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# What Was the Mental Disease That Afflicted King Saul?

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**Abstract:** In this article, the author discusses the case of the biblical King Saul, the first King of Israel, who ruled the country 3,000 years ago. Evaluation of the passages referring to King Saul's disturbed behavior indicates that he was afflicted by a mental disorder. Among many disorders that could have affected the King, manic episode with psychotic phases, major depression with psychotic features, mixed episode, bipolar disorder I, dysthymic disorder later developed into bipolar disorder, or nonspecific psychotic disorder are the most likely. And among these diagnoses, bipolar disorder I is the most acceptable. The author suggests in this article that the roots of contemporary psychiatry can be traced back to biblical times.

**Keywords:** psychological sequelae; depression; stress; life events

## 1 THEORETICAL AND RESEARCH BASIS

Patients have suffered from mental disorders since the dawn of history. There is an indication of this in the book of Deuteronomy, which talks of God's punishment for those who violate divine commands: "The Lord shall smite thee with madness, and blindness, and astonishment of heart" (Deut. 28:28, The Holy Scriptures, Masoretic text). In those ancient times it appears that there was a negative attitude toward some mental illnesses, such as madness.

Contemporary interpretation of currently available literature on mental disorders is important, because it allows us to better understand the roots of modern psychiatry. Moreover, by studying the mental disorder of a patient from ancient history, modern physicians can expand their knowledge and thus improve their professional skills. Building a bridge to the remote past can be a way of coping better with a modern psychiatric patient.

Who suffered from a mental disorder in biblical times? What is the most likely diagnosis? What are the characteristics of this mental disorder? How can a modern physician relate to such a patient?

## 2 CASE PRESENTATION

In this article, I evaluate King Saul's mental disorder as described in the Bible. The study focuses on biblical passages associated with the king's inappropriate and dangerous behavior, which apparently indicated a psychotic state, assesses the protracted course of this mental illness, and analyses the king's subsequent recovery. Viewed by a modern physician, the story of King Saul unfolds as possibly the earliest description of a patient's mental illness. The case highlights the challenges encountered in this diagnostic experience.

## 3 PRESENTING COMPLAINTS AND HISTORY FROM A MODERN PERSPECTIVE

King Saul, the first King of Israel, ruled the country 3,000 years ago. The son of Kish, he was a tall and handsome child, "a choice young man, and a goodly : and there was not among the children of Israel a goodlier person than he : from his shoulders and upward he was higher than any of the people" (1 Sam. 9:2). When Saul grew up, he was chosen to be the king because "he was higher than any of the people from his shoulders and upward" and "there is none like him among all the people. And all the people shouted, and said God save the King" (1 Sam. 10:23, 24). When Saul became king, he participated in endless wars "So Saul took the kingdom over Israel, and fought against all his enemies on every side" (1 Sam. 14:47). However, later in his life, signs of mental distress appeared: "an evil spirit from the Lord troubled him" (1 Sam. 16:14). Consequently, Saul's servants summoned David to play his harp, and "he [the king] loved him greatly : and he became his armourbearer" (1 Sam. 16:21). On hearing the music, the symptoms of Saul's mental distress disappeared: "David took an harp, and played with his hand : so Saul was refreshed, and was well, and the evil spirit departed from him" (1 Sam. 16:23). When David killed Goliath, a terrifying giant from the area of Gat, and subsequently defeated the Philistines, King Saul began to hate David. The roots of this hatred were associated with the fact that the people believed that "Saul hath slain his thousands, and David his ten thousands [Philistines]" (1 Sam. 18:7). The king developed feelings of suspicion and jealousy toward David, and experienced uncontrolled impulses, which led to a psychotic state "the evil spirit of God came upon Saul. . . . And Saul cast the javelin : for he said, I will smite David even to the wall with it. And David avoided out of his presence twice" (1 Sam. 18:10, 11). After attempting to kill David, signs of mental illness subsided and the king gave David his daughter Michal in marriage. David again fought the Philistines and defeated them in another battle. This victory had a negative impact on the king's mental state: "And the evil spirit from the Lord was upon Saul. . . . And Saul sought to smite David even to the wall with his javelin : but he slipped away out of Saul's presence, and he smote the javelin into the wall : and David fled, and escaped that night" (1 Sam. 19:9, 10). King Saul pursued David for the rest of his life to destroy him. In the

end, David had an opportunity to kill Saul, but he did not do it. So, the king called him “my son David,” understanding that David “rewarded me good, where as I have rewarded thee evil” (1 Sam. 24:17, 18) and appointed David to be the king after him. Thus, the signs of king’s illness disappeared. What can we learn from this story?

#### 4 ASSESSMENT

How would a modern physician assess such a patient? In this specific case all relevant information was extracted from the patient’s medical file (the biblical text), recorded 3,000 years ago. Because there is no word about mental illness in his childhood, it can be assumed that the king’s premorbid status was unremarkable. However, later in his life, the first signs of mental disorder appeared: “an evil spirit from the Lord troubled him.” Fortunately, after listening to the music of David’s harp, the signs of this mental disorder subsided. Later, however, the mental disorder reappeared, but this time in more severe form. The king developed unreasonable and uncontrolled suspicions and planned to destroy David. After some time, symptoms of mental illness subsided again. King Saul became very friendly to David and gave his daughter to David in marriage. Later, however, the King began once again to pursue David to kill him. The symptoms of mental illness reappeared. Finally, King Saul called David his son and appointed David to be the king after him. Thus, a full recovery occurred. The assessment of all King Saul’s disturbed behavior indicates that he was afflicted with some kind of mental disorder.

Evaluation of this patient’s mental disorder was mainly based on the records in his medical file. Other modern assessment tools should include various diagnostic interview protocols, such as Research Diagnostic Criteria for major depressive disorder, mania, or schizoaffective disorder, depressed or manic type (Spitzer, Endicott, & Robins, 1987); the National Institute of Mental Health Diagnostic Interview Schedule (Robins, Helzer, Croughan, & Ratcliff, 1994), used to assess the diagnostic elements, including symptoms and their severity and frequency over time and whether the symptoms were caused by physical illness or injury, use of drugs or alcohol, or the presence of another psychiatric disorder; and *DSM-IV* criteria (American Psychiatric Association, 1994).

#### 5 CASE CONCEPTUALIZATION

What are the most likely etiological factors for King Saul’s mental disorder? In the absence of a family history of mental disorders, hereditary can be excluded. Other etiological factors include a substance-induced mood disorder, various general medical conditions, and various psychiatric illnesses (American Psychiatric Association, 1994).

#### SUBSTANCE-INDUCED MOOD DISORDER

Did King Saul suffer from a substance-induced mood disorder, characterized by a prominent and persistent disturbance in mood associated with the direct physiological consequences of a drug abuse, a medication or another somatic treatment for depression, or toxic exposure (American Psychiatric Association, 1994)? The psychoactive substances most commonly associated with the development of psychotic syndromes include alcohol, indole hallucinogens (e.g., lysergic acid diethylamine, amphetamines, cocaine, mescaline, phencyclidine, ketamine, steroids, and levothyroxine) (Mezzich, Lin, & Hughes, 2000). In the absence of appropriate anamnestic data, this diagnosis seems very unlikely.

#### GENERAL MEDICAL CONDITION

A variety of general medical conditions can cause psychotic symptoms, including neurological, endocrine, and metabolic conditions; fluid and electrolyte imbalance; hepatic or renal diseases; and autoimmune disorders with central nervous system involvement (American Psychiatric Association, 1994). Did the king suffer from a psychotic disorder associated with one of these general medical conditions? In the absence of appropriate anamnestic, physical, and laboratory findings, this diagnosis seems very unlikely.

#### DELUSIONAL DISORDER

The essential feature of delusional disorder is the presence of one or more “non-bizarre” delusions (i.e., involving situations that may occur in real life, such as being followed, poisoned, infected, or loved at a distance; being deceived by a spouse or lover; or having a disease) of at least 1 month’s duration. Functioning is not markedly impaired and behavior is not obviously odd or bizarre (American Psychiatric Association, 1994).

It is stated that “the evil spirit of God came upon Saul. And Saul sought to smite David even to the wall with his javelin.” It can be speculated that the king may have suffered from a disturbance in thought content characterized by a paranoid delusion, believing falsely that David was following him and sought to harm him and overthrow him, the king. These delusions may be derived from the attempts to supply comprehensible interpretations of abnormal perceptual experiences (David, 1990), wish fantasies and conflicts reaching their peak immediately before the onset of the acute attack (Freeman, 1981), which led to oversuspiciousness and paranoid activity (Kaplan & Sadock, 1985). Thus, the king’s delusions can be defined as “bizarre.” Because delusions of delusional disorder are mainly nonbizarre, the diagnosis of delusional disorder seems very unlikely.

### MANIC EPISODE

Criteria for diagnosing a manic episode include persistently elevated, expansive, or irritable mood, lasting at least 1 week, accompanied by at least three of the following symptoms: inflated self-esteem or grandiosity, decreased need for sleep, being more talkative than usual or under pressure to keep talking, flights of fancy or the subjective experience that thoughts are racing, being easily distracted, and excessive involvement in pleasurable activities that have a high potential for painful consequences (American Psychiatric Association, 1994). Manic episode may be associated with isolated psychotic phases accompanied by inappropriate or bizarre speech or behavior, grandiose or religious delusions, and paranoid trends. The episode is characterized by intervening symptom-free periods of normal functioning, good productivity, and successful interpersonal relationships (Egeland, Hostetter, & Eshleman, 1983). Relapse rates as high as 60% over a period of 2 years after recovery may occur (Gabbard, 2000).

Did King Saul suffer from a manic episode? It can be assumed that the passages “an evil spirit from the Lord troubled him” and “the evil spirit of God came upon Saul. . . . And Saul cast the javelin : for he said, I will smite David even to the wall with it” indicate an irritable mood, a decreased need for sleep, low concentration, aggression against David, a disturbance in the content of thought—delusions or in perception—hallucinations, indicating a psychotic state. Did this patient suffer from an abnormal thinking or severe thought disorder, characterized by excess of odd, unusual, or bizarre thinking occur in manic patient (Grossman, Harrow, & Sands, 1986)?

It seems likely that the whole course of King Saul’s mental disorder, with its recurrent unreasonable intentions to destroy David, alternating with normal-functioning phases indicates a severe, recurrent, and pernicious disorder that may occur in a manic patient (Harrow, Goldberg, Grossman, & Meltzer, 1990). Psychotic features, including delusions and hallucinations, that may have afflicted King Saul are common and occur in about 72% of patients of mania (Tohen, Waternaux, & Tsuang, 1990). Thus, there are enough criteria to meet the diagnosis of manic episode accompanied by psychotic phases. Hypomanic episode seems unlikely, because this disorder is neither psychotic nor nondisruptive (Akiskal, 2000).

### MAJOR DEPRESSIVE DISORDER

Did King Saul suffer from major depressive disorder, single or recurrent episodes? Major depressive disorder (unipolar depression) is the most common mood disorder, which may manifest as a single episode or as recurrent illness (Keller, Shapiro, Lavori, & Wolfe, 1982 **WHICH REF?**; Solomon et al., 2000). It is estimated that only about 50% of patients recover after 1 year (Keller, Shapiro, Lavori, & Wolfe, 1982 **WHICH REF?**), and 79% after 2 years (Keller et al., 1984). This disorder is characterized either by a severely depressed mood or by the loss of interest or pleasure in nearly all activities with the change in previous functioning lasting for at least 2 weeks. At least a further four

symptoms are required to define the disorder, including changes in appetite or weight, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate or indecisiveness, or recurrent unfocused thoughts of death or suicide, or suicide attempt (American Psychiatric Association, 1994). Psychotic features including hallucinations and delusions may occur in 14% of patients with major depression (Johnson, Horwath, & Weissman, 1991).

Do the passages “an evil spirit from the Lord troubled him,” and “Saul was refreshed, and was well, and the evil spirit departed from him,” and “the evil spirit of God came upon Saul. . . . And Saul cast the javelin : for he said, I will smite David even to the wall with it” indicate major depression disorder accompanied by psychotic symptoms? Because there is a subgroup of depressed patients who are distinctly vulnerable to psychosis (Glassman & Roose, 1981; Kettinger, Harrow, Grossman, & Meltzer, 1987), it is possible either that the king was afflicted by depression, which later developed into psychotic state, or that major depression with psychotic features appeared together with the onset of mental disorder.

In depressive disorder with psychotic features, negative thinking reaches grossly delusional proportions and is maintained with such conviction that convictions are not amenable to change by evidence to the contrary (Akiskal, 2000). According to Kurt Schneider, delusional thinking in depression derives from humankind’s four basic insecurities, those regarding health, financial status, moral worth, and relationship to others. Severely depressed patients may have delusions of worthlessness, sinfulness, and persecution. They believe they are being singled out for their past mistakes and that everyone is aware of their errors. Paranoid thinking in depression is often persecutory, because it derives from the belief that the person deserves punishment for his or her transgressions (Akiskal, 2000).

It seems that King Saul’s negative system of thinking developed as a consequence of his relationship with David. The whole system of their relationship reached delusional proportions, in which Saul’s persecutory ideation was not dispelled by any reasonable facts. These persecutory delusions were associated with a conviction that David deserved a severe punishment, which lead to a violent behavior toward the object of his hatred, David.

#### MIXED EPISODE

A mixed episode is characterized by a period of time, lasting at least 1 week, during which the criteria for both manic episode and major depression episode are met nearly every day. The individual may experience rapidly alternating moods (sadness, irritability, euphoria) accompanied by symptoms of a manic episode and major depression episode (American Psychiatric Association, 1994). Because the biblical passages cited previously may indicate either manic episode or major depression, it is likely that the king suffered from a mixed episode.

### **BIPOLAR I DISORDER**

Bipolar I disorder is characterized by one or more manic or mixed episodes. Often, individuals also have had one or more major depressive episodes (American Psychiatric Association, 1994). Severe psychotic features may accompany this disorder. As described previously, the king may have been afflicted with either manic episode or mixed or major depressive disorder with psychotic features. Thus, it is likely that the king suffered from bipolar I disorder. Bipolar II disorder can be ruled out, because there are not enough criteria to indicate a hypomanic episode, as described previously.

### **CYCLOTHYMIC DISORDER**

Criteria for this disorder include numerous episodes of hypomanic and depressive symptoms (Akiskal, 2000). In the absence of sufficient evidence for hypomanic disorder, as mentioned previously, this diagnosis seems very unlikely.

### **DYSTHYMIC DISORDER**

This disorder refers to a chronic mild depressive syndrome, with insidious onset often commencing in childhood or adolescence, characterized by less acute, less severe, and less disabling depressive symptoms, symptomatically subsyndromal and psychologically intractable to change, which are present for at least 2 years and may last for many years (Akiskal, 1983; American Psychiatric Association, 1994, 2000; Lehmann, 1985; McCullough et al., 1988).

Did King Saul suffer from this disorder? Although the words “an evil spirit from the Lord troubled him” may indicate a first episode due to dysthymic disorder, in the presence of subsequent severe illness accompanied by psychotic episodes (American Psychiatric Association, 1994), this diagnosis seems very unlikely.

People with dysthymia, of at least 2 years duration, frequently have a superimposed major depressive disorder, a condition often referred to as double major depressive disorder (American Psychiatric Association, 2000; Keller & Shapiro, 1982). However, if this diagnosis is accepted there is no explanation as to what kind of disorder was associated with the psychotic symptoms. Moreover, a small number of patients with dysthymic disorder may develop bipolar disorder (Klein, Schwartz, Rose, & Leader, 2000). Thus, it is possible that King Saul’s mental disorder began as dysthymic disorder but later developed into bipolar disorder.

### **SCHIZOPHRENIA, PARANOID TYPE**

The essential feature of paranoid type of schizophrenia is a preoccupation with one or more delusions or auditory hallucinations in the context of relative preservation of cognitive functioning and affect. Symptoms such as disorganized speech, disorganized



or catatonic behavior, or flat or inappropriate affect are not prominent. Delusions are typically persecutory or grandiose, or both, but delusions with other themes also may occur. The combination of persecutory and grandiose delusions with anger may predispose the individual to violence (American Psychiatric Association, 1994). A significant proportion of people with schizophrenia is driven to commit offences as a result of their symptoms (Humphreys, Johstone, MacMillan, & Taylor, 1992). As the illness progresses, the delusions become more complex and irresistible, and the risk of dangerous behavior increases (Taylor, 1985; Taylor & Gunn, 1984).

Did King Saul suffer from paranoid schizophrenia? Does the first passage “an evil spirit from the Lord troubled him” indicate co-occurring depressive symptoms in a patient experiencing the first episode of schizophrenia as a core part of an acute illness or a subjective reaction to the experience of psychotic decompensation (House, Bostock, & Cooper, 1987; D.A.W. Johnson, 1981; Koreen et al., 1993; Siris, 2000)? Do the passages “the evil spirit of God came upon Saul. . . . And Saul cast the javelin : for he said, I will smite David even to the wall with it” and “And the evil spirit from the Lord was upon Saul. . . . And Saul sought to smite David even to the wall with his javelin” indicate preoccupation with persecutory delusions or hallucinations based on jealousy, which led to a violent behavior?

Kraepelin distinguished manic-depressive psychosis from dementia praecox or, as they are termed today, unipolar and bipolar affective disorders from schizophrenia. In dementia praecox, patients follow a progressively deteriorating course with no return to a premorbid level of function, whereas in manic-depressive psychosis psychopathology alternates with periods of normal patient functioning (Lehmann, 1985). In the presence of recurrent episodes of psychotic state alternating with normal functioning as in King Saul’s case, the diagnosis of schizophrenia seems very unlikely.

#### SCHIZOAFFECTIVE DISORDER

The essential feature of this disorder is an uninterrupted period of illness during which, at some time, there is a major depressive or manic or mixed episode concurrent with two or more symptoms of schizophrenia, such as delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms— affective flattening, alogia, or avolition— lasting at least 6 months (American Psychiatric Association, 1994). Did the king suffer from this disorder? In the presence of recurrent episodes of psychotic symptoms interrupted by periods of recovery, this diagnosis seems very unlikely.

#### SCHIZOPHRENIFORM DISORDER

The essential features of this disorder are identical to those of schizophrenia. The total duration of the illness is at least 1 month but less than 6 months (Akiskal, 2000).

Because the total duration of King Saul's mental disorder is estimated at more than 6 months, this diagnosis seems very unlikely.

#### SHARED PSYCHOTIC DISORDER

Shared psychotic disorder is characterized by the development of a delusion in an individual in the context of a close relationship with another person who has an already-established delusion. The new delusion is similar in content to that of the other person (American Psychiatric Association, 1994). In the absence of another person close to the king who had developed similar delusions, this diagnosis seems very unlikely.

#### BRIEF PSYCHOTIC DISORDER

The essential feature of brief psychotic disorder is a disturbance involving the sudden onset of at least one of the following symptoms: delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior. The duration of an episode of this disturbance is at least 1 day but less than 1 month, with eventual full return to premorbid level of functioning (American Psychiatric Association, 1994). Although the king may have suffered from brief psychotic disorder, it is more likely that his mental disorder lasted more than 1 month. Therefore, this diagnosis seems very unlikely.

#### NONSPECIFIED PSYCHOTIC DISORDER

This category includes psychotic symptomatology, in which there is inadequate information to make a specific diagnosis or there is contradictory information or disorders with psychotic symptoms that do not meet the criteria for any specific psychotic disorder (American Psychiatric Association, 1994).

Did King Saul suffer from this disorder? Because the king may have been affected by a psychotic state, as described previously, in the absence of accurate information for a specific diagnosis, the diagnosis of nonspecific psychotic disorder is possible. However, the diagnosis of bipolar I disorder, as discussed previously, provides a better explanation of the king's disturbed behavior as a whole.

#### FINAL ASSESSMENT

King Saul's disturbed behavior taken as a whole indicates that he was afflicted by some kind of a mental disorder. Among the many disorders that could have affected the king, either manic episode with psychotic phases, major depression with psychotic features, mixed episode, bipolar disorder I, dysthymic disorder later developed into bipolar disorder, or nonspecific psychotic disorder are the most likely. And among these diagnoses, bipolar disorder I provides the best explanation for King Saul's disturbed behavior as

a whole. Examining ancient King Saul's mental illness from a contemporary perspective reflects the features of mental illness, which have changed little through the ages.

It has been reported that Jewish males have higher rates of major depression (Levav, Kohn, Golding, & Weissman, 1997) and involuntal and manic-depressive psychoses than other ethnic or national or religious groups (Sanua, 1989). Thus, the question is if roots of bipolar disorder I can be traced back to biblical times?

## 6 FOLLOW-UP

Most patients presenting for the first time with a psychotic affective illness require several months to recover to the point of no longer meeting *DSM-IV* diagnostic criteria for a current episode (Tohen et al., 2000). We can assume that at least several months have passed from the time when the first psychotic episode occurred until the symptoms of this episode subsided. But, many years passed from the occurrence of the second psychotic episode until King Saul finally recovered.

## 7 TREATMENT IMPLICATIONS OF THE CASE

Contemporary patients similarly to ancient patients require high level of treatment.

A diagnostic investigation should include laboratory tests such as complete blood count, biochemical and serological tests, including thyroid-stimulating hormone, vitamin B12, folate, VDRL test for syphilis, and a computed tomography scan of head, EEG, ECG, and chest X ray. A modern treatment should be based on supportive, interpersonal, and cognitive-behavioral approaches. Pharmacological therapy should include a mood stabilizer (lithium, Valproate, or carbamazepine) for acute and preventive treatment. Other treatment modalities include the high-potency benzodiazepine anticonvulsants (clonazepam or Lorazepam), typical antipsychotics-dopamine receptor antagonists (chlorpromazine or haloperidol), atypical antipsychotics-serotonin-dopamine antagonists (risperidone, clozapine, olanzapine, quetiapine, or sertindole), L-type calcium channel inhibitors (verapamil, nimodipine, or isradapine), the newly approved anticonvulsant for add-on-therapy (lamotrigine, gabapentin, or topiramate), thyroid preparation (levothyroxine), and electroconvulsive therapy (Post, 2000). Because there are many therapeutic approaches, the optimal treatment strategy should be chosen for each individual patient.

## 8 RECOMMENDATIONS TO CLINICIANS AND STUDENTS

Modern clinicians and students may be confronted with patients who have developed a severe and potentially chronic mental illness, the features of which have changed little over the ages. Although new diagnostic and treatment strategies have been developed over time, ancient and modern psychiatric patients deserve similar diagnostic investigation and subsequent treatment. We need to increase our knowledge of ancient history and learn from the psychiatric cases we find there to improve our treatment of contemporary patients.

We have not included any commentaries but referred to the words of the Bible just as written. This article is in addition to previously published work by the author on various biblical themes (Ben-Noun, 1997, 1999, 2001, 2002).

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