Toxic Theology: A Pastoral Response to Bible Passages Often Used to Justify the Abuse of Children or Prevent Them from Seeking Care

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“To invoke God to justify violence against the innocent is not an act of sanctity but of sacrilege. It is a kind of blasphemy. It is to take God’s name in vain.”

Many of the worst forms of child abuse are not justified by apathy or indifference as much as by scripture and religious grounds. Anything else, these verses show some radically different cultural norms at work in Ancient Israel regarding physical discipline, effective instruction, and the nature of children.

Proverbs and corporal punishment

Ironically, Proverbs condemns physical violence between people, but recommends physical punishment to control household members. Many passages endorse forms of corporal punishment of children: “Those who spare the rod hate their children, but those who love them are diligent to discipline them” (13:24). More than

New Revised Standard Version (NRSV).

1. Associate Professor of New Testament, Wartburg Theological Seminary.
5. See also Prov 13:1; 19:18; 20:30; 22:15; 23:13–14; 29:15, 17. The phrase “Spare the rod, spoil the child” does not appear in scripture (appearing first in Samuel Butler, Hudibras), but may well have been based on Prov 13:24. All scripture quotations in this essay are from the

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it is not only unnecessary, but heavily associated with negative consequences and abusive practices. But in view of the ultimate goals of Proverbs—and all of Israel’s wisdom literature—it seems clear: a faithful reading of these passages (and all of scripture) does not require endorsing corporal punishment. Instead, a faithful reading calls for thoughtful evaluation (and reevaluation) of how best to instruct the young and untrained in the path of wisdom, in ways that are effective, holistic, and appropriate for our context. Forms of corporal punishment were typically part of that process in Ancient Israel, but that neither means nor requires they are appropriate for contexts in the twenty-first century.

The studies of an increasing number of psychologists, medical providers, and parenting professionals today regarding corporal punishment beg the question: because it appears in scripture, does that mean it is God’s will for all times and places? In my estimation, the sages who wrote Proverbs cared far more about spiritual maturity than corporal punishment, viewing the latter as merely a means (and a disposable one, at that) to a greater end. This gives us biblical grounds to leave corporal punishment behind for the sake of a more faithful scripture interpretation, and more effective and less problematic approaches to parenting and instruction.

Withholding medical care from children

Throughout scripture, evaluations of professional medical care are mixed, and for understandable reasons. In the Hebrew Bible (Old Testament), healing practices take place in homes (2 Sam 12:15–23) with physicians rarely appearing—and when they do, they are viewed negatively (2 Chron 16:12; Job 13:4; cf. Isa 38:21; Jer 8:22). But among ancient Israelites, the kinds of professional


12. John P. Hoffman, Christopher G. Ellison, and John P. Bartkowski, “Conservative Protestantism and Attitudes Toward Corporal...
medical care so familiar to today’s world simply did not exist. For them, the body was a mystery known only to God. These evaluations reflect mainstream biases against Greek medicine throughout antiquity, not just in ancient Israel.¹⁴

In later centuries, Jewish thinkers embraced professional medical care with increased openness: “Honor physicians for their services, for the Lord created them” (Sir 38:1); “The Lord created medicines out of the earth, and the sensible will not despise them” (v. 4).¹⁵ By the time of New Testament writings, physicians were relatively common (Mark 2:17; Luke 4:23). Still, the concept of “healing” overlapped significantly with notions of divine intervention, as seen in the blurring of language for “healing” and “saving” (doctors were called “saviors,” and holy men “doctors”), as well as in how prevalently healings were associated with holy men.¹⁶ Unstandardized as it was, medical care was still expensive and prone to be ineffective (Mark 5:26). However, medicinal practices were embraced by several New Testament authors (1 Tim 5:23; Rev 3:18; cf. James 5:14), and nowhere explicitly rejected by them. A physician is counted among Paul’s ministry colleagues (Col 4:14),¹⁷ and several New Testament passages associate basic medical treatment with hospitality in homes (10:34–35; Acts 16:33–34; see also Luke 4:23).

Given the historical realities of professional medical care in the ancient world, it is not surprising that scripture lacks a rousing theological endorsement to go to the doctor. Theirs were very different stages in the development of modern medicine. Still, several New Testament writings embrace effective forms of medical care, without at all insinuating it was antagonistic to faith in God. More to the point, the New Testament, taken as a whole, does not view faith and medicine—as well as the practices associated with each—as conflicting things. In varying degrees, the authors of scripture increasingly embraced medicinal developments as good gifts of God for the care and well-being of creation (James 1:17).

To this day, Christians have perennially been tempted to view advancements in professional medical care as things contradictory to reliance on God—perhaps even as meddling in the affairs of God. On these grounds, many non-mainstream church bodies today—such as Christian Science and Jehovah’s Witnesses—condemn receiving certain forms of professional medical care as antithetical to their faith.¹⁸ And when it comes to refusing children these basic forms of care, such practices are not merely alternative or counter-cultural, they are abusive.


As Luke’s New Testament writings show, many early Christians saw basic medical care (like bandaging wounds) as an integral part of the ministry of hospitality (Luke 10:34–35; Acts 16:33–34). This was part of what it means to be a “neighbor” to those in need (Luke 10:36–37). Given this, extending basic medical care is a fundamental way to continue love for neighbor and the healing ministry of Jesus. In the centuries shortly after New Testament times, Christians took it upon themselves to nurse the sick and take in exposed infants, not because they were “nice” things to do, but in order to live out a calling to emulate the healing ministry of Jesus in the face of sickness and death.¹⁹ To this day, ministry organizations of various kinds carry on healing ministries for the same reasons, to extend the healing ministry of Jesus in ways made possible through the tools of modern medicine.

What makes refusing children modern medical care abusive is that they have no voice in the decision-making. It is not their faith and reasoning that motivate the refusal, but their guardians’. Meanwhile, the Jesus we find in scripture reacted indignantly to adults who refused children basic blessings (Mark 10:13–16). Jesus also warned strictly against placing any stumbling blocks before “these little ones who believe in me,” likening it to a fate worse than being attached to a millstone flung into the sea (Mark 9:42–43; Matt 18:6–7).

In antiquity and today, children were and are the most vulnerable demographic in the world. To deny them modern extensions of Jesus’ healing ministry, it seems to me, is to lay down stumbling blocks before a people most dear to the heart of Jesus.

Resistance to professional mental health resources

Many child abuse survivors, especially in adulthood, have significant needs to live healthy and productive lives. But they also encounter resistance from faith leaders and communities against using professional mental health resources such as psychologists and counselors.

¹⁴ On this, see Vivian Nutton, Ancient Medicine, 2d ed.; Sciences of Antiquity. (London: Routledge, 2012).
¹⁵ See 38:1–15; Philo, Leg. 3.226; Congr. 53; Josephus, Life 404; Ant. 4.277.
¹⁶ E.g., Hanina ben Dosa (first cent. CE), the philosopher Apollonius of Tyana (first cent. CE), Emperor Vespasian (Tacitus, Hist. 4.81), Emperor Augustus (Philo, Legat. 144–45), and King Solomon (Josephus Ant. 8.44–49). Galen (second cent. AD), whose medical theories and practices were practiced down to the seventeenth century, gave one of his writings the title That the Best Physician is also a Philosopher, showing how blurred the categories were. See Wendy Cotter, Miracles in Greco-Roman Antiquity: A Sourcebook (London: Routledge, 1999); Joel B. Green, “Healing and Healthcare,” in The World of the New Testament, 330–341.
¹⁷ “Luke, the beloved physician,” who is traditionally credited with authoring the Third Gospel and Acts.
The resistance is fueled by arguments similar to those against receiving medical care (see section II). But two additional challenges surround mental health services: widespread social stigmas and greater perceived overlap with spiritual care. As a result, many people think of mental health challenges as individualistic problems, perhaps even spiritual ones, to be addressed without professional assistance. A 2013 survey of over 1,000 Americans, for example, showed 35 percent of them—and 48 percent of Evangelical Christians—agreed with the statement: “With just Bible study and prayer, ALONE, people with serious mental illness like depression, bipolar disorder, and schizophrenia could overcome mental illness.”

Some Christians use instances from Jesus’ ministry to support resistance to mental health resources. For example, in the Gospels, some of those whom Jesus healed display symptoms shared by forms of mental illness known today. Based on healing stories such as these, some believe mental illnesses today are better addressed by spiritual than psychological resources. But the fact that first-century people—including the authors of scripture—did not differentiate between the spiritual and the psychological does not make it constructive for us to do the same. In fact, conflating the two can be remarkably harmful.

Modern mental health practices have shown not only the value of differentiating mental illnesses from those who suffer from them, but also the dangers of mislabeling mental illnesses. To demonize (or sanctify) mental health conditions can be not only unproductive, but also damaging. For instance, a pastor friend of mine once witnessed a day-long prayer vigil around a young woman, with the hopes of exorcising an “evil spirit” from her. She was later diagnosed with schizophrenia. She still refers to the vigil as a traumatic experience.

Others interpret scriptural encouragements to “counsel” or “instruct” one another (e.g., Rom 15:14) as endorsing the notion that the spiritual resources of a Christian community are all that is necessary to facilitate mental health and healing. Some underlying assumptions here may be that prayer should initiate all forms of true healing (see Mark 9:29), that scripture is sufficient for all kinds of instruction (see 2 Tim 3:16–17), that true healing can take place only within the context of Christian community (see James 5:14–15), or that only Christians can know what true mental health looks like.

However, although these scripture passages give significant roles to spiritual resources for healing and instruction, none of these passages explicitly bars believers from pursuing other resources in addition. These passages aimed primarily to emphasize the healing value of spiritual resources (prayer, scripture, inter-community counsel)—not necessarily to advise how to cure specific instances of complex mental trauma. Scriptural writings naturally emphasize the value of spiritual resources, and without necessarily questioning—or addressing—the worth of modern mental health resources. In short, valuing the healing power of spiritual resources by no means requires an antagonism against the assistance of mental health professionals.

Related to this is the concern that some Christians have, that professional mental health practices do not appreciate the ethics and ideals of Christian spirituality. The concern is that these services are fundamentally “secular,” grounded in an alternative worldview, and potentially antagonistic to religious faith. Therefore, only practicing Christians can truly know what mental health in the sight of God looks like. To be fair, mental health professionals tend to be less religious than the general public, and some are suspicious of certain forms of traditional religious faith, for understandable reasons.

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21. E.g., a boy with convulsions (Mark 9:14–29), about whom Jesus says, “This kind [of demon] can come out only through prayer” (v. 29). See also Mark 5:1–20. Some argue these conditions were, in fact, psychological conditions interpreted in spiritual terms by the ancients. See David George Reese, “Demons,” Anchor Bible Dictionary 6 vols. (New York: Doubleday, 1992) 2:138–142 (esp. 142).

22. Romans 15:14 is often cited: “I, for my part, am convinced, my sisters and brothers, that you yourselves are full of goodness, filled with all knowledge, and able to instruct one another.” See also 1 Thess 5:12; 1 Cor 4:14.


24. Mark 9:29 may be read as an exception (“This kind [of demon] can come out only through prayer”), but this situation assumes a diagnosis of supernatural origins, in ways not necessarily assumed for most twenty-first century maladies.

25. As John Peteet summarizes, a “mutual suspicion persists” between some Christians and mental health professionals. “A religious figure recent acknowledged that psychiatry and psychology have made
But such concerns with “secular” mental health services assume that Christians have superior access to divine wisdom and healing, and that non-Christians have nothing to teach Christians. These assumptions risk both hubris and naivete. Mental health resources can help people of all faiths avoid some serious and perennial pitfalls. Many church leaders are ill-informed about mental health resources, and their communities silent about the challenges many face. As a result, ministers often approach symptoms of mental illness through the lens of spirituality, which in turn can be prone to overemphasize individual responsibility for coming to terms with persistent trauma.26

In the New Testament, both Jesus and Paul envisioned people in right relationship to God as not only right in “heart” and “soul,” but also in “mind.” The believer’s mental state is a part of loving God (Mark 12:30; Matt 22:37; Luke 10:27), as well as part of her spiritual renewal (Rom 12:1–2; see also Eph 4:23; Col 3:10). For the New Testament writings, the mind is an integral part of humanity’s whole self, making its welfare extraordinarily important to both spirituality and holistic health. In short, mental health matters profoundly to God.

Survivors of abuse—particularly abuse in childhood—have traumatic experiences and complex mental challenges far beyond what most ministers and church communities can appreciate and address. As people of faith, we need the assistance of professional health resources, as gifts of God, to help us discern and foster more authentic and lasting health among those with distinctive challenges. In standing alongside such individuals and mental health professionals, we stand together as allies for healing and wholeness in Jesus’ name.

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**Conclusion**

In the Postmodern Era, I have frequently heard the statement “People can use the Bible to justify anything they want.” Sadly, to some extent this is true. But in response, I argue there are not only bad interpretations—but wrong ones. And wrong interpretations deserve not only to be discredited, but in cases as these to be cast out as evil.

Where biblical interpretations endorse hatred, abuse, or violence against other human beings created in God’s image—especially the most vulnerable and powerless—such readings become acts of blasphemy. They contradict the spirit of the One who taught love for the neighbor, welcome to the child, and special divine concern for “little ones,” wherever and whoever they may be. Such acts take God’s name in vain, justifying violence against the most vulnerable among us.

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