

## **PART I**

### **The changing world of mental health**

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# 1 Psychiatry in dispute

It is doubtful if any specialty of medicine raises more questions than psychiatry. Many people have difficulties about associating with people who are mentally ill. Someone wrote to me: »I have difficulty in meeting people like that. They are so strange . . . a bit frightening at times. And I'm not so sure about psychology and psychiatry. I don't believe there are any real ,experts', in any case, ordinary help from other people is what is needed more than anything else.« In the course of private conversations about psychiatry, I often encounter fear and defensive resistance, or criticism and prejudice.

Yet we are continually being confronted with psychiatric problems. Depression and psychosomatic disorders trouble modern people more than ever. Every second person has a near relative who has already required at least one period of treatment in a psychiatric hospital.

## Christians have problems too

No doubt, Christians are not immune to psychiatric illness. This may be a surprising statement to some. Yet Christians are just as prone to weakness and temptation as anyone else. Again and again I hear people ask: »How can a Bible believing Christian make sense of the existence of mental illness?«

What causes:

- a thirty year old lady to be so afraid of the next day that she cannot cope without tranquillisers?

- a forty five year old man, who sustained a head injury in a road traffic accident to suffer with bursts of anger in which on one occasion he smashed a television set to pieces?
- a forty year old married woman to fall into such a deep depression that she can no longer sleep properly and to develop deep doubts about her faith, which was formerly a great strength to her?
- a twenty two year old student to gradually come to feel that his fellow students are persecuting him, to start saying strange things, and to violently attack his father?

Do Christians really have any explanation for these conditions? Is it possible to develop biblical models which can help us understand such people, and at the same time: be true to reality? Or do you have to entrust yourself to a school of psychotherapy to understand mentally ill people? Is there a biblical view of human behaviour, which not only explains sin, but can also be applied to serious mental illness?

## Illness or Problems?

If certain psychiatrists and their books are to be believed, practically everyone is psychologically disturbed and in need of treatment. All too often no distinction is made any longer between minor and major conditions. Many experts are warning that nowadays our understanding of »illness« has been stretched too far. We are well on the way to the »Therapeutic Society« which exists in America, where some people seem unable to exist without regular therapy. This pervasive psychologising of our society is questioned, not only in Christian circles, but also by other responsible authors who understand the limitations of psychology and its therapeutic methods.

Nevertheless, it is beyond dispute that the incidence of depressive conditions has increased markedly in recent years. Many people suffer as a result of emotional wounds in early childhood as well as traumatic experiences in later life.

The worries people had in earlier generations about issues of sheer survival have subsided. It is a distinctive feature of our affluent society that inner conflicts and psychosomatic complaints have become more central to its life, and anyone who doesn't feel content with their environment will feel themselves psychologically disturbed. We often forget, moreover, that internal tensions, anxieties, and emotional ups and downs are part of life

and can come to the surface at times of disappointment or crisis. They do not necessarily indicate the presence of an illness (in any case, not one which merits specialist treatment).

## Severe Psychiatric Disorders

The excessive use of psychiatric terminology in pop psychology conceals the reality that there *are* psychiatric illnesses which go beyond the everyday problems of life and call for special treatment by a medical, psychiatrist. This applies to the disorders in the list that follows, all of which in their restricted definitions are included among the psychiatric illnesses and affect between five and ten per cent of the population:

- Schizophrenia, and other psychoses
- Severe (endogenous) depression
- Organic brain disease (especially resulting from brain damage, or in old age)
- Severe anxiety disorders and personality disorders as well as somatoform disorders (the former »neuroses«).

The risk of becoming ill with schizophrenia once during your life stands at about one per cent, the risk of a severe depression at about ten per cent. About five per cent of the population suffers from disability as a result of a severe psychiatric illness. About fifteen per cent are affected by moderately severe disorder (neuroses, personality disorder and substance dependencies). A further twenty per cent undergo minor and temporary difficulties.

It is not always possible to draw a sharp distinction between minor and major conditions. The course of many psychiatric disorders follows a wave pattern. A ripple of personal unease can rise to the flood tide of a major breakdown under the influence of a storm of internal distress or external difficulty. A disorder may seem dramatic at a given moment, but that implies nothing about its long term development. The psychiatrist will often find impressive improvements taking place even after a severe breakdown.

In this book I want to give priority to the consideration of severe illness where the long term prognosis involves major suffering and obvious restrictions to everyday life. Talking it through is of only limited use in dealing with these conditions and not helpful at all in some phases of the illness, because the people affected are not fully receptive to encouragement. Pastoral counseling and psychotherapy both come to the limitations

of their usefulness at this point. Any treatment which did not draw on the help of specialist psychiatric knowledge would be irresponsible in such situations.

This is not to say that the pastoral counselor can have no part to play in attending to people who are seriously ill in this way. But he or she needs more information about the background of such illnesses, and needs to work alongside a doctor with psychiatric training.

## Psychology and Psychotherapy – A Substitute Religion?

Many Christians take an extremely sceptical attitude towards everything to do with psychology and psychotherapy. I am myself well aware of the criticisms levelled at modern psychology. These are openly expressed by secular as well as Christian experts. Although psychological research has contributed to a better understanding of people, many of our contemporaries are in danger of raising psychology to the status of a substitute religion. A society that no longer wants to have absolute values makes itself increasingly dependent on »experts« to solve its problems.

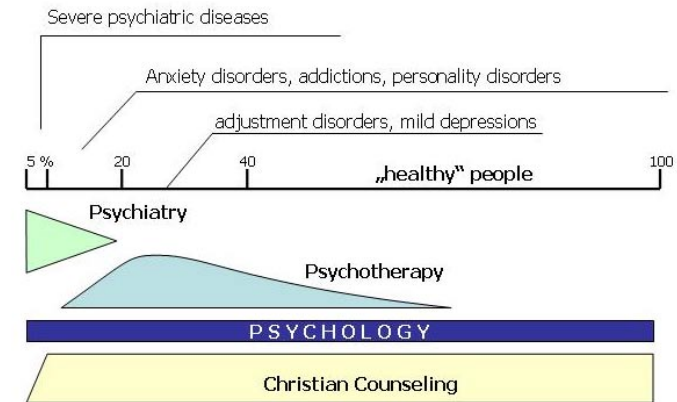
By no means everything that goes by the magical title of »psychology« is actually helpful. A fundamental distinction has to be made between interesting ideas in psychotherapy, and evidence-based facts. Many of the assertions made by various schools of psychotherapy cannot be proven. In spite of this, psychotherapy can often be helpful and effective in minor disorders, not as a result of the theory on which it is based, but because the therapist treats his clients with warmth and genuine interest, and because the patient is prepared to change.

It is thus possible for Christians, as well as others, to gain help from therapy, if the therapist knows his limitations, and respects the nature (and beliefs) of the counselee. In spite of my critical questioning, I would want to clearly underline this fact. For many people, the psychotherapist is a (paid) friend in need, with whom they can discuss their difficulties; an expert, who can show them a new way to cope with life. Unfortunately, most psychotherapists can only be of limited help in dealing with the severe illnesses which are the subject matter of this book. Their ways of thinking, however fascinating they may appear, only touch the edges of medical psychiatry in the strict sense.

## Psychology, Psychotherapy or Psychiatry?

In my experience, many people find it hard to understand the distinctions between psychology, psychotherapy and psychiatry. So before I tackle the problems raised so far, I need to explain the meaning of these terms. *Figure 1.1* illustrates these different areas in a diagrammatic way.

*Figure 1.1: Different areas of expertise: psychiatry, psychology, psychotherapy, and counselling*



PSYCHOLOGY describes the human »psyche« in general terms, whether it is healthy or sick. It concerns itself with an individual person's experience, thought and behaviour. The term »psyche« was used in the Bible long ago. In the New Testament alone it is used no less than 101 times and is translated into English as *soul*, *heart* and *life*. The word »logeia« also occurs in the Bible and means *compilation*, *gathered knowledge*, *teaching*. Psychology thus means »gathered knowledge or teaching about the Soul«. In connection with psychology during the last 100 years the most diverse models have been developed to describe the human being. None of these ideas can claim to have completely and correctly understood the nature of the human individual. All of them contain partial truths and point to glimpses of what we can observe in everyday life.

A psychologist normally completes four to eight years of studies at a

university, and continues for another four years to get his psychotherapy training. Unfortunately, the title is not protected in all countries, so many people call themselves psychologists without these high qualifications.

PSYCHOTHERAPY is a general and comprehensive term for all techniques of treatment which are intended to lead to the alleviation or healing of disturbances of the »psyche«. There are more than 200 schools, from Analysis to Primal scream – a veritable »psycho boom«! The training of psychotherapists is very varied. Many complete a basic course of studies in psychology and then undergo training, in one of several methods. However, there are others (particularly those who are humanistically orientated) who complete a course and then use the title »psychotherapist«.

PSYCHIATRY finally, is a branch of medical science concerned with the prevention, cause, and treatment of mental disorders. Modern psychiatry is increasingly making discoveries about biochemical processes in the brain, and has made great steps forward in the last five decades concerning the treatment of severe mental illness. A psychiatrist completes a full study medicine like every other physician. This is followed finally by at least six years of training in the psychiatric and neurological departments of a hospital, with for most psychiatrists a parallel training in one or more methods of psychotherapy. As can be seen from the training, the psychiatrist with his comprehensive medical and psychological training makes his main contribution with mental disease and severe psychological disorders, while psychotherapists, without the foundation of medical training still have a part to play in helping those with minor or more neurotic disorders.

## Criticism of Psychiatry

Unfortunately, psychiatry does not have a good reputation. I can understand people posing critical questions about it. The crisis in psychology and psychotherapy has also cast a shadow of doubt over psychiatry as a medical discipline. The psychiatric hospital has been drawn into the general crossfire of criticism, as the place where severe mental disorders are gathered together. Plenty of suitable points for attack present themselves, because all too often those of us involved in psychiatry are unable to provide complete healing. Disappointed hopes easily turn into vehement complaints against psychiatry. On top of this, it is not always possible, within the limitations of doctors' professional need to keep confidences, to

explain to other people exactly why a patient needs hospitalisation.

Hospital staff of psychiatric units have similar difficulties. Not a few try to transfer their personal ideals of freedom and the pursuit of happiness to their severely ill patients. Disappointments are programmed into this scenario. German psychotherapist Wolfgang Schmidbauer has aptly described the difficulties of the professional carer in his books, describing »helpless helpers« and »professional caring as marketing of neighbourly love«. They make it easier to understand many of the negative experiences encountered in psychiatry and psychotherapy (and incidentally in Christian pastoral counseling as well.) Nevertheless, psychiatric hospitals and their staff must try not to hide behind psychological jargon, and be open to criticism. Only in this way can they learn to care for their patients better.

## Diagnosis: Merely Labelling?

The doubts people have about psychiatry are most strongly expressed in relation to the questions of diagnosis. A young doctor remarked recently: »If ten psychiatrists see the same patient they will come up with ten different diagnoses.« It is certainly true that over a period of time several different names can be given to the same set of symptoms. The diagnosis of »depression« can be applied to everything from a mild mood change resulting from a disappointment, to a severe depressive psychosis.

This makes accurate definition of symptoms all the more necessary. We need diagnosis, in order to give appropriate treatment. This diagnosis needs to be a consensus which helps us to evaluate the nature and level of severity of an illness, and from which we can draw inferences about its likely course.

In the case of milder depressions sympathetic counseling is all that is called for. But with more severe depressions medication is needed which in turn will vary according to the nature of the underlying illness.

So diagnosis is not just a question of putting labels on symptoms. It has to do with planning appropriate therapy. If the patient is to be helped, rather than merely suffering from the stigma of a diagnosis, the doctor must be concerned to:

- Use the clearest and most cautious principles possible in making a diagnosis.
- Share any diagnosis with sympathy and consideration.
- Generate more understanding of mental illness among the general public.

- Offer hope in the midst of a mental breakdown, which will pave the way for a new beginning.

## Should Psychiatric Hospitals be Closed?

Do we need psychiatric hospitals any more? Isn't it time we did away with the existing structures and looked for new ways of caring for the mentally ill? These questions are posed by both psychiatrists and concerned Christians, albeit from different motives.

The call for clinics to be closed down arose particularly in the 1970's in left wing psychiatric circles in Italy. The circumstances in the institutions there at that time were hair raising in fact, and bore no comparison to the situation in many other countries. That is why the anti-psychiatry lobby wanted to bring them to a radical end.

The whole system was purely an instrument of oppression against those whom society considered abnormal, and it needed to be overhauled. »Schizophrenia should be lived out like a simple cold«, asserted Dr Basaglia, a leading anti-psychiatrist of the time.

And so an enormous experiment took place. Many psychiatric hospitals in Italy were closed by law, and the patients sent home. The results were devastating. Most of the patients were overwhelmed by the sudden freedom. They no longer had anyone to care for them. Without treatment the tormenting delusions came back. Many became vagrants and beggars on Italy's streets. Others became such a burden on their relatives that overtaxed parents were driven to suicide. Soon it was clear that the law was mistaken. The fatal disintegration of personality in long term patients was irreversible. Many patients suffered greater distress during the period of freedom than they had done in hospital. Today in Italy they are trying to find new ways of caring for severely ill psychiatric patients.

Humanitarian treatment of people with severe psychiatric illness requires that there should be places where they can find refuge, undergo medical assessment and therapy, and in many cases also be cared for over a long period of time. For all its deficiencies the hospital psychiatric unit is the place where properly trained personnel can fulfill these conditions.

## Repression of Morals and Religion?

Christians who have had a bad experiences with psychiatric hospitals raise another set of questions. They criticise the moral and religious framework of the hospital and its staff. I have often been asked: »How can the hospital help a person if it doesn't take his belief in God into consideration or if it allows behaviour (particularly of a sexual nature) which will cause him to undergo further severe stress at a later point in time?«

Like all institutions, psychiatric hospitals are not perfect, influenced by the behaviour of individual members of staff and restricted by all manner of pressures from circumstances. The value of a hospital should not be measured by the few particular cases where the patient experiences a lack of respect and care. It is certainly true that many people working in the field of psychiatry have no personal relationship with God, and meet expressions of religion without understanding, or at best with tolerance. Nevertheless, it should be remembered that many patients are admitted with disorders so severe that they can hardly be tackled as questions of faith alone. They are helped by simply being accepted with their troubles and receiving the appropriate medical treatment.

For many people, admission to a psychiatric hospital constitutes an enormous barrier. Nevertheless they are often really surprised by the loving attention they receive there, and the considerable benefit they gain from their stay.

During my career in different hospitals in Switzerland I have come to know many doctors, nurses and social workers who have shown great interest in the patients they have worked with, and great empathy towards them without violating their Christian convictions. We mustn't tar them with the same brush as more irresponsible therapists.

However, many pastoral workers are so disillusioned by individual experiences that they will take even severely ill patients out of hospitals in order to receive help elsewhere. Sadly, this often works to the disadvantage of the patient and his family. He will often be subjected to painful and unproductive efforts to help which only make the suffering worse, and may even drive him to suicide. In the end the only possibility remaining is to re-admit him to hospital. That constitutes the main danger of irresponsible handling on the part of Christian pastoral counselors. Their efforts will only be understood with difficulty by the hospital, and will lead to renewed prejudice against believing patients and carers.

## Psychiatry and Pastoral Care: Conflicting or Complementary?

In view of all this, does the possibility of working together exist? Can we hope for a fruitful integration of modern psychiatry and Christian pastoral counseling? In order to arrive at a conclusion on this issue, I need to briefly define what I mean by »pastoral counseling«.

*Pastoral counseling helps people to cope successfully with life on the basis of biblical principles. It establishes the position of humanity from the viewpoint of the Bible and approaches everyday problems from this perspective.*

The Bible makes use of various ideas which give definition to pastoral counseling. Of particular note is the word »paraklesis« or the verb »parakaleo«. In English this means encouragement, exhortation and comfort. Every Christian needs this, whether mentally stable or emotionally weak. The mentally stable Christian needs exhortation and encouragement to change his or her life. The emotionally weak needs encouragement and comfort in the midst of suffering.

The psychiatrist who is caring for believing people would be well advised to look for support from a pastoral counselor. Doctors, pastors and Christian counselors need to become increasingly aware that they are all confronted by the same human difficulties and problems. Criticism of psychiatry is not enough. Alternatives must be looked for which are biblically orientated as well as academically sound.

It only needs both sides to enter into dialogue for prejudices on both sides to be broken down, and greater insight to be gained into contemporary problems and issues in both psychiatry and pastoral counseling. With this in mind I will attempt, in the following chapters, to produce a short summary of the prevalent understanding of human nature among people involved in psychotherapy, and of the miracle of the human brain, which provides the basis of biological psychiatry.

## References chapter 1

The following books contain material which is discussed in this chapter

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