

13 Living with Limitations and Weakness

In our time, everybody is looking for quick and easy solutions. Immediate and complete healing – such is the goal of society in the 21st century. Modern medicine evidently seems to make this possible. Fast acting drugs, daring operations and electronic aids have pushed death and suffering to the back stage of physical illness. On top of this, when medicine fails, practitioners of alternative medicine and spiritual healers offer their help with the promise of a miraculous cure.

Even Christians are affected by the power crazed attitude of our time. Healing is the only valid sign of genuine faith and only signs and wonders reflect the work of God. It is the spectacular successes which hit the headlines, not the patiently borne suffering in homes for the chronically sick and the long term wards of psychiatric hospitals. The triumphs of somatic medicine and the proud promises of healers of all sorts often cause us to overlook the fact that suffering which takes a tedious course without dramatic improvement still remains with us.

Five Stages of Grief

Fortunately many psychiatric disorders consist in one temporary episode during a lifetime, which improves in the course of time and lingers only as a distant dark memory. But in many cases the mental changes which are involved set the starting points for the sick person and their relatives switching to another life, shaped by the disability, which is difficult

to bear. It is as if you have to endure a parting from the person you used to know. It takes time to come to accept a life with limitations. Hardly anyone has the ability to make the adjustment without emotional pain and in a mature way from one day to the next. Often five phases can be discerned in the reaction of patients and their relatives:

1. *Negation and concealment*
2. *Search for causes, blaming others or self-condemnation*
3. *Desperate search for help and healing*
4. *Insecurity and resignation*
5. *Acceptance and re-establishment of relationships.*

The person who understands this grieving process will find it easier to work with the sick person and his relatives without reproaching them for their reactions which can be difficult to understand at the best of times. For this reason we will briefly examine each of the steps.

1. *Negation and Concealment:* To begin with it is difficult for most people to accept a mental illness in themselves or their loved ones. They cannot and will not believe it. Often, they desperately try to hide it from friends and neighbours. Along with this goes a characteristic shame which allows the existence of a mentally ill relative to become a secret which they expose only with reluctance. But this makes the inward tension even worse.
2. *Search for Causes, Blaming or Self Condemnation:* The speechlessness of the initial shock is released by digging over the causes of the illness. While one person will project the blame outwards (from the »mother who didn't love him« to »demonic oppression«) others will lay the blame on themselves. How many parents agonise over questions like »where did we go wrong in bringing up our child?« Reproaches are also directed towards the hospital and those who are caring for the patient, especially when the desired improvement doesn't come as quickly as expected. This difficult behaviour is easier to put up with, when it is seen as an expression of the insecurities of relatives who themselves are at the end of their tether.
3. *Desperate Search for Help and Healing:* For many individual it is simply unbearable to watch helplessly while their loved one's personality changes. They are on the receiving end of thousands of words of advice

as to how they can help the sick person. These come from friends, neighbours, and fellow Christians, and can give rise to an unhelpful tug of war between helpers which can harm the sick person rather than helping him.

4. *Insecurity and Resignation:* With the passage of time, in the face of the futility of all the efforts, helplessness and hopelessness begin to take hold. Interviews with doctors and social workers, as well as pastoral counsellors and lay helpers do not always bring any relief. One mother complained »What else can I do for my son? Whatever I do, it's always wrong.«
5. *Acceptance and Re-establishment of Relationships:* It often takes months and years until the afflicted person can accept the new limitations, and until relatives can lay aside their reproaches and self-condemnation and learn to live with him.

Can Faith Give Support?

These stages of grief are to be observed among committed Christians as well. It is only natural that, like anyone else, as weak human beings, Christians will threaten to break down under the pressure of a burden suddenly placed on their shoulders. As Paul once put it so strikingly, »The burden I had to carry was more than I could bear. I had no hope any longer.« However, his testimony doesn't finish at this point. He continues »But this happened so that I wouldn't rely on myself, but only on God...« The Bible doesn't lie about the reality of suffering. On the other hand, it doesn't stop at a stoical endurance of the inevitable. Rather it points to the comfort and power in suffering which finds its ultimate meaning in God. Faith can give support. Not only does the Bible bear witness to this message, it is repeated every day by individuals who turn to God for help.

Time and again, I have been moved by interviews with the relatives of my chronically ill patients. I can still vividly remember the elderly parents of a psychiatrically disabled man who required care from them day and night on account of his fears and compulsions. They were often at the end of their tether, and yet they always seemed so confident. I asked them what gave them the ability to cope. They answered: »Our friends, the help the doctors give, and above all our daily prayer time where we can unload our cares to God. If we didn't have God, we don't know what we would do.«

Faith Healing

While one person will claim God's help to cope in the every day situation, many Christians look for more: They hope for a *miracle* from God – not simply getting through, but *complete* healing of the sick person through faith. What gives them the power to cope is hoping for God's supernatural intervention.

Doctors and lay people, psychiatrists and pastoral counsellors, have different definitions of what they would describe as a miracle. The physician tends to apply rigorous scientific standards and only to accept as a miracle a situation where a sick person is completely healed against all odds. This definition of »miracle« has also been adopted in many Christian circles. So we have to ask: »Is God only at work when someone becomes in every degree as capable of work and just as happy as they were before? This approach holds within it the danger of squeezing God into a mould which, in spite of Christian rhetoric, lies nearer to the success mentality of the world than to what the Bible says about God's purposes with weak, suffering individual.

It cannot be denied that miraculous healings do still happen today, where illnesses take a course which goes against all human expectations. But often these do not come about as dramatic changes under the spotlight of a special healing service. Even today, God meets individuals as he once met discouraged Elijah, not so much in the tempest of a great meeting as in the soft breeze of a gradual healing in the stillness.

While listening to individuals who told me about miracles in their life, I discovered a wider outlook in their understanding of miracles, which is not covered by the strict medical view. Miracles seem to have many facets. Thus I tend to see complete restoration only as the highest level of the miraculous. God's work is manifold. His miracles take place on a daily basis in a broad spectrum between the extremes of all and nothing.

The experience of a miracle is personal to an individual or maybe a group of people who have got together to pray for a sick person. For them a supernatural healing takes place when they experience God's intervention in a serious situation in response to their prayers, even if the change is not a lasting one. I recall a young woman who struggled under the most severe depressions. After months in hospital without any noticeable improvement she was taken home by her parents against medical advice. Her mental abilities had declined to a point where she could hardly carry out a simple task for more than an hour. Yet gradually her situation became

brighter, indeed, she improved to the point where she was able to start an apprenticeship and tackle a whole day's work in a sheltered workshop. Now she had recovered her radiance. Within her new limitations she had found meaning for her life. She no longer seemed to be the same person I had previously got to know in the hospital. »Doctor,« the parents said to me, »what has happened to our daughter is a miracle. The doctors gave us no hope that it could ever improve, and now she is doing so well!« I had to agree with them, even though from a strictly medical point of view, I knew that such remissions can take place, and a year later I had to treat the daughter again during the course of a further episode.

Often God does not just alter the afflicted person's physical condition but also their inward attitude to life and to the sickness. He walks patiently with the patient and his relatives and friends along the pathway of the bereavement process from the stage of rebellion against the illness to the point where they begin to re-establish their life. And that in itself is a gift, indeed, a miracle from God.

The Limitations of Manageability

But what happens when there is no noticeable improvement, when no great miracle takes place? Are there still answers to the questions which are raised by those who are weak in soul and their relatives? Do doctors and counsellors still have hope and help to offer?

The goal of complete mental health often becomes an obstacle to effective long term care. Not a few helpers, psychotherapists as well as Christians committed to pastoral care are shipwrecked on the rocks of chronic illness. When the goal is set too high, failures are programmed. These are difficult for pastoral counsellors and therapists alike to cope with. Some will feel a failure themselves. Others will lay the blame on the sick person and their environment, but that benefits no one.

In their helplessness they grasp at the most diverse theories and magical ideas about the causes of psychiatric illness. Sentences are to be heard over and over again which in many forms always include the same few words: »*If only ... then!*«

If only he had kept to his diet, *if only* she had been able to scream out his inner wounds, *if only* she had believed the right things ... *then* she would have been healed! All of these methods may have their significance, but the excessive application of them to individual who are weak and suffering

from psychiatric illness brings nothing but tears of disappointment.

Only when helpers and patients learn to accept the reality of human weakness and the limitations of the possible, when they learn to endure the tensions of incompleteness and of those aspects of this life which are ultimately unexplainable, only then is effective long term care a possibility. The »WHY?« of suffering is still one of the most difficult questions facing mankind. Even the Christian is not promised a problem-free life on this earth. He lives in a world where he painfully runs into boundaries from time to time. He is afflicted by »troubles«, experiences »trials« and has »burdens« to bear. Neither the best therapy nor the most biblical pastoral care can remove these limitations. Change and healing cannot be »produced«.

I would like to point out four important underlying causes for these limitations:

1. *The nature of fallen creation.* Pain, fear and suffering are part of the substance of our early life. Paul, describes vividly the anxious suffering of the created world, its mortality and its longing for redemption in a new world.⁷ biblical pastoral counselling also has to come to terms with this fact and draw it into a comprehensive approach.

2. *The nature of physical illness.* Like the other organs of the body the brain (and hence also the psyche) is subject to mortality and weakness, by which Christians are also afflicted, through no fault of their own. So it is necessary for us to accept patients with severe disorders once they have been thoroughly diagnosed and treated, and help and support them.

3. *Fallen human nature.* Even when a person is healthy from a psychiatric point of view, they will only be ready to change his lifestyle to a certain extent. They have received a free will from God as the greatest of his gifts. As a result, the best advice achieves nothing, even among patients who are capable of conversation, unless they are able and willing to put it into effect.

4. *The limitations of our knowledge.* This pertains not only to psychiatry, but also to the significance of biblical pastoral care. The dilemma of contradictory explanations for the causes and therapy of psychiatric problems affects the Christian therapist as much as any other, and demands that we show humility and keep an open heart when we encounter new theories.

Weakness: God's power in earthen vessels

I can well understand that these thoughts may awaken feelings of helplessness in the reader, perhaps feelings of discouragement and even some sort of anger. Establishing these limitations calls the philosophy of life of many Christians into question. Many readers will contradict me, with some justification, by saying: »What use is the faith, if it cannot remove suffering? If Christianity cannot bring release from depression and mental disorders, then what else can?« It is at this point, however, that *rethinking* has to start. A new approach to life, inspired by trust in God, can grow at precisely the point where an attitude limited to this life alone falls short. The Bible not only shows us the limitations of our existence, it also shows us how deeply valuable human beings are, even in their weakness.

God's power in the weakness and suffering of this world – the theme runs through the whole gospel. Even the prophets began to describe the coming Messiah in a way which didn't fit the prevailing attitude of the world based on beauty and success, on wealth and power. Christ unites in Himself both the shining glory of Heaven and the stuffy constriction of the stable in Bethlehem, the absolute power of the judge of all the earth, and the mercy of the reconciling high priest. He is the holy God. and a »Friend of sinners«. He lives in »a high and holy place«, but also with those who are contrite and lowly in spirit, to revive the spirit of the lowly and to revive the heart of the contrite.« He drives the tradesman out of the temple by force, but »a bruised reed he will not break, and a smouldering wick he will not snuff out.«

The Bible represents a picture of the human condition radically different from the contemporary standard of this world. Jesus is on the side of the weak. God often chooses not to reveal himself through what is strong, but rather to work through those who are aware of their weakness. The weak person gains value in the first place, not from achievements, but from trusting in God's grace.

In his second letter to the Corinthians, Paul uses a wonderful picture to illustrate this fact. He describes the weak person as a vessel made of clay in which God keeps his costly treasure to demonstrate »that this all surpassing power is from God, and not from us,« and he continues:

»We are hard pressed on every side, but not crushed; perplexed, but not in despair; persecuted, but not abandoned; struck down, but not destroyed... therefore we do not lose heart. Though outwardly we are wasting

away, yet inwardly we are being renewed day by day.

For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal.«

Here we encounter a genuine ability to cope with life and a real hope, which reach far beyond a one sided desire for external healing. Christians who take God's Word seriously will not simply fold their hands in their lap in resignation. They are receiving extra strength from a new source. For them, healing is much more than mere external change. Their hope *remains* even when natural energies have been exhausted. If doctors, pastoral counsellors and fellow human beings see the person with a psychiatric illness from this perspective, then their weakness takes on a practical function, as was described in the previous chapter. They become fellow workers in undergirding the process which God Himself initiates and which renews the weak person's strength from day to day, even when he has to live with limitations.

The outward limitations often open up a new inner freedom. Where rebellion against the disability stops, a person's energies can be gathered for inner growth. Viktor Frankl, the founder of Logotherapy, once observed: »Life proves to be basically meaningful, even if it is neither creative nor rich in experience. There are values which can only be discovered as individual adjust themselves to a restriction of their life. In their personal response to this restriction of their autonomy lies the key to open up a new and unique realm of values which certainly belong to the highest of all.«

A fresh glimpse of hope

»Is there still hope?« How often doctors are bombarded with this question by patients and relatives alike! Frequently, before I answer, I myself first pose a counter question: »What does 'hope' mean for you?« Do you mean hope of a cure through psychiatry? Hope of healing through God's intervention, or just hope of some improvement in the condition?

Often patients and their relatives on the one hand, and doctors on the other, are not speaking the same language. As a result people talk too often of a »hopeless case«, simply because it does not fit the category of hope for complete restoration. But there are no hopeless cases with God. Faith cannot always provide complete mental health, but it can provide strength and comfort in the midst of weakness, fear, and feelings of rejection.

The Bible points to a hope that reaches beyond the helplessness of our earthly existence to give a person the courage to bear the simply unbearable. At the very point where doctor and pastoral counsellor, medical staff and lay helpers alike run against the barrier of external things that cannot be changed ... at that point, in God's eyes fresh doors open.

I am often asked: What hope can you offer your patients as a psychiatrist and as a Christian? I would like to group my answer into two main areas, namely the medical human perspective (1 to 5) and the biblical point of view (6 to 10).

1. *I have hope* for individuals with psychiatric problems and illnesses, because experience shows that most disorders improve after a certain time.

2. *I have hope*, because today, in comparison with earlier times, the suffering involved in psychiatric illness can be moderated or even healed through the help of medication in many more situations than was previously the case.

3. *I have hope*, because psychiatric problems often provide the opportunity for a new beginning. A crisis in a person's life may be needed, in order to recognise the fragile basis of one's existence and to build one's life on new, firm foundations.

4. *I have hope*, because I have experienced in many cases that individuals can live a fulfilled life, even with a psychiatric weakness. This applies even with individuals who have pronounced changes of their personality. Even if they have to undergo very difficult experiences, they eventually find their way to a new life within their limitations, after the passage of time.

5. *I have hope*, because initiatives are increasingly taking place today to provide residential homes and work opportunities for individual suffering from psychiatric illness, in order to ease their lot and support them in shaping their lives. In this connection relatives' support groups also bring hope for those who are afflicted and for their families.

However, my hope goes beyond these medical and human considerations. Only the person who knows God's presence and his promises has ultimate hope.

6. *So, I have hope*, since it continually remains true that »all things work together for the good of those who love God«, even when we are prevented for much of the time from looking behind the curtains of suffering to see what is really going on. A woman with a son who was severely ill once said to me: »I keep hoping, because I know God doesn't make any mistakes.«

7. *I have hope*, because God can do miracles when he wants to. In the letter to the Ephesians it says »God can do far more exceeding abundantly above all that we can ask for or even think of, so great is His power which is at work within us.« Sometimes the miracle is already there in the fact that the individuals who are afflicted and their relatives do not succumb to bitter resignation.

8. *I have hope* because God loves and accepts individuals with psychiatric weaknesses, even if they cannot completely grasp this truth and express it in words.

9. *I have hope*, because God can even work through weakness. He pours His power into »earthly vessels« and says to the weak person: »my grace is all you need, because my power is made perfect in weakness.«

10. *Finally, I have hope*, because our existence in this world is not to be compared with the eternal life which God promises to those who put their trust in him. Paul writes: »I consider that our present sufferings are not worth comparing with the glory that will be revealed in us.«

Supporting and being supported

In these ten statements lies hope not only for the weak, but also for those who help to carry their burdens. God alone knows how much we can cope with and for how long. He not only helps in the weakness of the person needing help, but also in the weakness of the helper. He grants »the serenity to accept the things which I cannot change, the courage to change the things I can, and the wisdom to know the difference.«

It is my hope that this book will give you the courage to bear those burdens which God has allowed to remain in your life. And my desire is that you may learn to know the strength of the One who gently draws near

in times of discouragement, putting Himself alongside you under the cross your life gives you to bear: namely Jesus Christ, who calls people, saying »Come to me all who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for you souls. For my yoke is easy and my burden is light.«

Because He puts himself under the yoke with us, we can both fulfil our practical responsibilities in everyday life, and also find rest in the knowledge that He rather than we, has the final responsibility for the success of our efforts. Being rooted in God sets the helper free to be open for others, a thought which is strikingly expressed in an old prayer:

Lord, open my eyes,
To wonder at your glory
And to see the need of my fellow human beings.

Lord, open my ear
To receive your word,
And to hear the cry of the poor.

Lord, open my lips,
That my mouth may proclaim your praise
And find kind words to say.

Lord open my heart,
So that I may have room for you
And welcome everyone I meet.

The End

References for chapter 13

Bible verses quoted in this chapter:

2 Corinthians 1:8-9
1 Kings 19:11-13
Romans 8:18-25
Hebrews 4:14-16
Luke 7:34
Isaiah 57:15
Isaiah 42:3
2 Corinthians 4:7-9; 16-18
Romans 8:28
Ephesians 3:20
Romans 8:26
2 Corinthians 12:9
Romans 8:18
Matthew 11:28-30