural energy – makes us vulnerable for mental health issues. Exhaustion made him susceptible. Spiritual warfare began to start. Heard a threat – emotional and physical. Overwhelmed with cognitive distortion. Not able to see reality as it is or access reality as his vision and thinking gets distorted. He becomes depressed – self talk – depression becomes internal. Cognitive distortion – he calls heaven down. He gets tired – takes off and runs. Asks God to die. God puts him to sleep. Interplay between natural and supernatural. His mental and spiritual health are restored. God had to counsel him – challenge cognitive distortion after he fed him. Reminded him of the 7000. Gave him assignment and job to focus on something else."	"DSM5, Borderline and Narcissism – self-absorbed. Low self-esteem hidden under that concerned about self. To be worshipped and how power drove him. He was a mad man rageful and paranoid. Need for power – drove him to fits of rage and self-vacillating between being OK and not being Ok. Bi-polar spectrum."	"Demon possessed – no mental health issues manifested because he was possessed by a demon. When people have exorcism, but still something there it is because habits appear and things are still in place as though there had not been deliverance. Our habits and stronghold go when you get delivered and learn new habits."
G	"Impacted by oppressive system. Wanting to communicate a truth. Seen as a problem. Internal factors affecting internal. Poor mental health is problem – natural reaction to a real toxic external circumstance."	"DSM5 Axis B – Narcissistic- insecure - wanting people to like him. Willing to do whatever it takes to get his way – harm people to profess he loves."	"Know so little – Was he in a level of distress – harming self. Organic disorder like psychosis – human genetics or spiritual warfare. I think can co-exist. Don't

			understand. Demonic oppression in theory, I believe it exist. Imagine it manifest like poor mental health. It seems impossible with the little we know. People need to understand it might be delusions.
H	"Afraid of Jezebel – against Baal. Worships – calls down fire – slaughters them. Then runs away – scared – wilderness. God tends to him – needed to remind him. It's an interesting disorder -DSM5- adjustment disorder with anxiety. External event that happened – natural response to real threat. I see mental health – a real threat – fight, flight or freeze response. Takes a turn under a tree moves towards despair. God taking care – worsened a bit – unrealistic thought pattern. Lord tended to physical needs. Depressive episode – connection to mind and body – where the Lord fed him."	"Paranoid with David taking the throne – delusions – not flourishing. I think suffering from anxiety. David respecting kingship. Lack of mental health connecting to spirituality led him to take matters in his own hands. Self-fulfilling prophecy. He feared most – rejection – caused anxiety which caused the thing he feared most. The more I do this the more negative things happen."	"Mental health was severely impaired because of demonic possession influence. While Saul may have had a little bit of possession taking over consciousness and physical state. This was a spiritual attack – connected to demonic oppression."
I	"The stress he experienced – cortisol released under stress. We experience stress and tension over victory. Biblical times – trauma disorder in time and place. When we are powerless – when we witness death or think we are going to die. Mental health and the release of cortisol has an impact. Physical exhaustion from slaughtering."	"I wonder about depression – Mental health gets passed down or multiply personality is now (D.I.D dissociative identity disorder). We see things like depression passed down from generation to generation – seen things done and how it affects you."	"D.I.D.– Legion – We are many. Analogy of a tulip. When we are whole – integrated in bouquet of different parts – all tulips petals touch. Disassociations will be like this and tulips don't touch. Different parts emerge to protect from different things. Demonic struggle with D.I.D. Demons use mental health against us. We have to hold both and spiritually we need prayer.
J	"Variables – vulnerable – very human. Taunting priest cowering under Jezebel – not self-aware."	"He is a puzzle of how he got chosen. Deterioration. Seduced by power. Threatened and ultimately paranoid."	"Possessed – not himself. Disturbed apparently. Behaviorally disturbed not because of his own psychological state. Not assuming categories may or may not exist. It is an assumption."

K	"Prophet – awareness of self and God. He has difficult stability with or away from God's presence."	"Deteriorates through biblical narrative. Madness –psychosis experience mental health in unhealthy for most of story."	"He would be an example – label as a form of psychosis extreme. Instability of mental wellbeing – clearly externally placed on him."
L	"Depressive systems after stand down. Depressive – passive – suicidal ideation – hopeless – despair. Not as many clear indications how anxiety played into that. Worked so hard – all those people – 7000. Went to the mountain – silent- all alone. Not speaking up. Very alone and sacrifice and service to God. Betrayed and abandoned."	"Hard to say, what symptoms would be certainly fear – paranoia. Diagnosis with hallucinations in the psychosis DSM5 – troubled and anxious."	"Interesting – not specific. Troubled effecting behavior and emotional state. Not just episode lived in the tomb. Could have been acute and sent away by village."
M	"Through a holistic view of mental health. Major depressive disorder. What else was happening in social, political unrest – physical unrest. He has to rest and eat. View holistically."	"Can't get a single snap shot – past generations – trauma – lived experience. We get to see some years of his life and a glimpse and what happened in his past relationships. If use a mental health definition his life showed lack of balance."	"Demonic influence maybe delusional/ hallucinations, both can happen at the same time. With specific psycho pathology doesn't mean warfare can't exist."

The researcher was interested in learning how mental health practitioners use their skills in serving the population. The fourth question was, *What type of theoretical framework do you use to help those you serve?* Most mental health practitioners used an integrative method in serving their clients. The psychological framework included EMDR, DBT, Cognitive Behavioral Theory, Internal Family Systems, and Attachment Theory. Theologically they used their faith as a lens through which they perform their work. The Bible and prayer were used as resources that played a role behind the scenes.

Table 5.12 Mental Health Therapist Response to Question 4

Participant	Responses	Theme
E	"Psychological – If reconciled with people of faith I have a theological approach. I use Attachment Theory and Emotional Focus Theory. We are relational beings and need relationship to survive to be healthy. When relationship needs not met it creates problems. Our early relationship teach us who are and what we can expect from other people. Theoretical – Look at Genesis and Adam. He had perfection, but needed something. Sin came along a messed it up."	Integrated
F	"Integrative approach – hard to separate out. In spirit we don't war after the world. Body, soul and spirit. Mental health is linked to medical condition, i.e. Cancer. We address all the above. Behavioral cognitive approach with psychological dynamics. If Christian use spiritual rituals – integrate those."	Integrated
G	"Integrative Psychologist – Attachment theory with neuro biology. Mindfulness, Acceptance and Commitment Therapy. Conceptualize systems framework. Help understand impact of systems. i.e. racism, sexism. Theological –faith background- understanding how attachment impacted their early relationship with God. ACT- Acceptance and Commitment therapy – works with values how one wants to be in the world and faith influences those pieces."	Integrative
H	"Use theological and psychological. Psychological lens – Cognitive Behavioral Therapy – EMDR with past trauma. Also reframing of things – distress tolerance. A lot of my work is addressing unrealistic thoughts and patterns of neuroplasticity – habits of thoughts. Behavior attracts the cycles we get into. Small steps in shifting behavior to get movement. Conceptually I trust God is at work in all of it. Not only students open to faith and spirituality – using it as a resource learn about prayer connecting with God as a way of support. It goes way deeper for me. Can't bring it into every session – thought and realistic thinking. Gospels are the key to that."	Integrated
I	"Think systematically and family systems theory. Internal IFS."	Psychological
J	"What happens physically, mentally and spiritually affect one another is the way we exist. Making improvements in one will benefit the others. I am limited by not being spiritually discerning person. There are times I can't discern is this person struggling with spiritual realm. As opposed to psychology. If having intrusive thoughts like OCD or attack from outside. In terms of cognitive behavioral stuff – changing thinking can change thinking. Coming late to address physiology – trauma therapy. I pre-date all of that. Will never grasp it as people I work with do."	Integrated
K	"Heavy on systems focused and trauma lens. Hold a theological view – influence of how I approach a client."	Psychological

L	"Theoretical – as a mental health counseling using counseling/therapy – DBT/ECT. Internal family systems – narrative. Each theory is its own theological study of how it works in spiritual realm that can be integrated into faith. Not explicitly integrated. Any movement towards reality of freedom God is about doing. Parable of the soil. Clients who are not Christians, part of the work is preparing the soil, ready for the gospel. In a broad sense it's taking back human territory. Spiritual warfare – I pray for them and ask Holy Spirit for wisdom and direction. Not theologically trained in intercession. I have ways I think about spiritual warfare not aware of spiritual constructs."	Theoretical
M	"Both – integrated lens. Not using bible as therapeutic tool. Integrate themes of scripture and character of God. If client is not a Christian always comes through lens but not impose – what can I see if not spiritual lens. Prayer is a weapon -therapy is a strategy. I use a therapeutic strategy – not pray with client, but pray for client."	Integrated

The researcher wanted to directly ask the question of each participant related to how they understand the relationship between spiritual warfare and mental health. The fifth question was, *In the work that you do, how have you seen mental health and spiritual warfare intersect with each other?* There are different views on the intersection of mental health and spiritual warfare for the mental health practitioners. It would appear that most F, G, H, I, J, L and M view some type of connection. It was viewed as complicated by one (F) therapist, yet several mentioned how Satan can use vulnerability, exploitation, and exposure of lies which manifest as spiritual warfare. One therapist (F) used the idea of looking through a spiritual lens when nothing else appears to be working.

Table 5.13 Mental Health Therapist Responses to Question 5

Participant	Responses	Theme
E	"In the U.S. I work with a client and get a sense of how to minister. Might be spiritual warfare if been exposed to New Age practices. What is it exposed to or operating in relationship with God. Darkness situation often suicide in angry way. Also see vulnerable – no worth or value. Mental health chemically. God is still near. Oversees – moments of blatant in my face. Refugees in Middle East. Heaviness – mental health spiritual element. Born with mental health	Exposure to practices, darkness, no worth or value. Chemically.

	struggles. What we do with them points us to God or takes us away. Satan exploits us."	
F	"Intersect – complicated. Manifest most with people with schizophrenia. Spiritual warfare among people are depressed it's there. Having problems across the board. Address physical – medication – could be chemical imbalance – depressed. Once components are addressed, experience very little relief – start to look at spiritual underpinning. Once I rule out medical/medication, situational issues, biological and physical after I start to ask questions about how to find what spiritual roots around that." Shared story of women at church and integrating all components."	People who are depressed, chemical imbalance, spiritual roots
G	"Personally – how I have seen it. All theoretical in a hypothetical place in my brain. Spiritual warfare comes when a person suffered multiple trauma and continues to have it happen no matter how much they try to heal. I think on the flip side I can feel connected to Holy Spirit a lot – what is the next question. Get a gut feeling in this person's life – or seeing shifts in healing that seem impossible from outside. Love when people can tap into face of darkness and show resiliency."	Multiple trauma's
H	"The devil's main goal is to get us to believe lies about self and world. So, he is the author of twisting God's good creation. One-way spiritual warfare can happen – exposing the lies our world and about God and reframing them in light of reality."	Exposing lies of devil
I	"They came up with intrusive thoughts, Negative connotation and beliefs we hold – EMDR. When we think I am not worthy, not lovable, believe in spiritual warfare and Satan uses it. Negative beliefs and I ask when was the first time you believed this thing. God created our brain to heal – they are elastic. The enemy uses our weakness as a foothold – 'Did God really say…' Questioning who we are. Narrative therapy – part of our story. I teach the difference on guilt and shame. Shame – I am the worst - is wrong – I am bad. We are hard wired with emotions. Babies in first year have grief and anger. Shame is learned. Is that what Jesus said about you? Come to therapy to be rescued."	Satan uses negative beliefs we hold. Weakness as a foothold
J	"A person having mental health issues can make you vulnerable to spiritual attack and vice versa. One place I see it is as people who have OCD or spiritual focus "scrupulosity" – Catholic church 6th century was about little sins not confessed. What might be intrusive thought dark in nature. Hard to tell if it's spiritual or mental – inclusive is suicidal intrusive thoughts."	Vulnerable to spiritual attack
K	"Honestly – outwardly not a lot. I don't work with a ton of religious people. Never forwardly spoken. Want to leave space on what is happening on spiritual level even if not acknowledging it."	

L	"Broadly when we are believers. Truth about God, self and others living in Kingdom and happening in counseling process. Taking down walls that caused harm to us. Really broad with a lot of how I think about Satan and demonic forces – stories and understanding – something to bring into the light – exposing a lie. Being released from influences and torment from demonic forces. Understanding of scriptures and brokenness and sin. Our flesh our choice. Doing things on our own. I know what is best – follow own things – not surrendered to God. Therapist brings things into the light."	Exposing a lie – bring into light
M	"I have seen it. There is a lot that happens in physical eye. Prayers answered – praying for clients. I know the limitations of therapy and traditional medicine. I have seen prayer answered in life of patients. Stand and believe God is always at work – though not all the answers I want."	Limitations of therapy

Additionally, the researcher wanted to learn what mental health practitioners believe was missing in understanding mental health and spiritual warfare. The sixth question was, *What do you believe is missing in the area of understanding mental health and spiritual warfare?* What is generally missing, according to the mental health practitioners is mutual understanding, integration, talking to each other, taking each other seriously and clarity. This lack of understanding has polarized the two sides and both camps need more conversation in understanding the role each one can play. One practitioner (E) believed that people see it as one or the other, (M) say's there is polarization between the two camps.

Table 5.14 Mental Health Therapist Response to Question 6

Participants	Response	Themes
E	All of it. Not a lot of understanding. It is either all spiritual warfare or all mental health. Can't be bifurcated. One camp or the other. Not very often at the same time. Lack of understanding in both camps - keep divided. Historically more wounds are cause of spiritual warfare then mental health. We have ground to make up."	Lack of understanding
F	The patience to allow you and the individual not to rush to judgement quickly – pause and suspend judgment and then collect data. Looks and sounds like they need more information. I think there humanity is missing. Whether it is mental health or	Need more information

	demons we need to see them as persons who are presenting disorders."	
G	"What needs to happen – more conversation with people of faith and mental health providers. Jesuit University – Spirituality and Mental Health was rare to have both. I know there are lots to come out of training – questions about faith or spiritual warfare and not be dismissive and vice versa."	More conversation
H	"Needs to be sides talking to each other. Social sciences informing spiritual warfare practices and vice versa. Learning from each other. More dialogue. In my setting I will not overtly pray for deliverance. I could lose license. Mental Health and spiritual practices need to refer to pastor – prayer person."	More talking
I	"Integration. The world is becoming less siloed – but we are siloed in this area. Greg Boyd integrates academic – theology and mental health. Pastors don't do everything. The church is missing the mark in the congregation – you have trained people in mental health and they have a lot to give."	Integration
J	"Taking both seriously. In OCD literature spiritual forces concern are regularly addressed. Spiritual warfare people don't take mental health seriously. I would say difficult in my experiences. There has been focus on spirituality, but not spiritual warfare and connection is less attended to one camp or the other."	Taking both seriously
K	"Mental health is a cool movement in younger generation – not biased or taboo. With younger population that it is the end all be all, 'I have anxiety '– They can't do anything and lack of agency. I think spiritual warfare is externally at play preventing agency. It pairs into generational trauma and gets past down. What is spiritually happening that psychology doesn't explain. Sense of bondage. When I think back to MFT program – theological never touch on it at all. Don't recall conversations. Striking to me to not even touch it. There is so much we don't know and we stay away from that area. I wonder what it would look like in a therapeutic setting as a clinician – how can you approach it?"	Integration needed
L	"Clarity for all of us in the field – Someone may be influenced – so tied to demonic influence – hard to access the mental health – moving into the light. Should something more be happening with demonic to help normalize things?"	Clarity
M	"The questions are polar opposites – polarization between the two. More integrated understanding – it's both and. Openness to see it's both. History of psychology 3rd century – no theology and psychology – just science. Struggled with science and theology. More conversations about both."	Integrated

The purpose of the project was to understand the relationship between mental health and spiritual warfare for effective pastoral care ministry, therefor the researcher asked this seventh question to see what mental health therapist believed could help the church. *What could help the local church better understand mental health and/or spiritual warfare?* All the mental health practitioners believed better communication and open dialogue would help the local church. A trained therapist can teach, facilitate round table talk discussions, and train leaders to understand the role of spiritual warfare. Two therapists G and K believed mental health is less taboo and needs to be destigmatized in the church. They all believe there is a need to rid ourselves of silos, work together integrating the two areas in order to benefit work in the local church.

Table 5:15 Mental Health Therapist Responses to Question 7

Participants	Responses	Themes
E	"To have some people have open discussion – panel. Different nuances – cross pollenating conversation."	Open discussion
F	"Sermon – round talk discussion – connecting with individuals who struggle with mental heal as a professional themselves – everyone needs a checkup. God checked in on Adam and Eve every day. It helps to see where you are with yourself and God every day. When things got messed up they ran, hid and covered. First cover up – Where are you, who told you? They came up with cognitive distortion – distorting reality. Her, him, serpent."	Round table discussion
G	"Some churches encourage conversations – leaders, pastors, elders. Cross pollination – offering conversation to congregation. It can be a stigma and doesn't have to be either or. Can pray against darkness and strategies to deal with anxiety."	Encourage conversation
H	"Having trained therapist give workshop/teaching. Normalize mental health set up conversations. Pastor to share vulnerable battles with mental health – help destigmatize. Helpful for pastors to help churches integrate and understand mental health with context of faith and two can exist at the same time. Not necessarily a bad person struggling with anxiety or depression. Work on lowering stigma and shame in faith communities."	Workshop, teaching

I	"Integrate – bring silos together, people in mental health and spiritual warfare. Have conversations about peoples experiences. Teach people to lead with curiosity. I just want to know your thoughts and feelings. Also know the difference between the two. Separated the thoughts from feelings that is what helps us become differentiated. Bring together – good to bump shoulders. Bridges being built and empathy grows."	Conversations
J	"Train it's leaders better in those areas. Better mental health care accepted and more embraced in church overall. Not accepted when first started. Most people who practice as believers don't have training in spiritual warfare and mental health. It would benefit the church – better to know this stuff. I think another thing is to have better collaboration between mental health providers and spiritual warfare prayer deliverance ministries. That can happen – doesn't happen consistently."	Train leaders
K	"Teaching a class on mental health right now. Mental health side further educational opportunity. Therapist on staff – supplement payment – is affordable and accessible – less taboo in church. Spiritual warfare – depends on church. Any setting I have been where there is no integration of the two. Questioning now, do they interplay? What do we do with that? Can you consider the work of mental health – aware of fighting against mental health – different language for the same thing."	Teaching class
L	"Makes me want a place to dialogue. Not a lot of dialogue. So much polarization in understanding mental health and the spiritual realm. So many views. It keeps the broader church from being able to bring clarity and integration. There are places, pockets in the church in the different avenues where God can work. Deliverance and mental health – value both. Churches use either."	Conversations
M	I speak at latinx churches to destigmatize mental health. Same questions over and over. It's a fear of mental health. If your suffering depression you lack faith – all problems are solved with wrong theology. I challenge assumptions and belief. Biblical truths taken out of context. More pastors and therapist working together.	Collaboration

The researcher wanted to not only help pastors be effective in their ministry in understanding mental health and spiritual warfare, but also wondered how mental health practitioners can benefit from this knowledge. The eighth question was, *How can understanding spiritual warfare help those serving in the mental health field?* The mental health practitioners believe there are a number of ways in which they can learn

about spiritual warfare as they serve their clients. They all believed that education needs to take place; they can't always see what is being worked out because there may be more at play. Mental health practitioners mentioned a greater awareness of spiritual warfare to view it holistically. Two therapist, H and J expressed a need to refer clients to others for spiritual warfare, but there also exists a need to understand how biopathology and spirituality manifest itself. One therapist (M) referred to using a microscope and telescope. The microscope helps you zoom in on specific issues, but the telescope helps you zoom out to help broaden the lens.

Table 5.16 Mental Health Therapist Responses on Question 8

Participants	Responses	Themes
E	"Some clients are aware of spiritual warfare. Some places can't have that conversation. The reality is that the therapist want to take back ground even if not spiritual warfare. Gives more tools in arsenal. Explains our reality and how we are targets. Gives us more tools for counseling. It's hard to face some day's in counseling. I don't think the enemy likes restoring relationship and restoring lives. I can see in the U.S. it looks different -more covert. Overseas it's more obvious. Maybe because they are more open to the spiritual realm. You can feel the enemy at work in moments of trying to do something."	More tools
F	"Educate themselves around it. Encourage them to understand other groups. Our fields get concerned around confusing biology, pathology, and spiritual manifestations. They are so interrelated." Spiritual warfare attack after conference. Ruminate on negative thoughts and condemnation. Spiritual and natural, both are needed. When it interferes with function it becomes a disorder."	Education
G	"I think there as one facet of understanding the spirituality of mental health providers. Understanding their own perspective better. History and context. Spiritual warfare – there is a lot communicated and explained. Theological implications informed from own theology. Mental health providers help people in faith communities. Greg Boyd (theologian-author) Open Theism – Spiritual warfare component. Even if I do understand not showed in therapy room – focus them to others who understand prayer and safe guard. What spiritual warfare looks like. Air on the side of bigger boundaries."	Understanding own spirituality
H	One way – If doing cognitive therapy – calling them "legion" I will refer them out. There might be more going on than just chemical in brain – past life experience. Work with clients who	Education – knowledge of language.

	have that language who frame it the way themselves. Have some knowledge of the language or that perspective. Like any other cultural competency. Satan strategy is to lie – CBT reframing mental maps and what is actually true. I do that every day with Christians and non-Christians."	
I	"Spirituality is important – can be what grounds us. There are things at work we don't undertested and cannot see. Acknowledge those factors. Open up the realm of possibilities.	Education – open up realm of possibilities
J	"By causing them to be more mindful of other things going on psychologically, physiology and other stuff. How to recognize them or who can recognize them. I have encouraged a client to meet with someone spiritually discerning. I am not. Can be directly addressed – may help that getting deliverance ministry when getting mental health care."	Awareness and referral
K	"For a clinician more is at play. Provide an expanded holistic approach with what people are going through – even pray. Some people so blocked – bumping up against negative beliefs. Have a greater awareness – intervention and healing as you approach a case. Trying to find the middle grounds sounds clunky to me. Including my own background. Trying to integrate things. Education mindset not learn in silos – we still do. Set's up our minds – don't have a framework to do so."	Education
L	As a mental health counselor is not aware of the presence and influence of the demonic – prayer for deliverance. Notwithstanding depth of bondage and intense captivity. Discern what is going on with someone. Knowing if someone needs to be referred. Understanding needs to come from that lens.	Education and discernment
M	"Broaden the lens. More mental health therapist have a narrow lens. Work with microscope and telescope. All zoom in to help them. Zoom out to look at many other things like history of oppression, racism, and sexism. A bigger lens. Spiritual warfare is embedded in all of them. Integration is hard work – wondering what God is doing. Humility to know forces are at work that I am not seeing."	Education – Broaden lens

Spiritual Warfare Practitioners/Inner Healing Prayer Ministry

The first two questions were designed to assess participants basic understanding of

mental health and spiritual warfare. When asked, *How would you define mental health*?

spiritual warfare practitioners did not have a clear consensus on the definition of mental

health, but three M, P and S believed it's an awareness of mind, will and emotions. It is a

pattern of behavior that is consistent and includes the ability to regulate big emotions.

Spiritual warfare practitioners R and T associated mental health with depression, anxiety and bi-polar disorder. The spiritual warfare professionals defined mental health in spiritual, wholistic, wellbeing and chemistry terms which was similar to the other research participants.

Table 5.17 Spiritual Warfare Practitioners Responses to Question 1

Participants	Response	Themes
N	"The ability to process ones state of mind and wellbeing. Process the world around them. The ability to understand the state of mind – self-aware of their mind, body and soul and spirit in a healthy way to move forward. Mental grit to process the world around you. Ability to process world current events and your purpose. Mental health is understanding your purpose in the world happening around you outside of your control and in your control."	Wellbeing
O	"I am not a trained therapist. Mental health is aligning with mind of Christ. Rid ourselves of the enemy."	Spiritual
P	"Largely a combo of what we put in our body, food, environment, thought processes or perceptions rolled into one. How it effects our mind, will, emotions and physical body."	Wholistic
Q	"Pattern of behavior – saw manifested people affected by spiritual warfare. Not mental patterns – had incidents – strange behavior. Reason for it was spiritual in nature. Mental health is consistent – not connected to spiritual reason – biology or physiology."	Spiritual
R	"I was an RN for many years until the Lord called me out to heal the heart. Physical issues come from emotional pain and trauma. If you have an issue that stems from woundedness – some organic – environmental – in itself is demonic. Drugs open door to demons and strongholds of mind – believing him and making vows – keep prisoner in bondage. The traditional solution is medication. Behavioral way is changing things. Mental health is depression, bi-polar and anxiety. Diagnosis forms your go to. Then get medication accordingly. Get to the root of it. Fear is a spirit. Anxiety meds only calms doesn't get to root of the issue. Depression calms – Anti – depression isn't for the long term. Get to the root. Meds ok for short term. Have to learn how to manage emotions. Give scripture. Identity in Christ. Counseling is limited in what they so spiritually."	Wholistic
S	"Influence from outside, mind will and emotions, sometimes spiritual and sometimes chemical."	Spiritual, chemical
T	"Mentally healthy able to maintain pain and shame well. Pain processes big pathways or function don't get stuck in big emotions – regulate."	Wellbeing

| | Illness – when don't have neurological for connection and joy. Can't regulate big emotion. Get stuck in anxiety and depression and other neurosis | |

When asked, *How would you define spiritual warfare*? there is more consensus on it. All spiritual warfare practitioners indicated in some way the spiritual warfare is a satanic battle taking place in the spiritual realm. One practitioner (R) used Ephesians as an example. This disruption disconnects our relationship with God.

Table 5.18 Spiritual Warfare Practitioners Responses to Question 2

Participants	Response	Theme
N	"Spiritual warfare is the interplay between the physical and spiritual realm and what our role is engaging in it."	Spiritual realm
O	"Aligned with kingdom of heaven and father's heart. Leading of the holy spirit – intercessor – communal prayer. Deliverance served through triune God."	
P	"Two-fold – the enemy coming from outside our thoughts. Enemy messing with our thoughts, internal portion."	Enemy interruption
Q	"C.S. Lewis – Every inch of our world is God's and counter claimed by evil. Spiritual warfare is ongoing battle – universal and personal level. Something so on in the individual's life that is where mental health comes in."	Ongoing battle
R	"Ephesians 6 – Not dealing with flesh and blood but principalities and powers. We are in a demonic world – affected by evil in the world.	Spiritual realm
S	"Identified as satanic realm. Harassment – oppression – stronghold, possession. I don't hone into what kind. Identify and discover – pray to get it out. Seen the demonic realm.	Satanic realm
T	"The way that enemy – Satan tried to disrupt connection with God and others. Accusations – sowing lies in our souls. No experience of joy in the Lord. Intensifies what is already present in terms of wounding he receives from story	Enemy disruption

Scripture includes biblical characters that face what is commonly identified as mental health or spiritual warfare experiences. The researcher was interested in learning how the spiritual warfare practitioners would talk about each of these characters: Elijah, King

Saul and Man of Gerasene. The third question asked was, *how would you characterize three biblical characters' mental health?* There was a mixed conclusion on the mental health condition of each biblical character. Elijah was seen as having no mental health issues by participants Q and R yet others saw him as oppressed (S) or having depression (T). Fear and loneliness of his circumstances was a factor in how he functioned. King Saul was anointed, but had issues with power, pride, anger, narcissism, jealousy and paranoia. These symptoms opened the door to being oppressed and to demonic influence according to three Q, S and T practitioners. The Man of Gerasene was seen as demon-possessed and oppressed. Yet three participants O, Q and T saw his condition not as a mental health or biological issue, but due to demonic influence. Only one (Q) saw the Man of Gerasene as possessed which meant he had mental health issues.

Table 5.19 Spiritual Warfare Practitioners Responses to Question 3

Participant	Elijah	King Saul	Man of Gerasene
N	"Was a prophet – processing loneliness of calling. While being empowered by his purpose. Living in supranational strength as he is engaging people around him."	"Given immense power of being a King, but displaced his power and struggled to live in healthy way. Lacked the ability to handle power and responsibility that benefited others and self."	"Spiritual realm – negative side of spiritual realm. Sense of spiritual realm took over in thinking soundly. Instead of mental capacity and place the authorly of power – the evil of spiritual realm took over. Unable to walk in sound manner."
O	"How did he deal with all he had seen in the spirit realm – reconcile through two kingdoms."	"So, anointed – so disturbed – different season's in his life. His own press went to his head. Came on him a demonic oppression – partnered with it and carried it out to torment David and others."	"Not mentally ill – no demonized – someone from his line partnered with that."
P	"Connected with the Lord and seeking the Lord. Came under fear of circumstances. Perception of is circumstances. Not looking though, the Lords eyes."	"He allowed a lot of chaos and fortunately he knew how to be soothed. Chaos in his mental state."	"Demonic as well. Don't know past, but I think isolation can play a part. Demons chew on you that much more. Belief systems come from demons."

Q	"Sound mental health – walked with God – saw supernatural – not mental illness."	"Experienced progression in his life and mental state, great pride, jealousy and paranoia."	"Gets' into oppression – possession. Spiritual in nature because Jesus casted it out. Know difference. Spiritual treatment not biological. Demonic came into pigs – killed themselves. Demonic lead to death. Two reason's it was spiritual. Frances McNutt say's Christians can be oppressed, but not possessed because of presence of Jesus. Center can be solid – but outskirts can be attacked – oppressed. Fear, paranoia. If possessed then mental illness."
R	"No mental health – obedient to go and do crazy things. Then had fear. Everyone influenced by fear. Trust in the devil's lies. Fear overtakes them."	"A sin issue of having anger, jealousy – open door of demon."	"Possession – legion"
S	"Served the Lord – oppressed – emotions in the fight ministered to him to give him strength."	"He was oppressed/demonic influence – not right actions – vendetta to destroy what is good."	"Demonic oppression – possessed by multiple demons. Jesus words sent them out – power was sent out – left pigs – until cast out – chaos met death."
T	"Struggled with depression – discouraged to the point of why not let me die. Intimate relationship yet reality. Had profound moment – dramatic event – miracles and then went into a funk of depression. Love story revealing self. Not in big demonstration. Quiet still small voice."	"Classified as narcissistic today. Tried to produce his destiny. Not involved with the Lord was his downfall. He was fear based – somewhat reactionary – didn't trust the Lord."	"Demonic – not a mental health. Jesus delivered him to bring about health. Not enough data to comment on mental health. Just demonization."

The researcher was interested in learning how spiritual warfare practitioners use their skills in serving the population. The fourth question was, *What type of theoretical framework do you use to help those you serve?* There was more of a consensus of using an integrated framework in ministry from those who were asked. Two participants P and Q, missed this question. One person (R) mentioned only Holy Spirit was informing her work.

Table 5.20 Spiritual Warfare Practitioners Responses to Question number 4

Participants	Response	Theme
N	"Integration so psychological and theological – spiritual formation. Some of the principles are grounded in spiritual formation and psychological."	Integration
O	"My go to is spiritual – love theology, but not study of theology. I am experiential Christian in how I operate. I give to counselors when it's helpful until it's not."	Theological
P Missed Question		
Q Missed Question		
R	"Holy Spirit led. Psychology can get in and out own head and thoughts."	Theological
S	"Biblical mandate to free those who are demonized – Isaiah 61:1-4. Identify cause – habits learned – generational – choices captive by other actions. Psychological – deal with emotions as part of casting out what is identified. Jesus work is to heal the heart and mind. Have them partner with what Holy Spirit is saying."	Integrative
T	"Theological – take a simple approach to people who are struggling with sin. Bow knee to Jesus and make him Lord of your life. All need to bow our head. We don't make distinctions kingdom ministry. Our job is to surrender, his job is sanctification. Psychological – Keep in mind there are ways trauma –neurological/psychological. We try to have a trauma informed approach. Work with people and model teaching client new neurology with God and others. We can change our brain. Internal family systems model – helpful way to look at internal world and dialogue that is healing."	Integrative

The researcher wanted to directly ask each participant how they understand the relationship between spiritual warfare and mental health. Therefore, the fifth question was, *In the work that you do, how have you seen mental health and spiritual warfare intersect with each other?* The general belief of participants was that there is an intersection between mental health and spiritual warfare. When doors are open to listening to the lies of the enemy it can intensify spiritual warfare. according to practitioners N, P, and T. Mental health illnesses such as multiple personalities are

difficult to address and one participant (Q) had to ask for assistance. Yet one

participant (S) worked with a woman who saw a counselor, but there was more going

on and inner healing session looked at something deeper that had taken place.

Participants O and P identified forgiveness and renewing of the mind as a part of the

healing process for those struggling with mental health.

Table 5.21 Spiritual Warfare Practitioners Responses to Question 5

Participants	Response	Theme
O	"It is beautiful when the Lord gives knowledge. I use a printed prayer. A woman with trauma – I use a trauma prayer. Starts with place of what Jesus already did and not apply it. See victory through spiritual warfare. The key to everything is to establish identity. A large part of spiritual warfare is identity in Christ."	Identity in Christ
P	"Inner healing – when I have seen it manifest demonic and lot of times you get to the see how the enemy speaks to them and reveals that lie – unworthy – shouldn't have been born. Once we get to the forgiveness needs to be applied – abuse – sin they did knowingly or unknowingly. Once forgiveness if applied to wrong thinking patterns allow the Lord to speak truth – hear it for ourselves and the enemy flees. Mental health comes in when you need to do renewing of the mind, rapidity speaking truth over self and believe they are worthy of what the Lord is revealing."	Wrong thinking patterns
Q	"As you work in prayer it becomes more complicated. More complicated with multiple personalities – difficult to discern both operating. If someone is with spiritual warfare you see manifestations, see personality and want to cast it out. Psychological – false personalities want to protect the individual inside. To do that would be to expose them to suicide – harm to self. I didn't run into it much, but when I did I would get outside help. Multiples are the toughest to deal with. Can't do it on your own. This is where there needs to be a bridge in the profession. Need to be multiple practitioners to help. Would refer to someone with specific training."	Difficult to discern – both operating
R	"Oh yeah – people come in and have these strongholds of the minds/demons. Attracted by demons in sessions have to take authority over it."	Strongholds
S	"Worked with woman who had nightmares, anxiety, stress and fears. Saw demons from age 5-6. Came to session to get free. Wanted heart to be healed. It was like pulling arrows out. She manifested. Remove pattern of fear and anxiety. Had seen therapist and had some relief, but something deep had to be pulled out. Encouraged her to get training and restoration of her mind, fear, anxiety and life. Fear, alcohol, anger, sexual door closed. So many people need this and other resources."	Patterns of fear/anxiety

| T | "What we see demonic already intensifies what is already there. Example – child in the midst of development doesn't get tools they need to regulate big emotions – fear – anger – shame. Child gets stuck in emotions of fear. Enemy intensify fear make it bigger. Can see develop into anxiety disorder becomes a prison. Hold them captive. The enemy love to interpret our pain for us. Reinforce abuse messages -extreme case showing in nightmares and terrors." | Enemy intensifies what is already there |

The researcher also wanted to learn what spiritual warfare practitioners believe was missing in understanding mental health and spiritual warfare. The sixth questions was, w*hat do you believe is missing in the area of understanding mental health and spiritual warfare?* In their responses, practitioners indicated how mental health and spiritual warfare intersect. Many believe that most are needed, but humility is needed also because there are no easy answers. Two practitioners, R and S, explained a balance of understanding both approaches is missing and there is a need for discernment for all who are involved. One practitioner (T) acknowledges that the enemy is real, and one (R) believed there is a spiritual part of mental health not recognized.

Table 5.22 Spiritual Warfare Practitioner Responses to Question 6

Participants	Response	Themes
N	"Not enough people recognize that we are concerned about that person. Clarity revealed to see the role that spiritual warfare has played in mental health."	Clarity to see the connection
O	"Establishing identity. Warfare is forgiving not blaming. Lead people in identity in Christ and all the names they call themselves – who do you say that I am. Readjusting our identity."	Identity in Christ
P	"Main thing I have noticed is that it's either all mental health or all spiritual warfare. Black or white. Have to address both."	Addressing both in important
Q	"There is a ministry in the Twin Cities is just deliverance of whomever comes through the front door. There needs to be more humility. There is no	Humility is needed

	easy answers for practitioners to listen to threads of what is going on and not jump to conclusion. You have to recognize patterns of behavior. Highly individual and uniqueness."	
R	"The spiritual part of mental health is not recognized."	Spiritual not recognized
S	"Work with therapy office to teach healing prayer techniques – SOZO – Had freedom to use them to help remove that. If emotional – rethinking patterns – logic talking things out to a certain point. Deeper healing needed if not going away. Habitual pattern – how they function and operate opens the door for spiritual force welcomed."	Teaching others for healing
T	"Broad spectrum – enemy is real. Our culture is more likely to pathologize that spirituality. Has to be a balance and we need both. Loved examples from bible. Elijah, Saul and Demonic. One or the other or a little of both. Need to have discernment to figure it out. Therapist need to be spiritually discerning. Balanced view is a helpful approach."	Balance is needed, key is discernment

The purpose of the project was to understand the relationship between mental health and spiritual warfare for effective pastoral care ministry; therefore, the researcher asked this seventh question to see how spiritual warfare practitioners believe what can help the church. *What could help the local church better understand mental health and/or spiritual warfare?* One practitioner (N) felt that having the church leadership walk through an inner healing session would be helpful in understanding the process. Other participants believed that the church has to understand there is a spiritual realm and there are tools that would be helpful for therapists to use as long they are biblically based. Another practitioner (T) felt deliverance was not enough, but a need to be spiritually informed.

Table 5.23 Spiritual Warfare Practitioners Responses to Question 7

Participants	Response	Themes
N	"Pastoral staff and church leaders – giving them permission to let their own self go through inner	Inner healing for staff

	healing. I think it would take a lot of weight off and freedom to say it is for everyone."	
O	"They would recognize a spiritual realm the church would thrive. God is behind all the gifts of the spirit and he wants to heal us through his power. Don't think medication is wrong – never tell them not to take it. Dealt with mental health that is demonic – not understand position in Christ and what we carry."	Recognize spiritual realm
P	"Realization it is both – caring for the congregation from spiritual stand point – extra tools on mental health side. Do it with compassion, tenderness and wholeness of person."	Realization of both mental health and spiritual warfare
Q	"My local church had a prayer team. Can have people experienced in spiritual warfare and mental illness to talk to prayer ministries. Get outside resources. Always told prayer ministers to read books. There are many books on prayer ministry – have to find your own style. Human beings are biased. Need to be objective – a lot of different teaching, but needs to be biblically based and Christ centered."	Education on mental health and spiritual warfare
R	"To recognize a demon. Once Jesus died on the cross not effected. Demonization mindset is wrong. Shocked by people spiritually effected by demons every day."	Recognition of spiritual forces
S	"How to walk as Jesus walked. Love and recognize spiritual forces at work as you approach. Walk through forgiveness – getting rid of negative emotions associated casting out though prayer – emotionally release them and give them truth."	Recognition of spiritual forces
T	"Depends on the church. Charismatic – deliverance. Help them to see more of story. Not a blanket diagnosis. Deliverance alone is not enough. On the other hand, another church – no Holy Spirit realm. Need to be spiritually informed."	Spiritually balanced

The researcher wanted not only to help pastors be effective in their ministry in understanding mental health and spiritual warfare, but also wondered how mental health practitioners can benefit from this knowledge. The eighth question was, *how can understanding spiritual warfare help those serving in the mental health field?* The spiritual warfare practitioners varied in their response, but generally acknowledged the need for balance and working together. Two practitioners Q and T

indicated that no one has all the knowledge, but understanding spiritual warfare

would help the counselor be more effective. Other participants N and S suggested if

the root cause is not dealt with or no healing is taking place, mental health

practitioners could consider talking to someone who does inner healing ministry. The

awareness of the armor of God is important according to one practitioner (T) because

of the issues that affect therapists as caregivers.

Table 5.24 Spiritual Warfare Practitioners Responses to Question 8

Participants	Responses	Themes
N	"Don't replace counseling – significant part of ability to increase mental health and think through spiritual warfare is a significant factor. Each finger on a hand has a significant part – prayer doesn't replace everything. Psychology is part of the equation. Shift in mental health place. Went over and over and not find healing. Never talk about the root – root causes big voices that play – silent voices – bondage. Find hope with clients when mental health work and spiritual warfare work holistic."	Psychology important – get to root causes.
O	"I think like-minded people pray for them. Had two women pray. Less exhausting. Don't deal with false responsibility with other's pain. Have support even if disagree on Jesus authority and his blood. I have a friend with a PhD – most friends with inner healing. Get support from her and support her. Similar with people in medical field – property safety with hygiene. Scrub up with the blood of Jesus."	Support of each other
P	"If they understand spiritual warfare and renewing of the mind. Also, when the enemy comes through – no focus on enemy but God. Where you focus you ruminate on Jesus in hard circumstances you come through it. Focus on enemy it will take you down a spiral. Focus on Jesus."	Renewing of the mind
Q	"Not having an understanding puts you at a great disadvantage. Mental conditions – but don't know if spiritual warfare factors can be solved with medicine. Person needs both and not one or the other. Not have all the knowledge that affect the situation. Lots of factors affecting the situation. Can be in the dark about it. Mental health needs knowledge in spiritual warfare to strengthen their effectiveness as practitioners."	Support of both
R	"If they are born again they have so much authority. What is really important in mental health – get through wounding – hear emotional struggles – start to speak identity created by God. God has a purpose. What they hear is what God say's about them. People light up. Most effective part of deliverance prayer. Bless with identity in Christ and their calling."	Spiritual authority

S	"When not a break through or freedom – counselors would refer to healing prayer tool to use. DBT/EMDR useful in framework. Counselor contacted me. Up to counselor to share. As a second force I am rarely contacted. More needs to happen."	The need for collaboration
T	"Understanding spiritual warfare gives the believer access to the pulse of God. If only mental health – any kind of demonic stronghold need a higher power available to use in the name of Jesus. Willing to step in and say his name. Therapist need to be aware of the armor of God. Can have issues and can affect them as caregivers. Need to wash off – prayer of discouragement– enemy can take people out that way."	Spiritual authority

Summary

Twenty interviews were completed within 12 days. The next step was to type the long-handed transcript and begin to code the data by analyzing ideas and themes. Coding consisted of circling words and ideas that were similar with comparing and contrasting ideas.

The researcher found the comments were rich in content. Some of the streaking data expressed were:

- The definition of mental health varied for pastors, but there was a clearer definition of the existence of spiritual warfare.

- The mental health therapist appeared to have a clearer understanding of the connection between spiritual warfare and mental health then what was share by the pastors.

- The language of trauma was articulated very little during the interviews along with the concerns of chemical imbalance.

- The spiritual warfare practitioners had experienced people with different mental health disorders, schizophrenic seemed to be the most complicated to deal with spiritually.

- Only one interviewee referred to a looking at issues from a trauma informed perspective.

Questions the researcher posed were to understand how each participant group can assist each other in understanding the relationship between mental health and spiritual warfare. Using the phrase "what is missing/" or "what can help/" gave each participant an opportunity to consider how to work together through partnership.

The main themes that came through from the data was recognizing a spiritual realm, education of mental health practitioners, pastors and spiritual warfare practitioners and the need for collaboration of all three groups of participants.

CHAPTER SIX: THEMES AND EVALUATIONS

The problem this project addressed was, understanding the relationship between mental health and spiritual warfare for the purpose of equipping pastoral care for effective ministry. In response to this problem the researcher analyzed the data and identified recommendation for effective pastoral care ministry. The researcher notes three themes form the data: benefit of integration, intersectional understanding and collaboration. In addition, the researcher identified three recommendations: trauma training, spiritual discernment and inner healing session.

Theological and Literature Connection to Mental Health

The researcher first asked participants to define mental health and spiritual warfare. The general consensus for mental health centered around wellbeing both internally and in relationship with themselves and others emotionally, physically, mentally and spiritually. This general understanding connected with 1 Thessalonians 5:23 which declared, "May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ." This scripture stated we are made up of body, soul and spirit.

However, both the *Journal of Psychiatric Medicine* and Mayo Clinic limit their definitions to mind and body. The essential element of the spirit is missing. Yet, from the literature, Garlock and Sherrer, believed mental health recognized, "some cases of depression may be caused by an imbalance in the body's chemistry, side effects of

medication, or insufficient nutrition. Usually a combination of physical, emotional and spiritual factors come into play."[124] These authors also argued, "doubt discouragement and depression are also primary weapons used by Satan in the battle against our minds."[125] A few of the researchers participants agreed that chemical imbalance also contributes to mental health crisis, but more of them alleged the primary issue was emotional, physical and spiritual health.

Theological and Literature Connection to Spiritual Warfare

One of the researchers assumptions was that spiritual warfare was an unseen spiritual realm and the interviewees and scholars agreed. Then generally defined spiritual warfare as a series of battles that transpire in an unseen spiritual realm where the forces of darkness/evil fight against God and his kingdom.

It is clear the first two Biblical characters studied in this research project, Elijah and King Saul, had a relationship with God. The general consensus from those interviewed and the literature was Elijah suffered from depression as a result of fear, exhaustion and isolation. The enemy attacked his thoughts, mind, by preying on his vulnerable emotions. Then he used those emotions to twist and his actions and thoughts. This led to what mental health therapist (F) terms, "as cognitive distortion." Considering their general definition of spiritual warfare as a battle in the unseen realm and demonic forces are at play, Elijah opened his mind to those forces by allowing emotions to become vulnerable. As a result, his focus turned inward, setting the stage for thoughts to spiral downward with Elijah disparaged his own life.

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[124] Garlock, Sherrer, *The Spiritual Warriors's Prayer Guide*, 79.

[125] Garlock, Sherrer, *The Spiritual Warriors's Prayer Guide*, 80.

Fraser Watts, inferred, "Depression is a very common mental health problem and one where many different factors intersect. Biological, social, developmental, and spiritual factors seem to come together in depression, more than with any other mental health issue."[126] It appeared all these united to create Elijah's instability and lead him into depression.

As previously stated, a few of the participants referred to chemical imbalance in connection to mental health. This association is in line with author Jerry Mungadza, observations, "When people are traumatized during childhood, certain biological alterations occur in the way their brain processed information."[127] Mental health therapist (I) added "When we are powerless, when we witness death or think we are going to die, the release of cortisol has an impact."

After King Saul was an anointed king and rejected by God, his disobedience made a way the enemy to attack his mind. Mental health therapist (E), considered "he may have had possible pre-disposition," but most participants identified King Saul as someone who was narcissistic, paranoid, jealous, prideful and angry. He was determined to be in control of his own life and eroded his relationship with God. Ackerman in the literature as previously stated, "Saul's nervous decline was spiritual, along with having a divided soul. He was at war with himself and his lack of harmony produced mental torment which symptomized the divided personality."[128] His divided soul vacillated from being

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[126] Watts, "Theology and Science of Mental Health and Well Being," 342.

[127] Mungadza, "Spiritual Conflict in Light of Psychology and Medicine," 8.

[128] Ackerman, "Saul A Psychotherapeutic Analysis," 119, 120.

soothed by David's playing music and wanting to kill him in fits of rage, jealousy and envy.

By contrast, a small percentage of the interviewee's, were confident the Man from Gerasene did not have any mental health manifestations, but instead was possessed by a demon. Mental health therapist (I) held "demons can use mental health against us." Mental health therapist (E) believed this about the Man of Gerasene, "both can be involved – he was thrown out - enemy looked for a way to exploit." Generally, all the percipients believed he was possessed by a demonic influence.

Themes from the Data

The researcher identified three themes emerged from the data that is supported by the literature.

1. The benefits of integrating psychological and theological in counseling with the mental health therapist.
2. The intersection of mental health and spiritual warfare understood by most of the interviewees.
3. Collaboration between mental health practitioners and the church.

The researcher concluded four strategies to assist in collaboration between the three participant groups.

1. Reassess the courses taught in counseling programs ensuring proper theological and spiritual assessment education is included.
2. Education in counseling programs that include opportunities for spiritual warfare practitioners to introduce their training as a form of awareness.
3. Churches would consider hiring mental health professionals as a part of pastoral team.
4. Churches would regularly have opportunities for congregants to talk about mental health in non-judgmental setting.

Psychological and Theological Integration

Over 50 percent of those interviewed supported the integration of a theological and psychological framework in serving their population. 80 percent of the mental health therapist employed this method of therapeutic intervention. The various approaches that make up the psychological framework include: EMDR, Attachment Theory, Emotional Focus Theory, Behavioral Cognitive Approach, ACT therapy, Family Systems Theory, and EBT. The participants saw the benefits of incorporating a theological framework of spiritual formation, various Biblical texts, and providing meaningful spiritual rituals. They also helped their clients explore and comprehend learning their faith background so they can understand how their early attachment impacted their relationship with God.

In the literature Steve Ballaban asserts that biblical stories can help in the process of healing from trauma. He affirmed, "For pastoral and spiritual professionals who work in the area of trauma and Post Traumatic Stress Disorder, it is often difficult to help clients move toward a sense of spiritual meaning of their experiences."[129] He also contended, "Using the biblical stories assist the client in re-authorizing a personal narrative."[130] However, many of the accounts in the biblical text can add a layer of complexity when the clients lives are paralleling what they are reading. Therefore Ballaban, suggests this hermeneutical point of view by,

> Normalizing the experience, processing experience and naming spiritual themes and the vocabulary to express these themes, finding spirituality within the experience, and finding ways of – re-constructing the traumatic experience, so

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[129] Steve Ballaban, "The Use of Tramautic Biblical Narrative in Spiritual Revovery from Trauma: Theory and Case Study." *Journal of Pastoral Care and Counseling*, vol. 68, no.4 (2014): 9.

[130] Steve Ballaban, "The Use of Tramautic Biblical Narrative in Spiritual Revovery from Trauma: Theory and Case Study." 4.

that survivors can share their own story with others who have suffered trauma in a group setting.[131]

Ballaban presented this and other models in his articles to reinforce his support for the integration of the psychological and theological frameworks. He advocated the purpose of this integration is found in the results, "the client is no longer a prisoner of the harmful metanarrative. instead the client is redeemed through the new redemptive metanarrative and the reconstructions of the personal narrative as reflection of that redemptive metanarrative."[132]

This was found illustrated in the two biblical narratives studied in this thesis that exhibited both. God's care during a mental health crisis and his redemptive and restorative work in one's soul. For example, Elijah's story could resonate with clients who have had a significant spiritual mountain top experience only to immediately find themselves in a pit of depression after taking their next step.

While the extreme affliction the Man of Gerasene suffered due to demon possession can give hope to those whose mental health was an extreme condition and rendered hopeless. Though the cause of his possession is unknown, this biblical narrative can provide hope to an individual who is in an extreme state of mental health crisis and the possibility of deliverance. However, the third narrative displayed the effects of chronic poor personal choices have on mental health. King Saul's disregard for God's guidance caused the Lord to allow Saul to have his own way. When God withdrew his

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[131] Ballaban, "The Use of Tramautic Biblical Narrative in Spiritual Revovery from Trauma: Theory and Case Study," 10.

[132] Ballaban, "The Use of Tramautic Biblical Narrative in Spiritual Revovery from Trauma: Theory and Case Study," 5.

spirit from Saul, this opened up the opportunity of an evil spirit to enter his mind and emotions driving him mad.

These spiritual accounts gave weight to Ratcliff and Mosci, belief that of the integration of the psychological and theological is critical to addressing a person's spiritual needs during the counseling process. They conclude it "leads to more actuate assessments, determination of resources, evaluation of the impact on beliefs in mental health outcome and decision making, as well as barriers to the use of spiritual recourses to assist in treatment of mental health concerns."[133] They emphasize primarily one of the indicators for this process is *Context*. Because this is where they say therapists can:

> Better understand a client's orientating worldview and life context by exploring the central themes in their lives such as their God – concept. These spiritual concerns can help the counselor communicate more effectively with the client in order to better understand the client's belief structure, cognitive and affective elements of the clients mental health concerns.[134]

Even though many of the therapist have found the relevance of integration of theological and psychological framework in serving their clients, only two of the four pastors used this integration. The remaining pastors, who have no psychological training were aware of the resources available and would refer them to mental health professionals.

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[133] Matise, Radcliff and Mosci, "The Working Model for the Integration of Spirituality in Counseling," 29.

[134] Matise, Radcliff and Mosci, "The Working Model for the Integration of Spirituality in Counseling," 29.

The Intersection of Mental Health and Spiritual Warfare

To intersect means to cross at a point. Interestingly, 80 percent of the interviewees

agreed there is an intersection between mental health and spiritual warfare. There is a

general belief the enemy can attack our minds and bodies and exacerbate events

traumatic events that occur in our lives. Some of the participants gave an emphatic yes

about the intersection. while others were relied on sharing stories from their experience.

Regardless, the message was clear.

- "Satan exploits us," (E),
- "Spiritual warfare comes up for me when a person suffered multiply traumas and continues to have it happen no matter how much they try to heal." (G)
- "What is uncovered during our sessions in almost intrinsically intertwined between the psychological and mental health." (N)
- "When I have seen it manifest demonic and lot of times you get to the see how the enemy speaks to them and reveals that lie – unworthy – shouldn't have been born." (P)

In the story of Elijah, the intersection was easy to see. The enemy exploited his

vulnerable situation by exhaustion until he was filled with self-pity and fearing for his

life. The author, Maller shares another perspective in the literature. He purports Elijah

was depressed for this potential reason;

> When Elijah is threatened, the Bible says he saw (v.3), but it does not say what he saw. Perhaps he saw things had returned to the way they were before the victory at Mt. Carmel. Perhaps he say that social and personal change take a long time and it's more of a process than an event. Perhaps he realized that just as the people who saw the miracle of the plagues in Egypt and the crossing of the Red Sea were not transformed overnight from their slave mentality, so too he and he people for he was no better than his ancestors. This revelation so discouraged Elijah that he was ready to give in completely and die.[135]

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[135] Maller, "Elijah's Recovery From Depression," 35.

It is interesting to consider Elijah lost his focus because of what didn't take place in the hearts of those who witnessed the miraculous. Just as the Israelites had experienced several miracles upon leaving Egypt their hearts remained hard. They quickly lost their focus and became easily discouraged and their confidence in God faltered.

Elijah suffered a mental health crisis and a number of factors came together resulting in the intersection of what the researcher and many of the interviewees believed. The enemy can use any of those emotions to propel individuals further into depression.

Collaboration

The interviewees in this project noted several issues in understanding what is missing in regard to understanding the relationship between mental health and spiritual warfare and ideas of what can be accomplished.

The pastors believed there was a lack of "comfort in discussion" in understanding what is missing in understanding mental health and spiritual warfare. They profess the need for "education and training," and "to understanding the human person as a whole." They acknowledge an unwillingness to understand the supernatural and principalities in the spiritual realm.

Two ways the church can assist in what is missing is by being willing to have therapists share on the topic of mental health from the pulpit, and have resources available for those who need mental health services.

The mental health therapist believed the need for conversation is missing despite the polarization between their role and spiritual warfare practitioners. More than 50 percent spoke directly about having, "more conversations," "more integrated and less siloed," "taking both seriously," "clarity for all," and "integration."

There are avenues of working together that 80 percent of the therapist consistently shared to collaborate with the church. They believe in "providing sermons and round table talk," "open discussions," "therapist providing workshops," "training leaders on mental health," "speaking at church and de-stigmatize," "cross pollination" and "teaching classes."

The spiritual warfare practitioners agree what is missing in understanding mental health and spiritual warfare are, "clarity of mental health," "humility," "the spiritual part of mental health not recognized," "the need to work with therapist," and "more spiritually discerning."

There was less clarity on ways to collaborate and more suggestions to assist the church in better understanding mental health and spiritual warfare. The overall sentiment is, "inner healing is needed for pastoral staff," to believe "there is a spiritual realm, spiritual and demonic forces" are at play, yet to "recognize deliverance is not enough we need to help see more of the story." There was a practitioner who believed those who serve in the "mental health field needed more tools," and another practitioner desired "more mental health practitioners and spiritual warfare people to talk to prayer teams."

The literature supports the need for collaboration. Pete Singer states, "As a faith community and mental health system learned more accurate information about each other, they developed a growing awareness of the need to collaborate. Reservations remain, and systems for referrals and collaboration are still lacking."[136] The lack of collaboration comes from an absence of education between the two areas. There was once

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[136] Pete Singer, "Coordinating Pastoral Care of Survivors with Mental Health Providers," 31.

a chasm between the study of religion and psychology, but Herman Feifel shared in his opening remarks at a *Symposium on Relationships between Religion and Mental Health*, where he strongly asserts, "Both religion and psychology, at least in their therapeutic aspect, have the common goal of helping man towards self-understanding."[137] Jessica Brown and Micah McCreary, see the relevance of mental health practitioners and pastors working together in the African American church. They strongly emphasize, "Because African Americans use the church as a place for mental health resources, it is important for psychologist and clergy to collaborate on models to help parishioners with their mental health issues, whether through community based interventions, training for pastors, or through referral resources."[138] They discovered in their research that pastors who have "more education are more likely to refer their parishioners to mental health services."[139] If there is any stigma's in regard to mental health they are not likely to refer to a therapist.

Collaboration between pastoral care ministers and mental health therapists could assist those seeking mental health care. It would encompass education, an awareness of the limitations of both practitioners, and the humility to recognize their humanity in the work that they do. Spiritual warfare practitioner (N) believes this, "Each hand has a

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[137] Herman Feifel, "Symposium on Relationship Between Religion and Mental Health", *The American Psychological Association*, (New York, 1957): 565.

[138] Jessica Young Brown and Micah McCreary, "Pastors' Counseling Practices and Perceptions of Mental Health Services: Implications for African American Mental Health" *Journal of Pastoral Care and Counseling*, vol 68, no.1 (2014): 1.

[139] Jessica Young Brown and Micah McCreary, "Pastors' Counseling Practices and Perceptions of Mental Health Services: Implications for African American Mental Health," 2.

finger that plays a significant part. Prayer doesn't replace everything. Psychology is a part of the equation."

Effective Pastoral Care Ministry

This entire study was intended to enhance the work of pastors working in pastoral care ministry, as they understood the relationship between mental health and spiritual warfare. Defining spiritual warfare and mental health was a preliminary starting point and understanding how these two concepts are interconnected. Yet, there are so many more variables to consider on the subject that these concepts appear insufficient.

One variable, according to author John W. Morehead, is to consider how the "awareness that trauma is present. Many times, it is the background as an invisible element that strongly influences individuals and situations."[140] In the counseling setting, this awareness of trauma would be evident with a mental health professional but not necessarily with pastoral care ministers. In reference to understanding those affected by incidents such as abuse, Singer, believes "faith leaders as front-line mental health workers. This places a huge responsibility on pastors to know their capacity, based both on the level of need and the sheer volume of people who have experience abuse or have other counseling needs."[141]

In light of this, for pastoral care ministry to be effective, one must know their capacity, which includes proper psychological training. One pastoral care pastor (B) had a more precise understanding of the integration of theological and psychological training and shared this insight, "Family systems approach with trauma presents the opportunity

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[140] John Morehead, "Trauma and Resilience in Multifaith Engagement," Academia EDU, 19.

[141] Pete Singer, "Coordinating Pastoral Care of Survivors with Mental Health Providers,"

to grow, support and mending. Trauma – to transform the path to healing and growth. Help individuals sit and identify what they are feeling and needing a safe supportive context." The ability to put language to the challenges of those seeking pastoral care gave him a better understanding of the proper care needed.

As a result of the interviews and literature, there appears to be a gap in the psychological training for pastoral care ministers. There are three recommendations for effective pastor care ministry are the following:

1. Proper psychological training to understand trauma must be appropriately integrated into spiritual care.

2. Spiritual discernment to know when to refer to mental health profession. Pete Singer gives six examples on strategies on making referrals:

   - Develop a list of trusted mental health providers
   - Communicate to the importance of the referral
   - Making it a collaborative process.
   - Reassure you will be accompanying through the process
   - Clarity on the difference between mental health professional and spiritual care
   - Respect confidentiality and privacy

3. Pastors should experience an inner healing session with a respected spiritual warfare practitioner. This experience will help them see the value of inner healing and the ability to discern if there is a deeper wound that pastoral care or mental health counseling has not addressed.

4. Churches to consider having a mental health therapist on staff or as a consultant who can help with the care needs of the congregation. The care would go beyond pastoral care, but allow the psychological concerns to be addressed.

Evaluation of Research

The strength of this research was the breadth of information shared by the pastoral care ministers, mental health professionals and spiritual warfare practitioners during the interviews. Their shared knowledge pointed to the need for understanding each other's roles, the intersection of mental health and spiritual warfare and the need for collaboration. Using a Qualitative study was an effective method. This data analysis gave the researcher information consistent information and ideas for effective pastoral care ministry. The diversity of stories with the biblical characters gave the researcher behaviors to compare their particular situation in light of the literature and interviewees.

The researcher discovered the importance of asking the right questions. The fourth question in regard to what theological and psychological framework was used, was more appropriate for the mental health counselors not the remainder of the interviewees. Questions regarding the effects of trauma, chemical imbalance work may have given more insight in the problem proposed. Only using qualitative study, the researcher only relied on the interviewees information. There was nothing else to measure for other ideas. It may have been helpful for the researcher to provide a survey along with the interview. The lack of literature resources used gave the researcher a narrower view of findings. Journal articles were used as resources more than books, therefore lacking balance with information. With the vast number of information shared, it was difficult to sort through and code the content and interpret it.

Summary

Since we are made of up body, soul and spirit leads the researcher to believe in the importance of addressing spiritual needs of a person who is experiences a mental health crisis. The characters studied in this thesis were also dealing with a spiritual

element that could not be ignored. Elijah had a relationship with God, yet his crisis led him to turn inward and take his eyes off what God had done through him with the Prophets of Baal. King Saul was anointed and lost the spiritual connection with God as a result of the lack of humility and desire to please the people of Israel. His disobedience of God's instruction focused him on his own abilities and he was unable to restore himself to a right relationship with God. The Man of Gerasene was demonic and Jesus knew there was a spiritual need to be addressed, by speaking directly to the enemy.

CHAPTER SEVEN: REFLECTION

Personal Background

Perseverance and audacity are two words that describe my educational journey. According to Merriam-Webster Dictionary, perseverance means "continued effort to do or achieve something despite difficulties, failure, or opposition." Audacity means **"**intrepid boldness**:** bold or arrogant disregard of normal restraints."

However, the word perseverance has taken on a new meaning for me when I began this journey to achieve a doctoral degree. Not only was I an average high school student and college student, but my children continually reminded me with merciless teasing, I never attended kindergarten, yet somehow, I made it through the first grade. And learned my first big word, "audacity." I was a "talker" in first grade, and I had the "audacity" to talk when I was not supposed to, at least that was according to my first-grade teacher.

Then in high school, my guidance counselor told me I would most likely only complete two years of junior college due to a low score on an achievement exam. But I had the "audacity" to apply to a four-year college and graduate.

I then proceeded to have the "audacity" to pursue a Master's degree. This is where I finally transitioned from being an average student to being a good student. During my second masters I reached the level of being a pretty good student. Maturity definitely played a role in this transition, but so did perseverance.

However, two Master's degrees were not enough, I believed I needed to go further and had the "audacity" to do it. I decided to pursue my doctoral degree. Funny thing, this was not my aim in first grade when I was so busy talking!

Unlike all my previous educational pursuits, this program has been a lesson in persistence, tenacity and resolve. There were countless times I wanted to quit. To walk away, but I choose to preserve instead.

Perseverance was not a word I would have used while in college or obtaining my master's level degrees, but that is exactly what I was doing, persevering during difficult times, failure, and opposition. I am sure I wanted to quit during my early educational pursuits, but not as many times as I wanted to since 2017 when I started the doctoral program.

Spiritual Growth

In the past six years, I have persevered through the most challenging time in my life personally and professionally. Two years into my doctoral program I changed jobs. After 15 years of serving Bethel University undergraduate students as their Campus Pastor. I followed God's leading to move across the highway to Bethel Seminary. And later that same year (2019) I ended our 17-year relationship with my old church and moved to a new one where I took on a part-time role. So, this meant I had two jobs, a family, and doctoral studies. Then COVID. Health complications required surgery in the summer of 2020, just as my children were in the middle of their teenage years. That transition was accompanied by severe challenges that caused me to take a break from school in 2021-2022.

But, I had the "audacity" to believe the topic I chose for this thesis was important and could contribute to the church, the mental health field, and the academy. So, I chose to continue this pursuit and finish.

There is something to be said about personally experiencing spiritual warfare and then deciding to write on the very topic you have been enduring through the past three years. It takes perseverance and audacity not only to believe it can be done. There were several days when the battle was raging like a whirlwind around me, and writing was virtually impossible. Then I had two people ask me within a 24-hour period if I had people praying for me because of the topic I was writing about. I told them no, but then asked one person to get a team to pray. It is the team that stood in the gap all the way to the finish line.

I have experienced a deeper level of dependency on God than I could have fathomed six years ago. I have witnessed God's hand carrying me through these challenging times, when I was sure I would not make it. God used this paper to deepen my faith in and enhance my spiritual growth and fortify my dependence on Him for everything. Enduring through spiritual warfare has been a lesson in trust and I have learned to focus on God rather than looking inward. Focusing inward only takes my mind off God and magnifies my circumstances.

Academic Growth

My understanding of what it means to write academically has expanded. Writing academically does not come naturally to most people, but in the process, you think you're the only one struggling with this seemingly impossible task. I am beyond grateful for those who helped me edit this paper. I am also grateful for the scholars whose articles challenged me to think like an academic.

Many articles and books I read did not have all the answers. They always thought more research could be done. The ambiguity in their research taught me there is always more to learn. Different angles to look at for understanding. More questions are to be asked. More avenues to be explored! We may not have all the answers on this side of heaven, but we have been given a brain to seek them and the curiosity to explore and wrestle with the unknown.

The idea of writing 100-150 pages was daunting in 2017. But producing six smaller projects of 40-60 pages prepared me to complete this thesis. It was difficult to imagine this at first, but now I see the purpose behind writing and thinking through the process.

The interviews were fascinating, and recording as much as I could while they shared their vast experiences was difficult. That was not nearly as daunting as trying to read my handwriting afterward! I did not have the opportunity to get permission from the IRB committee to record the interviews, therefore, I had to capture as much as I could longhand. The interviews provided a lot of content and sifting through it was hard, but valuable.

At first, analyzing the data and assessing content was overwhelming, despite it being fascinating. Attempting to code the content, decipher the themes, and then to choosing the themes was difficult but engaging. Then it was time to bring it all together. After months of work, I was delighted to see it come together.

I have no regrets about starting this program and learning how to research topics that interest me, because I have learned the Doctorate of Ministry program is more than a practical degree to assist you in your ministry. It is an opportunity to grow while giving

me something to build on. For example, my first project led to presenting a workshop on "How to Lead Well in Transition." I had witnessed poor transitions not go well, and I wanted to explore better ways to help staff and administrators transition into different positions more smoothly. When writing this project, I did not realize how much it would assist me in my future transitions as a leader in my work at Bethel and in church.

When I first began this program in 2017, I wrote the following essay to explain why I was applying to the program. Little did I know then, the changes that would take place within the next few years, but the passion behind wanting this project and the desire for it to be meaningful and effective change is still a feasible idea.

> *"I am hoping this next level of education will help me look at the broader picture or view when it comes to ministry. I have been viewing it from 25,000 feet and cruising, and I want to view it from a higher level and see a different perspective. I trust I will be challenged to think more deeply about ministry issues and think more strategically and purposefully.*
>
> *Though my interest is in the area of prayer, I am open to developing whatever God has for me to accomplish for his Kingdom. I am looking for the Doctorate of Ministry to solidify or address any area of ministry that needs development since this has been one of my themes in Strengths Finder. Whether it is developing programs or people, I enjoy getting something off the ground if it's going to help the body of Christ.*
>
> *I am also hoping to meet a community of people willing to help each other and spur each other toward our communal goals and individual goals as students. I love the idea of a cohort who will walk you through class challenges together and encourage each other not to give up."*

Rereading this old essay, showed me I still have the "audacity" to dream and look towards the future and accomplish that which the Lord sets out for me. All of this was evident when I examined my goals for this essay. I believe I am able to see things from a higher level as a researcher, check. I believe I am addressing an area of need in ministry that needs development, check. What will I get off the ground, is yet to be determined.

Perseverance is the key to getting through what seems impossible, and I did not pursue this doctoral degree because of employment reasons. I pursued this degree because I wanted to keep learning, and working in an educational setting inspired me to have the "audacity" to pursue the next level of my calling.

Future Research

No one I talked to thought I was foolish to pursue this topic. Instead, it caused them to pause and consider if there is a connection between mental health and spiritual warfare. After some consideration, some requested an opportunity to read this paper when it was completed. However, if I were to do this research any justice, there would be a part two to this project.

The key word in my title is "understanding." This word does not mean there is a clear answer, nor does it mean one causes the other, it means comprehending the relationship between the two. And there is so much more to comprehend in regards to the relationship between mental health and spiritual warfare. There is even more to understand in applying this information in the ministry of pastoral care. I believe this paper is only my first step in this quest.

There are different questions I would ask, such as regarding chemical imbalances. I am interested in how the brain works in regard to mental health and would like to ask a neuroscientist about their work with mental health patients. I believe interviewing those suffering from mental health issues, would enhance my research and would bring it full circle. Different questions would and should be asked. To maintain the continuity of the project, people of faith would be the primary interviewees as were those interviewed for this research project.

I look forward to what I will learn and trust God will give me the wisdom, insight and discernment to use this new information to enhance the ministry of those who are on the front lines of providing pastoral care to those suffering from mental health and spiritual warfare crisis.

APPENDIX A: INFORMED CONSENT

Informed Consent Form - Doctor of Ministry Research
Bethel Seminary, St Paul MN
December 2, 2022

Dear participant,

My name is Donna Johnson and I am a Doctorate of Ministry student at Bethel Seminary. For my final project, I am conducting research on *Understanding the Relationship between Mental Health and Spiritual Warfare for Effective Pastoral Care Ministry.* You have been identified as someone who is either a mental health practitioner, in pastoral care ministry or a spiritual warfare practitioner. I would like to invite to you participate in a qualitive interview for my thesis.

The following information is provided for you to decide if you would like to participate in the present study. You should be aware that you are free to decide not to participate in the study or to withdraw at any time. This research is being conducted is in connection with requirements for a doctoral program.

- **Research:** Understanding the Relationship Between Mental Health and Spiritual Warfare for Effective Pastoral Care Ministry
- **Procedure:** The researcher will be conducting the research with an interview. The researcher will ask 20 adult participants 12 questions. The first five covering demographics.
- **Compensation:** There will be a $15 gift card to compensate you for your time.
- **No risk:** There is no known risk for this interview.
- **Confidentiality:** The confidentiality of all respondents will be of the utmost priority and responses will only be viewed by the researcher and academic advisors.

Any participant will be able to read the completed dissertation and can be made available after completion. If you are deciding whether or not to participate and would like a summary copy of this study please submit your email contact at the end of the interview.

The research project has been reviewed and approved by a Thesis Advisor. If you have any questions about the research, please contact either the researcher Donna Johnson or thesis advisor Dr. Katie Friesen Smith.

Thank you,

Donna Johnson

ADDENDUM TO APPENDIX A

Due to the language in my consent letter I needed to clarify who would potentially

be reading this thesis paper. I had informed the participants it would only be read by

Thesis Advisor and Committee, but that it could be read by a wider audience. As a result,

I sent an email to the participants explaining the situation and getting each of their

permission to move forward with using their quotes that were not identifiable. Email sent

is included.

Dear Participants,

I rarely get to write Dr. Donna Johnson, so I wanted to try it with you all. I did
defend on February 24th and passed with some revisions.

You all had such an impact on my research, and I can't thank you enough. Gift
cards are coming soon; sending them out has taken me longer than anticipated.

During my defense, what was brought to my attention was the wording in
my *Informed Consent Letter* didn't match the reality of others potentially reading the
thesis. Each person is identified only by your role as a pastor, mental health professional,
or spiritual warfare practitioner. Each of you was assigned a *LETTER,* so you are not
identifiable. It is possible that others will read this thesis since it will be
available through the Bethel library system. I said in my letter that only my Academic
Advisors and I would be the only ones reading this thesis. I should have been more clear
on this point and I am sorry about that.

Though you cannot be identified, each of you has been quoted throughout the
paper (only identified by a letter), and if you need to see what was quoted I can send you
the quotes. I don't want anyone uncomfortable as this paper will be printed in the coming
months.

Please respond to this email as soon as possible, letting me know if you are OK
with this and want to see your quotes.

Thank you for your patience in this process.

Donna Johnson

Nineteen out of twenty participants have returned a written permission to move

forward though several were curious to see their quotes which have been sent.

APPENDIX B: SPRITUAL WARFARE/ INNER HEALING MINISTRY TRAINING

Spiritual warfare practitioner participants were involved in four types of training for inner healing ministry. The information of their purpose and training experiences was taken directly from their websites.

NOVO

https://novo.org/sacohort

Purpose: To encourage, empower, and resource you with new ways of praying using your spiritual authority. This training will equip you to pray with expectation and see God move in your home, workplace, neighborhood, and beyond. A 6-module experiential prayer training that empowers disciples to fully discover and step into their identity as sons and daughters of the King. In each session, you will experiment with new prayer tools in a safe environment. After finishing the cohort, you will be equipped to pray with others confidently by using the spiritual authority delegated to you in Jesus name.

Training: We'll cover these topics over the course of our time together:

- What is Spiritual Authority?
- Declarative Prayer and Blessing
- Hearing God as the Basis for Spiritual Authority
- Inner Healing as a Key Component to Exercising Spiritual Authority
- Operating as a Royal Priest in the Royal Priesthood
- Physical Healing and the In-breaking of the Kingdom
- Reclaiming Territory and the Reality of the Supernatural

SOZO

https://www.bethelsozo.com/sozo-training

Purpose: Get to the root of issues hindering your connection with the Godhead.

Reconnect with each member of the Trinity and receive a fresh revelation of God's love.

Heal painful/traumatic wounds and memories. Experience the life of freedom and wholeness that God has for you. We believe that deliverance, 1) should be gentle and 2) can't be separated from inner-healing. When wounds, lies, and traumatic memories are healed and God's love is freshly experienced, the enemy's access point to you is closed. Deliverance is a natural byproduct of this healing process and helps you maintain your newfound freedom. Most Sozo sessions will focus on reconnecting you to God in your areas of pain. However, our advanced ministers are skilled in prophetic deliverance too. Victims of the occult, SRA, and other severe trauma have experienced freedom and wholeness through a combination of Sozo and Shabar ministry tools. A Sozo session will consist of 1-3 Sozo ministers in the room praying for you and guiding you through a process of connecting with God. As the Holy Spirit leads, you'll be invited to ask Father God, Jesus, and the Holy Spirit questions about:

- Lies you're believing
- Wounds that need healing
- People to forgive
- Unhealthy relational and/or generational ties
- Sins to renounce.

Training:

A. Basic Training: Sozo Philosophy, ministry structure, and basic tools: Father Ladder, 4 Doors, The Wall of Presenting Jesus. (13 sessions)

B. Advance Training: Review basic Sozo tools and learn advanced strategies: Bodywork, Trauma, Familiar spirits and prophetic deliverance. (10 sessions)

C. Shabar Ministry: Shabar is a process to help individuals who feel shattered inside or struggle to hold on to their healing. (7 sessions)

THEOPHOSTIC/ TRANSFORMATIVE PRAYER

www.transformationprayer.org

Purpose: Theophostic Prayer Ministry is one of the most effective Christian methods for healing past hurts and trauma. It functions by identifying what the person originally thought about the past event (the lie) and asking the Holy Spirit to show them the truth. Because of the length of the DVD training which takes at least two trimesters of study it is considered a 6-credit course. It has now been reorganized and given a new name by the author Transformation Prayer.

People typically seek out TPM because they feel bad about something and they want the bad feelings to go away. This is because they see their emotional pain as a problem that needs to be resolved or an ailment that needs to be alleviated. They often have already tried many other things to resolve their "pain problem" and hope that TPM will bring lasting relief. No one likes to feel bad, but it is because of our negative emotions that we know something is wrong. When we identify the real problem and find true and lasting relief, our emotions will change accordingly. However, focusing on changing the way we feel will lead to a perpetual cycle of pain management. TPM is not about managing pain, but resolving the root problem that is the source of our pain.

Training: This new training consists of several basic texts, supporting videos, and practice exercises which are all formatted within the "TPM Study Guide." This study guide is designed to help you to navigate through the TPM training. The two primary texts are "The Essentials of Transformation Prayer Ministry" (SECOND EDITION) and "The Process of TPM." You will need to obtain your own personal copies of these

two books. Additional training resources include the TPM MAP, ministry process demonstration videos *(*where Ed and Joshua role-play ministry scenarios*), the new TPM Compass (*which can help you determine where you are in a TPM session*),* the TPM Coach training exercises, and much more!

LEANNE PAYNE– DESSERT STREAM – LIVING WATERS

https://www.desertstream.org/welcome

Purpose: Desert Stream/Living Waters Ministries provides help for Christians struggling with sexual and relational problems. Our help is based on the biblical foundation of compassion, integrity, and dependence on God. We seek to convey Jesus, "full of grace and truth," (John 1:14) to broken ones seeking mercy. Imparting healing to the sexually and relationally broken. Through biblical wisdom, godly support, and the power of prayer, we help people stand in Christ as their hope and source of healing.

Equipping the church to carry out its mission of healing to the sexually and relationally hurting**.** We do this by**:**

- Developing safe communities for the local church**.** We've created a number of small group program formats that apply to various areas of need.
- Training pastors and leaders to effectively minister to the broken in the context of these small group programs.
- Proclaiming to the church and the world the life transformation power of Jesus Christ.

Living Waters is a 20-week closed group for men and women seeking healing in their lives. It is an intensive and unique small group. Ultimately, we learn how to press into Jesus more deeply, allowing Him to meet our needs and transform us for His Kingdom purposes. With groups all over the world, and with over thirty years of ministering God's

healing love, the Living Waters program is a proven path of healing. Each meeting includes:

- WORSHIP – We focus our attention and praise on God rather than our problems.
- THE WORD – Living Waters' teachings combine biblical truths and psychological insights that help us to know God and ourselves better.
- THE WORKS OF JESUS – Through healing prayer in large and small group settings, we invite the Holy Spirit to heal our various wounds. We bring our sins, and those committed against us, to the Lord who is faithful to set us free.

Training: Living Waters uses a detailed guidebook that includes teachings, questions and additional readings that help us move from brokenness to maturity. Some topics addressed include:

- Acknowledging our need for God
- Receiving God's love
- Discovering who we are designed to be as relational and sexual beings made in God's image
- The power of the cross and confession
- Renouncing our idols

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