WORKING PAPER 001

The Divine Constitution of Human Life

Biblical Anthropology and the Question of Whole-Person Mental Health

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Abstract

Before we can talk seriously about mental health, healing, or even what it means for a person to become well, I think we have to ask a more basic question: What is a human being? Modern mental-health care gives us increasingly sophisticated ways to understand the brain, behavior, trauma, emotion, physiology, and relationships. I value that work. But Christianity begins with a picture of the human person that also includes soul and spirit. This paper asks what becomes visible when those dimensions are allowed into the mental-health conversation without forcing them into modern scientific categories. Drawing in part from Johann Tobias Beck's nineteenth-century biblical psychology, I explore the possibility that a fuller understanding of the person may require us to hold biology, psychology, embodiment, meaning, morality, soul, and spirit in the same frame. I am not claiming that biblical anthropology has already been established as a clinical model. I am asking whether it raises questions that our current models may not be equipped to ask.

Author's Note

This paper sits at the foundation of the questions I am now exploring across this Working Paper Series. My Christian convictions are not hidden in this work. I believe human beings are more than brains and bodies, and I believe the spiritual dimension of human life is real. At the same time, I want to be careful about what Scripture says, what science can measure, what I believe, and what remains a hypothesis. My goal is not to make the Bible sound scientific. It is to ask whether our picture of the human person is large enough.

Before the Diagnosis, Who Is the Person?

I keep coming back to this question because mental health usually begins with symptoms. What is the person thinking? How are they feeling? What is happening in the brain? What happened in childhood? How are they sleeping? What behaviors are creating problems? These are important questions.

But I wonder whether there is a question underneath all of them: Who, exactly, is the person experiencing those symptoms?

A person can say, "I do not feel like myself." They can know what they believe and still repeatedly act against it. Their body can react before they consciously understand why. They can feel emotionally fragmented, morally conflicted, physically exhausted, spiritually distant from God, or unable to make sense of their own inner life.

A diagnosis may describe part of what is happening. But does it describe the whole person?

That is where this inquiry begins.

An Older Christian Picture of the Human Person

Johann Tobias Beck's Outlines of Biblical Psychology interests me because he was asking questions about human interior life long before neuroscience had the tools it has now. His framework works with biblical categories of spirit, soul, and body as distinguishable but deeply connected dimensions of human life.

I do not read Beck and think, "The soul is just another word for the mind," or "Spirit is an old-fashioned word for the brain." That would flatten theological categories into scientific ones and make both less precise.

Instead, Beck makes me ask: What if our modern categories describe real parts of human functioning but not necessarily the whole architecture of the person?

Scripture speaks about desire, conscience, will, identity, the heart, the body, choice, meaning, relationship, and orientation toward God. Psychology and neuroscience study many experiences that touch those same areas, but they use different language and different methods. Similarity does not make the categories identical. It does, however, give us somewhere interesting to look.

The Body Is Already Part of the Inner Life

One thing I find striking about Scripture is how often distress is described through the body. People speak of bones wasting away, hearts trembling, strength failing, tears, sleeplessness, heaviness, appetite, breath, pain, and exhaustion.

Modern science also tells us that what we call mental health is not happening in some disembodied mental space. Emotion involves the nervous system. Stress changes physiology. Sleep affects cognition and mood. Hormones, immune activity, interoception, movement, medication, nutrition, illness, and the brain all participate in how a person experiences life.

So the body and the inner life are already in conversation.

The question I am asking is whether soul and spirit belong in that conversation too - and if they do, how we study that responsibly.

What About the Parts We Cannot Put on a Scan?

This is where the conversation becomes more difficult, because science works best with things that can be observed, defined, compared, and measured.

We can measure heart rate. We can image the brain. We can ask people about symptoms, beliefs, behavior, relationships, and spiritual experiences. We can observe changes over time.

But we cannot place the soul on an MRI. We do not currently have a device that detects the human spirit or tells us whether God was present in an experience.

That limitation matters. But I do not think "we cannot directly measure it" and "it does not exist" are the same statement.

Instead, the research question becomes more careful: If spiritual beliefs, practices, or experiences are meaningful dimensions of human life, what observable changes occur alongside them? What happens to attention, emotion, identity, behavior, physiology, relationships, and functioning? And what can those measurable changes tell us - without pretending they tell us more than they actually do?

Spiritual Experience Is Already Being Studied

This is not entirely outside science. Researchers in neurotheology and related fields have already used neuroimaging and physiological methods to study prayer, meditation, worship, mystical experience, and other religious and spiritual practices.

That research does not prove God. It also does not disprove God.

What it does show is that spiritual practice and spiritual experience can be studied at the level of the human brain and body. If prayer changes attention, emotion, autonomic activity, or neural function, those changes are scientifically interesting whether the researcher accepts the participant's theological interpretation or not.

To me, that creates an important distinction that runs through much of my work: mechanism is not necessarily the same thing as source.

A brain scan may show us something about what is happening in a person during prayer. It cannot, by itself, tell us who or what caused the experience.

What Would Whole-Person Mental Health Actually Mean?

The phrase "whole-person care" is used often, but I want to push the question further.

If a human being is body, soul, and spirit - and if mind, emotion, identity, will, physiology, relationships, meaning, and spiritual life interact - then what would it mean to assess suffering without automatically separating those dimensions?

Would healing mean only fewer symptoms? Or could it also include restored functioning, clearer thinking, emotional regulation, freedom from destructive patterns, reconciliation, renewed meaning, restored identity, spiritual freedom, or a changed relationship with God?

And if several of those things change together, which part of the person changed first?

Those are not rhetorical questions for me. They are research questions.

The Questions I Want to Keep Asking

How do spiritual beliefs and experiences interact with cognition, emotion, identity, physiology, and behavior? When someone reports an encounter with God that changes the direction of their life, what else changes with it? Can those changes be measured over time? Are there patterns in attention, nervous-system regulation, behavior, or brain activity that accompany profound spiritual transformation?

How should we study experiences that people understand spiritually without reducing them to biology? And how do we remain open to spiritual explanations without turning subjective interpretation into scientific fact?

Most importantly: are our current models of mental health built from a sufficiently complete understanding of the human person?

Where This Work Is Going

I am developing a methodology and applied model around the convergence of mind, soul, physical body, and spirit. I am not presenting that model as an established treatment. Before anything can responsibly become an intervention, the ideas beneath it have to be defined, questioned, measured, tested, challenged, and refined.

That means identifying what existing research already supports, where evidence is weak, what is theological conviction, what can actually be operationalized, and what new studies would be needed.

It also means maintaining safeguards. Spiritual explanations should never become an excuse to ignore medical illness, psychiatric risk, neurological disease, trauma, medication effects, or other realities that require appropriate care.

But the opposite safeguard matters too: a scientific framework should not quietly assume that whatever it cannot currently measure cannot be real.

I want to hold both disciplines at once.

The Question Beneath the Entire Series

This first paper leaves me with the question that sits underneath nearly everything that follows:

What if some of our difficulty understanding mental illness comes from beginning with an incomplete picture of the person?

I do not yet know everything that follows from that question. That is exactly why I want to keep asking it.

If we are going to study suffering, transformation, and healing seriously, I think we first have to be willing to ask what, exactly, a human being is.

References

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