

# 10 Schizophrenia and Christian Faith

Doctor, I'm in terrible trouble,« an elderly lady complained to me. »Tonight I should have gone to heaven, but my room mate stopped me. God allowed her to torment me, and now I can't forgive her any more. Do you know, two years ago, I committed a terrible sin. The doctor wanted to take my blood, but I wouldn't let him. I didn't realise at the time that I should have made a great sacrifice. It's because I didn't give my blood that God hasn't taken me to be with him yet.«

What sense would you make of a story like that? How would you advise the woman? Would you teach her about the once for all true sacrifice that opens the way to God? Would you encourage her to forgive? Or try to help her see that she was imagining it all?

These are the kind of questions which will face a pastoral counsellor who is dealing with schizophrenic people during a delusional phase. It is not uncommon to meet sick people who use a Christian vocabulary and thus have what in the broadest sense of the word could be termed as »religious mania«. This observation throws up a host of questions for Christians as well as non-believers.

Often, false conclusions are drawn from the use of religious terms. Even among physicians and other members of the caring professions one can hear the widespread opinion that a person's psychosis has been caused by religious involvement. At very least, the impression is given that »religious mania« is a negative outcome of religion's impact on society.

These assertions are based on prejudice, rather than on careful scientific research. I will look into a few studies on the theme of religious mania

in a later section, but first of all I will explain how religious delusions develop, and how they can be understood.

## Explaining Religious Delusions

Basically, three forms of religious delusion can be distinguished:

- a) Religious images used to explain schizophrenic experiences
- b) Delusive distortions of genuine religious faith
- c) Mistaken interpretation of religious terms and unusual beliefs on the part of the therapist.

The first two are to be regarded as characteristic ways in which schizophrenic people make sense of their experience. The third form of religious delusion derives from the prejudice and lack of understanding of a therapist who is faced with expressions of religious faith with which he is not familiar.

### a) Religious images used to explain schizophrenic experience.

To those affected by them, the experiences involved in a schizophrenic mental disorder seem very eerie, »supernatural«, strange and menacing. They are plagued by ideas and fears which they cannot explain in terms of their previous frames of reference. They feel as if they have abilities and a calling which is more than normal, yet they also notice the destructive influence of the illness on their work, their relationships and eventually, their own personality.

How can a person like this make sense of the experiences which break over him during a psychosis? Often earthbound images are no longer sufficient for this task. However, in religious teaching he has heard about angels and demons, prophetic messages and signs and wonders. In this way even people who are not normally influenced by Christian faith develop the most fantastic religious delusions. When the schizophrenic episode subsides, their faith also returns to its previous level.

### b) Delusive distortions of genuine religious faith.

The patient has a healthy faith before his or her illness. Nevertheless like other aspects of life, this comes to be experienced and expressed in a

distorted way. I am reminded of a young woman, a believer, who suddenly felt a need to be »on fire for the Lord«, in contrast to her earlier behaviour. She became motivated more and more by thoughts about »the lost«. She reached a point where she could hardly sleep, and she gave out piles of tracts. One day, out of the blue she injured her wrist with a knife. She explained to her shocked parents that she had shed her blood for the lost because it was Good Friday. Under treatment, the disturbance subsided in the course of a few days, and her spiritual life suffered no harm as a result. Today the young woman is married and an active member of her church.

Depressive delusions, which can take on grotesque forms, such as thoughts of having committed terrible sins, also belong to this category. In this connection, please refer to the chapter on Depression in this book.

### c) Unusual expressions of faith

Unusual expressions of faith are sometimes misunderstood by professionals as an expression of the illness in schizophrenic patients, in spite of the fact that these may express the actual beliefs and practices of his church or religious group.

At this point a great deal of understanding of unusual forms of Christian thought is necessary to avoid doing the patient an injustice. If a Bible College student expresses the desire to »tell everyone about Jesus«, it doesn't necessarily mean he is suffering from a »missionary mania«, even if he is also suffering from a schizophrenic disorder. He has simply been trained to pass on the gospel to other people, just as the Bible teaches.

It becomes more difficult, when a German lady explains that she has been »delivered from a Hitler demon«. In order to be able to decide whether this is a delusion or just a strange teaching, you need to know that this was said by a certain »pastoral counsellor« who in a routine way persuaded many other mentally healthy fellow believers of German origin that in order to grow spiritually they needed deliverance from a »Hitler spirit«. (This happened in Switzerland in 1985).

Granted, teachings like this strain the understanding of the most tolerant psychiatrist, and they make it easier to understand why people who work in the field of psychiatry are often prejudiced against believers. It is especially important here to distinguish between belief, superstition and delusion. Nevertheless, a Christian has the right to be taken just as seriously in a psychiatric hospital as an environmental campaigner, or a psychotic peace activist, whose opinions may be closer to those of the staff.

## Does Christianity Make You Ill?

This question can be clearly answered in the negative in regard to schizophrenia. Over the last 30 years there has been quite some research in the field underlining that religion has primarily a stabilizing effect. Two research projects in Swiss psychiatric hospitals have specifically dealt with the interrelatedness of psychosis and religion. They both demonstrated that no connection can be established between religious upbringing and religious mania. One author comes to the conclusion: »In this way the surprising result of our study indicates that a strong religious interest in the parental home is more often linked with a weak religious element in the psychotic theme than with a strong one.«

Generally it is true to say that religious delusion is only one of several themes of insanity. One should never conclude from the *content* of the delusion that the *cause* of the schizophrenic illness is to be found within it. This would be just as absurd as holding technology responsible for the onset of a schizophrenia in which the patient felt himself influenced by lasers and computers, or blaming environmentalists for the development of a »ecological mania«.

What does influence the theme of delusions? Much evidence points to the probability that the dominant ideas and world view of a culture in turn influence the content of the delusions which occur. Krantz, a German psychiatrist, researched the contents of patients' delusions in 1886, 1916, and 1946, and could demonstrate how the discovery of new technologies (e.g. radio) or equally the rise of the Führer, coloured the delusive ideas of the mentally ill. More recent studies have established that over the decade a change has taken place in the frequency of particular themes of delusion.

Delusive ideas are often formed by the experiences and activities which for the patient are bound up with strong feelings (fear, love, failure or rejection). In our age, where life is no longer shaped so much by faith in God, we also find fewer religious delusions. In contrast, in recent years, against a background of dying forests, chemical accidents and nuclear catastrophes, a delusive environmental fear has clearly taken hold.

To sum up, it can be said that a delusion may have a religious slant to it, but no conclusion can be drawn from this about the cause of the illness. The development of a delusion can be better understood by reference to a sick person's life situation and personality structure, but never completely explained by it.

## Schizophrenia in the Literature on Pastoral Care

Having offered some explanations of schizophrenic symptoms from a scientific viewpoint, I would like to briefly examine one or two theories found in Christian books. Anyone who thumbs through the available literature on the subject of pastoral care will find three main approaches:

- a) Recognition of schizophrenia as a sickness, with no particular pastoral point of view.
- b) Emphasising sin and irresponsibility.
- c) Emphasising a demonic cause (»occult bondage«).

It is necessary to comment briefly on these models, in order to shed light on an area which causes many Christians insecurity, and extra difficulty with their sick relatives. From what I have said already it will be clear that schizophrenia is to be viewed as an illness which requires medical treatment. However, establishing that schizophrenia is an illness does not exclude the need for pastoral care. Concepts must therefore be developed which enable us to counsel and care for the needs of fellow Christians with schizophrenia.

## Schizophrenia and Sin

Jay Adams' school of pastoral counselling emphasised the role of sin and personal responsibility. Psychosis was seen as an avoidance of confrontation with biblical truths and a flight from responsible living. For instance, if a young man became psychotic after a failure at school, this was seen as a way to avoid facing the fact of his failure and the responsibility of disciplined work.

I would not wish to question Adams' basic intention to bring biblical truth back into pastoral care. Unfortunately his writings show an outdated and one-sided reading of the nature of schizophrenia, even at the points where he still admits the possibility of an »organic« cause. Although the sinfulness of human beings is the cause of many difficulties, this concept cannot be applied in a simplistic way to the complex phenomenon of schizophrenia.

It can be very misleading to link two statements with the word »*because*«. Consider the following sentence: »Car accidents occur because cars pollute the environment.« Both statements are absolutely true, but the link

made between them isn't. All cars pollute the atmosphere, but in only a tiny per centage of cases does the pollution become the cause of an accident. In addition to this, we know that there are many other contributory causes for accidents, besides pollution of the environment. Now consider the following fact: All human beings sin, but only one per cent become ill with schizophrenia. Are we then to blame the afflicted person's sin for his illness, without looking for other causes?

Schizophrenic people are capable of sin, as we all are. It may seem banal, but they can also be forgiven, as we all can. In less severe situations in particular, schizophrenic people enter an intermediary phase where they can be accountable in a normal way. In chronic cases, much of the patient's behaviour is affected by the sickness and not caused by any evil intent. So I have to ask: Is it sin, if a chronic schizophrenic continues, even after many warnings, to clomp around at night in clogs and never wash himself? In my opinion, no, although I agree that such behaviour is disturbing, perhaps so much that it would no longer be possible to keep the patient at home because those who live with him can no longer cope with his unrest.

## Schizophrenia and the Occult

A few writers of books on pastoral care suggest a causal connection between schizophrenia and demonic influence. The following quotations are all taken from the same book:

First, the author asserts »all the descriptions of psychosis which we find in the Bible show the characteristics of guilt and occult bondage.« From this basis he argues that all psychoses in our time are connected in the same ways. To the question, »Why are not more Christians aware of this?« he replies, »So the chief reason for this mistaken understanding of the psychoses would seem to lie in the fact that the sensitisation of the spirit, which is needed for the demonic powers to manifest and become active, was clearly never, or only seldom successful.«

There are still more problems of explanation. How can a person who has never allowed themselves to become involved in occult practices still become prey to a psychotic condition? The answer: »The occult problem of a psychotic person never has its beginning in his own lifetime. I was always able to trace a line of demonic oppression back for at least two and usually three to four generations.«

This has consequences for treatment. Deliverance ministry will be necessary, but unfortunately, usually unsuccessful. The explanation: »Deliverance

verance ministry to a psychotic Christian is tiring, and usually time consuming. If the foundation of faith needed for active progress in deliverance has not been laid in the pastoral counsellors and the church, it is better to send the sick person to the hospital for medical treatment. The time for a spiritual offensive will come later.«

So now the church is to blame for the fact that the psychotic person hasn't improved. The patient is finally shoved into the hospital where »worldly« people can look after him until he has recovered enough for the pastoral counsellor who specialises in deliverance ministry to plague him with the next spiritual offensive. I would like to leave the reader to judge whether such an approach is helpful, compassionate, or even biblical.

So does occult activity not play any role in schizophrenic people? Here the same applies as with the question of sin and schizophrenia. Schizophrenia can also be mixed up with occult involvement. But confession and deliverance ministry do not bring release of the whole problem. It is a great injustice therefore to believers who are experiencing a crisis, to brand them as »demonised« and subject them to stressful exorcism rituals. Exorcisms in this situation often lead to a worsening of the psychosis.

So far I have not been able to recognise any improvement in the external situation and spiritual life, let alone the basic illness of patients, resulting from models of pastoral care which refer to sin or occult bondage as the primary cause. Much more frequently the relatives' and patients' trust in the pastoral counsellor is destroyed to such an extent that any co-operation between the psychiatrist and the pastoral counsellor is rendered impossible.

So, how can we deal with schizophrenic people in a pastoral context? Are there alternative approaches? Can psychiatric and pastoral help be integrated? What possibilities lie open for biblical pastoral care of schizophrenic people? These are the questions we shall address in the next chapter.

## References Chapter 10: Schizophrenia and Faith

Specific literature references concerning religious delusions can be obtained from the author. E-mail: [pfeifer@sonnenhalde.ch](mailto:pfeifer@sonnenhalde.ch).

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