the contributions are largely promissory, offering prescriptions for how to go on in philosophy of religion while exemplifying the advocated methods only to a limited extent. The principal exception to this is, as I have noted, Morriston's extensive exemplification of how close attention to a text can disrupt certain philosophical or theological presuppositions. In other instances, the essays function as helpfully concise prompts that may point the interested reader towards further work in which these and other authors put the recommended methods into practice. The book is a stimulating addition to the ongoing debate over the possible future directions for philosophy of religion.

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Marcia Webb *Toward a theology of Psychological Disorder* (Eugene OR: Cascade Books, 2017). Pp. xxiv + 183. £21.00/$26.00 (Pbk). ISBN 978 1 4982 0211 4.

In the USA and western Europe, awareness of and concern about mental illness (or psychological disorder) are at an all-time high. Yet the question of how we should understand mental illness remains unanswered. On some accounts, social and biomedical models of mental illness are radically polarized. On this polarized view, the social model dissuades people from taking any kind of psychiatric drugs and creates suspicion of medical professionals, while the biomedical model attributes mental illness entirely to biological malfunction, deflecting attention away from issues of social justice bound up with the illnesses' onset and prognosis. More promisingly, other accounts claim adherence to the 'biopsychosocial' (or even 'biopsychospiritualsocial') model – and yet how this is interpreted is not at all straightforward. In part because the 'bio' aspect is often interpreted as meaning 'genetic' (rather than as referring, for example, to neurological changes resulting from childhood trauma), in practice this often becomes the 'bio-bio-bio-model', and the social and other factors fall out of view. Added to this is the fact that it is often assumed that the 'kind' of treatment given should respond to the 'kind' of cause: that if the cause is biological (or psychological, or spiritual, or social), the treatment should be biological (or psychological, or spiritual, or social) too. This is a naïve assumption, not least because of the way it dis-integrates human beings, who do not in fact have separable biological, or spiritual, or psychological parts. Moreover, it is damaging: the fact that this assumption is made means that what is at stake for whether biological or social

causes are emphasized is whether drugs or social action are regarded as the loci for action when responding to mental illness.

How does religion – here, Christianity – fit in to all of this? Religious people are likely to adopt, reject, or adapt these non-theological understandings of mental illness. So for example, some Catholic Christians are likely to regard some examples of what a psychiatrist would call 'mental illness' as, instead, a sign of closeness or holiness to God, or a 'dark night of the soul' (e.g. Kolodiejchuk (2008)). Others are likely to regard mental illness as having a natural aetiology, but as being potentially transformative (for example, by resulting ultimately in greater compassion, psychological insight, courage, or appreciation of beauty (e.g. Palmer (2000); Nouwen (2009)). Still others – more usually from Evangelical traditions – will regard mental illness as a sign of a sinful lifestyle, or a selfish attitude, or even as a result of demonic oppression or possession (e.g. Minirth & Meier (1994); Ingram (n.d.)). Reacting against these 'negative' theologies, still others within this tradition adopt a biomedical (or 'bio-bio-bio' model), affirming the importance of medication and denying that mental illness has any interesting relation to people's spiritual or moral lives (Holpuch (2014)).

Religious interpretations of mental illness affect how religious people with mental illnesses make sense of their experiences and what kind of responses they will get from their churches; they therefore influence the mental illness's cause, its prognosis, and the treatments people will take. For this reason, understanding and responding to religious interpretations of mental illness is important – for example, for medical professionals, whether religious or not, and for religious ministers and congregations who seek to respond to Christians with mental illness responsibly (see Koenig (2007)). Religious interpretations of mental illness are also important to theologians and philosophers of religion, since they are significant for (among other things) religious ways of making sense of and explaining suffering, debates about divine passibility, and pragmatic reasons for religious belief (see Scrutton (2016)).

Marcia Webb steps into the religion and mental health arena with a twofold aim: to debunk 'negative' (sin, spiritual failure, and demonic) interpretations of psychological distress, and to construct a passibilist theology of psychological disorder in their place. Webb's primary criteria are scientific (biological and psychological) and scriptural. As a result, her book will appeal primarily to Christians from traditions that emphasize the Bible (as distinct from tradition, reason, or experience), and that take the Bible at face-value and utilize a relatively traditional Christian hermeneutic of it. The appeal to this group is fortuitous, since it is precisely these Christian traditions in particular which are likely to speak of mental illness as sin, spiritual failure, or demonic oppression, and so these traditions need to hear Webb's arguments the most.

In the first half of the book, Webb outlines the surprising prevalence of spiritual failure interpretations of mental disorder. Webb polarizes 'scientific' (which seems to mean biomedical and psychological) and 'negative' or 'spiritual failure' (sin,

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demons) models of psychological disorder. In order to critique spiritual failure models, Webb asks, 'Do the claims of negative . . . theologies of psychological disorder accurately reflect the full testimony of Scripture?' (23). Webb wisely rejects a retrospective psychiatric diagnosis of biblical figures on the basis that they are under-described, and because diagnoses are culturally variable rather than static, so it would be anachronistic to do so (23–25). Rather, drawing on examples such as Naomi, Elijah, Job, Paul, and Jesus, Webb argues that the Bible does not support the notion that believers can or should remain positive through all of life's trials. Furthermore, the psalms of lament not only show us that psychological distress does not reflect spiritual failure, but, rather, give us an example of faith in God in the context of suffering, therapeutically helpful in a liturgical context. In the case of demons, Webb points out that the biblical accounts of demon possession in fact seem to be about (what we would call) 'physical' rather than 'mental' ailments, and so it seems that we read mental illness back into biblical possession/exorcism stories – perhaps on account of the fact that there is a greater explanatory gap about psychological disorder than 'physical' illness.

In addition to appealing to the Bible, Webb draws on her expertise as a psychologist to point to problems associated with the spiritual failure model of mental illness: people who believe their disorders are caused by divine punishment report more distress, have reduced levels of well-being, and are more aware of the losses caused by psychological problems. 'Excessive or inappropriate guilt' is a DSM symptom of depression, and so people who are told their depression is a result of personal sin may be more likely to 'remember' sins to attach their feelings of guilt to (49). Webb also contextualizes the negative/spiritual failure theologies, both in terms of Stoic, early Christian, and mediaeval views of *acedia* ('despair'/'listlessness'), and in terms of the influence of the American Dream, Protestant work ethic, the New Thought movement, and the Positive Thinking movement in forming US moralism about bad fortune. The historical sections are easy to read yet scholarly, and help to emphasize the contingency of negative Christian theologies of mental illness: they are the result of cultural factors, and Christian thinking about these things could be otherwise.

Webb then turns to the constructive aspect of her book: developing a passibilist theology as a pastoral response to mental illness. Drawing on 2 Cor 12:9 ('my power is made more perfect in my weakness'), Webb explores how biblical narratives and contemporary examples show victory occurring in the context of frailties and limitations. Within this, Webb's account has an admirable social strand: 'people do not choose the damaging genetic, biological, psychological, social, economic, and political circumstances of their births, circumstances which may also expose them to multiple sorrows and disadvantages, and which also fall outside of the protective gates of Eden for which humanity was created' (107). In so doing, Webb suggests a biopsychosocial model, but one with a significant, and clinically informed, emphasis on the social, infused with Christian thought about a fallen world and its effects on human existence. This is particularly to be welcomed,

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because the churches to which Webb is responding in her critique of negative theologies tend to be strongly individualistic, resulting in little recognition of biblical teachings about social justice.

Relating to the individualism of negative theologies is the voluntarism (stress on (libertarian) free will and so moral responsibility) these theologies usually adhere to. Webb offers a more qualified voluntarism than the majority of Christians who hold negative theologies, though her moral world-view is still within this tradition. In particular, she argues that people with psychological disorders are not responsible for the *onset* of their problems, but they are responsible for dealing with the disorder, for 'the ways they address the reality of disorder in their lives' (111–112). In addition to this, Webb points to evidence suggesting that predispositions for mental disorder are correlated with positive character traits, such as creativity, citing interesting examples such as Teresa of Avila, Martin Luther, and Anton Boisen.

Finally, Webb points to passibilist theology as a more promising response to mental disorder. Noting that stigma of mental illness may relate to our own fear about vulnerability (135), Webb points to a theology of the cross, in the tradition of Martin Luther, Jürgen Moltmann, and others: 'A theology of psychological disorder begins, then, at the cross. It begins with a crucified God who knows our suffering, who knows our distress, and who knows our estrangement' (144). Following this tradition, she argues, God's suffering, unlike ours, is freely chosen out of love (see e.g. Fiddes (1988)). Because it is freely chosen out of love, God's suffering is not a weakness but a strength. Webb doesn't say much explicitly about how this theology might help people with mental illness (who have usually not chosen their suffering). It may be that she has in mind that the idea of a suffering God might console sufferers – this is how Bonhoeffer's phrase that 'only a suffering God can help' is often taken; God fulfils the role of 'a fellow sufferer who understands' (Whitehead (1978), 351; Bonhoeffer (1967), 188). Or, given the way she attributes stigma of mental illness to fear of vulnerability and points to the theme of strength in weakness, it may be that Webb has in mind rather that a passibilist theology of mental illness will enable the Church to respond to people with mental illness in a non-stigmatizing – indeed even anti-stigmatizing – way.

Webb has done a great service in responding to negative, frequently damaging, theologies of mental illness, and pointing to a more humane theology. She has done so as someone with sympathy for and some shared beliefs with the kind of churches that put forward negative theologies, and so is more likely to engage people than someone from outside that tradition. She has done this in an accessible way, and yet in a way that is informed by scholarship in biblical studies, history, psychology, and theology. I felt some frustrations with the book: it was sometimes scientistic, and taking an involuntarist line with respect to a mental illness's onset but not how the person responds to it seems arbitrary. I would also have liked to have heard more about how a passibilist theology might help

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people with mental illness. However, I am profoundly grateful to Webb for writing a book that will be helpful to many, and further much-needed theological reflection on mental illness.

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Peter J. Woodford *The Moral Meaning of Nature: Nietzsche's Darwinian Religion and its Critics*. (Chicago: University of Chicago Press, 2018). Pp. 208. $30.00. (Pbk). ISBN 9780226539898.

This book had support from the religiously inclined Templeton Foundation, which according to its website funds research about human purpose and ultimate reality; it benefits from the idea of Cambridge Divinity Faculty's Sarah Coakley, 'to place scholars of religion into active research groups in the sciences' (151), in this case with evolutionary biologists. Peter Woodford tackles questions of what, if anything, biological evolution tells us about religion's nature, ethical values, and life's meaning and purpose. He argues that new light is shed by discussion of Darwin in a context of nineteenth-century Germany,