

Sin Embodied: Priest-Psychiatrist Asser Stenbäck and the Psychosomatic Approach to Human Problems

Introduction

The late medical historian Roy Porter argued that mind-body relations, and, even better, soul-body relations, constitute problems within ethics and theology. Psychosomatic conditions such as hysteria and hypochondria illustrate that these questions are also central to historians of medicine, setting an agenda for further inquiry into the interconnections between mind, body, and soul (Porter, 1991: 223–4). That religion and medicine share interest in the mind-body question draws attention to the history of psychosomatic medicine. This present article pursues the intellectual biography of the Finland-Swedish theologian-turned-psychiatrist Asser Stenbäck (1913–2006) who was a pioneer of Finnish psychosomatic studies. It asks how Stenbäck combined religion and medicine, how Christian values, judgements, and duties inched their way into his medical statements and speaks for the relevance of the soul-body perspective in the 20th-century history of health.

Stenbäck is an attractive figure for this kind of study for three interrelated reasons. Firstly, reflection upon Stenbäck's psychosomatic ideas reveals a great deal about the dialogue between medicine and religion and points towards tensions and fractures in this communication. Stenbäck, who made a pioneering contribution to Finnish psychosomatics, worked in a large Finnish psychiatric hospital Hesperia from 1954 to 1965 (from 1957 as the psychiatrist in charge) and was the associate professor of psychiatry at the University of Helsinki from 1967 until his retirement in 1976. Although he was educated in theology in the 1930s, his interest in otherworldly matters did not wane after his medical degree in 1947.¹ The biographical focus on Stenbäck makes apparent intellectual, social, and political forces that operate through historical agents, and, in this case, contributed to the development of Finnish psychosomatic medicine (cf. Florin, 2014; Rotberg, 2010; Nasaw, 2009).

Second, studying Stenbäck's medical life enriches the existing histories on the relationship between psychiatry and religion. When the role of faith in the history of psychosomatics has been examined, sentimental or emotional healing experiences have usually occupied the central stage (Hart, 1996; Powell, 2001; Harrington, 2005; Harrington, 2009). However, more attention should be given to normative aspects of religion, since religious doctrines are also meant to organise life and give it meaning in theologically nuanced ways. Recent scholarship has defined religion as a form of embodied behaviour, which connects the sensory, emotional, and social ramifications of faith – in other words, it draws a parallel between bodily practices and morality (Burns Coleman and White, 2010: 4–7). This article makes the claim that Stenbäck's psychosomatics represented such a holistic understanding of faith, as he stressed the significance of inner experience, existential security, and moral behaviour for both mental and physical health. The psychosomatic approach, so to speak, preserved the idea of 'embodied sin' in the secular age of medicine.

The third incentive to pay notice to Stenbäck's story is that it ties in with debates on how individual pathologies can be taken as indices of broader social problems (see, e.g., Hayward, 2012; and the related special issue) and how concepts of stress and psychosomatics can be harnessed to further social reconstruction (see Greco, 1998; Rosenberg, 1998; Jackson, 2013). In Stenbäck's case, this potential pertains to the changing social status of Christianity. As it is well-known, the processes of secularisation, psychologisation, and medicalisation have questioned the social role of religion during the 20th century (see, e.g., Madsen, 2014; Rakow, 2013; Wood, 2020; Kivivuori, 1999). In the Nordic countries, the shift to spiritual pluralism has undermined the previously uniform Lutheran culture (Markkola, 2015). The breakdown of traditional value structure motivated Stenbäck to advocate a happy and healthy Christian society first as a private person and later as a MP for the Finnish Christian League (1979–83). In contrast to contemporary critiques of a 'sick society', Stenbäck's political design was deeply informed by his religious world-view. In conclusion, I argue

that Stenbäck's advocacy defended the 'irrational' not only as a source of religious experience and psychosomatic health, but also as a legitimisation of political action (cf. Mannheim, 1986).

As the term 'intellectual biography' implies, the present article is chiefly based on published medical texts and research.² Stenbäck's Christian writings have been collected from a variety of religious journals.³ The article centres on the years 1930–83, which covers the time of Stenbäck's most active public participation. The Gyllenberg Foundation archive, the archive of the major funder of psychosomatic research in Finland, supplements published material. It contains correspondence between the founder, the banker and philanthropist Ane Gyllenberg (1891–977), and different physicians, including Stenbäck. I have also made use of the Oral History Archive of the Finnish Parliament and the Archive of *Suomen kristillinen lääkäriseura* (Finnish Christian Medical Society, FCMS).⁴

Scandinavian readers may be familiar with Stenbäck's propagation of conversion therapies that received public notice in the 1980s and the 1990s. Again, the issue is topical due to a recent citizens' initiative for criminalising conversion therapy, taken up in the Finnish Parliament in October 2021. Furthermore, the physician and Christian Democrat MP Päivi Räsänen was prosecuted in Spring 2022 after publicly condemning homosexual acts. Given the on-going relevance, Stenbäck's views on homosexuality would warrant a more thorough handling than what can be provided here. For now, I refer the reader to the sociologist Olli Ståhlström's dissertation (1997) and the theologian Teemu Ratinen's article (2017) that discuss medical and theological views on homosexuality in Finland, with a reference to Stenbäck's influential conceptions.

The Formative Years of a Christian Doctor

This section describes inter-war revival theologies that influenced Stenbäck's world-view and would come to inform his psychiatric and psychosomatic statements. Since the 18th century, strong revival

movements have coexisted within the Finnish Evangelical Lutheran Church, which is still the spiritual home of most Finns. Revivalism has influenced the Church's theological stances, to the extent that the role of revival movements in the shaping of Finnish religious life is sometimes said to be unparalleled in other countries. The movements (it is commonplace to distinguish five different strands) have intermittently either criticised or supported the teachings of the main Church. Revivalists have often formed tight-knit communities and distanced themselves from the 'carefree' secular world but have also criticised deplorable social mores (Huotari, 1981: 174–9).

Stenbäck himself was descended from a long line of clergyman. His father was a priest, and his great-grandfather Johan Mikael Stenbäck (1809–61) was curate of the municipality of Paavola. Johan Mikael's brother, Lars Stenbäck (1811–70), is probably the most famous of the Stenbäcks, as he belonged to the pioneers of one influential revival movement, the Awakening (*herännäisyys*) (Murtorinne, 2001[2012]). The defining doctrines of the movement – human's sinfulness, salvation through the grace of God, and the utmost authority of the Bible – clearly resonated with Asser's beliefs. Young Asser was always fascinated by his father's tales of the family's ancestors but made the decision to enrol in the theological faculty (1931) only when he personally came in faith around 1930. There is no detailed record of events that led to his religious awakening, though it may be that Stenbäck's severe coincidental pneumonia, mistaken for tuberculosis, was partly responsible for the experience.⁵ In line with this interpretation, Stenbäck later referred to a 'phase' shortly before enrolment in theological studies that had made him a 'confessional Christian' (Särs, 1997: 9). He would accordingly describe himself a 'Christian revivalist'.⁶

Stenbäck's student days at the University of Helsinki had a powerful impact on his religious thinking. The Lutheran Student Christian Movement, the umbrella organisation for Finnish Christian students, was a hotspot of 1930s theological debates. Its nationalistic Finnish-speaking wing, particularly the Students' Christian Association (SCA), emphasised the revivalist roots of Finnish Christianity. This orientation was adopted also within the Swedish-speaking Students'

Christian Society (SSCS) residing in Helsinki, in which Stenbäck acted as the chair from 1940 to 1952. In a ‘pietistic’ student dormitory, Stenbäck became acquainted with well-known Finnish theologians Martti Simojoki and Osmo Tiililä, who belonged to the SCA. Both societies ‘felt connected’ to the low-church Norwegian Hallesbyan movement and the British Inter-Varsity Fellowship of Evangelical Unions (IVF) (Särs, 1997: 9–10). This theological cohesion is remarkable as it overrode the language schism between Finnish- and Swedish-speaking population groups that penetrated Finnish political, scientific, and cultural life in the first half of the 20th century.⁷

In contrast to the ecumenical aspirations of some other Christian student organisations, the SCA and the SSCS advocated exclusive conceptions of faith and redemption (Franzén, 1987; Pietikäinen, 1997). They followed the examples of the Hallesbyan movement and the IVF by adopting, as Ruth Franzén has called it, a ‘fundamentalist’ approach to Christianity. This approach rested on the idea that the Scriptures were divinely inspired and infallible in every detail, making the Bible the highest authority in questions of faith and moral conduct. Christ was a Deity, whose crucifixion and resurrection after the fact had reconciled the sins of those who believed (Franzén, 1987: 179). Such views grounded evangelical goals. Stenbäck’s work for the Finnish Seamen’s Mission and the Finnish Missionary Society in the mid-1930s, as well as his war-time letters that hailed the spread of the gospel to the atheist Soviet Union, suggest that he shared an affinity to evangelisation (Stenbäck, 1941: 36).

Hallesby’s grand persona made a lasting impression on many Christian students. Stenbäck too heard Hallesby speak in Nordic student meetings and later foregrounded Hallesby’s book *Varför jag är en kristen* (Why I am a Christian) to be significant for his own Christian ponderings (Särs, 1997). These later statements also suggest that Stenbäck found a few Hallesbyan ideas particularly compelling. Among them was Hallesby’s conviction that the truth of Christianity could not be overcome intellectually, but only through religious experience (*theologia regeneratorum*). The road to conversion ran through Christian deeds that made one realise how difficult being ‘like

Jesus' was in practice, which in turn helped one to appreciate Christ's extraordinary nature. While Hallesby held that coming to faith was analogical to 'dying' and then being reawakened by God's power, seeking God was a continuous task (Hallesby, 1933[1925]). Therefore, the Hallesbyan revival laid out a path of active engagement in the world that would generate faith through experience – a theology to guide on life's way.

The Finnish priest Urho Muroma (1890–66, née Murén) was an influential local propagator of Hallesbyan ideas. Later, he would be called the originator of the neo-pietistic 'fifth revival', which sparked a wave of conversion among Christian students in the 1960s. Already in the inter-war years, Muroma organised revival meetings and widely distributed a journal called *Herää Valvomaan!* (Awake!), for which Stenbäck also collected subscriptions in his student years (Mäkelä, 2006).⁸ Muroma encouraged listeners to fully surrender themselves to God, to follow a godly way of life and to help others to do the same. Like Hallesby, he spoke for personal conversion and Christian rebirth (Junkkaala, 1995). Muroma's strong conviction that personal revival was the prerequisite for salvation conflicted with the Lutheran conception that man was reborn already in infant baptism. As a priest, Muroma nevertheless sought to reconcile his views with Lutheranism and accepted infant baptism as an initial, though not adequate, joining to a congregation (Junkkaala, 1990: 34–9, 126–8). As will be explained later, Stenbäck also emphasised the importance of personal conversion.

The first half of the 20th century also saw those revivalist movements that diverged from Lutheran teachings to the extent that they could not exist within the Church. The spread of these Free Churches was accelerated by the Freedom of Religion Act in 1923 (Seppo, 1983). For the history of psychosomatics, the Finnish Pentecostal Movement is particularly interesting as ecstatic healing experiences were an integral part of its operation.⁹ It is of interest to note that Stenbäck also held that Christ could fill hearts with the Holy Spirit like he did with his disciples at Pentecost. With Christ's grace of revival came sanctification, which, according to the Bible, 'heal[ed] our deficiencies' (Stenbäck, 1940). Furthermore, according to the executive leader of the Finnish Bible Institute

(adherent to Muroma's revivalism) and Stenbäck's friend Raimo Mäkelä (b. 1940), Stenbäck 'believed, following the Bible, that bad spirits could possess a person'. The question of demonic possession had become topical in the mid-1970s when the movie *The Exorcist* had first been aired in Finland. When Stenbäck was then mockingly asked whether the University of Helsinki would now start performing exorcisms, he replied: 'We remain positivists at the hospital' (Mäkelä, 2006: 75). However, there is no direct evidence that Stenbäck would have been associated with Pentecostals, which is perhaps not surprising given his strong ties to the Evangelical Lutheran Church. He also showed a certain aversion to exaltation, which he likened to the chaotic stages of psychosis (Kyntäjä, 1972: 38). While Stenbäck believed in spiritual healing, the benefits of this kind seemed to occupy only a secondary place in his theology. As we will see in the next section, Stenbäck's active conflation of priestly and medical creeds rested on other, still revivalist, fundaments.

The Making of Psychosomatic Morality

Stenbäck was ordained a priest in 1935 but began quickly to pursue medical studies, acquiring a bachelor's degree in medicine in 1942 and a full competence to practice medicine in 1947. In his own words, the change of careers was not motivated by that he would have 'grown tired of' Church but had wanted instead to 'be closer to ordinary people'.¹⁰ The shift, however, required some epistemological clarifications. Stenbäck's reconciliation of faith with medical science, articulated in a Christian student journal in 1944, clearly echoed the Hallesbyan advice on overcoming religious doubt:

The contradiction between faith and knowledge exists only when the two are incomplete. Understanding (*förståndet*) surpasses both... The very expression 'Christian student' shows that this [critical] intellectual orientation can be reconciled with Christian faith. We dare say even

more; all thinking that does not lead to Christian faith is superficial and deficient (*ytligt och bristfälligt*). (Stenbäck, 1944: 9–10)

For Stenbäck, the conflict between faith and science was only apparent, since natural laws represented God's work in nature. The truth of Christianity had nothing to do with critical thinking, as it could never be proved, only experienced. In other words, knowing facts and believing in God concerned different aspects of human existence (Stenbäck, 1944: 15). One might read Stenbäck's statement in such a way that fundamental truths of the world were only accessible to those touched by faith. Then, a full understanding would be preconditioned by religious conversion.

Nevertheless, the practical work of medicine side-lined deeper truths about humanity, which was not an unproblematic position for a future psychiatrist. At the end of the 1940s, new psychological approaches were making inroads to the traditional realm of religion and stated their claim to knowledge of human problems. Among the clergy, the attitude towards Freudian theories was ambivalent. Some regarded them as too animalistic and materialistic (apparently neglecting the more recent developments in psychoanalytical theory), whereas others deemed psychoanalysis valuable in describing people's inner lives (Kettunen, 1997: 68–77). Stenbäck, influenced by his 1948 degree in psychology and start as a junior psychiatrist in 1949, belonged to the latter group. He even likened psychoanalysts' conversational therapy style to the power of God's word; as God's message could offer salvation, so could putting unconscious conflicts into words solve psychological problems (Stenbäck, 1949: 1, 42).

The Second World War has been repeatedly referred to as the watershed in the adoption of psychosomatic ideas, and Stenbäck's development does not question this view (Brown, 2014; Hyrkäs, 2021). However, the significance of religious groundwork for the "psychosomatic turn" is less discussed, despite the views of contemporary theologians that psychosomatic medicine opened up new pathways to the care of the soul (Kettunen, 1997: 77). Anu Peltoniemi has also identified the Christian soul-body discussion as a predecessor of psychosomatic medicine in a study on the

emergence of psychodynamism in Finland (Peltoniemi, 1996: 169–75). In the late 1940s, psychosomatic medicine fittingly became a recurring topic in the meetings of the Finnish Christian Medical Society, where Stenbäck was an active lecturer for decades. A lecture held in 1948 by another member of the FCMS noted that the fact that ‘mental’ (*sielullinen*) factors could cause physical diseases ranging from infections to hypertension and peptic ulcers was even ‘reassuring’ from a Christian point of view.¹¹

To delve deeper into the nature of this reassurance, assimilating the ‘soul’ with the ‘mind’ drew sickness closer to sin. The historian Heini Hakosalo has studied the thinking of the FCMS’s founder, psychiatrist Helmi Heikinheimo (who notably also came from a revival Christian family) and argued that psychiatry attracted religiously inclined doctors because it invited them to comment on the moral aspects and non-physical pathogens in disease (Hakosalo, 2014: 93–4). Similarly, the psychosomatic approach could extend the legitimacy of religious interventions to organic diseases. It remains uncertain as to what extent Finnish Christian doctors applied these ideas in practice, but, in principle, their views resembled the thinking of the US Emmanuel movement, which deemed psychiatric and somatic illnesses essentially moral problems. As the historian Rhodri Hayward notes, the Emmanuel movement transformed Christian faith into a resource that contributed to the development of American psychosomatic medicine pioneered by H. Flanders Dunbar (Hayward, 2017; see also McCarthy, 1984). However, it should be noted that contemporaries, Stenbäck included, were wary of assigning a mere instrumental value to faith. Psychological and physical restoration came second to faith, not vice versa.

Stenbäck’s lecture titled *Psykologisk frigörelse och kristen frälsning* (Psychological Emancipation and Christian Redemption), held in 1952 when he specialised in psychiatry, is a good resource as it summarises many of the above theological elements and explicitly puts them in a medical setting. In it, Stenbäck evoked ‘the old’ Christian idea of man being divided into spirit (divine connection), soul (synonymous with mind/self), and body to criticise the Lutheran Church that had

minimised the role of the ‘soul’ in pastoral care. Stenbäck decreed that the Church had become alienated from the modern person because of this psychological neglect (Stenbäck, 1952a: 10). Stenbäck had earlier elaborated on the question of human soul in relation to medical science and remarked that the Bible entailed two formulations of the soul-body relationship: a ‘dichotomous’ division into body and soul and a ‘trichotomous’ division into body, soul, and spirit. Stenbäck preferred the latter option, as he thought that the spirit, or a longing for something absolute (God), separated humans from animals and the ‘relativist’ natural world. Moreover, Stenbäck associated the spirit with striving after moral perfection, which, unlike soul-body connections, could not be described in medical and psychological terms (Stenbäck, 1945: 1).

As moral striving was built in human constitution, Christ could send people ‘harmony’ to help them to live up to their ‘need for perfection’ (Stenbäck, 1945: 1). Stenbäck displayed an appreciation of individual contentment and the this-worldly also throughout his 1952 lecture. Echoing the concept of ‘glad certainty of faith’ of the Awakening’s founder Paavo Ruotsalainen (1777–1852), whose theology Stenbäck’s Master’s thesis from the theological faculty (1934) had examined, Stenbäck contended that faith could bring about peace of mind and happiness. However, salvation meant something much more than psychological freedom:

We must never forget...[t]hat to be saved is to come in Heaven. The clear message of the Bible is that the one who believes shall be saved and when he comes into faith he receives the Holy Spirit, which creates new life in the soul...[T]his leads to psychological emancipation; fear and anxiety are replaced with freedom and a spirit of sonship of God [Rom. 8:15], in place of being bound by sin enters force to overcome it and live as a collaborator of God...[W]ithout this rebirth and daily renewal we cannot reach Heaven and the eternal, final salvation. (Stenbäck, 1952a: 20)

In the above passage, Stenbäck conceives salvation as something that is achieved through religious conversion, continuous renewal, and joyful service of God. Importantly, one was not enslaved by divine laws but followed them gladly because he was the heir of God's kingdom. These tenets also made psychological and physical health important. The mind and the body appeared to be tools of God, and they could be doctored to free the believer to work better in His service (Stenbäck, 1952a: 4–7).

Stenbäck's theology also entailed a lawful and dogmatic perception of how Christianity could advance health. He used the Freudian division to subconscious, ego and superego, to describe how the self and the body were connected to God. As the Finnish theologian Teemu Ratinen has argued, Stenbäck's understanding of superego differed from the Freudian concept in that while Freud regarded internalised norms as being imposed by culture, Stenbäck considered them as perpetual to human being (Ratinen, 2017: 646). Daily renewal meant striving after the demanding Christian ethical ideal, to be perfect (*fullkomlig*) like Jesus (Stenbäck, 1952a: 14). Falling short, as Stenbäck would suggest on multiple occasions, not only evidenced moral corruption but also led to a host of health problems: headaches could be caused by 'wrong' behaviour towards a husband; a hypochondriac fear of syphilis could follow infidelity; and in depression, or 'moralistic pain', the inability to make amends or receive forgiveness could dim one's hopes for the future (see respectively Stenbäck, 1954: 84; Stenbäck and Rimón, 1964: 379; Stenbäck, 1962: 160). As one might expect, Stenbäck did not advocate the lowering of moral standards, but instead warned that psychotherapy could offer people false relief (Stenbäck, 1952a: 13). The stance that frequently guilt was legitimate, even necessary, was common to other religiously inclined readings of psychoanalysis. Stenbäck's thinking was, for instance, akin to that of the Swedish theologian Arvid Runestam, who argued that a nagging conscience led to mental imbalance, and to that of the American psychologist O. Hobart Mowrer, who stated that suppressing a bad conscience was behind many psychological disturbances (see respectively Pietikäinen, 2007: 210–1; Page, 2017: 15–6).

Salvaging Stressed Souls and Bodies

Following Christian ethical guidelines served a two-fold purpose in Stenbäck's world-view. First, doing the right thing was conducive to genuine religious conversion, and second, it could directly improve health by assuaging legitimate guilt. The latter approach seemed to be more relevant to the practical work of psychiatry, and Stenbäck believed that the Ten Commandments provided incontestable rules for ethical behaviour. Psychosomatic illnesses, ranging from sexual disorders to cardiovascular disease, often resulted from the internal conflict that emerged from breaking these rules. This section examines the construction of the psychosomatic theory in Stenbäck's medical writings and relates it to a Christian understanding of human problems.

In the 1950s and the 1960s, Stenbäck's work in psychosomatic medicine was consistently supported by the Signe and Ane Gyllenberg Foundation.¹² The foundation's first board consisted of representatives of the Swedish-speaking elite, including the professor of internal medicine Fredrik Saltzman. Another renowned internist and professor, Bertel von Bonsdorff, joined the ranks in the early 1950s and served as the chair of the foundation from 1962 to 1974.¹³ Even though the grants were relatively small, the foundation's goal was extraordinarily focused: to advance psychosomatic, and from 1960 onwards also anthroposophical, medical research. Together with Saltzman, von Bonsdorff encouraged Stenbäck to apply for the first Gyllenberg grant, which was awarded to him in 1950 (Stenbäck, 1954: foreword).

However, Ane Gyllenberg's ultimate objective to develop anthroposophical medicine created discord in the foundation. Though anthroposophy and psychosomatics shared a holistic vision of health, their theoretical underpinnings differed considerably. While psychosomatic medicine usually built on psychodynamism or stress theory, the groundwork of anthroposophy was Rudolph Steiner's esoteric philosophy.¹⁴ Gyllenberg found anthroposophical medicine to complement his

spiritual views drawing from Freemasonry and broad philosophical learnedness, and in 1926 he became a member of Finnish and German anthroposophical societies. Later, in 1934, Gyllenberg visited Goetheanum, the anthroposophical headquarters in Dornach, Switzerland, where he was introduced to experiments in spiritual science that convinced him of the practical value of anthroposophical research (Nylund, 2018: 77–83). Expanding the realm of science so that it could again perceive the spiritual realm and make it comprehensible to modern man became Gyllenberg's goal. However, the anthroposophical occult conception of human physiology and the precedence of spirit over matter stood in stark opposition to the hopes of medical experts, who felt that the foundation should support scientifically sound, somatically-oriented psychosomatic medicine (Nylund, 2018: 92–4).

Efforts to reconcile anthroposophy with medical science put Stenbäck in a difficult situation on both scientific and religious fronts. In 1956, Stenbäck replied to Gyllenberg's inquiry on how to promote anthroposophical medicine in Finland and suggested that instead of funding it directly, the foundation should support research on how psychological illness was connected to 'culture, religion, and the philosophy of life (*livsåskådning*)'. That way, anthroposophical medicine would also move forward. As for anthroposophical research on organic disease, Stenbäck regretted that the medical experts in the foundation could not advance it 'in good conscience' and recommended that Gyllenberg rather undertook a 'private initiative' in this field.¹⁵ Gyllenberg 'did not rejoice in the contents' of Stenbäck's letter – in fact, a note in the archive, written in Gyllenberg's hand-writing and containing quotes from Stenbäck's letter, reads: 'Horrible. All dead wrong. Knows apparently nothing about anthroposophy'. However, later, Stenbäck thanked Gyllenberg for his 'personal kindness' that had surpassed their 'differences of opinion'.¹⁶

Stenbäck's conciliatory tone and apparent ignorance of anthroposophical nuance suggest that he had his own reservations regarding Gyllenberg's agenda. Although Gyllenberg and Stenbäck's world-views shared a Christian undercurrent, Gyllenberg's looser interpretation of faith,

influenced by Freemasonry and Steiner's unconventional reading of the Bible, must have been a poor fit to Stenbäck's biblical revivalism. This reading can be supported by looking at the book-length critique of anthroposophy that Stenbäck's fellow revivalist Osmo Tiililä published in 1937. Its preface called anthroposophy 'one of the most weak-based world-views on both scientific and religious grounds'. According to Tiililä, Steiner preferred occult sensing to the word of the Bible and was overly intellectual to the detriment of religious experience. What was worse, his unbiblical Christ was a 'scribe, occultist, and Mahatma' but not the 'messenger of God's grace', making the ethical authority of anthroposophy weak and salvation impossible (Tiililä, 1937: 6, 142–63).

Stenbäck's Gyllenberg-funded dissertation, entitled *Headache and Life Stress* (1954), encompassed a quite rigorous physiological approach to 'life stress' that at first glance lacked any spiritual dimension. Stenbäck's 'psychosomatic study' criticised the Hungarian-Canadian scientist Hans Selye (1907–82) for equating the cumulative strain of life stress with effects induced by strong laboratory stimuli (for instance, cold, noises or lights).¹⁷ Stenbäck himself used the concepts of ergotrophy (neuromuscular and vegetative tension) and histotrophy (correspondent recovery) to better describe the stages of rest and activity in everyday life (Stenbäck, 1954: 87–97). Yet, upon closer inspection, the imbalance between work and rest that Stenbäck regarded as the principal cause of headaches had intriguing ethical implications. In *Ad Lucem*, he elaborated that not sanctifying the Sabbath, and therefore not getting enough rest, gave rise to psychosomatic symptoms (Stenbäck, 1952b: 19, 22). Some twenty years later, Stenbäck continued to argue that an excess drive to collect earthly possessions and not taking the time for quiet contemplation caused stress and, by extension, cardiovascular diseases (FCMS, 1973: 9). Both statements imply a literal interpretation of the Ten Commandments (to 'keep the Sabbath holy' and to 'not covet') and conflate health with virtue, just like the scholars Sander L. Gilman and William J. Hoverd have shown to be the case with the Catholic mortal sin of gluttony and obesity (Gilman, 2010: 32–4; Hoverd, 2010).

To stay with the arguments in Stenbäck's dissertation a little longer, Christian ethics was perhaps the most obviously significant in marital matters. Stenbäck stated that life stress transpired only in rare cases from strictly Christian uncertainty, but in marital and sexual conflicts, the ethical aspect was inextricable. Therefore, 'many a life stress, which [was] not experienced by the patient as an ethical or religious matter, [was] nevertheless of that nature' (Stenbäck, 1954: 83–4). Stenbäck's voluntary work as the head of the Swedish-language marital guidance centre in Helsinki from 1950 to 1961 must have reinforced this view, and he did state that psychosomatic symptoms such as back pain, palpitations, and amenorrhea often revealed disruptions in marriage (Stenbäck, 1951: 12; Stenbäck, 1961: 1053). The centre's establishment in 1950 was a response to the social instability of the post-war period, which gnawed at the foundations of traditional family and allegedly caused marital dissolution (see, e.g., Malinen, 2018; Bergenheim, 2018). The centre was a combined effort of *Samfundet Folkhälsan* (Public Health Association of Swedish Finland; notably, Saltzman and von Bonsdorff headed *Folkhälsan*'s board), the Family Federation of Swedish Finland, and the Finland-Swedish Parish Association (FPA). In particular, the FPA demanded that the person in charge of the centre had to be a Christian, which is a probable reason for Stenbäck's appointment (Dahlberg, 2021: 230–1). Stenbäck promoted Christian sexual ethics also through the Family Affairs Committee of the Evangelical Lutheran Church from 1957 to 1970 (Yli-Perttula, 2020).

The connection between bodily health and philosophy of life was also revealed in the peptic ulcer studies Stenbäck conducted with Gyllenberg's support at the turn of the 1960s. Importantly, the concept of stress freed Stenbäck from a default assumption of psychopathology, since life stress could be unhealthy regardless of the patient's mental state. In 1957, Stenbäck argued that visceral ulceration did not always result from a neurotic process. Loss of income, disease, and death could induce anxiety and related physiological changes 'regardless of one's religious standing' (Stenbäck, 1957: 193). In 1960, Stenbäck elaborated on the issue further, and pointed out that former peptic ulcer studies had not realised that the precipitating stress situations – fears of disablement,

serious illness, and economic penury – threatened human existence, and were in that sense perennial. The patient's life depended on the positive solution of these 'existential conflicts', which was why many patients were metaphorically fighting for their lives (Stenbäck, 1960: 286, 290–1; on peptic ulcer studies, see also Grob, 2003).

Stenbäck did not elaborate on the relationship between peptic ulcer studies and Christianity directly, but the notion that human existence itself was pathogenic fitted well together with the Lutheran idea of man's inherent sinfulness. Although suffering and pain were part of human life, they were easier to bear by seeking divine connection (Kettunen, 1990: 55–64). As Stenbäck asserted in an anniversary speech of the SSCS in 1964, Christ's life, death, and resurrection were the key to salvation and the solution to 'great human problems', which included problems of 'physical existence' and 'living well with others'. Again, Stenbäck's conception of alleviating suffering had two levels. For one, anxiety and inner conflicts were immediately helped by adhering to God's 'simple yet often difficult to follow laws for mental and physical health and social coexistence'. Secondly, the Bible's answer to human suffering was eschatological and articulated in the description of New Earth and New Heaven in the Apocalypse of John: 'He will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning, nor crying, nor pain anymore, for the former things have passed away' (Stenbäck, 1964: 22–3).¹⁸ It seems safe to conclude that by using the term 'existential conflict', Stenbäck associated psychiatric and psychosomatic illnesses with human problems. Certainly, he did not deny the relevance or existence of neuroses (he was a psychiatrist after all), but this was not the point he wished to make. Rather, he hinted that the ultimate answer to the existential problem of life stress was not psychological emancipation, but Christian salvation.

In 1967, Stenbäck's personal cooperation with the Gyllenberg Foundation ended abruptly, probably for practical reasons related to Stenbäck's amounting professional responsibilities. When Stenbäck had just started as an associate professor at the University of Helsinki, he wrote to

the foundation with hopes of establishing a research institute that would result in ‘more and better psychosomatic research’,¹⁹ but the request seems to have been graciously denied.²⁰ That also epistemological differences may have been at play is indicated by that the foundation also denied an initiative, advocated by Stenbäck’s close colleagues Ranan Rimón and Kalle Achté, for establishing a Gyllenberg professorship in psychosomatic medicine at the University of Helsinki in 1973. Gyllenberg’s response letter concluded that psychosomatic medicine was only one phase of the development in which increased understanding of the spiritual created ‘real knowledge’ of humanity.²¹

Interestingly, Stenbäck rarely included openly religious statements into medical publications and acquired a reputation as a man with a ‘critical scientific pattern of thought’ (Achté, 1973: 11). His Christian morality, however, oozed through the cracks. Not unlike Selye, Stenbäck used stress theory to advocate a healthier philosophy of life. As Selye argued in his popular work *The Stress of Life* (1956), saving adaptive energy by leading an altruistic life was key to happiness and prosperity (Jackson, 2012). The principal difference between the two men was that Selye derived the code of conduct from natural laws, not from the supernatural being of God. What is more, by the end of the 1960s, Stenbäck became acutely aware of the social ramifications of a holistic understanding of health that found legitimatisation in the transcendental plane. Then, the perceived moral turmoil and existential insecurity in the modern world impelled Stenbäck to switch his focus from sickness on to sin.

Tumultuous Social Body and the Politics to Heal

In Finland, like in other western countries, the late 1960s was marked by cultural criticism and radical movements pointing out disagreements between the old and the new generations (Virtanen, 2001: 380–7; Kolbe, 2008). Social unrest was revealed in many levels of society, and also the Lutheran

Church was targeted by the 1960s radicals. A blasphemy litigation against the Finnish author Hannu Salama in 1964 was one obvious occasion in which the Church's attempts to uphold public respect for the sacred clashed with contemporary critiques of the institution's perceived dogmatism and cultural nihilism. Radical tendencies were also apparent within the Christian student movement, where leftist Liberation theology raised concern about international social and economic problems. Radical Christians subordinated theological questions to social responsibility, which led to a reactionary rise of neo-pietism (Murtorinne, 1977: 22–5; Pietikäinen, 1997: 74–83). When Stenbäck was asked about Christian student radicalism in 1997, he stated that he had always felt alienated from its 'loose social ideology', which even could not be called 'exactly pious' (Särs, 1997: 11–2). Therefore, it was not a coincidence that Stenbäck's own political commentaries proliferated since 1968; his energies were directed into criticising forces that weakened the role of religion and piety in society at large. This last section examines how Stenbäck harnessed the idea of holistic health to find cultural cures for sin and sickness, and how he combined Christianity with politics.

The perceived state of moral dissolution resided at the core of Stenbäck's cultural criticism. Stenbäck's writings from the 1950s already contained the ingredients of the critique, as 'anomalous environmental factors' could dull people's capacity for moral action (Ratinen, 2017: 646). In the 1960s and the 1970s, the prevailing value pluralism indeed defied the existential and normative roles of Christianity, leaving psychiatrists to struggle with 'rootless' people who failed to find meaning in life (Stenbäck, 1973a: 95–8; see also Stenbäck, 1980). Many contemporary critics joined Stenbäck in this perception. For instance, the British psychiatrist George Carstairs held that without the 'supra-personal system of values' people no longer felt life meaningful, which in turn led to loss of social cohesion,²² while the Glaswegian physician James L. Halliday named the decline of religion as a 'moral sheet anchor' and a source of 'shared sense of purpose' as a constituent of 'sick society' (Hull, 2012: 82–3). Building on similar thoughts, Stenbäck openly advocated 'common sense' psychotherapy, in which a righteous way of life was offered to solve psychological distress.

Nevertheless, Christian faith could be conducive to successful therapy on a national level, since the Finnish mind entailed a ‘strong religious component’ (Stenbäck, 1974: 1725–7; see also Stenbäck, 1985).

Growing levels of ‘deviance’ were one manifestation of the adverse ethical development. This term referred to a miscellaneous group of people who diverged from society’s normative expectations, including criminals, sexual minorities, and people with drug or alcohol addictions (see, e.g., Parhi, 2018). Deviant behaviour exemplified how uncertainty about the meaning of life threatened people’s psychological well-being and physical existence. In 1964, Stenbäck and the psychiatrist Max Blumenthal conducted a study on alcohol addiction and attempted suicide, concluding that these ‘bio-psycho-social behaviours’ were characterised by a reduced care of bodily integrity, and even, quoting Karl Menninger, ‘a wish to be killed’. Self-destructive tendencies were contrasted with the highly valued body of the hypochondriac who feared the body’s loss and deterioration (Stenbäck and Blumenthal, 1964: 134; on suicide, see Myllykangas, 2019). As seen in the discussion regarding peptic ulcers, to Stenbäck’s mind attitudes towards physical existence had a clear Christian dimension. In a further reflection on suicide, he made an indirect reference to Christian ideas by saying that the value of the body came from it being both a ‘tool’ and ‘*the* prerequisite for life’ (Stenbäck, 1972a: 289–90; original emphasis). Here, we come back to Stenbäck’s conception of the converted individual as God’s collaborator and the this-worldly importance of psychosomatic health. As Stenbäck argued in 1973, alcoholics and drug addicts needed the conviction that the body was created for the service of God to break their pernicious habits (FCMS, 1973: 9).

Stenbäck’s views on addiction are also instructive in clarifying his relationship to the concept of ‘sick society’, which was employed in contemporary anti-psychiatric critiques on how oppressive social norms produced unhealthy forms of adaptation (see, e.g., Crossley, 1998: 877–80). In Finland, the anti-psychiatrically influenced November Movement (NM) (1967–71) criticised the medicalisation of deviance, claiming that structural issues and rule breaking were systematically

deemed problems of individuals.²³ In a commentary published in 1969, Stenbäck agreed that it was indeed modern culture (included, as he understood it, in the term ‘sick society’) that had caused the drug-use epidemic. Yet, notably, for Stenbäck, student radicals and the NM were part of the problem. They participated in creating the very forms of maladjustment they claimed to counterbalance by, for instance, propagating the use of milder drugs (Stenbäck, 1969: 7). While Stenbäck usually abstained from employing the specific term ‘sick society’ in his own cultural criticism due to its anti-psychiatric connotations, he was clearly concerned about the unhealthy social environment. When once asked, with a reference to sayings of ‘some other psychiatrists’, whether psychosis was a healthy reaction in a society that differed so much from the Christian ideal, Stenbäck replied that it was possible to see modern society as so alienating that ‘only an inhumane person’ could thrive there. However, he maintained that mental illness never brought a person closer to finding meaning in life nor to the realisation that man was created in God’s image (Kyntäjä, 1972: 38).

The idea that psychosis would be a healthy reaction in a sick society brings us to the psychiatrist Martti Siirala’s metaphysical understanding of disease, developed in the Therapiea Foundation and applied by some anti-psychiatric thinkers.²⁴ The Therapeian form of psychoanalysis built on existential philosophy and anthropological medicine, which both hoped to shed light on the hidden meanings of disease. For one, Siirala was inspired by ideas of Ludwig Binswanger, Martin Heidegger and Medard Boss that prompted him to focus on immediate illness experiences and to deny dualism between mind and matter (*Dasein* analysis). Secondly, he was keen on anthropological medicine, developed by the German psychosomatist Viktor von Weizsäcker, which postulated that disease was a materialised conflict created by the person’s life situation (Ihanus, 2000: 17–8). Siirala extended these meanings beyond individual lives with the concept of ‘social pathology’, according to which psychoses and psychosomatic diseases transpired when individual organs literally ailed instead of the social body (Ihanus, 2000: 187–9). Diseases hence communicated unresolved individual, communal, and even national traumas. It is easy to see how Siirala’s ideas could be fitted

together with the anti-psychiatric critique of sick society, and, in fact, an English translation of *Therapeia*'s handbook was published in a series edited by R. D. Laing (Siirala, 1969[1966]). One of the leading figures of NM, the Finland-Swedish psychiatrist and author Claes Andersson (1937–2019) attended *Therapeia*'s psychoanalytical education and contended that the idea of disease as a message had a great impact on him (Andersson, 2009: 98–102).

Now, the relationship between Stenbäck and Siirala always seemed tension-filled despite the fact that they both were devoted Lutherans.²⁵ Such unease may date back to post-war theological schisms within the Church, when Luther studies conducted in Lund, Sweden, were taken up by some Finnish theologians to question the consistence of (neo-)pietism and its emphasis on inner experience of faith with Luther's teachings.²⁶ Siirala's theologian brother Aarne was notably one of the most ardent Lundensians (Ahola, 1996: 76–80). Furthermore, in the 1950s and the 1960s, there was clear cross-fertilisation between Martti and Aarne's medical and theological conceptions.²⁷ As articulated in *Therapeia*'s handbook, Martti regarded the distinction between theological, philosophical, and medical ways of knowing as a mere human delusion (M. Siirala, 1969: 4). However, as noted above, Stenbäck made a difference between religious and scientific modes of perception and considered the mind-body to belong to a different ontological category than the spirit. When Stenbäck criticised *Therapeia*'s views in a major Finnish medical journal in 1976, it spoke of these fundamental epistemological disagreements. Stenbäck scolded Therapeian psychoanalysis for being 'too speculative' and 'unscientific' and denied that illnesses would generally be 'symbols' or 'messages' (Stenbäck, 1976: 58–60). Although Siirala and Stenbäck both paid attention to the social environment, they assigned it a different role in disease causation. While Siirala regarded the denial of 'social responsibility' as a direct cause of illness, Stenbäck gave it a secondary status in either helping or hindering religious conversion and ethical behaviour.

More so than theology, contemporary conceptions of a sickness-inducing society were entwined with political currents. The central role of socialism was a defining feature of the 'long

1968' in Scandinavia, and Finland's bloody history of class conflict and the country's proximity to the Soviet Union made the thematic topical on many levels of culture (Ekman Jørgensen, 2008: 330–1). For instance, the NM was not openly political, but its radical Marxist members even viewed the deviant population as a vanguard to overthrow the capitalist system (Parhi and Myllykangas, 2019: 202–3). Interestingly, Socialism and Christianity were not entirely dissimilar – for instance, the Finnish historian Jukka Relander uses the lexicon of 'cult', 'awakening' and 'conversion' to describe the ideological turn of Finnish Leninists (Relander, 2008: 470–1). Stenbäck too admitted to some similarities and sympathised with 'Marxist faith' in a review of Claes Andersson's anti-psychiatric novel *Bakom bilderna* (Behind the Pictures). In his review, Stenbäck remarked that Marxism and Christianity shared a conviction that working for the desired, common future was one of the essential conditions for mental health (Stenbäck, 1972b: 5). Stenbäck, whose conservative Christian views leaned to the right, still opposed the revolutionary tendencies that 'had prevailed in the Soviet Union' and were now spreading to the Western countries. He fretted that including macrosocial factors in the biopsychosocial definition of health would 'make psychiatry political' (Stenbäck, 1970: 1763–5).

However, Stenbäck himself (not as a psychiatrist but as a politically aware citizen) hoped for a society built on Christian values. In an interview conducted in 1972, he expressed admiration for North American anabaptistic Hutterites who followed a traditional Christian way of life. Hutterites had low levels of schizophrenia, alcoholism, suicides, neuroses, and criminality, allegedly because of their religious and charitable mind-set. Stenbäck reportedly sighed in longing: 'If only one could create such a society!' (Kyntäjä, 1972: 38).

Religion and politics would have 'softened' boundaries in Stenbäck's own body of work (cf. Haapalainen, Opas and Räsänen, 2019). What Stenbäck regarded as an 'anti-Christian state' in Finland inspired him to become a parliamentary election candidate for the Finnish Christian League in the early 1970s. In 1979, three years after retiring from the University of Helsinki, Stenbäck was finally elected to parliament and could begin to address the social and moral core of proliferating

issues.²⁸ The digitised parliamentary documents from 1979 to 1983 show that Stenbäck participated in a variety of initiatives with a clear Christian angle. He supported, for instance, the transfer of income to evangelical organisations and the improvement of religious education in Finnish schools. In addition, he advocated a doctor's right to decline from performing abortions for ethical reasons and tried to improve the treatment of alcoholics and narcomaniacs, also in Christian facilities. In questions regarding the care of the elderly and people with chronic diseases or handicaps, Stenbäck maintained a holistic approach to health.²⁹ In a pamphlet titled *Miksi juuri kristillistä politiikkaa* (Why Precisely Christian Politics), created for the elections in 1983, Stenbäck once again conjured up Christian doctrines to instigate a behavioural change in Finns. Arguing for, among other things, solidarity, abstinence and diligence, the pamphlet concluded with an ominous warning: 'If our nation forsakes the laws of God, we have no right to expect a happy future' (Stenbäck 1982: 42). Therefore, faith guided Stenbäck's politics that combined happiness, health, and piety in inextricable ways.

Stenbäck's political career was cut short by his first experience of brain damage, suffered at the age of 71. However, already his one parliamentary term testified to the fact that Christianity was the fundamental structure that shaped Stenbäck's counter-reaction to a so-called sick society. Stenbäck always held that man was an 'active creature' (Särs, 1997: 12), but in the 1970s, this dimension of his revivalist conviction truly transformed into a resource for upholding Christian ethics at the societal level. In other words, the world-view that encouraged one to subject the mind and the body to His service acquired new functions in the changing social context. As the historian John Carter Wood writes, influential Christians of the 20th century have been compelled to find ways to navigate in the transformed social reality (Wood, 2020). Stenbäck's unwavering condemnation of male homosexuality in the 1980s and the 1990s pointedly illustrates rigid strategies to confront the postmodern world (cf. Ståhlström, 1997). However, it is also difficult to see how Stenbäck's dogmatic beliefs would have allowed for a different form of integration without losing the Christian core identity. One thing is for certain: instead of an ethical double standard, Stenbäck's public life gives

the impression of a man who consistently practiced what he preached across religious, medical, and political arenas.

Conclusion

In a review on mind-body interactions in the history of psychiatry, the historian German Berrios recounts the popular myth of René Descartes's metaphysical dualism, which 'freed the human body from religious control' (Berrios, 2018: 8). Stenbäck's psychosomatic advocacy, founded on Christian principles, aspired to reinstate this connection. He believed that Christian dogmas could promote health directly through existential safety and indirectly through a good conscience and healthy habits. To paraphrase the historian Rhodri Hayward, the psychosomatic illness model entailed a moral imperative, when past sins could become apparent in the flesh (Hayward, 2014: preface). The joint histories of psychosomatics and religion have earlier been discussed through a 'positive thinking narrative' (to use the historian Anne Harrington's terms), in which the person achieves health through the power of belief itself (Harrington, 2009: chapter three). Another, largely separate strand of study has argued that the idea of stress can be used politically to call for social change (see, e.g., Jackson, 2013; Greco, 1998; Rosenberg, 1998). Stenbäck's story ties these perspectives together and implies an alternative formulation of sick society: the postmodern social environment was pathogenic in that it did not conduce the kind of inner religious experience that would have led to conversion and supported moral behaviour and holistic health.

Revival Christianity formed the foundation of Stenbäck's theological, medical, and political lives. As such, it was a fundamental world-view design that guided his conservative political thought to defend an irrational substratum of the world against modern, disenchanted meaninglessness. Here, Stenbäck importantly returned to a premodern understanding of the body, where the function of living things was determined by divine creation. Medical concepts of stress and

psychosomatics were powerful tools to connect pathogenic cultural progress to the Lutheran idea of man, since they could be applied beyond psychiatric clientele (cf. Rosenberg, 1998: 729). Furthermore, it is illustrative that Karl Mannheim has foregrounded early Pietists in his analysis of rationalist modernity for preserving the irrational in their inner lives by retaining certain attitudes and continuing to learn from experience (Mannheim, 1986: 64). Stenbäck too endorsed inner experience as a source of true knowledge of God and ethics in a way that became both medically and politically purposive. Mythical transcendence became the principal legitimisation of political action that was aimed against both secularisation and liberal theologies, the latter of which seemed to abandon personal religious life as the true core of prosperity and salvation (cf. Mannheim, 1986: 56).

Despite the deep connection between religion and health in Stenbäck's writings, one is left with the feeling that he did fail to fully reconcile the two in a manner that would have satisfied sceptical audience – that is, to truly bring the irrational into knowledge. However, it would be unfair to judge him by this 'failure', as he never intended to build a 'psychotheology' (Mäkelä, 2006: 74–5). Instead, and much resembling what has been suggested about the role of Catholicism in the works of the cultural philosopher Marshall McLuhan (1911–80), I believe that faith was the often implicit backdrop to most of Stenbäck's actions (cf. Marchand, 1989: preface). Religious persuasion entered medical texts through passing remarks and loud silences that were elaborated in full in Christian forums. This observation raises questions about to what extent unarticulated world-views may pervade scientific conceptions. Moreover, the contingencies of individual lives often inform the development of medicine. As the historian Robert Powell concludes in a biographical article on Helen Flanders Dunbar, one must look at the nonmedical background to fully grasp the meaning of scientific work (Powell, 1977: 148). This notion is relevant not only to the present biography, but to examining the history of psychosomatics in general.

Notes

¹ Stenbäck was, for instance, the vice president of the Union of Swedish Parish Work in Finland from 1954 to 1972, the chair of the board of Lutheran Student Christian Movement in Finland in 1957–61, a member of the Family Affairs Committee of the Evangelical Lutheran Church 1957–70, and a member of the Helsinki parish council 1970–4.

² The most relevant medical publications I went through were *Duodecim* (1885–2000), *Suomen Lääkärilehti* (Finnish Medical Journal and its predecessor, 1922–2000), *Finska Läkaresällskapets handlingar* (The Proceedings of the Swedish-language Finnish Medical Society, 1948–2000), *Terveystieteiden lehti* (Health Care Magazine and its successors, 1945–2000). International publications covered are *Nordisk medicin* (1939–98), *Nordisk psykiatrisk tidskrift* (1956–87), and *Journal of Psychosomatic Research* (1956–96).

³ In addition to obtaining miscellaneous articles, I have collected material systematically from *Ad Lucem*, the journal of the Swedish-speaking Students' Christian Society (1930–83, not to be confused with the journal for Finnish Christian Students that carried the name until 1928); *Suomen sairaanhoitajain kristillisen seuran viesti* (Proceedings of the Finnish Society for Christian Nurses) (1948–82); and the Swedish-language publication of the Finnish Evangelical Lutheran Church *Församlingsbladet*, later *Kyrkpressen* (1955–81). The variations in the covered timeframe result from changes in the appearance of the journal, the availability of sources and their temporal relevance in Stenbäck's publication history.

⁴ The material from the archive of the Finnish Christian Medical Society was collected and summarised by the senior research fellow Heini Hakosalo, to whom I am greatly indebted.

⁵ Interview with Asser Stenbäck, 9.12.1998 and 11.12.1998, interviewer Henrik Ekberg, Oral History Archive of the Finnish Parliament (OHAFP), Helsinki: 1–5.

⁶ Interview, OHAFP: 6. Translations are my own unless otherwise noted.

⁷ The term 'Finland-Swedish' refers to Swedish-speakers in Finland. Until the 20th century, Swedish was the dominant language of civil administration and education. In the 1920s, the great majority of Finnish-speaking Finns grew increasingly sceptical towards the political and social capital of the Swedish-speaking minority. This led to attempts to dismantle the powerful status of the 'Swedes', who in turn felt threatened by Finnish nationalists. See Hakosalo (2012: 444–8); Engman (2012).

⁸ *Herää Valvomaan* is available in a digitised form from 1928 to 1939, during which time no writings by Asser Stenbäck were published.

⁹ The movement reached Finland through the revival tours of the Norwegian Methodist Thomas B. Barratt, starting in 1911, and has since then become one of the most significant Free Churches in Finland. In 1977–81, charismatic healing miracles by the lay preacher Niilo Yli-Vainio (1920–81) attracted considerable attention. See Mantsinen (2018).

¹⁰ Interview, OHAFP: 5.

¹¹ Minutes of the FCMS meetings 1922–57, 3rd March 1948, 1 §, the Archive of the FCMS, Finnish National Archives (FNA), Helsinki.

¹² The Gyllenberg archive requests for tax exemptions between 1954 and 1967 show that Stenbäck was almost continuously involved in funded projects. H5, the Archive of the Signe and Ane Gyllenberg Foundation (AGF), Helsinki.

¹³ Ane Gyllenberg (henceforth A. G.) to Bertel von Bonsdorff, 3rd October 1950, H5, AGF; A. G. to the Ministry of Finance, 27th December 1955, H5, AGF. See also Nylund (2018: 91–3).

¹⁴ The anthroposophical movement actualised when Steiner separated from the international Theosophical Society due to disagreements about Christ's divine status (Leijenhorst, 2006: 1089–90). He established his own *Anthroposophische Gesellschaft* (Anthropological Society) in 1913 and visited Helsinki the same year, which sparked approx. 100 members of the Finnish Theosophical Society to join Steiner's alternative. The first Finnish anthroposophical society was established in 1923 (von Boguslawski, 2021: 22–3).

¹⁵ Asser Stenbäck (henceforth A. S.) to A. G., 8th September 1956, H4.2, AGF.

¹⁶ A. G. to A. S., 8th September 1956, H4.2, AGF; A. S. to A. G., 4th November 1960, H4.2, AGF.

¹⁷ According to Selye's general adaptation syndrome (GAS), formulated in the early 1940s, stress triggered a chain of protective hormonal events that aided the body's adaptation to external stimuli. If the stimulation of the pituitary-adrenal axis was constant, the protective mechanism became pathological, resulting in disease and death (Jackson, 2013: 99–140).

¹⁸ English-language quote from Revelations 21:4.

¹⁹ A. S. to A. G., 10th February 1968, H4.2, AGF.

²⁰ The tone of the letter of response was positive, but Gyllenberg emphasised that the proposal would be handled in a meeting of 'those who of course entirely' decided on the faith of the application, mentioned that they had recently supported a similar initiative and rejoiced that there had been many 'distinguished' grantee candidates. A. G. to A. S. 26th February 1968, H4.2, AGF. As it so happens, Stenbäck was not listed among grant recipients in 1968. Newspaper clipping from *Helsingin Sanomat*, 'Gyllenbergin säätiöltä 850.000 mk apurahoina', 12th April 1968, H5, AGF.

²¹ Ranan Rimón to Hans Pipping, 21st February 1973, H5, AGF; Kalle Achté to A. G., 30th March 1973, H5, AGF; A. G. to Kalle Achté, 2nd May 1973, H5, AGF.

²² George Carstairs, 'Lecture 5: Living and Partly Living' [transcript], Reith Lectures 1962: This Island Now. Transmitted 10th December 1962. Retrieved from <https://www.bbc.co.uk/radio4/features/the-reith-lectures/transcripts/1960/>

²³ Most NM members were intellectuals and students of a middle-class background. Many of them went on to contribute to the first Finnish textbook of social psychiatry, published in 1978 (Parhi and Myllykangas, 2019).

²⁴ In 1958, Finnish psychoanalysis split into mainstream psychodynamism and a separate Therapiea Foundation that Siirala and his supporters established to offer a distinct kind of psychoanalytical education. The Therapiean agenda reflected Siirala's eclectic sources of influence and aspired to be an organisation unbound by any single school of thought (Ihanus, 2000: 27–57). Interestingly, the Therapiean understanding of disease was also taught in pastoral care education for hospital chaplains of the Lutheran Church in the 1960s (Kettunen, 1990: 80–6).

²⁵ For instance, Stenbäck, too, was present in Therapiea's founding meeting, but Siirala described his contribution condescendingly as a 'kind and sensible praise of folly' (Ihanus, 2000: 57). On the flipside, Stenbäck did not recommend Siirala to be given a lectureship at the University of Helsinki (Alanen, 2012: 35–37).

²⁶ The schism between Lundensians and pietism touched upon the very core of Lutheran theology that had been strongly influenced by revival movements. Lundensian theology was connected to the goal to make the Church accessible to all people whether they were devoted believers or not. Some members of older revival movements supported this so-called People's Church ideal, but notably, the fifth revival, with Osmo Tiililä as its leading figure, radically criticised the displacement of personal faith and threatening secularisation. However, the People's Church principle has directed the development of the Lutheran Church in the latter half of the 20th century (Murtorinne, 1977: 18–25).

²⁷ Both Siirala brothers belonged to the so-called *Vartija* group, organised around a journal with the same name, which was critical of the idea of personal religious life as the starting point of socio-ethical work. In a co-authored book entitled *Elämän ykseys* (Unity of Life), the Siiralas emphasised that mental states, the physical body, and the burden of sin were all part of the undivided existence of human being (Siirala and Siirala, 1960: 127). Both were also keen on body metaphors, Aarne by regarding congregation the body of Christ, and Martti through the idea of a social body.

²⁸ Interview, OHAFP: 21–2.

²⁹ Digitised documents of the Finnish Parliament, 1907–2000, <https://avoindata.eduskunta.fi/#/fi/home>.

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