

What Is a Reasonable Framework in Which to Understand the Captivating Behavior of Saul, Ancient Israel's First King?

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Abstract

Introduction: Not many writers have made suggestions about Saul's mental state as reported in the Judaic-Christian bible. He became king under the tutelage of Samuel, a highly-respected prophet of the Israelite God, Yahweh. At some points during his reign, the biblical narrative depicted him as, at least, mentally unstable, if not decidedly insane. Modern-day writers, in some cases have provided lists of conditions, which purport to represent Saul's psychological malady. None, however proves adequate or appropriate to encompass the complexity of his behavior. The Safety-Oriented Personality Style (SOPS) or Phobicentric Psychopathology (PCP) appears to offer the best explanation of Saul's psychological condition. **Purpose:** The main purpose of this paper is to offer a modern-day analysis/explanation of Saul's apparently disturbed behavior. Evidence for the facts about Saul's fascinating presentation is adduced both from the biblical passages and from present-day psychological theory. The previous explanations of the psychological disorder that plagued Saul, the first king of Israel, have focused on depression, post-traumatic stress disorder, hysteria, and bipolar disorder. The associated symptoms, however, have been vague and, in some cases, apparently unrepresentative of psychological nosology or, in general, they fail to conform to the prevailing nomenclature. **Method:** The present study introduces the Safety-Oriented Personality Style (SOPS) or Phobicentric Psychopathology (PCP), a relatively newly-unveiled chronic, anxiety-based disorder, to provide the "best" explanation of the ancient king's perplexing conduct. Biblical passages pertaining to the topic provide the historical context of the events, which depict Saul's provable psychopathology. **Result:** The evidence seems to clearly indicate that the explanation that Saul's actions were mainly controlled by SOPS/PCP, a chronic anxiety disorder, is valid, applying most aptly to his reaction to David's military and religious successes, and even to the recorded circumstances of his

death. **Conclusion:** The historical account of Saul's life and death, recorded primarily in the Christian bible, has remained intriguing, though somewhat esoteric. Probably as a result, its portrayal in the psychological literature has been scant. While the SOPS/PCP construct has apparently helped to provide grounds for diagnostic consensus that Saul's problem was chronic anxiety, the newness of SOPS/PCP would tend to limit its purview. On a different but relevant level, the study also demonstrates the feasibility of common endeavors between the scientific and theological communities.

Keywords

Hostile Neighboring States, Chronic Anxiety, Lack of Psychological Diagnostic Consensus, Evil Spirit from the Lord, Rampage of Murder, Enemy Fire, Phobicentric Psychopathology (PCP), Disobedience of Yahweh, Scientific-Psychological Cooperation

1. Introduction

Keeping in view the reality of the instructive or illuminating value of classical stories, the description of the circumstances and deportment of a king called Saul provides much fodder for analysis by the psychiatric and psychological community, even today.

The study of king Saul's psychological status in the Christian bible seems to have interested a relatively few, whose endeavor has tended to fixate on a narrow set of diagnostic possibilities. Admittedly, these choices are perhaps the most relevant, given the available officially described mental disorders. Nonetheless, given the detailed description of Saul's ignoble activities, the omission of a condition such as anxiety indicated a gap in need of exploration, on which this paper seeks to embark.

The story of Saul, the son of Kish appears in the Old Testament section of the Judaic-Christian bible (recorded specifically, in First Samuel, chapters 9 to 31; followed by a relatively short "post-mortem" of his death and a touching and elegant eulogy by his rival and successor, in Second Samuel chapter 1).

Saul displayed heroic characteristics in many of the earlier battles he fought, showing both prowess and inspired leadership. Missteps and jealousy however, apparently, resulted in his losing the respect of his followers and the people's admiration.

2. Literature Review

Only a relative handful of commentators have discussed the probable mental disorder of Saul. These have suggested a variety of mental disorders believed to be the modern-day equivalent of the biblical description of Saul's actions. These include manic episodes with psychotic phases, major depression with psychotic features, mixed episodes, dysthymic disorder, and nonspecific psychotic disorder.

er. The following authors are representative of this group:

Williams & Le Roux (2012) discussed several possible explanations of Saul's psychological state, described under the sub-headings: Saul's "epileptic-like fits"; Saul's "depression" and "post-traumatic stress disorder"; Saul's condition and the stress of his royal responsibilities; and the love-hate relationship between Saul and David. The authors stated at the end of their study: "It might be reasonable to conclude that Saul's mysterious malady was most likely 'depression'..." (p. 6).

It is puzzling that the authors did not make reference to the Diagnostic and Statistical Manual (DSM) to support their claim that Saul was depressed, considering that the fourth edition (DSM IV-TR) was in full vogue and DSM 5 published in 2013 was being widely discussed even before 2012 when these authors' paper was published. This omission seems to weaken their claim. Moreover, the authors' interpretation of the bible passages, which they use to identify depression in their comments is questionable. They state: "During the last years that Saul was on the throne, he was very pre-occupied with David's increasing fame which severely depressed him" (p. 1). The bible passages, however, clearly present Saul as wary and fearful of David—not sad or depressed. Therefrom, in their final analysis of Saul's problems, Williams & Le Roux stated: "It might be reasonable to conclude that Saul's mysterious malady was most likely 'depression', which was initially brought on by PTSD (clearly an anxiety disorder) and was especially exacerbated by Samuel's bloody execution of King Agag (in strict compliance of the enemy *herem* principle) after the battle against the Amalekites" (p. 6). Nonetheless, based on the authors' intervening argument, this conclusion seems specious. For a man used to wartime mass killings, that of Agag would hardly rank anywhere on the traumatic scale. The best takeaway from their article, however, is the suggestion: "Perhaps, in Saul's case, it was a matter of living with so much fear and negativity that his anxieties eventually became his reality and, as such, it is not surprising that he took his own life." (p. 5) Excluding the suicide detail (which is addressed later in the section on: How did Saul die?), this conclusion, indeed, seems to affirm an anxiety-based disorder, which is our contention, as described below.

Stein (2011) discussed two bible passages, which he stated were suggestive of "depression" (though described only in the paper's title as "recurrent unipolar depression") and "epidemic hysteria" or "DSM-IV diagnosis of bipolar affective disorder". The author did not provide a list of symptoms to support any of the presented conditions. For example, the symptoms with a high probability of indicating a DSM-IV diagnosis of unipolar depression include the following, all occurring for more than a two-week period:

- Difficulty concentrating, making decisions and thinking.
- Difficulty falling asleep or wanting to sleep more than before.
- Feelings of worthlessness or guilt, often in relation to events that normally would not have this kind of effect.

Recurrence of unipolar depression is defined as either a change in polarity from depression or an interval of at least 2 months without manic symptoms.

DSM IV diagnostic criteria for bipolar affective disorder require a specification of one of six types:

- Bipolar I disorder, single manic episode.
- Bipolar I disorder, most recent episode hypomanic.
- Bipolar I disorder, most recent episode manic.
- Bipolar I disorder, most recent episode mixed.
- Bipolar I disorder, most recent episode depressed.
- Bipolar I disorder, most recent episode unspecified.

None of these diagnostic criteria seem to have informed the above-noted author's selection of the disorders he discussed. [For a more comprehensive description of bipolar disorder, see [Jain & Mitra, 2021](#)]

As summarized in his article, [Ben-Noun \(2003\)](#) suggested a list of psychological problems, which may explain Saul's deranged behavior, of which bipolar disorder I was seen to offer the best explanation. In general, writers on this topic have tended to ascribe a psychological label to the fewest of Saul's behaviors (symptoms) to indicate a diagnostic category. As a result, several disorders are generated, which would require a thorough diagnostic work-up, to confirm their status. Since Saul is no longer alive, the multiplicity of psychological conditions attributed to him is, at best, contentious.

A major problem with justifying these diagnoses lies in our present-day inability to determine the etiology of the "identified" conditions. Establishing the likely mental status of Saul cannot be based on, apparently, just a clustering of his behaviours to which psychological names are attached. In other words, to assign a specific diagnostic label, one needs to identify the known symptoms that the individual is exhibiting. If the origin of those symptoms is unknown (as may be said of the DSM classifications), then there is no telling whether two symptoms have the same emotional origin or not. According to [Bickersteth et al. \(2018\)](#), "It is conceivable that like SOPS/PCP, some DSM disorders are emotional states that have 'morphed' over time into different chronic forms, due to shaping by internal and external emotion-based pressures, which in the case of SOPS/PCP are fear-directed. Knowing their dimension-based etiology, however, would provide a traceable line of sight from defining (diagnosing) to treating these emotional problems. Apparently, the current DSM 'symptoms' do not offer this clear path for their characterization and treatment." (p. 1653). Consequently, the labels borrowed from the DSM by writers may not legitimately apply to the selected behaviours of Saul that are under discussion. Accordingly, it is fortuitous that the SOPS/PCP construct, derived from chronic anxiety, is available in the current research environment to aid in this psychological review of Saul. Anxiety, then, and not a DSM-IV bipolar affective disorder, depression, or mass hysteria (today, aka "collective obsessional behavior") is proposed as the driving force in Saul's psychopathology.

3. Method

3.1. Psychological Analysis

This psychological analysis of Saul, the first king of Israel, utilizes the fear-anxiety construct embodied in the Safety-Oriented Personality Style (SOPS) or in technical terminology, Phobicentric Psychopathology (PCP) to explain his pattern of behaving. SOPS/PCP is an emotion-based condition. The thoughts, behaviours, and feelings that a person with SOPS/PCP exhibits are mostly reactions prompted by fear-anxiety, although it may not always seem that way. The source of this anxiety disorder may be heredity, being raised by an adult(s) with the disorder, and/or caused by the person's own traumatic experience(s), particularly during early development. As a result, these people become fear-controlled causing them (after many years) to display a fear-anxiety-based personality, SOPS/PCP. People who have SOPS/PCP often tend to display self-centred behaviours, probably, mostly unconsciously, however. They also usually want to control situations, including how others behave around them, and can change very quickly from a normal and calm demeanour to being markedly angry, depressed, or anxious. Certain situations seem to instigate a tendency in the sufferer of being stubborn, abusive, manipulative, and/or vindictive. Self-contradictory, impulsive reactions and emotional reasoning are not uncommon among people with SOPS/PCP, but they can also show great insight and are usually very skillful in defending their point of view. Usually, however, this kind of chronic anxiety tends to make the sufferer moody, irritable and impatient and create a craving for acknowledgement and praise, often, in addition to self-promotion. To them, the most persuasive source of information tends to be their own thinking regardless of the validity of objective sources. As such, people with SOPS/PCP may express joy or pleasure at something that most observers would not see as joyful; convey disgust, shame, or fear that a majority of other people do not share; or assert that something did or did not happen when the opposite is true. Such tendencies may be the result of misperceptions and misrepresentations of the real world, which may cause SOPS/PCP individuals to come across sometimes, as unintelligent, totally unrealistic, or even irrational. These faulty reactions are most likely the result of fear-anxiety (or perceived lack of safety), the dominant emotion in this condition, "hijacking" and distorting the sufferer's attention and perception. The degree of SOPS/PCP expression may be mild, moderate, or severe. Based on the bible, Saul, Israel's first king, demonstrates most, if not all of these characteristics, as the bible passages will confirm.

Saul may have faced work-stress as [Huisman \(2007\)](#) suggested; but his behavior did not appear to indicate a withdrawn, confused and lethargic leader. Quite the contrary, as the following passage reveals. He seemed at one period of his life to be alert, active and vigorously defending the Israelites and their territory:

"Now when Saul had secured his grasp on Israel's throne, he fought against his enemies in every direction—against Moab, Ammon, Edom, the kings of Zobah, and the Philistines. And wherever he turned, he was victorious. He

performed great deeds and conquered the Amalekites, saving Israel from all those who had plundered them” (1 Samuel 14: 47-48).

It seems that it was perhaps later in life when his anxiety had become worse that his bizarre behaviors became prominent, although there were signs much earlier.

3.2. Depiction of Chronic Anxiety in Saul’s Background

The bible states:

“There was a wealthy, influential man named Kish from the tribe of Benjamin... His son Saul was the most handsome man in Israel—head and shoulders taller than anyone else in the land” (1 Samuel 9: 1-2 NLT).

Ordinarily, one would consider such admirable qualities to be a source of pride and confidence to the bearer but Saul was psychologically damaged; his responses to life events were warped by SOPS/PCP.

3.3. Anxiety Disorder Is Displayed Early in the Narrative

According to the bible, God (Yahweh) did not originate the idea of a human king for the Hebrews (later to be known as Israel or the Israelites) and considered the request for an earthly king as tantamount to His being rejected by the nation He had chosen as His people. Nonetheless, as one strand of the biblical record has it, Yahweh shepherded the selection and coronation of Saul, the first king of Israel by the following process:

“So, Samuel brought all the tribes of Israel before the LORD, and the tribe of Benjamin was chosen by lot. Then he brought each family of the tribe of Benjamin before the LORD, and the family of the Matrites was chosen. And finally, Saul, son of Kish was chosen from among them. But when they looked for him, he had disappeared! So, they asked the LORD, ‘Where is he?’ And the LORD replied, ‘He is hiding among the baggage.’ So they found him and brought him out, and he stood head and shoulders above anyone else.”

Then Samuel said to all the people, “‘This is the man the LORD has chosen as your king. No one in all of Israel is like him!’ And all the people shouted, ‘Long live the king!’” (1 Samuel 10: 20-24, NLT).

The surprising behaviour of hiding was the first sign of the extreme fear that appeared to motivate Saul’s behaviour. Based on the biblical account, he went on to display many such behaviours, which are characteristic of the fear-anxiety disorder called SOPS/PCP, throughout his reign, indicating that it had developed into a personality disorder.

3.4. Saul’s Foolish Oath that’s Based on a Characteristic of SOPS/PCP: Unrealistic Expectations

The bible states:

“Now the men of Israel were pressed to exhaustion that day [during a battle], because Saul had placed them under an oath: ‘Let a curse fall on anyone who eats before evening—before I have full revenge on my enemies!’ So, no one ate anything all day, even though they had all found honeycomb on the ground in the forest. They didn’t dare touch the honey because they all feared the oath they had taken” (1 Samuel 14: 24-26, NLT).

This passage seems to present Saul’s imposition of the oath as clearly irrational, and one that he alone sees as advantageous or worthwhile. Such is the manner in which people with SOPS/PCP behave.

3.5. Saul’s Disobedience

Yahweh gave the prophet, Samuel, the task of commissioning Saul to destroy the Amalekites, issuing these precise instructions to Saul:

“... Now go and completely destroy the entire Amalekite nation—men, women, children, babies, cattle, sheep, goats, camels, and donkeys” (1 Samuel 15: 3, NLT)

Saul, however, did not fully implement God’s orders. We are told:

“... Saul and his men spared Agag’s life and kept the best of the sheep and goats, the cattle, the fat calves, and the lambs—everything, in fact, that appealed to them. They destroyed only what was worthless or of poor quality” (1 Samuel 15: 9, NLT).

In other words, Saul’s problem here is not about ethics but that he modified Yahweh’s command and acted contrary to God’s orders, very likely directed by his safety need for control and by his subjective or self-centered thinking, both bestowed by SOPS/PCP.

3.6. The Lord Rejects Saul; Saul’s Behaviours Exemplify the Anxiety Disorder that’s Typical of SOPS/PCP

The bible records that:

“Early the next morning Samuel went to find Saul. Someone told him, ‘Saul went to the town of Carmel to set up a monument to himself then he went on to Gilgal’” (1 Samuel 15: 12, NLT).

Here we encounter a SOPS/PCP characteristic of self-promotion and display of Inflated self-image. Samuel tries to find Saul and we are told:

“When Samuel finally found him, Saul greeted him cheerfully. ‘May the LORD bless you,’ he said. ‘I have carried out the LORD’s command!’” (1 Samuel 15: 13, NLT).

In behaving as if nothing is wrong, Saul manifests a SOPS/PCP behavior of dissimulation or tells a conscious lie, most probably the result of emotional (subjective) reasoning, which he uses in a defensive posture. Samuel strips off

Saul's facade with:

"Then what is all the bleating of sheep and goats and the lowing of cattle I hear?" (1 Samuel 15: 14, NLT).

Through his rhetorical question, Samuel confronts Saul with objective facts that cannot be denied. So, Saul admitted:

"... It's true that the army spared the best of the sheep, goats, and cattle," Saul admitted. "But they are going to sacrifice them to the LORD your God. We have destroyed everything else" (1 Samuel 15: 15, NLT).

Saul employs an apparent subterfuge of blaming the army, of which he is the leader. Thus, minimizing his disobedience of God's Commands (with a defensive cover-up tactic), is no small matter. So, again, the prophet, whose credentials as God's representative are impeccable and known to be, hits Saul with reality. According to the Prophet Samuel, although one of Saul's problems is low self-esteem (incidentally, a SOPS/PCP attribute), the importance of his disobedience trumps all of his other deficiencies! Samuel reminds Saul of whose campaign the battle was in the first place, as Saul had converted it to his own purpose and goals—a typical SOPS/PCP tendency of needing to control events. Saul, however, doubles down on his irrational perspective:

"But I did obey the LORD... I carried out the mission he gave me. I brought back King Agag, but I destroyed everyone else. Then my troops brought in the best of the sheep, goats, cattle, and plunder to sacrifice to the LORD your God in Gilgal" (1 Samuel 15: 20-21, NLT).

Samuel nonetheless, confirms God's rejection of Saul, laying out truths about Saul's deviant behaviour relative to God's Reality. Realizing he has been caught in his lies and prevarications, Saul finally comes clean.

"Then Saul admitted to Samuel, Yes, I have sinned. I have disobeyed your instructions and the LORD's command, for I was afraid of the people and did what they demanded. But now, please forgive my sin and come back with me so that I may worship the LORD." (1 Samuel 15: 24-25, NLT)

In admitting his disobedience, Saul reveals the crux of his deviant behaviour, namely: fear (more accurately, chronic anxiety). As Saul asks for forgiveness, however, he seems to continue denying his plight, being concerned with maintaining his image. He wants Samuel to help him save face with God and the people! Samuel refuses and reiterates the reality of Saul's position with God: his kingship is terminated!

3.7. Saul's Anxiety Disorder Is Not a Secret

By now, evidently, it is clear to the king's courtiers that he is not well and very likely an inner circle of advisers or cronies want to help. The diagnosis (in that context) that Saul's disease is caused by the withdrawal of God's gift of sanity

and wellbeing (replaced by anxiety) is accurate. Interestingly, they propose music therapy that would be considered a suitable treatment even in contemporary times, as a treatment component (Chen, 2018). Indeed, the treatment proves to be effective. As is characteristic of an anxiety disorder (for example, SOPS/PCP), the seriousness of the perceived threat determines the extremeness of the sufferer's reactions. At a severe level of his illness, however, Saul's anxiety-fed mood causes him to become extremely irrational. Music therapy tends to facilitate both Thought Replacement (TR) and relaxation. TR allows the sufferer to redirect their thoughts away from the stressor; relaxation enables calmness. Both are effective for SOPS/PCP and for the most part, the method does work for Saul, because, according to the bible, whenever overcome by agitation David's playing of a musical instrument soothed him.

3.8. A Formidable Threat Confronts Saul's Leadership and Self-Esteem

The superior army of the Philistines led by a formidable giant, Goliath, is massed against the Israelites, whose leader is the cowering king, Saul. We learn:

“Then Goliath, a Philistine champion from Gath, came out of the Philistine ranks to face the forces of Israel... ‘Choose one man to come down here and fight me... I defy the armies of Israel today!’” (1 Samuel 17: 4-10, NLT).

It would be expected, usually, that the army leader or captain would respond to such a challenge. This time, however, according to the biblical account:

“When Saul and the Israelites heard this, they were terrified and deeply shaken” (1 Samuel 17: 11, NLT).

The youth, David, who was being groomed as the as next the leader of Israel showed more bravery than the king:

“Don't worry about this Philistine,” David told Saul. “I'll go fight him! ... So David triumphed over the Philistine with only a sling and a stone, for he had no sword” (1 Samuel 17: 32, 50, NLT).

3.9. Saul Is Enraged by David's Fame

After beheading Goliath, which empowered the Israelite army to deal a crushing defeat to the Philistine army, the women sang David's praise (1 Samuel 18: 7, NLT): “Saul has killed his thousands, and David his ten thousands!” ... This made Saul very angry. ‘What's this?’ he said. ‘They credit David with ten thousands and me with only thousands. Next, they'll be making him their king!’ So from that time on Saul kept a jealous eye on David” (1 Samuel 18: 8-9, NLT).

Saul's typical SOPS/PCP-type reaction was to be threatened by David's success and the acclaim he received from the people, which Saul, in his anxious and paranoid state, read as tantamount to a public challenge to and rivalry for his kingship. Therefore, David became an existential threat to Saul! Accordingly:

“The very next day a tormenting spirit from God overwhelmed Saul, and he began to rave in his house like a madman. David was playing the harp, as he did each day. But Saul had a spear in his hand, and he suddenly hurled it at David, intending to pin him to the wall. But David escaped him twice ... David continued to succeed in everything he did, for the LORD was with him. When Saul recognized this, he became even more afraid of him. But all Israel and Judah [the whole country] loved David because he was so successful at leading his troops into battle” (1 Samuel 18 10-11; 14-16, NLT).

Saul’s insane jealousy gets dangerous for David, to the extent that despite his acknowledgement that David was under God’s protection, Saul’s irrationality had gone too far for him to be able to stop himself from trying to kill David. His fear of David continued to escalate and we are finally told:

“When Saul realized that the LORD was with David and how much his daughter Michal loved him, Saul became even more afraid of him, and he remained David’s enemy for the rest of his life” (1 Samuel 18: 28-29, NLT).

The bible narrative is unclear and lacking about Saul’s later-life behaviour when he is not being tormented by “the evil spirit from the Lord”; by contrast, however, we are given a detailed account of him in a demented state, which seemed to worsen as it progressed. This pattern is almost exactly how the proponents of SOPS/PCP relatively recently describe this condition, namely:

“This condition is believed to develop through worsening stages, from adaptive fear in normal day-to-day emotional life to pathological reactivity, of which a very serious or severe expression of fear-anxiety would characterize SOPS/PCP as a disorder” (Bickersteth et al., 2021).

Saul’s need for safety arising from the imagined threat David posed led him to make several attempts to kill David, in a single-minded way that only insanity could explain; in this case, his murderous intent was brought on by SOPS/PCP, an extreme manifestation of chronic anxiety.

3.10. Saul Uses His Pre-War Promise to Dispose of David

Saul hatched yet another plot to get rid of David, now considered his rival and enemy. Notably, SOPS individuals are greatly threatened by those they see as competitors. This time, using his promise to give his daughter in marriage to the man who killed Goliath, Saul offered Merab in marriage to David; but he made David’s military success in a new campaign an additional, high-risk precondition. According to the biblical account:

“One day Saul said to David, ‘I am ready to give you my older daughter, Merab, as your wife. But first, you must prove yourself to be a real warrior by fighting the LORD’s battles.’ For Saul thought, ‘I’ll send him out against the Philistines and let them kill him rather than doing it myself’ ... So when the time came for Saul to give his daughter Merab in marriage to David, he

gave her instead to Adriel, a man from Meholah” (1 Samuel 18: 17, 19, NLT).

Controlling others by manipulation is a prominent SOPS/PCP characteristic as well as varying degrees of unpredictability and inconsistency, mainly due to mood changes. Saul’s enmity toward David, baseless as it was, had an ominous dimension, since he was the king; his homicidal intent had become intense. He stationed troops outside David’s house:

“When the troops came to arrest David, she [David’s wife] told them he was sick and couldn’t get out of bed. But Saul sent the troops back to get David. He ordered, ‘Bring him to me in his bed so I can kill him!’” (1 Samuel 19: 14-15, NLT).

3.11. Evidence of Saul’s Lack of Commitment to Yahweh

“But when they came to carry David out, they discovered that it was only an idol in the bed with a cushion of goat’s hair at its head” (1 Samuel 19: 16, NLT).

It is very unlikely that David knew about the idol in Michal’s bed, being a man “after God’s own heart” (1 Samuel 13: 14). On the other hand, it may safely be assumed that her father did. In a patriarchal world where a woman’s behaviour was almost totally under male control, Saul must have had a say in his daughter’s religious life. Further, regardless, of whether or not the object belonged to Saul or Michal his daughter, was on or beside the bed; and was adult-size or a few inches in length, for the purpose of this article, the presence of an “idol” in the house of a prominent Yahweh worshipper, highlights a SOPS/PCP characteristic, to wit: the sufferer’s adherence to a belief system tends to be instrumental rather than moral! More often than not, a code of conduct is espoused, practically, from situation to situation, to the extent that adherence offers safety. Another example of Saul’s lack of commitment to Yahweh’s rules was his flip-flopping when he used the services of a medium whose class of practitioners he had previously banned, presumably due to his allegiance to Yahweh, at that time.

3.12. Additional Evidence of Saul’s Chronic SOPS/PCP Anxiety

“The king sat down at his place as before, in the seat by the wall” (1 Samuel 20: 25, NLT).

This is a strategic position of safety, allowing the anxious individual one less source (behind his back) to worry about, from which he may be in danger. The story continues:

“Saul boiled with rage at Jonathan. ‘You, stupid son of a whore!’ he swore at him. ‘Do you think I don’t know that you want him to be king in your place, shaming yourself and your mother?’ As long as that son of Jesse is alive, you’ll never be king. Now go and get him so I can kill him! ... ‘But why should he be put to death?’ Jonathan asked his father. ‘What has he

done?’ Then Saul hurled his spear at Jonathan, intending to kill him. So, at last, Jonathan realized that his father was really determined to kill David. Jonathan left, the table in fierce anger and refused to eat on that second day of the festival, for he was crushed by his father’s shameful behavior toward David” (1 Samuel 20: 30-34, NLT).

In the Scripture passage above, Saul demonstrates a serious case of SOPS/PCP frustration and/or anger, when he tries to harm his own son, because Jonathan does not show the same abhorrence as he, of David. Before this incident, Saul had a truthful and straightforward relationship with his son, as may be concluded from Jonathan’s statements to David: “That’s not true!” Jonathan protested. “You’re not going to die. He always tells me everything he’s going to do, even the little things. I know my father wouldn’t hide something like this from me. It just isn’t so!” (1 Samuel 20: 2, NLT). People with a serious anxiety disorder as Saul portrays, tend to expect their associates to think like them and endorse their behaviour, uncritically. Those who do not appear committed to the sufferer’s wishes or views are viewed as traitors and treated as pariahs. The drastic change in Saul after David came into his life brings to light the enormous power that chronic, out-of-control anxiety can have over the sufferer, which could elicit extreme behavior in that sufferer; in this case, it was as serious as committing attempted murder.

3.13. Saul on a Rampage of Murder

As was seen above, Saul, the king, aimed a spear at his son, ostensibly because Jonathan did not take his side against David. In another situation, Saul unleashed a more deadly reaction when he ordered the slaughter of a family of priests comprising 85 people, in revenge for their “disloyalty” in not betraying David to him. On the other hand, he guilted his military officials to gain their support and get information about David’s whereabouts; and he did get it. People with SOPS/PCP, especially those in a supervisory/leadership position tend to use strategies, which are aimed at maintaining loyalty or garnering supporters. The listing of the killings seems to highlight the egregious cruelty of Saul’s orders to annihilate the priest Ahimelek’s family and their possessions.

When the Ziphites, a tribe of the Israelites came to inform Saul about David’s whereabouts Saul’s response showed three typical SOPS/PCP characteristics: seeking all available information, though in this case, he had good reason; playing the victim, and manipulating (in this case currying favor with) the Ziphites to strengthen his support base. These are all a typical SOPS/PCP leader’s styles, usually, intended to groom their followers, to make them into favoured sycophants.

3.14. SOPS/PCP in Michal, Saul’s Daughter

Children of SOPS/PCP individuals may also show the same anxiety disorder as the affected parent, due to parental transmission during the children’s upbringing.

ing. Michal's condescending behaviour toward David's uninhibited, joyful dancing in front of the Ark shows that keeping up a distinctive royal appearance at all times is very important to her. Her reaction reflects a PCP characteristic suggestive of a fragile self-esteem. Michal's objection to what she saw as David's immodest behaviour, however, being as strong as it was, may seem contradictory in view of her apparent tolerance of a "worse" behavior of her father, the king, when he "... lay naked on the ground all day and all night, prophesying in the presence of Samuel" (1 Samuel 19: 24, NLT).

3.15. Saul Is Frantic with Fear

"The Philistines set up their camp at Shunem, and Saul gathered all the army of Israel and camped at Gilboa. When Saul saw the vast Philistine army, he became frantic with fear" (1 Samuel 28: 4-5, NLT).

With his traditional support (power) base lost, he had no one to turn to; God shut him out, Samuel had died and Jonathan, whom he had irrationally alienated, was on David's side. Due to his SOPS condition, however, he needed all available information; so, he went to see a medium, whose profession God had condemned, and a taboo Saul himself had seemingly heeded earlier, when he "... had banned from the land of Israel all mediums and those who consulted the spirits of the dead." (1 Samuel 28: 3, NLT), undoubtedly, directed by a different mood. At this later point, he found it convenient to act in renouncement of that code of behaviour. Samuel's message from the grave was far from comforting (1 Samuel 28: 20).

4. Discussion

4.1. SOPS/PCP-Type of Chronic Anxiety Disorder Is Confirmed in the Life of Saul

Originating in a North American study (Bickersteth et al., 2018), the global march of SOPS/PCP as a legitimate form of anxiety disorder has just begun (Bickersteth et al., 2021); this was expected. SOPS/PCP's reach across centuries to the earliest days of Israel's monarchy as recorded in the Christian bible, however, is unexpected. As such, in the present study, this relatively "new" type of anxiety disorder appears to receive further definite confirmation of its external validity and robustness.

Clearly, based on the biblical account, Saul's life seemed beleaguered by an anxiety disorder—excessive fear, subjective reasoning, irrational behaviours, and moodiness, as indicated in many passages in the book of 1 Samuel chapters 9 to 31—where it is portrayed as exhibited from when he was chosen to be king until his death. As such, from the beginning to the end of the biblical record of Saul, the reader is presented with a typical SOPS/PCP pattern of chronic anxiety. According to the SOPS/PCP theory, a significant personal stressor or as modelled by parental behavior, initiates this fear-anxiety condition. As such, it may well be that the experience of spiritual ecstasy traumatized Saul, which, at least to some

degree would account for the absence of a reference to irrational behaviour until his selection as Israel's king—itsself, apparently a heavy stressor.

Even the circumstances of his death need proper knowledge of this psychological problem, to suggest, for example, an answer to the question: How did Saul die? Did he commit suicide, as a few have stated? For example, [Stein \(2011\)](#) states: "Saul descends into a state of paranoia, which culminates in death by suicide following defeat by the Philistines." [Williams & Le Roux \(2012\)](#) also described Saul's death as suicide. Notably, he endorses the anxiety hypothesis in this comment.

The alternate explanation offered in the current analysis takes into account the role of chronic anxiety, displayed as SOPS/PCP, in concluding that most likely Saul's death was not self-inflicted.

4.2. The Manner of Saul's Death

If the biblical record about Saul had ended in 1 Samuel Chapter 31, probably, his suicide obituary would be unchallenged. It was not the end of the account of his death, however. The continuation of the biblical narrative in the book of 2 Samuel Chapter 1 introduces the intriguing account of an Amalekite man who claimed to have delivered the fatal blow at Saul's request. But the Amalekite's story does not appear to be consistent with the facts. He said he found Saul "... leaning on his spear" (presumably, with the blade in the ground). Plausibly, if he was actually leaning on the spear's blade, by that action he might have fatally stabbed himself, because the blade was very sharp and, therefore, he would not have been able to look back to call on the Amalekite. Moreover, the armour-bearer would still be alive and, given the biblical detail, would not have stood by watching the Amalekite kill Saul and not defend or avenge his master; nor would he have not intervened if he had seen Saul about to kill himself. So, the king's bodyguard had to be dead for the Amalekite to step in. Only knowing that the king was really dead would his armourbearer have committed suicide or possibly been killed by the Philistines. As such both were dead when the Amalekite encountered them. Besides, what was his role in fierce combat, with arrows flying? The Amalekite said he "happened to be on Mount Gilboa..." More likely than not, he was a looter who came after the fighting subsided, recognized Saul's regalia, and went to grab everything he could. As such, that's when he took Saul's crown, because when the Philistines came the next day to collect booty, they looted Saul's armor but nothing was said about the crown, a much more coveted item. The Amalekite had expected to score big by bringing David the crown and armband of Saul, though, conceivably, he might not have got away with disposing of the king's crown any other way, anyway. Moreover, the Amalekites were ancient enemies of Israel whom God condemned to annihilation through Samuel and were a group that David recently destroyed. So, at this point, very likely, the few who probably escaped would be "non grata" in Israel. Therefore, far from gaining honour or a reward, the Amalekite, it seems, only succeeded in

getting himself killed.

The likelihood is very low that people with a chronic anxiety disorder, as represented in SOPS/PCP, would commit suicide; they would be prohibitively afraid to deliberately try to enter that most scary realm of the unknown: death. So how did Saul die, if not by suicide, his armour-bearer or the Amalekite? It appears very plausible that when, according to the bible, the Philistine archers caught up with Saul (1 Samuel 31: 3), their arrows did not merely wound him seriously but precipitated his death!

4.3. Lack of Consensus on Saul's Diagnostic Status Bolsters the Case of SOPS/PCP

From a varied listing of psychological conditions attributable to Saul's disturbed behaviors, post-traumatic stress disorder, depression and bipolar disorder (including the DSM-IV diagnosis of bipolar affective disorder) appear to represent the authors' most popular diagnostic choices (for example [Williams & Le Roux, 2012](#); [Stein, 2011](#); [Ben-Noun, 2003](#)). None of these arguments is convincing. This article claims, however, that the bulk of passages in the bible narrative on Saul's life seems to clearly promote the high probability that he suffered from an anxiety disorder (SOPS/PCP). Admittedly, this diagnosis could not have been used before now, being newly unveiled ([Bickersteth et al., 2018](#)). None of the previously identified mental disorders, however, appears to offer a comprehensive vehicle for the various aspects of Saul's behavior. So, at this point, anxiety disorder seems the only sufficient construct. Nonetheless, other writers seem to put much weight on bipolar disorder; but is this justified?

On one occasion Saul throws a spear at David twice and on another, at his son Jonathan in out-of-control rage; he calms down when David plays the harp. In context, these behaviors do not appear to demonstrate a bipolar, hypomanic or depressed mood. His relentless pursuit of David, using every resource at his disposal, even ordering his soldiers, at one point, to bring David to him, so he can kill him, except by a stretch, is not suggestive of a bipolar disorder or of overwhelming sadness.

The slaughter of an 85-member priestly family for perceived disloyalty seems more clearly a retributive action, rather than a random, bipolar urge – and that action, incidentally, undermines the theory that Samuel's killing of Agag caused Saul to develop PTSD. Saul's embracing the Ziphites in appreciation of their loyalty portrays a single-minded determination to eliminate David not the reaction of someone in a manic or depressed state of mind.

Much of the bipolar debate, however, seems to center on the biblical descriptions of two episodes of Saul's exhibition of disturbed behavior, which appear to differ substantially from the totality of the diagnostic criteria for bipolar disorder. Firstly, apart from prophesying (speaking or praising enthusiastically under direct inspiration from God), Saul showed almost none of the cardinal symptoms associated with the DSM disorder ([American Psychiatric Association, 2021](#)). In fact, a common feature of this disorder namely, distractibility and ina-

bility to focus easily is, apparently, not reflected in the biblical narrative, as it appears that under such prophetic influence people were able to continue with the one activity of “prophesying” often for hours. In other words, flight of ideas (usually seen as a mania characteristic), during which the affected individual tended to jump from one thought topic to another, does not seem to occur during this prophetic state. Secondly, Saul’s “manic” behavior, both times, appeared to be elicited by similar excitatory behavior that was normal for prophets of that time. Samuel the prophet described the first instance as divinely ordained and on the second occasion, when Saul and his soldiers were mesmerized, Samuel was acting as overseer or leading the prophesying, also under divine control.

Another question one might ask in confirming Saul’s mental state is whether bipolar disorder responds to music therapy as fast as is suggested by David’s efficacious playing when Saul was symptomatic. To answer this question, it appears, unfortunately, that more research on music therapy and BD is needed (Meissner, 2021; Krauss, 2019). This paucity of information, in itself, testifies to a lack of proven efficacy of music as a BD therapeutic approach, which, otherwise, for such a complex, chronic, and often lifelong and intransigent disease, would be expected to be in much more popular use and studied much more. In effect, on the whole, the bipolar argument has failed to present proof of actual bipolar symptoms that Saul’s actions were supposed to demonstrate. In this context then, SOPS/PCP remains the most viable or constructive framework, by which to explain the biblical description of the fascinating behavior of the first Israelite king.

5. Conclusion

In this investigation of the deportment of Saul, the first king of Israel, whose real-life story is contained mainly in Christian bible passages, SOPS/PCP, an embodiment of chronic anxiety disorder, is depicted as the best explanation of his problematic behavior. Presenting as timid from the outset of his reign, Saul faced situations, which made his kingship seem ill-fated. In many ways, his actions produced unfortunate repercussions, usually due to his continued state of fear and anxiety. For instance, at one point, he did not wait for Samuel to perform a sacrifice before battle (a priestly prerogative), and at another, contrary to Samuel’s orders from God to Saul, he spared Agag’s life and pillaged the best animals, both resulting in the loss of his kingdom and more seriously, in his being ostracized by Yahweh and Samuel, a prophet of Yahweh. Considering Samuel’s weighty spiritual power as God’s representative, it seems foolhardy for Saul to disobey his instructions, under any circumstance. So then, why *did* Saul? One logical response is that he was not in his right mind—a response supported by the argument that his odd behavior was under the constant and strong influence of SOPS/PCP (chronic anxiety).

Despite his conquests, Saul’s stressors were real and immediate; hostile military forces of surrounding nations were ever-ready to challenge or usurp Israel’s

sovereignty; from within (his mind and country) a veritable existential threat to his kingship had emerged in David. His tactics and attempts to eliminate this strong, though innocent contender to his throne only served to increase his perceived vulnerability and magnify his anxiety. As we hear:

“When Saul realized that the LORD was with David and how much his [Saul’s] daughter Michal loved him, Saul became even more afraid of him, and he remained David’s enemy for the rest of his life” (1 Samuel 18: 28-29).

In the end, however, beside himself from the fear and anxiety of annihilation, Saul engaged the Philistines in a war that became his last! As he began his reign, so he ended it, full of fear and anxiety.

The current psychological examination, however, also demonstrates, as does [Ben-Noun’s \(2003\)](#) study had suggested, that contemporary psychology/psychiatry has roots as far back as biblical times. From a certain point of view, intellectual curiosity per se, if not the popularity of this biblical account, makes it a target of study. Moreover, from our perspective, an implicit intellectual partnership is revealed in which biblical narrative and psychological theory work together to give meaning to the events of everyday life at any point at which they intersect in history. The practicality of such a convergence, calls into account the need for a rapprochement between science and theology. Perhaps, it is oversimplifying the issue to view a resolution to the problem as requiring proponents on either side only to accept that each side has hegemony only within their respective fields; but not beyond. This acceptance would be based on another level of reconciliation, namely, that both theology and science are independent ways of knowing—portals to understanding—our world and that neither is superior nor subordinate to the other. So, on the basis of this analysis, we know that the statement: “an evil spirit from God” is the bible’s (Old Testament’s) way of describing the behaviour that science, in this context, calls “a chronic anxiety disorder”, manifesting as “a safety-oriented personality style or phobicentric psychopathology”. Such elucidation is useful to both theology and science, because it opens the way to more frequent encounters between the two, cultivates mutual understanding, and permits the pursuit of a common purpose!

Future research should assist in clarifying any shortcomings in this study and shed light on the importance of making biblical themes more readily understandable by the general public.

Acknowledgements

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Conflicts of Interest

No conflict of interest to disclose.

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