

Jesus and mental illness

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“Jesus Christ was a schizophrenic!” The renowned professor of medicine and department chairman appeared both proud of and bemused by his own “butade.” His closed associates and division chiefs competed to humor him with the decibels and duration of their laughter. Every Friday night, they congregated at his house to celebrate the end of the working week with a ritual that included booze, finger foods, and off-color jokes and comments. The celebration reached its climax when the old gentleman, loaded with scotch, his red eyes minimized to a porcine size, uttered a new egregious and desecrating statement. A few of the most promising resident physicians, such as myself and my spouse, were occasionally admitted as catechumens to this informal church proclaiming the death of all religions and all gods. To be initiated to a productive academic career, we needed to learn a total and unconditional devotion to university politics, disguised as devotion to the progression of science and to the service of the humanity. Hypocrisy was a critical requirement: Unless you were able to state with a straight face that “smoking does not cause lung cancer,” you would not have qualified for admission. At the meantime we needed to learn to avoid, disregard and disdain any distracting intrusion to this ascension, including the search for love and meaning, as well as the compassion for the suffering. I remember a senior faculty member honoring one of the research fellows because he proved to be “heartless” in dealing with an “experimental patient.”

The blasphemous statement of the esteemed professor represented nothing less than a twenty-first century version

of the Christian crucifixion. If Jesus were to appear among us today, the members of the new Synedrion would probably invite him to a party, make fun of him, label him a mental case and dismiss him to pity and derision [1]. This approach would certainly be less expensive and more effective than establishing a kangaroo court and carrying on a crucifixion, that required the cooperation of the Romans, the fiercest enemies of the Synedrion. Another major disadvantage of the crucifixion: it gave an opportunity to his faithful to mourn Jesus and to rejoice in his resurrection. Once labeled a mental case, Jesus would have lost all of his followers and would have been unable to begin a church. Even his resurrection would have gone unnoticed.

In this special issue of JMP, Bartesaghi addresses the twenty-first century crucifixion of the mentally ill that takes place thousand times a day every day, the world all over [2]. Mariaelena Bartesaghi is a qualitative scientist who specializes in discourse analysis, and also a devout Christian, who dedicated her research to listen and to interpret the discourse of the so-called mental patients. In her own dissertation [3] and subsequent published work, she exposed multiple ways in which a well-meaning therapist may misrepresent and misinterpret the statements of persons assigned to his/her care. The source of the misinterpretation is reliance on a preconceived construct of “psychological normality” unable to accommodate the different perspective of the patient labeled mentally ill. It is not hyperbolic then to think that Jesus himself may receive this label today, and so would most of the saints who experienced divine visions. Certainly they would be labeled schizophrenic, and their testimony would be disregarded and belittled.

A few years ago, a good friend of mine, a psychologist working in Milan, told me that once an upper-middle-class

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family, living in the Montnapoleone area, took a teenage son to her because he was having “strange thoughts.” He was asking: “does God exist? What is the meaning of life?” Though the DMS V, to my knowledge, has not yet included religious experience in the domain of psychopathology, the general European public certainly has. This example underlines the need to listen to and to understand the discourse of individuals labeled “mentally ill” as Bartesaghi and her co-authors maintain in this issue of the journal. This ability is critical to preserve the open-mindedness and with it the growth of our humanity, threatened by the confinement of an increasingly technological governance that excludes any experience that cannot be reproduced and codified. One of the most egregious examples of this technological confinement pertaining medicine has been the adoption of the Electronic Health Records (EHR) [4]. In a most poignant editorial, Dr. Rosenbaum illustrates how EHR stifle the patient-provider relation, and in this way they may prevent any real medical progress that is based on the observation of new occurrences that the EHR preclude from registering and analyzing. In lieu of supporting the discovery of the human experience, EHR preclude this discovery as they privilege technology over human experience.

Bartesaghi and her co-authors emphasize the following points:

- The mentally ill deserve to be recognized and dealt with as fully human. This recognition involves analyzing their statements for what they imply and be open to verify their meaning without prejudging implications and meaning according to a preconceived construct of psychological normality.
- Listening to the mentally ill is the most productive way to enrich our humanity by being opened to new experiences. To this I would like to add that truth is a living experience [5] that can be approached by co-opting rather than excluding other living experiences.
- The discourse of the mentally ill is a source of artistic and spiritual inspiration [6]. Excluding the mentally ill

from the human consortium, we may deprive ourselves of the works and the thoughts that have given meaning to our humanity throughout the centuries. To quote Orson Wells in the 5-star movie “the third man” “during the dominion of the Borgias Italy had murders and intrigues, but also had the works of Michelangelo, Leonardo and Raffaello.” During the same period of time, Switzerland had a very well regulated society, and the only development it had to show for it is the coo-coo clock!

- Last but not least, the concept of mental illness is evolving overtime and is largely connected to political, social and religious constructs. This approach, that may be necessary to prevent the disruption of the social bonds, may become a bondage that prevents personal and societal growth and that penalizes individuals expressing an alternative perspective of the world in which we live.

In a series of touching testimonies and research articles, the authors of this special issue warn us that mental illness represents the ultimate and most resistant bastion of human discrimination, of which healthcare providers may be willing accomplices.

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