
Model Of Disability: King Saul And Bipolar Affective Disorder

In this essay I will be focusing on the notion that King Saul suffered from Bipolar Affective Disorder (BAD). According to the NHS, “bipolar disorder, formerly known as manic depression, is a condition that affects your moods, which can swing from one extreme to another” (NHS 2014). BAD also includes periods of mania and depression. I will be concentrating on the idea that Western interpreters, who in my opinion heavily conform to the medical model of disability, are very quick to diagnose biblical characters, such as Saul with this type of condition. The medical model of disability is defined as focusing “on curing or managing illness or disability” (Wikipedia 2018). I will be exploring the effects that such a diagnosis might have. I will argue that although a modern diagnosis of an ancient character with a mental illness might aid us in our understanding of the text, at the same time, it is hugely stigmatising. Within my argument I shall investigate the notion of Western interpreters perhaps conforming to a different model of disability such as the social or cultural model. I will be looking at the text of 1 Samuel and how Saul’s modern diagnosis of BAD by Western interpreters may subsequently be brought to bear on the text. I will also look at potential alternative explanations which suggest that the view of King Saul which has been widely held by modern commentators may not necessarily be the correct one.

To begin my account, I will first refer to Martijin Huisman’s notion that Saul suffered from work-related stress. In 1 Samuel 13:5, we see that the Philistine army is far larger than Saul’s as they had “troops like the sand on the seashore in multitude” (1 Sam 13.5 NRSV) and that Saul has to wait seven days for the arrival of Samuel so that he can be given his orders. Huisman argues that “Clearly, the demands are extremely high: fighting a war against all odds, keeping his frightened soldiers under control and facing what appears to be almost certain defeat.” (2007). Huisman’s account of Saul suffering from work-related stress is an intriguing one. According to Bupa, “nearly half a million people in the UK have work-related stress at a level that’s making them ill” with the feeling of depression being one of the emotional effects (Mayfield-Blake 2017). It is here that we can see Huisman as a prime example of how a Western interpreter has inflicted a very modern concept on an ancient Biblical character. This is a line of thought that would not have been present when Saul was leading and therefore is an interesting concept. However, it is a notion that closely relates to the medical model of disability, it is a diagnosis and an exposé of Saul’s shortcomings. Huisman is, in my opinion, excusing Saul’s actions by saying they are as a result of a specific illness and argues that as a result of feeling stressed, and under pressure, Saul makes questionable decisions. For example, because Saul cannot control his people and Samuel is nowhere to be seen, he offers God burnt offerings, an act which is strictly forbidden from a King in the eyes of God. Saul is subsequently labelled “a man after his own heart” (1 Sam 13.14 NRSV) by Samuel. According to my line of thinking, Huisman is guilty of projecting, as Lawrence wrote, damaging sanist stereotypes in order to ‘classify’ those who are morally ambivalent or are negatively perceived characters within biblical literature (2018, 27).

I believe that what might be perceived as Saul’s mental distress begins to appear in 1 Samuel 16:14. The ancient proverb goes, “whom the gods wish to destroy they first make mad”. This is certainly clear in this verse. Gordon, in his commentary of 1 Samuel says: “Saul, bereft of the

spirit of Yahweh, falls victim to bouts of Kierkegaardian melancholia here attributed to an evil spirit from Yahweh' (1999, 152). Here we see the first signs of Saul falling into a state of jealousy-ridden despair: "an evil spirit from the Lord tormented him" (1 Sam 16.14 NRSV). However, can we really deduce from this that Saul subsequently fell into a state of depression? Lawrence notes that "Diagnosing the long gone dead, leave alone those who are known to us only as characters in ancient literary texts, is, of course, a precarious (historical) enterprise, magnified further by the projection of alien (and disputed) frameworks onto such traditions." (2018, 37) I agree strongly with Lawrence here as projecting a modern illness on biblical characters can be perceived as risky because such illnesses would not have existed at the time. The likes of George Stein are very focused on diagnosing Saul with a mental health condition. In his work he writes how Saul displays moments of frenzy both in 1 Samuel 10.10-13 and 19.23-24 and concludes by saying that it is because of this "then perhaps Saul qualifies for a DSM-IV diagnosis of bipolar affective disorder." (2011, 212). I believe that by trying to diagnose Saul with BAD using two sections of a rather large book as evidence is rather unjustified. I would argue this because although Stein makes sound conclusions he is, in my opinion, falling victim to the common line of thinking of many western interpreters. In trying to diagnose Saul with a mental illness, Stein is thereby conforming to a medical model of disability, one that is focused on a diagnosis and a cure rather than anything else.

By diagnosing the likes of Saul with BAD, western interpreters are opening the gates to the stigma surrounding BAD. The sanist perception of BAD, particularly today, is one that is deeply stigmatising and can make the lives of those living with BAD challenging. Stephen Propst wrote that "a person with a mood disorder still encounters a challenging environment where he is often seen as a second-class citizen." (2018). Although, thanks to modern medicine, there are now ways in which one can live with BAD and there are treatments, the stigma of suffering with such a disorder is yet to go away, particularly by those who conform to the medical model of disability. It is interesting to think that there is still huge amounts of stigma surrounding BAD, and that is in a society where mental health is now widely spoken about. How BAD might be perceived by ancient biblical characters is thought-provoking.

Throughout my research I discovered that Saul is perceived as the villain in 1 Samuel and his jealousy-ridden frenzy is why he is thought to become manic and depressed. For example, R. D. Stuart refers to him as "a selfish man who would not share the limelight with anyone" (2008, 155). In addition, Philip R. Davies said that "where Saul is remembered alongside David, it is as a failed or wicked counterpart to the successful and righteous King." (2013, 131). The fact that Saul is frequently referred to as a villain, selfish and wicked, hundreds of thousands of years later, shows the effects that stigma has had for the likes of Saul. It is also interesting to consider that mental illness is seen by some to be related to sin. Rodger K. Bufford wrote that "mental disorders, like any other human malady, came with the Fall and the entrance of sin in the world" (1988, 117). Admittedly, Bufford wrote this in 1988, before mental health was spoken about as openly as it is today. However, that does not take away from the fact that what he is saying is extremely sanist and stigmatising and in doing so may have influenced accounts of mental health within the Bible that followed. As mentioned previously, it was interesting in my research that from children's to adult's bible studies, Saul is labelled as one of the Bible's 'bad guys' and how this was often related to the biomedical model of mental illness. Lawrence says "Interesting, too, is the fact that if one runs database searches on 'madness and the Bible', time and again the same 'morally ambivalent' biblical characters are thrown into view? Saul, Nebuchadnezzar, Ezekiel, Herod, and so on" (2018, 35). Although I am not specifically discussing madness, it is noteworthy that I too came to the same conclusion as Lawrence in my

investigation of Saul. The sanist western interpreters are, according to my way of thinking, responsible for Saul's reputation as a villain.

I also found the notion of demonic possession within the Bible particularly intriguing and how this too is attributed to those in the Bible who are thought to be morally ambivalent. It is often deduced that a biblical character who is 'demon possessed' is therefore mentally ill. Bufford wrote "an analysis of the demon-possession accounts suggests that most of those symptomatic manifestations are also considered to be symptomatic of one or more mental disorders." (1988, 131) In addition, Dr. Joseph Layock writes that the idea of possession "in a lot of cultures, [it] can be a good thing or it's a neutral thing. And it's kind of unique in Christianity that we have this idea possession is always bad, is always demonic." [need reference here]. Henceforth, it might be understood that it is the responsibility of Christian western interpreters consistently conforming to the medical model of mental disability, that we find ourselves attributing possession, specifically demonic possession, to biblical characters who are thought to have had poor mental health. Chris Cook argued that "there is a danger that we look for demonization amongst those who are psychiatrically ill" and that "if science does not have convincing answers, then we look elsewhere." (Cook 1997). I agree with Cook here; it is my understanding that western interpreters want to go as far as using demonic possession to excuse why a biblical character may have suffered from a mental illness. It is for this reason that I want to challenge this line of thought as I believe that in the same way that God might curse an ancient character with an 'evil spirit', he can also retract it. For example, in the book of Matthew we see the cursed boy is cured of his demons, "And Jesus rebuked the demon, and it came out of him, and the boy was cured instantly." (Matthew 17.18 NRSV). The boy in question has been cursed with a demon and has had this curse taken away by Jesus. The cursed boy's mental health may have worsened when he was possessed by the demon but is it realistic that his mental health would suddenly be what it once was as a result of being 'cured'? Such an experience might linger with the boy and as a result his mental health might not be what it once was.

In my research I came across a piece written by Rev. Michael Tanner titled "King Saul & the Stigma of Madness". Within this piece he explores 'recasting stigmatizing texts' which he does in three ways. The first is by listening to countervailing texts by looking at other parts of the scripture. In this case, Tanner is referring to Matthew 22.39 "You shall love your neighbour as yourself" (Matthew 22.39 NRSV). He says that in doing so "no room remains for exclusion or neglect of people with mental illness or other impairments, Saul and his evil spirit notwithstanding." (Tanner 2010, 22). I agree with Tanner here as, so often western interpreters focus too much on one specific part of the Bible, not looking elsewhere in doing so. By loving your neighbour there is no place for the sanist's projection on a text. I believe that what Tanner has deciphered here is refreshing, he is not conforming to a restricting medical model but rather embracing Saul's quirks in a different way. I agree with Tanner in relating more to the cultural model of disability where he is embracing Saul as different rather than a man needing a cure. Tanner's second recast of the text is by listening to the rest of the narrative, in particular how Saul is treated. He looks at how David stands by Saul as his lyre player, he does not exclude or neglect Saul, "to exclude and neglect people based on 1 Samuel's attribution of Saul's madness to an evil spirit from God is to ignore the whole of the story." (2010, 23). I am not sure I agree with Tanner here. Although I understand his point of view, I do not believe Saul is treated in the best manner. I agree with Tanner's stance on the matter namely, that David is not the wrongdoer in this scenario. I would however argue that he is the man at the root of Saul's jealous rage, so perhaps even though David has good intentions, his very presence and its effect on Saul suggests that a different lyre player may have been more suitable.

Thirdly and finally Tanner discusses the paradox of madness. This is what I consider to be Tanner's most thought-provoking idea. He recalls how Saul falls into a state of "prophetic frenzy" in both chapter 10 and chapter 19 of 1 Samuel, two very different points in Saul's reign. According to Samuel, Saul's prophetic frenzy is a sign that God is with him in his reign. Tanner notes "in each case we have the same man, the same ecstatic behaviour, the same attribution to God's spirit, and contradictory connotations." (2010, 23). I found this particularly interesting as what Tanner has picked up on here is so subtle. He goes on to quote Simon Horne who discusses how stigma can hinder us from seeing the real meaning, "In the ancient world, impairment and inability are frequently understood as paradox – within inability is striking capability." (Horne 1998). We see through Horne that Saul's jealousy and wariness of David cohabit with his love and admiration of him. Tanner also goes on to say that people with disabilities force us to face our own vulnerabilities. He quotes Thomas Reynolds who says that "Disability confronts non-disabled persons with their own fragility and contingency. For all humans are only partially and temporarily able-bodied..." (Reynolds 2008). Tanner goes on to say that "We may get an inkling of the paradox when we consider our own suffering and ask ourselves whether we would erase it from our lives. We may be surprised to discover that our suffering is as much a part of our identity as our joy" (2010, 25). What Tanner has touched on here is both refreshing and different. He is not following the common western interpreter's notion that we should be finding a cure for Saul but rather following the cultural model of disability by redefining what it is to have a mental disability. The notion of vulnerability and discomfort around disability is particularly interesting and an issue that is still rife today. For example, "In a survey of 2,000 British adults to coincide with the advertising campaign, Scope found that two out of three people feel uncomfortable talking to disabled people." (McGuinness 2014). It is my view that vulnerability is a huge cause of this discomfort; we are, as Reynolds says, confronted by our "own fragility". It is perhaps as a result of this that, in my opinion, the western world so often wants to find a cure rather than embracing a difference as per the cultural model of disability.

Another fragment of 1 Samuel that is worthy of mention is Saul's death. The event that led to his death is described in 1 Samuel 28.5-6: "5When Saul saw the army of the Philistines, he was afraid, and his heart trembled greatly. 6When Saul inquired of the Lord, the Lord did not answer him, not by dreams, or by Urim, or by prophets." We see here that Saul has been abandoned by God and is filled with great fear at the prospect of another battle. He is subsequently badly wounded in battle and so says to his armour bearer "Draw your sword and thrust me through with it, so that these uncircumcised may not come and thrust me through, and make sport of me." (1 Samuel 31.4 NRSV). When his armour bearer refuses, Saul draws his own sword and falls upon it. Claude Marriotinni talks of how this is now understood as suicide, though there is no word for suicide in the Hebrew Bible. He says how Saul took his own life to "to avoid the humiliation that his enemies would cause him" and "in taking his own life, Saul was revealing the troubled aspect of his life and his isolation from God." (Mariotinni 2018). It could be argued that Saul's death was almost heroic. He suffered both at the hands of God and his people for many years and so to avoid humiliation he takes his own life rather than dying in a way that he might perceive to be in vain. It is also conceivable that his inner mental turmoil could have brought him to this point. This further illustrates the point that interpretation of this final act depends on whether Saul's "disability" was the reason for his death. If it were, in my opinion, it was a natural act; if it wasn't, it was an act of heroism.

It is clear that western interpreters more commonly conform to the medical model of disability than the cultural model. This means that the diagnosis of Saul's ill health is almost inevitably

one of bipolarity. This was the conclusion reached by a number whom I have mentioned such as Huisman and Stein. Throughout the book of 1 Samuel, Saul, from his original anointing by Samuel, acts in an increasingly unpredictable manner. The bearing that this has on the text is that it has been interpreted by many people as a progressively degenerative bipolarity disorder. The consequence of this is that Saul has been perceived as a villain in the Old Testament. However, my own feeling is that whilst it is possible that BAD was a condition that controlled Saul, rather than casting him as a villain, it could be better to attempt an understanding of his behaviour. That is therefore why I am more persuaded by Tanner's approach to the subject of King Saul's ill health. By studying Saul through a lens focused more on culture than the medical model, we see the possibility of a different way of thinking and one which embraces disability as opposed to seeking a cure for it.

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