

4 How mental disorders develop

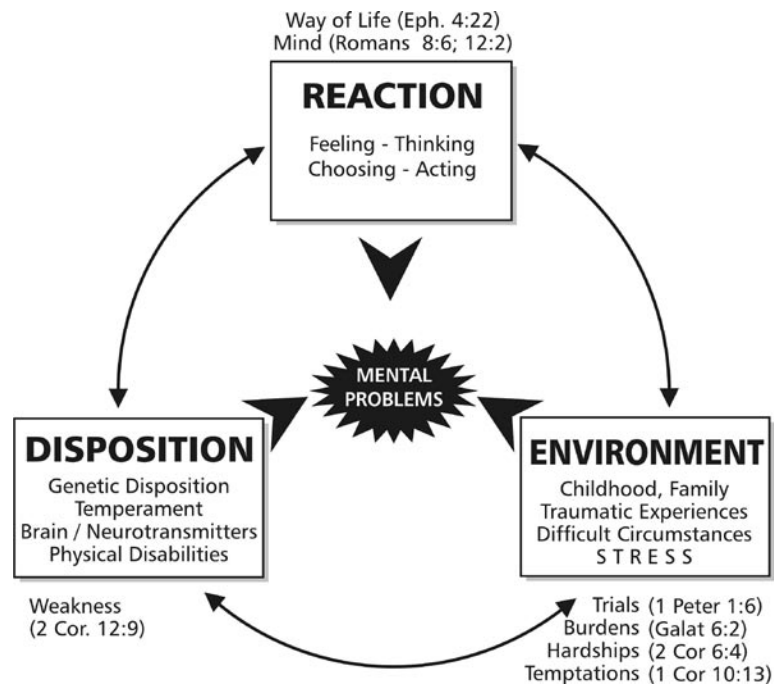
How do psychiatric problems really come about? Is there a common outlook, a comprehensive model on which our understanding of the development of mental illness is based? Is it possible to develop explanatory models which will help us understand people suffering from psychiatric disorders, but which remain true to the reality of life? Is there a biblical view of humanity which not only explains wrongful behaviour, but can also be applied to severe illness?

These questions have taken up a great deal of my attention over the past years. While psychotherapeutic models certainly explain milder disorders, they often do not lend themselves to be applied to severe psychiatric conditions. On the other hand biological psychiatry often does not answer people's personal problems and questions.

I would like to present a simple model of the development of mental illness which is both academically sound and biblically based. This is not so much a question of fundamentally new ways of looking at mental illness, but rather a didactic model which will attempt to tie together in a new way things which are already known. The reader will be already aware of much of it. Other aspects will be unfamiliar. Don't allow this to deter you from following my train of thought.

In figure 4.1 three important areas are outlined which may lead to the development of a mental illness. In the past, one segment of the circle would often have been emphasised in a one-sided way and presented as the sole cause of all mental illness. Today we are increasingly aware that all

Figure 4.1: The Building Blocks of the Model



these factors are tied together and interact mutually on one another. They are known as the »Bio-Psycho-Social Model of Psychiatry«. I have picked out two levels of understanding:

1. GENERAL CONCEPTS as they are commonly encountered in our culture and language, thus: *disposition*, *environment*, and *reaction*.

2. BIBLICAL CONCEPTS which correspond to these three areas, thus: *weakness*, *troubles*, *trials*, *burden and testing*, along with *way of life and mind*.

In the following pages we are going to consider the significance of each area from both the medical and biblical viewpoint. In the process we will

gradually build up a mosaic-like picture which will make it easier for us to understand mental illness.

This will furnish us with a comprehensive basic model which not only explains severe illness where hereditary factors and brain chemistry are of primary significance, but also provides pointers to help us understand less severe disorders which are only on the perimeter of this book's field of interest. Obviously, the emphasis is on the negative causes of disorders which eventually need psychiatric treatment. Yet pastoral counsellors and psychiatrists must never forget that every person also has *resources*, in other words attributes which help them better cope with their difficulties.

The question posed in psychiatry and pastoral care is often expressed in a causal, therapeutic form: »How has this person come to be so disturbed, and how can we make him or her better?« However, I would like to argue for a further question to be asked which is *goal-orientated-rehabilitative*: »How can this person manage to cope with life in spite of his or her weakness and the burdens life she has to bear?«

Even people with severe mental illnesses still have healthy areas which it is valid for us to discover and nurture, as far as is possible. In the course of this book I will try to give directions about the resources which can be used and encouraged by pastoral counsellors who have the confidence of the mentally ill. However, at this point we need to make an inventory of the factors which lead to psychiatric disorders as their final outcome.

1. Disposition: The Stuff We are Made Of

»I can never understand why I am so weak«, complains Mrs. Klermann. »Even as a child I preferred to play on my own, because I could relate best to my dolls. I had dear parents. It wasn't any fault of theirs. I was simply not as robust as my brothers and sisters. I had difficulty with gymnastics at school because my left hand was crippled from birth. During puberty I was often melancholic and couldn't get off to sleep until midnight. I had no reason for it. My mother had also been a sensitive woman. If we children got a bit out of hand she would burst into tears. Sometimes I can be as capable as other women, but if I don't get enough sleep, everything inside me starts to tremble. My stomach seizes up, and I can hardly eat anything. I often have terrible migraines since that accident with the scooter. I have tried many tonics but they've been little use. I can just about get my work done... I haven't strength for anything more.«

Mrs. Klermann consulted the psychiatrist during a depression follo-

wing the birth of her second child. What clues can we pick up from these few sentences? What did she say which will help us to understand her depression?

Please refer again to the figure 4.1. The area of difficulty in Mrs. Klermann's case has less to do with her *reaction* (her thoughts and behaviour) but obviously more to do with her *disposition* and her *situation* (the birth of a child brings with it changes of circumstance which are not always easy to cope with).

If we consider for a while first the *disposition* of the patient, this can be divided into four areas:

- a) Hereditary factors
- b) Birth trauma
- c) Physical illness and autonomic nervous reactions
- d) Temperament

Many physical and psychological weaknesses are inherited. Time and time again it can be observed that a patient's family members have had similar difficulties to his own. The most important mental illnesses, schizophrenia and severe («endogenous») depression, are often (though not in every case) found in the ancestors and relatives of an affected person. This can be demonstrated in case studies of twins and adopted children. In the case of certain brain conditions, for example in certain forms of Alzheimer disease, DNS markers have been found which lead to the fatal degeneration of the brain.

Mrs. Klermann made two statements about her family history. Her delicate mother had a tendency to depression (this came to light in the course of an interview with her). An uncle had to undergo psychiatric treatment several times because of depression. These statements gave a clue to the fact that a tendency to depression was already present in her genetic inheritance.

However the functioning of the brain is not only affected by hereditary factors. *Birth traumas* often lead to physical and mental disabilities as well. Being deprived of oxygen can be especially serious, and can lead to brain damage in the baby who suffers it. This will result in learning difficulties and behavioural abnormalities which may last into adulthood, even when they receive frequent and exceptionally good treatment.

Mrs. Klermann did not suffer severe trauma at birth. She is quite intelligent, but nevertheless she continually experienced hindrance from her lame hand when she was doing gymnastics and many practical tasks. With

her depressive nature she withdrew (*reaction*) and increasingly became an outsider.

Then came the scooter accident when she was sixteen. She suffered a concussion of the brain, followed by searing headaches and bed rest for two weeks. Since then Mrs. Klermann has been sensitive to weather changes. She often has to sit down and can't cope with her work. Migraine brings the whole body into uproar. She feels sick, she perspires, her heart pounds and she burns with hot flushes. These symptoms are caused by the autonomic nervous system which weaves all the internal organs together like a fine net. Emotional upsets often set off alarm signals in the autonomic nervous system, which then goes out of its normal rhythm. Many people are sensitive as a result of hereditary factors and often suffer as a result of their physical problems which are then labelled as »nervous breakdown« by the doctor.

Temperament – Inherited or Acquired?

Since ancient times researchers have been concerned to better understand and classify human behaviour. The most famous system originated with the Greek physician Hippocrates, the »father of medicine«. Through his keen observation he created the teaching about the four temperaments: sanguine, choleric, melancholic and phlegmatic. Since then, of course, we have come to realise that human character can be described by using many different words.

Every personality has its own strengths and weaknesses. No type comes in a »pure« form. One person will often combine qualities from many sources into one unique whole. And above all, no type is worse than another.

Where does personality come from? Is it inborn, or formed through our upbringing? Is it the result of our natural disposition, or of what we experience in our environment? Nature or nurture?

The question of intelligence has in particular been a subject of keen investigation. So far, psychologists have not been able to reach a common conclusion. Many indications favour the idea that intelligence is a gift, which can however be developed by upbringing, although it cannot be increased (or reduced) at will..

Things are somewhat different when it comes to personality traits. Many observations indicate that basic pattern of our personality is laid down from birth and early childhood.. Spirited, outgoing children will

also be extrovert at a later stage. Quiet, withdrawn children will equally tend towards introversion at a later stage. Children often show a similar temperament to their parents or grandparents. However the data to hand indicates that our temperament more clearly than is the case with intelligence is formed by our environment. A child is still enormously capable of development. Fearful boys can grow up to become brave men. Well behaved, placid girls can later suffer from nervousness and anxiety. The basis for these developments has yet to be fully explained.

Let's come back to the example of Mrs. Klermann with which we began. She already showed a tendency to introversion as a child. She preferred to be alone and could play with her dolls for hours while her brothers and sisters were running about outside with other children. In spite of a loving home and the foundation of a good I.Q., she developed a sensitive personality with a tendency towards depression, the foundations of which were already to be discerned in her disposition.

My Strength is Made Perfect in Weakness

Is there a term used in the Bible which equates to what modern psychology and psychiatry would label as »disposition«? Yes and no. Certainly, the authors of the books in the Bible would not have recognised the terms we use today. There is no talk of genetics of the brain or of »temperament«. But they nevertheless continually describe people who, through no fault of their own, were weak and disabled, whether as the result of birth or later experiences. In the Bible we meet people with various personality traits, from impetuous Peter to doubting Thomas. We read of Timothy's digestive problems, and of the raging pain that brought Paul to the edge of doubt.

The Christians in the New Testament churches were not all »heroes of faith«. Many struggled not only against their sinful nature, but against their inability to equal the achievements of the »strong« in the church. That's why Paul exhorts the Christians in Thessalonica »to encourage the faint hearted, to help the weak, and to be patient with everyone« (1. Thessalonians 5:14).

He knew what he was talking about. He understood weakness from his own life experience. Three times he had pleaded with God to take away his terrible pain, the »buffeting of Satan's messenger«, but his prayer was not granted. But God promised him His support in spite of his weak physical disposition. »Let My grace be enough for you, for My strength is

perfected in weakness.« Paul goes on: »For this reason I will boast above all about my weakness, so that the power of Christ may dwell in me. That is why I am happy in weakness ... for when I am weak, then I am strong.« (2 Corinthians 12:9-10).

2. Environment: Life's Burden

The second life forming factor which contributes to our understanding of psychiatric disorders is *environment*. Everyone passes through burdensome experiences, whether it be abuse in childhood and youth or disappointments and illness in later life. On top of this, »fate« deals unforeseen blows, and trying situations come about which affect the course of your life. Often a person will be given a burden which she will have to carry for the whole of his life. All these burdens are nowadays summed up under the label of »stress« or »life events«.

A person's life history will often give the psychiatrist or pastoral counsellor a better understanding of the mental troubles experienced by a client. I would like to classify these burdens under the following headings:

- a) Family background
- b) Childhood experience
- c) External limitations
- d) Trying circumstances
- e) Unforeseen events
- f) Continuously tense relationships

Childhood Influence

A child's personality is formed for the most part in the family. This is where the foundations are laid. So much depends on the experiences it has in the first three to six years

... whether it experiences security and love, care and warmth

... whether it learns with the passage of time to set aside its own needs and take thought for others

... whether, on the other hand, it undergoes strife, violence and even sexual abuse

... whether it knows what rules govern the process of living together
... whether it is spoiled and »molly coddled«.

But is it really true that the future is decided by those childhood experiences? Many depth psychologists would answer to the positive, but recent studies contradict this thesis. In an outstanding book German psychologist Hansjörg Hemminger asked the provocative question: »Is childhood destiny?« Supported with many examples he showed that childhood experiences alone do not determine the course of a person's life.

He writes: »A child from a problem family begins its independence with a smaller capital of good experiences, helpful ways of thinking and appropriate emotional responses than others ... research over a long period showed us children who overcame a hard destiny and matured through it. It showed us others who broke down after a sheltered childhood as a result of their refusal to become independent. There were those people who made good use of the capital of their good childhood, and others who were unable to resolve the conflicts in which they had been locked since their troubled childhood.«

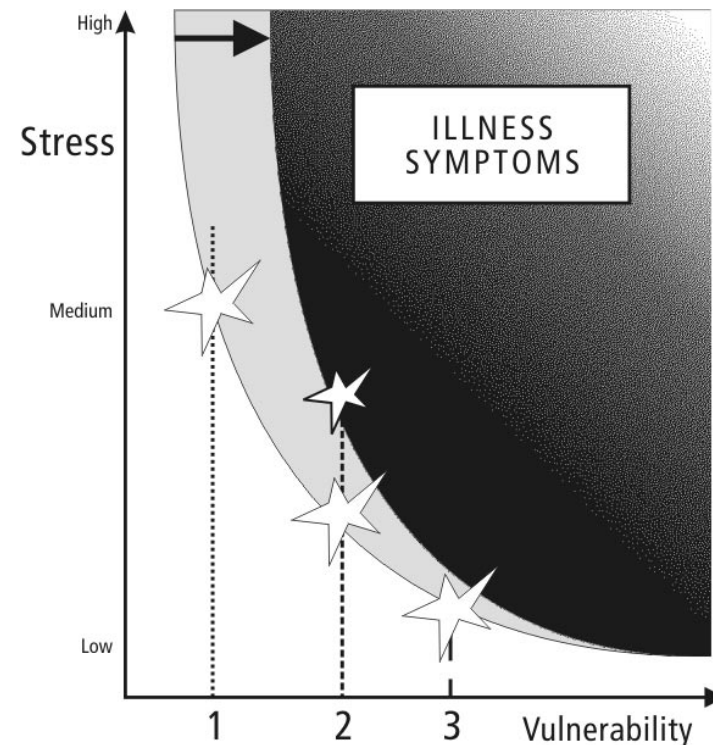
He pleads for people to live in the present: »Only present behaviour, present decisions and present thoughts have reality. Each nostalgic look backwards to a beloved or hated past, and every forward look towards a hoped or feared future becomes an illusion, if the present is blotted out and lost sight of.«

Living With Stress

Even so, the present can be difficult enough, so difficult as to make a person feel they just can't go on any more. In the course of my work I meet men and women who have been brought to the end of their resources by external experiences and have developed mental problems ranging from depression to psychosis. I remember the pastor who had to stand by helpless while a girl drowned at a youth camp in Sardinia. I think of the mother whose child lay in the children's hospital for almost a year. The daily visits sapped her energy. The constant uncertainty robbed her of sleep and in the end led to a temporary psychosis which made a stay in hospital necessary.

STRESS is one of the most important factors contributing to the development of illness in our time. Stress can lead to the development of severe psychiatric crises in people who have a hereditary weakness and little opportunity to overcome their problems. In modern psychiatry people talk

Figure 4.2: Stress and Vulnerability



about *vulnerability*, by which is understood the degree of sensitivity a person has to react under pressure with either psychiatric disturbances (e.g. depression) or physical symptoms (e.g. heartburn) or behavioural changes (e.g. withdrawal, fits of anger). The relationship between stress and vulnerability, or to use biblical language, between testing and weakness, can be represented by a curve.

From figure 4.2. it can be easily seen that under increased stress a Person comes nearer and nearer to the edge of mental dysfunction. How soon they reach this point depends on their hereditary sensitivity. A person with strong nerves (line 1) can hold out if he suffers a car accident, he is criticised at work, or if he loses his dog. He will not develop any psychia-

tric problems. But if someone suffers a higher sensitivity (line 2) they will find that even relatively insignificant problems will lead to disturbances of sleep, anxiety and psycho-somatic difficulties. However, this diagram should not be interpreted too literally. Each person not only has their own level of sensitivity, but their own internal resources cope with stress.

Mentally healthy people can learn to meet stressful situations with a new attitude and grow through them. Yet in my medical career I have come to know many individuals who, despite all their best efforts, simply could not succeed in countering stressful situations with just a prayer or a change of their attitude. They had to learn rather to avoid unnecessary stress and so prevent themselves wandering too near the danger zone of mental distress.

Patient in Tribulation

The Bible knows about the stresses people can undergo. It talks about tribulation and burdens, about opposition and testing. The Psalms present us with some of the most splendid prayers from people trapped in inescapable situations. Paul writes: »We are hard pressed on every side, but not crushed, perplexed, but not in despair, persecuted, but not abandoned, struck down, but not destroyed.«

The descriptions in these passages echo those given in psychotherapy. The trouble is named, and feelings are given free, even dramatic, expression. However, in contrast to the purely one-sided, self-centred approach of psychotherapy, biblical pastoral counselling does not set about stirring up the mud and analysing the wounds of the past. Again and again the light of hope shines into the helplessness. The divine »*nevertheless*« becomes a foothold in the midst of stress and opposition.

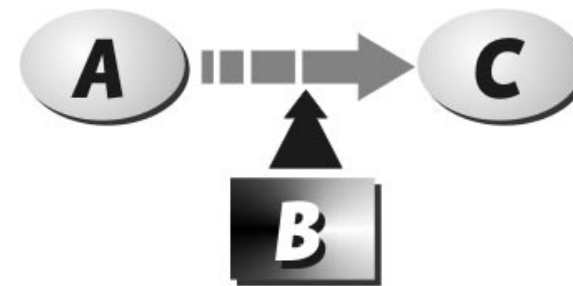
3. Reaction: The Power of Thought

A person's inward attitude to personal weakness on the one hand, and adverse circumstances on the other represent the third factor affecting the development of psychological disorders. In the figure 4.1 this is summed up under the keyword »*Reaction*«. The situation and the environment do not mean that a person has to be a helpless pawn to the circumstances of

his life. Rather the manner in which a person learns to cope with stress determines the way things develop. To a large extent their thought, will and behaviour help to determine what effect an experience has on their psyche.

A person's reaction to an experience is determined by what they think about it, how they evaluate it. This simple concept has been described in psychiatry by Aaron Beck's cognitive therapy.

Figure 4.3: The ABC-Model of cognitive therapy



An Experience (A) gives rise to a feeling (C) For instance someone may become depressive (C) because he has been criticised by his boss (A).

But between A and C stands an important connection, the way the person evaluates (B) an experience, the significance they assign to it. One person will say at the end of the day: »The boss had a bad d day today, never mind, things will be better tomorrow.« Another will blame himself and be afraid of losing his job. Both had the same experience, but evaluated it quite differently.

Our Belief System

There is nothing new about the idea that the way we see things affects our psychological reaction to them. Way back in antiquity the stoic philosopher Epictetus wrote »People are not disturbed by experiences but by their perception of those experiences.«

So, what forms our view of experiences? Each person develops ideas during the course of his or her life, a system of beliefs about how to become happy and to cope with life. Everyone longs for love and recognition

and strives to find some way of satisfying this longing. Yet on the road to fulfilment lie many hindrances. Again and again people have to learn to live with unfulfilled wishes and come to terms with the reality of a harsh world. So life is a continual learning process. Early negative experiences have a particularly formative effect, as do later experiences which are accompanied by intense feelings or strong physical stress symptoms.

To give an example, imagine you are bitten by a dog. The terrible feeling of menace and fear, as you are caught in the teeth of an angry growling dog is something you don't forget too quickly. Even the thought of it makes your heart beat faster and the sweat stand out on your forehead. It will be a long time before you dare to approach even a little lap dog again.

Feelings of hostility and rejection can work the same way. The result for your basic attitude: »I will never get in a situation like that again. I will not allow it to happen.«. The result for behaviour: you avoid every encounter which carries with it the risk of a fresh rejection. In this way the rejection changes not only your inner life, but also your contact with your environment – a vicious circle develops, a whirlpool which can eventually draw you into serious psychiatric problems.

A New Way of Thinking

The earlier the foundations for a mature way of life are laid, the better a person is able to cope with living. I am personally convinced that the wisdom of the Bible gives us the best foundation for a fulfilled life. The Bible uses two key words which equate with the psychological concepts of cognition (thought) and behaviour.

It continually speaks about the importance of »mind« and »way of life«. King Solomon once said in Proverbs »Be careful how you think; your life is shaped by your thoughts.«

So a Christian will be keen to allow his world of ideas to be shaped by the testimony of the Bible. That means more than just positive thinking. God's word requires us to put off the old nature, to »walk in the Spirit«; to grow in love and put on the new nature. That can only happen if we open ourselves clearly to God's working and allow all our thinking and behaviour to be shaped by His word.

But is it that easy to change our thinking? Even people who are self aware cannot simply forget rejection, snuff out the memory of tragic experiences and replace them with a »hallelujah!«. The healing of memories takes time.

And for many people – I am thinking here of my schizophrenic and severely depressed patients – the biochemistry of the brain is sometimes so severely disturbed that they are no longer able to control their thoughts.

This situation is not foreign to the Bible. David knew times when the thought of God no longer comforted him, but rather cast him down, and Paul knew of the presence of God even in times when he could no longer pray. Herein lies hope for believing Christians who go through the severe mental illnesses which I will describe in the following chapters.

References Chapter 4

The following Bible refernces have been quoted:

1 Thessalonians 5:14
 2 Corinthians 12:9-10
 2 Corinthians 6,4
 Galatians 6:2
 1 Peter 1:6
 1 Corinthians 10:13
 Examples can be found in psalms 22, 25, 28, 31, 38, 71, 73 and many more
 2 Corinthians 4:8-9
 cf. Romans 8:6 und 12:2; Philippians 2:5
 cf. Ephesians 4:22; 1. Peter 1:15
 Proverbs 4:23
 Galatians 5:16
 Ephesians 4:15
 Ephesians 4:24
 Colossians 3:16
 Psalm 77:3 - 11
 Romans 8:26 - 27

Psychiatric textbooks and internet resources give more information on the topic.