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Intercession and the Taboo and Stigma on Mental Health and Doctrinal Anomalies: Pastoral and Theological Implications of Public Prayer Practices

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Abstract: Prayers of intercession cover a wide range of topics, yet prayers for mental health or issues around sexuality or divorce prove to be taboo and stigmatised. This article interprets this finding from empirical research with the theories of taboo as outlined by Alasdair MacIntyre and Mary Douglas. The article offers pastoral-theological reflections on the problem of taboo and stigma – caused by doctrine or cultural norms – in intercession. The article argues that the practices of solidarity, naming, and hospitality reframe the way taboo and stigma can be thought about theologically and therefore eventually might influence intercession in public worship.

Keywords: Intercession, taboo, stigma, Mary Douglas, Alasdair MacIntyre

Zusammenfassung: Fürbittengebete sprechen ein weites Feld von Themen an. Gebete aber, die geistige Gesundheit, Sexualität oder Ehescheidung ansprechen, sind empirischen Untersuchungen zufolge als tabuisiert und stigmatisiert aufzufassen. Dieser Beobachtung geht der vorliegende Aufsatz mithilfe der Theorien des Tabus von Alasdair MacIntyre und Mary Douglas nach. Er reflektiert aus liturgischer bzw. pastoraltheologischer Perspektive, wie doktrinaire und kulturelle Normen dazu führen, dass Tabus und Stigmata auf die Gestaltung von Fürbitten einwirken. Angesichts dessen argumentiert der Aufsatz, dass die theologische Sichtweise auf tabuisierte Themen sich verschiebt, wenn im Gottesdienst und im öffentlichen kirchlichen Leben Solidarität und Gastfreundschaft praktiziert werden.

Stichwörter: Fürbitte, Tabu, Stigma, Mary Douglas, Alasdair MacIntyre

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Introduction

Intercession in public worship is a core liturgical practice of many churches, whether in a formal structure or in a more extemporaneous way. But what is being prayed for? Are certain topics left out or even taboo, as someone once suggested to me? Most literature on intercession approaches the topic doctrinally. Empirical research on intercession in regular worship services is generally lacking, and the question of taboo is not discussed, at least not in these terms. While the results of the empirical research on the question of taboo in intercession have been published elsewhere,¹ the present article further fills this gap by discussing the practice of intercession and the question of taboo from a pastoral-theological point of view. The central question for this article is what happens theologically when certain prayer topics are taboo in public worship. It will become clear that taboos in intercession are potentially highly problematic for those persons not being prayed for as well as for the community itself. The article focuses in particular on the taboo of mental health.

The first section of the article summarises the empirical findings briefly. The second part reviews some theoretical aspects of taboo on the basis of the theories of Alasdair MacIntyre and Mary Douglas and applies these to mental health and the question of doctrinal taboos. This discussion will also show a strong relationship between taboo and stigma. The third part offers pastoral-theological reflections on the topic, exploring the concepts of solidarity, naming, and hospitality. Before arriving at the conclusion some reflections on taboo and doctrine will be offered.

I Background: Empirical findings

I analysed prayers from twenty-two churches in the Netherlands, Belgium, Scotland and Northern Ireland and conducted interviews with the pastors or other leaders.² The analysis showed that many topics are prayed for. Nevertheless, prayers for mental health issues were offered in very general terms, if at all. These

1 Armand Léon van Ommen, "Taboo and Stigma in Praying for Mental Health: An Empirical-Theological Investigation into the Practice of Public Intercession," *Ecclesial Practices* 6, no. 1 (2019): 83–101.

2 Ethical permission was obtained from the College of Arts and Social Science Research Ethics and Governance Committee of the University of Aberdeen. The Dutch/Belgian part took place under the responsibility of the Research Committee of the Evangelische Theologische Faculteit (Leuven). All participants were informed beforehand about the project and were given my contact details as co-

prayers contrast prayers for physical illness and some other topics, in which people were mentioned by name.³ When the pastors were asked about this remarkable fact, they said the reason was not that mental illness is taboo, but that they avoided mentioning people with mental health struggles by name out of pastoral sensitivity. While commendable on the one hand, on the other hand, one might wonder whether such sensitivity underlines the argument that mental illness is taboo in prayer – not from the point of view of the pray-er, but because in wider society (and also in the church) the condition is stigmatised.

Another finding in the prayers and the interviews was that in some churches issues that are contrary to the doctrine of the church, in particular sexuality and divorce, were deliberately not prayed for.⁴ Prayer requests for such issues were turned down by the pastors in these particular churches. The present article focuses on the issues of mental health, sexuality, and divorce, which are apparently taboo in intercession, at least in some churches. As we will see, mental health is another kind of taboo than sexuality and divorce, because the latter two are backed up by doctrine.

II What is a Taboo?

The *New Dictionary of Christian Ethics and Pastoral Theology* defines taboo as “A powerful prohibition, cultural or individualistic, leading to strict avoidance of the forbidden act, object, person or place.” They affirm, as others do, that “[d]eath and sexual and reproductive activity are the most widely found subjects of taboo, with incest being almost universal.” Taboo subjects are considered too sacred or too cursed. Either way, ordinary human beings should not engage these subjects. The dictionary entry concludes with the observation that “[o]riginally protective in intent, taboos become restrictive, tending to exclude people from places and relationships.”⁵ Subjects taboo in one context/culture can be perfectly acceptable in another. In other words, taboo is a social/cultural/religious construct.

ordinator of this project and invited to ask any questions they might have, before or after the interviews or focus groups. No funding was obtained for this research project.

3 In some countries, like the United States and Canada, it is a legal violation to pray for people by name without their prior permission. Apart from legal requirements, from an ethical point of view it should be obvious that people need to give their explicit permission to be prayed for in public worship. In some of the interviews and the focus groups this point was mentioned as self-evident.

4 Some other issues were mentioned as unsuitable prayer topics, in particular praying for success (this was not further specified) and greedy desires.

5 R. Fowke, ‘Taboo’, *New Dictionary of Christian Ethics and Pastoral Theology* (Leicester and Downers Grove: Inter-Varsity Press, 1995); see also M. Lambek, ‘Taboo’, in *International Encyclopedia of*

The function of taboo has been explained primarily by anthropologists (e.g. Franz Steiner and Mary Douglas) and psychologists (e.g. Sigmund Freud).⁶ Malcolm Hamilton concludes after a brief overview that we cannot “claim to have much understanding of it” and that much comparative work remains to be done.⁷ For the purposes of this article we will discuss Alasdair MacIntyre’s appropriation of the concept of taboo and the aspect of classification in Mary Douglas’ explanation of the function of taboo.

MacIntyre analyses the word taboo to make his point with regard to problems in moral philosophy. He explains, on the basis of the works of Franz Steiner and Mary Douglas, that the typical development of taboos displays a two-fold history. The first part is its emergence within the context in which it makes sense; the second part is when the taboo is severed from its historical context. Taboo only functions intelligibly within the historical context in which it arose.⁸ For MacIntyre taboo is a prohibition that has its reasons in a particular historical context. Out of that context, the taboo becomes unintelligible (and is in “danger” of being overthrown easily, as he argues).

It is outside the scope of this article to analyse the historical context and transitions of taboos on mental health or doctrinal matters. Yet MacIntyre’s claim that taboos make sense only in their particular context helps us to clarify the refusal or generic character of certain prayer topics. The data shows a clear distinction between the general level at which mental health is prayed for (along the lines of “We pray for those ill in body, mind or spirit”) and the refusal by some to pray for sexuality issues or divorce. The latter can be explained against the doctrinal framework of those particular churches, and they will be able to explain this framework to a greater or lesser extent. In two churches the pastors say explicitly that there should be no prayers for those of the same sex who plan to get married. Their criterion is that prayers should be “biblically legitimate.” For the same reason prayers for those who are in the process of a divorce are not, or hardly, acceptable. While these two pastors are explicit, pastors in some other churches showed also reluctance to pray

the Social & Behavioral Sciences, ed. Paul B. Baltes (Oxford: Pergamon, 2001), 15429-31; Morgan Stebbins, ‘Taboo’, in *Encyclopedia of Psychology and Religion*, ed. David A. Leeming (Boston, MA: Springer US, 2014), 1773–75.

6 Franz Steiner, *Taboo* (London: Cohen & West, 1956); Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, Routledge Classics (London and New York: Routledge, 1966); Sigmund Freud, *Totem and Taboo: Resemblances between the Psychic Lives of Savages and Neurotics*, trans. A. A. Brill (New York: Moffat, Yard and Company, 1918).

7 Malcolm Hamilton, *The Sociology of Religion: Theoretical and Comparative Perspectives*, 2nd ed. (London and New York: Routledge, 2001), 146.

8 Alasdair MacIntyre, *After Virtue: A Study in Moral Theory*, 3rd ed. (London: Duckworth, 2007), 112f.

for both groups of people. In the twofold developmental scheme as suggested by MacIntyre, the taboo on these doctrinal matters is “in good order,” i.e. in their historical context.⁹ This can hardly be said for the reluctance to pray for mental health matters in any detail. The pastors in these churches will affirm that theologically mental health is not taboo. In other words, there is no doctrinal warrant for this reluctance. The explanation that the pastors put forward is in terms of pastoral sensitivity, which (in this case) has much more to do with societal norms, which are notoriously difficult to explain. The taboo on mental illness is much more “fragmented and thrown into disorder.”¹⁰

We now turn to Douglas’ theory. She argues that taboos need to be understood against the background of two main themes. First, “[t]aboo protects the local consensus on how the world is organised.” Second, ambiguity causes cognitive discomfort: “Ambiguous things can seem very threatening.”¹¹ These two themes are highly relevant for our discussion on taboo in intercession. The first theme concerns the tension between the “world” of the church, which is called to be counter-cultural where necessary. We come back to this theme later in the pastoral-theological reflections. The second theme helps to see why prayers for mental health remain at a rather general level.

Douglas suggests that when we perceive something we classify it as acceptable, ambiguous or discordant.¹² The first are accepted, the latter rejected, the second are dealt with in order to fit the pattern. The classification system is always at work. It should be emphasised that applying the classification categories is not a mere rational exercise. The idea of “not understanding,” as we saw with MacIntyre, contradicts an all too rational interpretation of the dynamic that Douglas talks about. As we just noted, ambiguity is disconcerting, threatening; there might be fear and disgust for what is strange, unknown and not understood.

It is relevant for our later discussion to note that Douglas refers briefly to the practice of naming: “As learning proceeds objects are named. Their names then affect the way they are perceived next time: once labelled they are more speedily slotted into the pigeon-holes in future.”¹³ She continues: “As time goes on and experiences pile up, we make a greater and greater investment in our systems of labels. So a conservative bias is built in. It gives us confidence.”¹⁴ Ambiguity and

⁹ Ibid., 113.

¹⁰ Ibid.

¹¹ Douglas, *Purity and Danger*, xi.

¹² Douglas’ discussion of classification and ambiguity can be found in the second chapter of *Purity and Danger*, 36–50.

¹³ Douglas, *Purity and Danger*, 45.

¹⁴ Ibid., 45f.

anomaly is not always unpleasant and can be confronted, though, but then they serve as affirmations of the general established pattern. In other words, when a community or culture recognises something as an anomaly, it says something about that community's classification system. The practice of naming or labelling is necessary to make the classification system of a society work. The clearer the label is, the easier it becomes to classify the person, i.e. accept or reject him or her. Consequently, societies have difficulties with things or persons that have no clear label (ambiguity) because they are not so easily classified.

Douglas' theory of classification, and in particular the idea of labelling or naming, relates strongly to concept of stigma. According to Erving Goffman, this concept finds its origin in Greek culture, where *stigma* referred to a bodily sign of a certain "status," such as criminal or slave. This sign was burned onto the person's skin. From now on the criminal or slave was known by this sign – stigma. The person's primary identity was now "criminal" or "slave of this master." Hence the essence of stigma is seeing the person primarily or solely through one particular aspect of that person. In other words, the person is being reduced to that particular aspect.¹⁵ Erving Goffman's theory of stigma and Douglas's classification theory show remarkable similarities. Stigma is deviation from an expected norm, and therefore the person wearing the stigma falls outside a – by society – predetermined norm.¹⁶ Like taboo, the "differentness" of the stigmatised person "derives from society, for ordinarily before a difference can matter much it must be conceptualized collectively by the society as a whole."¹⁷ In other words, with both taboo and stigma, some kind of categorisation process is at work. A final similarity that is important for our discussion is Goffman's observation that "[t]he normal and the stigmatized are not persons but rather perspectives. These are generated in social situations..."¹⁸ Stigma (and taboo) are social constructs, depending on particular ways of naming and seeing the world. With this in mind, we will now apply MacIntyre's and Douglas' theories to mental health, and then to taboo and doctrine.

15 Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (London: Penguin Books, 1963), 11–13; cf. John Swinton, "Time, Hospitality, and Belonging: Towards a Practical Theology of Mental Health," *Word & World* 35, no. 2 (2015): 175f.

16 Goffman, *Stigma*, 11f, 151ff.

17 *Ibid.*, 149.

18 *Ibid.*, 163f. Goffman uses the term "normal" for those not stigmatised.

Taboo and mental health

According to MacIntyre a key characteristic of taboo is “not understanding,” because the taboo is not understood in its original context. Do we understand mental health? Many people living with mental health challenges report that people (and more often than not including friends and family members) do not understand and do not know how to respond to them.¹⁹ Even when we move to the world of the professionals, diagnoses are not watertight (in other words, naming is an uncertain process!), and even if they are, it is not always clear what the best treatment is. The insecurity of how to understand mental health challenges may indeed be part of the reason why mental health issues are tabooed or stigmatised. It is hard to see how the taboo and stigma on mental health are “in good order.”

Turning to Douglas’ classification theory, she applies her theory also to society’s members, more particularly, to “beliefs about persons in a marginal state. These are people who are somehow left out in the patterning of society, who are placeless. They may be doing nothing morally wrong, but their status is indefinable.”²⁰ Douglas herself applies this further to mental illness, saying that once people have been admitted to a psychiatric treatment institution they are perceived as “abnormal,” a label that will remain with them forever. When this label becomes the primary lens through which the person is seen, they are stigmatised. Douglas’ observation sounds as true today as when she wrote this some fifty years ago, although we must add that nowadays much work is done to raise awareness around mental health challenges.

This dynamic is often at work in churches as well. Some “lighter” mental issues can be accepted in church. Burn-outs, as a result of stress, might be acceptable (although even that is not sure). Major depression is ambiguous. We may label that in such a way that we either find a place for it in our faith communities or reject it because it does not fit the normal pattern. Schizophrenia and forms of depression that include hallucinations are anomalous and classified as dangerous. Certainly people in this category are referred to psychiatry. These latter forms of mental illness are outside the boundaries of society – in Douglas’ terms, they are taboo. Here the connection between taboo and not understanding (MacIntyre) seems to be right. There is little reason to believe that these dynamics are different

¹⁹ E.g. Monica A. Coleman, *Bipolar Faith: A Black Woman’s Journey with Depression and Faith* (Minneapolis: Fortress Press, 2016); Kathryn Greene-McCreight, *Darkness Is My Only Companion: A Christian Response to Mental Illness*, 2nd ed. (Grand Rapids: Brazos Press, 2015).

²⁰ Douglas, *Purity and Danger*, 118.

in churches than in society at large, as several people living with mental health challenges testify.²¹

Of course, churches will not say people are not welcome. Nevertheless, we have seen that mental health issues are at best mentioned in very general terms, whereas for other (health) issues people are mentioned by name. In the words of one pastor: “Well, people who break a leg...that’s easier praying than for someone with a depression, or an addiction.” I suggest that in public intercessory prayer the church shows how much it is influenced by its surrounding culture.²² One might argue that this is unavoidable. Yet the church is called to be a different community (e.g. Rom. 12:1–2). One way to express the difference with the surrounding culture might be in how we name things, as we will discuss below. If the church is called to be a different community, its classification system (cf. Douglas) will be necessarily different from other cultures, including its surrounding culture. The classification system should not be based on mental health conditions, or more subtly, on fear or even disgust. It should rather run along lines of an openness to be in God’s presence and be transformed because of that presence (cf. the many discussions Jesus has with the Pharisees about acknowledging him and the Father, e.g. in John 8 and 10).

Taboo and doctrine

The empirical research for this project on intercession revealed that prayers for mental health are offered in very general terms, if at all, and that some churches deliberately refuse to pray for issues related to sexuality and divorce. The explanation for this refusal runs along the lines of doctrine. Is it right to speak about taboo and/or stigma in this context? I suggest it is. First, while on the one hand in many Western societies same-sex relationships seem to be accepted and in increasingly more countries same-sex marriage is legalised, on the other hand many queer people find it difficult to “come out,” and gay-bashing is still a well-known problem. Secondly, we can speak of taboo here because of the consequences of the refusal to pray for these issues on doctrinal grounds. When doc-

²¹ See for example two writers already referred to: Coleman, *Bipolar Faith* (n. 18); Greene-McCreight, *Darkness* (n. 18).

²² Here we should acknowledge that there may be other reasons not to pray for certain issues than taboo. Such reasons might include confidentiality or the ethical/legal requirement to protect the identity of people. However, when confidentiality is required because of the stigma surrounding the particular issue, it again might underline the argument that the church is influenced by what society considers taboo or what society stigmatises.

trine is the reason not to pray for certain issues, this is generally well-known by the members of the community. The message is clear: same-sex relationships are “not done” in this community. The issue is “untouchable.” In other words, it is forbidden – taboo.

Note that “taboo” is used here in a slightly different way or for different reasons than in the case of mental illness. Here taboo is used more in one of the primary anthropological uses of the concept, that is, the prohibition of touching/invoking the dead and of certain sexual relationships. The main difference seems to be, on the one hand, a lack of understanding and an unwillingness to associate a person (or be associated) with the condition in the case of mental illness, and, on the other hand, doctrinal clarity. Yet the effect is similar: because it is taboo (in the sense of forbidden) to be gay, people may not want to be associated with this (stigmatising) “label.” Nevertheless, the surface similarity covers different situations. With regard to our topic of intercession, one may wonder how a community might pray for those they consider to engage in sinful behaviour. We will come back to that question in the section on theological identity.

To sum up the section on the theory of taboo, two theories of taboo have been discussed. MacIntyre explains taboo in terms of two historical stages: the first one, in which the taboo makes sense, and a second stage, when the historical context of the taboo has changed and, therefore, the taboo becomes unintelligible. “Not understanding” becomes key in this theory. This connects to the classification theory of Douglas. She argues that societies have a hard time dealing with ambiguity and anomalies. Hence, that which is strange or ambiguous – e.g. mental health, sexuality, divorce – is either made to fit the normal patterns of society (acceptance) or rejected. The pastoral-theological reflections below will highlight hospitality as an act of getting to know a person, and therefore hospitality can counter taboo and its accompanying stigma.

III Pastoral-Theological Reflections on Taboo and Intercession

In what ways might we interpret the above discussions of taboo and stigma on mental health and some doctrinal issues from a pastoral-theological point of view? The following sections suggest three interpretative concepts of taboo and stigma in the life of the church: solidarity, naming, and hospitality.

Solidarity

First we need to articulate an implied but salient point in the relational framework sketched above, i.e. intercession is an act of solidarity. By this act the community votes to stand with those in need and calls upon God to comfort, to provide, or to intervene. Even though this might seem straightforward from the above, the point needs elaboration because the way we perceive of solidarity and the other has important ramifications for intercession and the life of the church.

In an insightful article on intercessory prayer, Kelly Johnson connects prayer with Christian unity. Prayer of intercession is rooted in the intercessions of Christ. Solidarity and intercession are bound up with each other according to Johnson: “Among Christians, to pray for each other’s needs is to take the other’s need on as one’s own because it is taking part in Christ’s intercession and this is what he does.”²³ Johnson’s point of the needs of the community belonging to one another is well taken. The connection with Christ is a valid point too, as also Don Saliers asserts: “[Intercession] comes in response to the divine identification with the lowly, the suffering and the forsaken. The prayers of intercession are themselves a declaration that God in Christ identifies with the suffering needs of a fallen humanity. Here is a specific place of formation of identity as those who pray with Christ the intercessor.”²⁴ This kind of prayer can never be done from a safe distance but the pray-ers should be prepared to suffer with the ones they pray for.²⁵

Johnson goes on to argue that prayers for “the poor” reveal the *kind* of solidarity of the community expresses. She has little patience for prayers for the poor which petition “that we may serve them” because such a prayer creates a distance between “us and “them.” Neither does she endorse the explanation that such a distance is overcome by the fact that we are all poor, whether materially or spiritually. Johnson rightly responds that there is a noted difference between the two kinds of poverty. In both the prayer “that we may serve them” and the flawed

23 Kelly S. Johnson, “Praying: Poverty,” in *The Blackwell Companion to Christian Ethics*, ed. Stanley Hauerwas and Samuel Wells (Malden, Oxford, Carlton: Blackwell Publishing, 2004), 230. Note that according to Clements-Jewery the heavenly intercession of Christ cannot be taken as model for human intercession because Christ’s intercession in heaven has to do with his atoning work and his advocacy for humankind. These are functions that belong to Christ only and not to humankind. Clements-Jewery claims that the connection between our and Christ’s intercession is primarily with Christ’s earthly intercession. Philip Clements-Jewery, *Intercessory Prayer: Modern Theology, Biblical Teaching and Philosophical Thought* (Abingdon: Routledge, 2005), 22f.

24 Don E. Saliers, “Liturgy and Ethics: Some New Beginnings,” in *Liturgy and the Moral Self: Humanity at Full Stretch Before God*, ed. E. Byron Anderson and Bruce T. Morrill (Collegeville: The Liturgical Press, 1998), 28.

25 Johnson, “Praying: Poverty” (n. 22), 231.

perception of poverty, real solidarity is at stake. Real solidarity acknowledges that “the poor” are not some “category” distant from “us,” but that all are part of the Body of Christ, poor and rich alike. Johnson pungently remarks: “If the ‘we’ who pray excludes the poor [by creating the poor as a different category], then the intercession has missed its mark from the beginning, for it lacks the very sharing that it claims.”²⁶ Johnson makes clear that the unity of the Body of Christ is at stake – a unity with those “we” think are different from “us.” It is not hard to see how solidarity means praying for all people. In order to make this point explicit, it will be helpful to look at the practice of naming.

Naming

John Swinton’s discussion of mental health and the Christian community shows important parallels to the above view of intercession, and bears on the issue of mental health as tabooed and stigmatised. Swinton is concerned about the stigmatising of people living with mental health problems. The names or labels we give to people reveal how we think about people and their (mental) conditions, and have far-reaching implications for how we deal with each other. Swinton argues that the labels of, for example, depression, bipolar disorder or schizophrenia have their use, but only in the context for which they were meant to be useful, i.e. the psychiatric treatment of these problems. This argument reminds of MacIntyre’s theory of taboo as being only “in good order” in their historical context – here: medical context. (Swinton refuses to call these conditions illnesses in his article because he thinks that is not “the only or even the best way in which the church can talk about those behaviors and experiences that are currently described in these terms.”²⁷) The problem of using such labels outside of their proper context is that people are soon reduced to their label (the essence of stigma according to Swinton), whereas they are so much more than that. Certainly the Christian community should not view people with mental problems through their stigmatising labels of, say, depression, because their identity is not “depression” but “Beloved of God.”²⁸

Brian Brock discusses the practice of naming at length in an essay about adoption. He comments on how names, or labels, can bind and separate people:

²⁶ Ibid., 233.

²⁷ Swinton, “Time, Hospitality, and Belonging” (n. 14), 173.

²⁸ See for an extended reflection on the idea of being and becoming the Beloved, Henri J. M. Nouwen, *Life of the Beloved: Spiritual Living in a Secular World* (New York: The Crossroad Publishing Company, 1992).

Once again, it seems, naming appears at a crucial node in the processes of human creatures forming material and moral bonds with other creatures within traditioned human societies. Naming seems still to be a special point of convergence in which humans express the configurations of separation and binding that they perceive or hope for between different creatures.²⁹

Especially the second sentence invites reflection on the relation between naming and taboo or stigma. When something, say, schizophrenia, is named a certain way it can from now on function as taboo. The way people relate to this person may change now they know this person lives with schizophrenia. Worse still, when they don't know the person and are told that she lives with schizophrenia before they even meet her. The name, or label, is likely to change the way people will relate (or not relate) to her. As we saw, when this "change" becomes the dominating view on the person, the person is stigmatised. The same dynamic applies when the label does not imply ambiguity, as with mental health issues, but anomaly, as with sexuality or divorce. As Douglas asserts, a community's classification system is always at work, resulting in a particular way of relating to those classified in a certain way by the system. Naming thus can be a "configuration of separation." Once a person receives a certain label, all kinds of normative value statements will be made about this person, whether implicitly or explicitly. This is true for mental health but also for sexuality or divorce. Add to this Douglas' observation that a conservative bias is built in into classifications systems, and it becomes clear that naming is a dangerous practice, as people might never lose their label or acquire new and more positive ones. Naming rightly becomes crucial for bonding within the Christian community.

Naming rightly involves naming particularities. Brock suggests that when God commissioned Adam to name the animals, Adam did not name whole species, such as "kangaroos," but looked at the particularities of each animal. This point deepens my suggestion that in the Christian faith community people are first of all named Beloved of God. This name again keeps the community and its members in God and God in the community. The name might seem generic because it is true of everyone in the community and sets each within the community on an equal footing. Nevertheless, the name indicates love and as such it serves as an invitation to get to know this particular person better, to know this person indeed by name and to listen to his or her story. Naming rightly – for which listen-

²⁹ Brian Brock, "On Language, Children and God: Naming, Dominion and Domination," in *A Graceful Embrace: Theological Reflections on Adopting Children*, ed. John Swinton and Brian Brock, *Theology in Practice* 4 (Leiden and Boston: Brill, 2018), 25.

ing to one's story, including its particularities, is crucial – runs counter to “not understanding” as a reason for taboo (MacIntyre).

Hospitality among the Beloved of God

All people in the community, whether poor or rich, male or female, homosexual or heterosexual, share their identity as Beloved of God. So from the start the unity of the Body of Christ must be emphasised, in agreement with Johnson. Furthermore, Swinton argues for hospitable communities, following the example of their founder, Jesus Christ. “At the heart of the gospel is Jesus’ deep ministry with and towards those who are perceived as different and unwanted.”³⁰ Remarkable is that Jesus enacted this ministry of hospitality as both host and as guest. Swinton calls this observation “crucial for understanding the nature of the church’s life with people who live with mental health problems,” and applies this to the church in the following way: “[I]nstead of simply thinking we need to make room for people with mental health problems in order that we can care for *them*, the hospitable calling of the church is to learn to understand the stories of mental health and ill-health and to open itself to being a guest rather than simply a host.”³¹ Note how closely Swinton resembles Johnson in refusing the categories of “us” versus “them,” thus defying the petition “that we may serve *them*.” Such a prayer not only puts “us” in a (false) position of power but also foregoes to be enriched by “them.” Like Johnson, Swinton’s argument leads the community to root their prayers for others (intercession) in their shared identity as Beloved of God.

Moreover, when people get to know each other, mentally ill and healthy alike (but first of all as being loved by God), the community may be able to break through the stigma that so many suffer from, and thus be a sign of the realm that Jesus inaugurated. In this regard Aminta Arrington’s article on hospitality is instructive. She highlights the reciprocal character of hospitality, similar to Swinton: host becomes guest and guest becomes host. Moreover, the transition from host to guest transforms the initial host. Arrington notes that Scripture portrays hospitable encounters often as uncomfortable (e.g. the Israeli spies were hidden by a prostitute of the other group; Jesus invites himself to be with a tax collector). The encounter is transformative, precisely because the host and guest enter a place outside their normal structures—a liminal space.³² Applied to mental ill-

³⁰ Swinton, “Time, Hospitality, and Belonging,” 177.

³¹ *Ibid.*, emphasis original.

³² Aminta Arrington, “Becoming a World Christian: Hospitality as a Framework for Engaging Otherness,” *International Journal of Christianity & Education* 21, no. 1 (2017): 26–38.

ness, the faith community can be a place of transformative encounters. In the liturgy – the place of public intercessions – the faithful enter into a liminal space. This space is outside the “normal” structures of daily life. Here other structures are normal; the structures of the Kingdom of God. In the liturgy, where the Kingdom of God defines what is “normal,” new names are given, i.e. proper names restored. As Swinton states: “[T]he task of the church is relatively straightforward: to love people experiencing mental health issues with the passion of Jesus, to respect their stories, and to *learn to call them by name*.”³³ Just as the practice of not-naming silences people into non-existence, and the practice of naming wrongly pushes people to the margins, the practice of naming properly can people call into existence as an integral part of the community.

In conclusion, our empirical research revealed that in the intercessory prayers in our sample people with mental health issues were not mentioned by name. In light of the above view of hospitality, the phrase ‘mentioning people by name’ in prayer may gain a new meaning. When church members see each other not primarily through labels of illness or health, economical status, gender, or sexual orientation, how does that influence the prayers of intercession? Neither Johnson nor Swinton thinks poverty or mental illness is not real or important. But the prayers change insofar they are accompanied by and grounded in solidarity (Johnson) and friendship (Swinton). Prayers for mental illness become possible because the community refuses stigmatisation and regards this label not as defining the person wearing that label. The community works with a different classification system. These prayers are possible in a safe community where people are whole persons instead of being reduced to their label. The same can be argued for prayers concerning sexual orientation or divorce. When people are befriended, being offered the gift of “time, presence, space, and friendship” just as Jesus offered, they are offered a space to tell their stories and a space is created to listen to the stories of others.³⁴ It will soon be clear that the struggle with mental illness, divorce or sexual orientation is so much more than a superficial mentioning of these labels suggests. This might well change the prayers the community offers in solidarity with all. With the pastoral-theological considerations of solidarity, naming, and hospitality in mind, we will now address the question of taboo topics because of the community’s doctrinal stance.

³³ Swinton, “Time, Hospitality, and Belonging” (n. 14), 180, emphasis mine.

³⁴ *Ibid.*, 180.

IV Theological Identity

The research sample showed that prayer requests are censured by the pastors, and we have interpreted this practice along the lines of theological identity. The pastor preserves, and implicitly or explicitly reinforces, the theological identity of the community. At first sight this practice seems to be consequent and commendable. Yet the community should exercise prudence as to what is regarded as sin and how it is prayed for. Furthermore, the liturgy shows that the basic categorisation in the Christian community is not the kinds of sin one has perpetrated, but rather the willingness to be in God's presence and receive forgiveness or not. We saw above that the name given to everyone in the community is first of all "Beloved of God." The gospels report that Jesus had lots of sinners as followers. Moreover, in many churches the categorisation of sin is heavily one-sided, focusing for example on sexuality issues but not exposing destructive working hours at the expense of families and one's own health.

In light of the discussion of solidarity, naming, and hospitality, the question what to pray for and what not is secondary. All prayer should take place in a community of solidarity with all, where hospitality is exercised as both host and guest, and above all, where each one is regarded according to their core identity of Beloved of God. Such a community of love provides the hospitable framework for all prayer, in which listening and walking alongside the other – who, in the Body of Christ is essentially one with us – is primary.

So the response to a request which falls outside the theological identity of the community should be first of all to enter into the ministry of hospitality as guest. While it is tempting to note here that the prayer requests invites an act of pastoral care on the part of the pastor, one might want to be careful to frame this opportunity in these terms. When the prayer request leads to a response in terms of pastoral care, the opportunity to be a guest might be overlooked as one is the pastoral caregiver and the other *receives* pastoral care. All too easily the pastor may slip into the pattern of "us" helping "them," missing the opportunity to learn as a guest. To be clear, I do not dismiss pastoral care and I do not claim that prayer requests should never be followed up by pastoral care. Yet in some circumstances it might be better to see the opportunity to receive as a guest.

Furthermore, a church that chooses not to pray for certain issues because of their theological identity, would do well to reflect on the relationship between their theological identity and their practices of inclusion and exclusion. Again, the church is called to follow Jesus in his practice of hospitality – and here the dual focus of guest and host is apt. The church can be both welcoming the stranger, providing a warm and safe place for those in need, and be a listening church, learning the stories of those who typically do not belong. Jesus habitually spent

time with those regarded as outcast by the religious environment of his day, overthrowing the dominant classification system (taboo) and breaking stigma. That did not mean that Jesus agreed with all their practices (Jesus tells the woman who was caught in adultery to sin no more – but note that he did not judge this woman, John 8:1–11), nor should the church. Indeed, many of these encounters proved to be life changing. But Jesus seemed not to deny any request to be in his presence or for his life changing powers when these requests expressed an authentic, even if wobbly, faith. When the church prevents itself by its own doctrine to spend time with those they regard as not fitting their theological system, the church might need to think twice.³⁵

Some might say that they do spend time with “those people” but just don’t think it is appropriate to pray for them. However, this response is problematic for two reasons. First of all, those not prayed for and therefore implicitly being judged and excluded, may choose to leave the church. Secondly, such a response misses the close connection between intercession and action. When the church befriends people, she will want to pray for her friends. Reversely, if the church intercedes for people and calls God onto the scene on behalf of these people, she will want to be part of God’s action for these people.³⁶ In the words of Saliers: “Intercessions are the practice and exercise of being turned to discern and act in the direction in which God’s love looks and moves.”³⁷ Prayer may stretch the church. Oscar Cullmann writes in his overview of prayer in the New Testament that it takes courage to pray. Even though he has a slightly different concern in mind than we do here, his words ring true in our context: “It can ... be a very bold practice to which one has to stir oneself.”³⁸

Conclusion

Douglas argues that every society and culture has its own classification system. Society accepts what is perceived as “normal,” it negotiates ambiguities, and rejects anomalies. Those with mental health challenges are perceived as ambiguous

³⁵ Swinton points out that Jesus’ practice of friendship with those who were marginalised by the religious establishment, marginalised the religious establishment in turn. Swinton, “Time, Hospitality, and Belonging” (n. 14), 180.

³⁶ Samuel E. Balentine, *Prayer in the Hebrew Bible: The Drama of Divine-Human Dialogue* (Minneapolis: Fortress Press, 1993), 284–87.

³⁷ Saliers, “Liturgy and Ethics” (n. 23), 29.

³⁸ Oscar Cullmann, *Prayer in the New Testament*, trans. John Bowden (London: SCM Press, 1995), 5.

at best, but with the great risk of being pushed to the margins. Those not complying with the doctrine are rejected, or at least their prayer requests are turned down. A theological framework of intercession that emphasises solidarity, naming rightly, and hospitality, pushes back against this system. First of all, in the liturgy another classification system is at work. Theological names are given rather than psychiatric labels. The proper name for the faithful is Beloved of God. As such no one should be left out of prayer. Secondly, this article argues for a pastoral-theological emphasis on solidarity with all, a solidarity which transcends any “us-versus-them” way of perceiving. Thirdly, solidarity can be practiced in a context of hospitality, where hosts encounter guests and both are transformed. While doctrinal matters should not be overlooked, they start to look quite differently in the context of solidarity and hospitality.

One might object to the argument of this article and say that singling out those with mental health issues and praying for them by name does actually more harm than good. Is the stigma, that this article seeks to counter, not reinforced by praying specifically for those with mental health issues? Indeed, if these were the only people now suddenly mentioned by name, it might have a stigmatising effect. It should be clear that this article does not advocate a return to a ‘naming and shaming’ culture. The argument of this article has focused on mental health, sexuality and divorce, but it applies to a much wider range of (stigmatised) issues and to all church members. The arguments for solidarity, naming rightly and hospitality include each and everyone in the Christian community. Similarly, while intercession has been the focal point of this article, solidarity, naming and hospitality should not be practiced only in intercession, but in the whole life of the community. Intercession is the particular liturgical moment in which the gathered community brings its concerns before God, but solidarity, naming and hospitality are practiced in other liturgical moments too, such as confession and absolution, the sermon, the hymns and songs, and more.³⁹ Indeed, they are practiced in the wider life of the community – the “after-liturgy” (the coffee after the worship service) is a good place to exercise what this article argues for.

Above we quoted Saliers, who says that the prayers of intercession are a “place of formation of identity as those who pray with Christ the intercessor.”⁴⁰ The prayers interact with the whole life of the community as followers of Christ. They share in Christ’s intercession as well as in Christ’s ministry of hospitality on earth as guest and host. The faith community, as Body of Christ, recognises that

39 In a similar way I have argued for room for stories of suffering in the liturgy, which can be found in virtually all elements of the liturgy. See Armand L. van Ommen, *Suffering in Worship: Anglican Liturgy in Relation to Stories of Suffering People* (London: Routledge, 2017).

40 Saliers, “Liturgy and Ethics” (n. 23), 28.

the Body is poor, that the Body suffers from mental health problems and perhaps even more from the stigma surrounding those problems, that the Body is disabled, that the Body is heterosexual *and* homosexual.⁴¹ The relationships within the community of faith and that the community has with others are formational. Positively, the community is formed by the relationships it has. Negatively, the community misses the opportunity for formation when it does not engage certain (groups of) people. Thus to avoid mentioning certain (groups of) people in intercession does not only silence these people into non-existence but also diminishes the community and deprives it from enriching formational encounters. Conversely, naming each other by their proper name restores people in their full identity as Beloved of God, and enriches and transforms the whole community.

⁴¹ Cf. John Swinton, "Building a Church for Strangers," *Journal of Religion, Disability & Health* 4, no. 4 (2001): 46f; John Swinton, "The Body of Christ Has Down's Syndrome: Theological Reflections on Vulnerability, Disability, and Graceful Communities," *Journal of Pastoral Theology* 13, no. 2 (2003): 76f.