

Samuel Pfeifer M.D.

SUPPORTING THE WEAK

*Christian Counselling and
Contemporary Psychiatry*



*To my Father,
who awoke in me
an interest in psychiatry,
and a love for those
who are weak.*

Samuel Pfeifer

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Understanding mental illness
Integrating behavioral medicine with Christian care of souls.

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*In the
poor
weak
sick
perplexed
helpless
defenceless
the failures
the dejected
the doubting
and the doubted
the wreckers
and the wrecked
people others avoid
who don't look normal
who have lost the will to fight on*

... God arranges to meet us.

Anton Kner

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Introduction

This book developed from a series of seminars I used to hold on the topic of »Modern Psychiatry and Pastoral Care«. The interest these lectures aroused showed me that there are many people looking for answers regarding the tension between mental illness and spiritual values.

Psychiatric illness seems to be more problematic than ever before. The World Health Organization estimates that depressive disorders are one of the largest problems in world health, causing severe individual burden but also a high economic cost. What are the causes of this development? Professor Paul Kielholz, a senior researcher in this field, once wrote »This increase can be traced back to improved diagnosis and treatment of depressive conditions on the one hand, and on the other, its causes lie in the fragmentation and isolation individuals experience in our fast-paced consumer society.«

Hufeland, a German physician, made a similar observation. He writes: »Nervous illnesses were never so common as today, never so manifold.« However, the date of this note is somewhat surprising. He wrote this complaint in 1812! In fact extensive research has shown the risk of developing serious psychological disorder has not increased in recent years!

What has increased however, is the awareness of the problem. People talk much more openly about psychological illness nowadays. The ope-

ning up of psychiatry means that the average person is much more likely to be confronted with mentally handicapped individuals. In our highly technical, prosperous society, it is much harder for them to find suitable employment and acceptance within a community than would have been the case years ago among a rural and agricultural population. The availability of therapy has also increased, together with a tendency to regard every deviation and emotional disturbance as psychological illness. Yesterday's »oppressed« are today's »depressives«.

At first sight pastoral care and psychiatry would seem to be mutually exclusive. Many people take a suspicious view of psychiatry as a science and as a »system«, and with good reason. Only recently Professor Hans Küng made an interesting and justified observation about »the repression of religiousness by psychology, psychiatry, and psychotherapy«. In talking to doctors, theologians and lay people, both Christian and agnostic, I have observed four basic approaches which are used to describe this tension:

1. *Psychiatry and religion have nothing to do with each other.* Psychiatric problems are to be solved with the help of psychotherapy and psychiatry. Questions about faith can be left to the church.

2. *Psychological illness is caused, or at any rate made worse, by religion.* People often bring into the argument at this point concepts such as »religious neurosis« and »religious mania«. In the process they often disregard the important distinction between the cause of a neurosis or mania, and its expression. The fact is that the more society is estranged from religion and the church, the less religious content is found in schizophrenia and depressive delusions. Nowadays, people don't rebel against God, they rebel against the demands of society. The basic problem is the same, only the vocabulary has changed.

3. *At the other extreme there are those who say (this time from a Christian viewpoint) that mental illness is a spiritual problem which can only be healed through faith.* Its causes lie for example in lack of holiness, demonic influence, or that a person has not fully grasped the meaning of the cross, and repented. This approach has adverse spiritual and psychological effects on people who are plagued with mental illness. Such exhortations put them under pressure. They feel that they are excluded from the community of faith. Such an attitude, unbiblical as it is, leads to increased inner tension, which can make a psychological illness worse, indeed.

All three views are one-sided, and unfair to the mentally ill. For this

reason I would like to propose a fourth view as follows:

4. *Psychological disorders are part of our life on earth. The biblical concept of »weakness« can be applied to these conditions. The Christian community has an important responsibility to fulfill, both in helping to prevent mental disturbances, and in caring for the psychologically weak.* It is possible for Christians to work together with psychiatrists, and the cooperation can be of significant help, when both pastoral counselors and psychiatrists know their limitations, and treat one another with respect.

Naturally, many of the assertions made in this book are the outcome of experiences I made during my training to become a specialist in psychiatry and psychotherapy. I can still remember my first impression of a psychiatric clinic. As a young registrar, I remember well the peculiar feeling of inner tension when I entered, for the first time, a psychiatric admission ward for men. The large room looked like a strange mixture of a shelter for the homeless and a railway station waiting room (it has long since been renovated). The men whom I met there seemed strange, almost sinister. But the more I got to know them, the more I realised that behind their odd exterior, my patients were »people like you and me« – simply people in a crisis, who needed clinical treatment. Eugene Bleuler once wrote, poignantly, that the basic feature of psychosis was that schizophrenics hold on to their sanity. They do not lose it, it merely become hidden. In later years it became a fulfilling vocation for me to accompany suffering people along the road where they would rediscover the healthy part of themselves.

However, the foundations of my present vocation were laid long before my medical training. My father, who himself was active for many years as a chaplain in a large rehabilitation clinic, gave me an important stimulus in that direction. He awoke in me a love for psychologically weak people, and encouraged my interest in a medical and scientific approach of psychiatry. The Christianity, which I learned at home, was a liberating and enriching experience. For my parents, the Bible was the guide for living a fulfilled life, and prayer meant talking naturally with God. I too have personally experienced the supporting power of a living faith in Christ.

An additional help was a year of integrative studies in psychology and theology at Rosemead School of Psychology in California. Here I got to know professors who were academically, as well as biblically well grounded, so that they were well equipped to tackle pressing questions about the nature of man and the problems of humanity. They gave me the courage to take a closer look at psychology, psychotherapy and psychiatry, and to

challenge the world view of these disciplines with critical questions from a biblical perspective.

In my search for answers, I have found it painful to discover that most books about pastoral care only address themselves to minor problems, and give little help towards gaining a full understanding of schizophrenia and severe depression, of major neurotic syndromes or organic brain disorders. On the other hand, I have also found little advice in psychiatric literature about dealing with psychiatric patients for whom faith plays an important role. Religious experience has often been only described in its pathological manifestations without adequately underlining its positive aspects.

As professor Hans Küng writes: *»The person who has not understood religion will never understand those great spiritual resources which can act decisively for the good of the patient. He is poorer than those who prescribe treatment with a perception, which has been liberated and healed through religious experience.«*

New treatments in psychiatry have now made it possible for many individuals to live outside hospital, but they still have to contend with psychological disabilities, which make their life difficult. Not infrequently, pastoral workers and interested Christians come into contact with their suffering. Mentally suffering individuals are often attracted to the Christian message of redemption and forgiveness, of love and acceptance from God, and of Christian fellowship. Quite often they decide for Christ in the midst of their crisis.

Counseling with mentally suffering and weak persons raises many questions. If Christians want to effectively help people with psychiatric disorders, they need to gain a broader understanding of mental illnesses, how they affect people in general, and in particular how they affect a person's faith. They need to learn both the possibilities and the limitations of psychiatry and of pastoral care.

This book is intended for those whose search is not just for specialist medical knowledge, but who want to understand the problems of psychological weakness against the background of Christian faith. For this reason, I have intentionally used everyday language. It is a book for pastoral workers and interested lay people, as well as the relatives of the mentally ill.

For those who want to know more about modern psychiatry, I have included a list of recommended literature at the end of most chapters. Although some illnesses are described in great detail, this book is not intended to replace the physician's expertise.

I am well aware of the limitations of my undertaking. What is being

described in the following chapters, is not a new truth, but a description of old experiences set against the background of new discoveries in psychiatry. I write as a medical doctor not a theologian, but nevertheless I have tried to combine the discoveries of academic psychiatry with a biblical outlook. There are many areas, which I have only been able to touch on briefly, and final answers are often not possible, but in spite of this, I hope to provide the reader with a new understanding of psychologically weak people. As I describe these serious conditions, I hope also to provide a new insight into the Bible.

If a by product of this book is to stimulate increased dialogue between Christian pastoral counselors and physicians, between practical theology and clinical psychiatry, and if it gives pastoral counselors and lay helpers the courage to help the weak, it will have fulfilled its purpose.

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P.5. A Word about the Literature References

When this book was first published, it contained a voluminous section with scientific literature reference backing up the text. For the online edition, I have decided to cut back the references and to limit them to some seminal works which I deem valuable to the average reader. This decision has two reasons:

- a) readability is enhanced
- b) The internet has become a source of information which contains virtually all diagnostic criteria and a wealth of original data in the field.

References: Introduction

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