The Christian Approach to Schizophrenia

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The word "schizophrenia" has become a non-specific wastebasket term covering a multitude of problems (and often covering up a vast amount of ignorance) that have but one common denominator: the inability of the counselee to function meaningfully in society because of bizarre behavior. It seems to me that we must abandon the word as misleading and confusing, particularly when its use provides such a convenient temptation for diagnostic abuse. Add to all of the other possible factors that might be mentioned the hopelessness generated by labels, the tendency of many counselees to play the role they think the label implies, the irreparable damage that cavalier use of this label by careless, irresponsible, overworked, or even malicious parties can have upon a client's future, and you have an almost airtight case for rejection of the term. Whenever the word "schizophrenia" appears I shall be referring not to any definable, diagnostic category representing a specific illness or behavior. Rather, I shall view it solely as a broad, collective term having no one clear-cut referent, but rather pointing to bizarre behavior that is the result of any cause-contrived or otherwise-or any complex of causes that may lead to severe inability to function in society.

Descriptive versus Explanatory

I consider the words "red nose" to be on precisely the same communicational level as the word "schizophrenia." To observe that one has a red nose is to say nothing more than that; the statement carries no necessary causal implications. That is to say, the observation refers to an effect that may have any number of different and widely diverse causes. Thus, the statement, "You have a red nose," does not necessarily carry with it the insinuation that the person addressed has been boozing. He may have fallen asleep under a sun lamp, his wife may have punched him, he may be growing a pimple on it, etc. Similarly, to say that one is schizophrenic is merely to observe that his behavior has become so bizarre that he is unable to function (or is not allowed by others to function) in society. As an additional complication, it must be remembered that the line between the abnormal and the normal is not always clearly definable in a society whose values are in flux. What is tolerated (or even prized) in certain communities or cultures may be rejected by others.

Two Sources of Schizophrenia

To summarize, then, it may be noted that all of the problem behaviors generally identified as schizophrenia stem from two sources: (1) forces distorting one's ability to perceive or evaluate the world as it is in reality, or (2) self-induced forces that cause one to misread or mislead one's self or others. Within each of these two very broad categories, the varieties of situations and types are manifold. For instance, poor perceptual intake may lead to proper brain functioning that turns out badly because it is based on faulty data; on the other hand, the behavior may stem from malfunctioning of the brain because of a tumor, while the perceptions are intact. Therefore, to

speak of schizophrenia as if the term denoted any clearly definable condition, distinguishable from all others, is to misunderstand entirely.

For convenience sake, we may classify (roughly) the causes of schizophrenia as organic/inorganic (or from a telic perspective as misreading/misleading activities), always keeping in mind the fact that even the boundaries between these categories are not fixed and impassable. What may have begun largely as misleading activity (i.e., deception) may at length turn into a misreading activity (self-deception), or a bit of both.

"Narcotics agents are after me," John insisted.

The charge-as his "evidence" proved -was ludicrous. Yet the reality construct by which he justified the claim was perfectly reasonable to him. It was so because the construct of reality into which he pigeonholed data had gradually emerged over a period of time as the result of a long history of flight. John's problem originated within a reality construct that was true to life. There was a time when he was a drug pusher. At that time it was realistic for him to be suspicious and wary. But the life patterns developed then continued long after he had abandoned drugs. The pattern of looking over his shoulder persisted. The guilt of the past, the patterns of life, etc., all continued until he came to forgiveness and put on a new and Christian reality construct. As Proverbs put it, "The wicked flee when no man pursues" (Proverbs 28:1).

Conversely, what began as a misreading activity (dysperception) in time may develop into a life of misleading (deception of others or self). Visual perceptual distortion may lead one (for instance) to dysperceive the shapes of the faces of loved ones who appear (to the person whose chemical processes are malfunctioning) to be scowling at him when in fact they are not. Visual cues that do not fit auditory communication may lead him to suspect the motives of others and to respond with caution, etc., that is appropriate to the faulty data but not to the reality situation. Such action will be interpreted as bizarre. He may develop a suspicious attitude toward others that at length may become a reality construct for falsely interpreting all of life.

The Christian Perspective

How does a counselor in the Christian tradition begin to handle the many problems of schizophrenic behavior? That a person experiencing such problems may be subject to (or may subject himself to) internal and external forces that may impair his ability to function, that he is capable of intentionally and unintentionally stimulating and simulating such impairment in order to mislead, and that over a period of time (or suddenly) he can develop such faulty responses to stress situations that he loses a grip on reality (i.e., he may misread it) is to picture him at once as a frail, conniving, self-deceptive, and foolish being. That is to say, as Christians look at it, the person is a sinner, who, according to the Bible, has been subjected by God to vanity because of his rebellion against his Creator.

Sin, the violation of God's laws, has both direct and indirect consequences that account for all of the bizarre behavior of schizophrenics. That is why Christians must refuse to ignore the biblical data. From the perspective of these Scriptural data all faulty behavior (which for the Christian is behavior that does not conform to the law of God) stems ultimately from the fundamental

impairment of each human being at birth in consequence of the corruption of mankind resulting from the fall. No perfect human beings are born by ordinary generation. They all inherit the fallen nature of Adam together with its organic and moral defects that lead to all faulty (including all bizarre) behavior. No aspect of a human being, no function has escaped the distorting effects of sin. To some extent, therefore, the same problems seen in schizophrenics are common to all. The differences lie in (1) what bodily functions are impaired, (2) how severely, and (3) what sinful life responses have been developed by the counselee. It is also vital to ask whether the individual is redeemed by the grace of God, since redemption involves a gradual renewal of human nature (cf. Ephesians 4:22-24; Colossians 3:10).

The identification of the problem of schizophrenia as a theological difficulty points toward a theological solution. In the same way, a non-theological diagnosis ("mental illness," etc.) leads to a non-theological solution. Wrong labels point in wrong directions which, in turn, end only in more frustration. Schizophrenia is a psychological or psychiatric label which leads toward psychological or psychiatric solutions. If, on the other hand, investigation shows that a particular kind of bizarre behavior should be labeled as a chemical malfunction (stemming not from personal sin such as sleep loss, but is rather solely the result of the fall), that conclusion leads toward a medical solution. If it indicates that the problem comes from sinful living, the term "sin" points in the direction of a theological solution. It is a serious fault thus to suggest that anything less than God Himself can solve a problem that fundamentally has to do with one's relationship to Him.

The Christian counselor's approach, therefore, will begin with an attempt to discover whether the behavior of any given counselee stems fundamentally from organic defects or from sinful behavior on his part. In the case of bizarre behavior, whenever indicated, he will insist upon careful medical examinations to detect any glandular or other chemical malfunction, brain damage, toxic problems, etc. But when he is reasonably assured that (at base) the problem is not organic (or that it is not only organic), he will counsel on the supposition that such behavior must stem from sinful life patterns. He will be aware, of course, of the vital fact that the counselee is a whole person whose problems cannot always be divided neatly into the categories organic and inorganic (or into categories of misreading or misleading). There are often elements of both. And most assuredly the organic affects the nonorganic and vice versa.

When Philip smashed a chair on the floor, attacked his counselor, wept uncontrollably, whined in self-pity, and spoke of hearing voices and taking trips on a flying saucer, more than one problem lay behind these difficulties. Sleep loss, possible chemical malfunction, twelve years of frustration with an inexplicable problem, resentments (and suspicion) toward physicians, psychiatrists, and ministers, bitterness over scores of shock treatments, a severely distorted reality construct, sinful patterns of living and institutionalization, all influenced and motivated by a sinful nature, combined to produce the bizarre behavior.

The Heart-Body Connection

The Christian has always been aware of the psychosomatic (or, as he might prefer to call it, hamartiagenic3) nature of much illness because the fact is taught throughout the Bible. Studies in biofeedback have extended our awareness of the great extent to which man controls his physical

condition. They appear to show: (1) that we have much more control over our bodily functions (blood pressure, heartbeat, muscle tone, galvanic responses, etc.) than heretofore was realized; (2) that we are, therefore, more responsible for our organic condition than we had suspected; (3) that we can control and are responsible for many (if not all) of the glandular and neurological responses that occur in some forms of bizarre behavior. It is altogether possible that the chemical/electrical processes that govern perception may be controlled by attitude, etc., in a manner that makes man more responsible for these functions than most have thought. That is to say, beliefs and attitudes (in addition to other factors) also may be at the root of perceptual dysfunctioning (misreading of reality).

The Christian, in harmony with biblical promises (c.g., Psalm 32:1,2; Proverbs 3:1,2,8,16; 4:10,20-22; Berkeley Translation), has affirmed that the fundamental biofeedback that he has needed for hamartiagenic problems is the Scriptural criteria themselves. Conformity to biblical patterns of life, with the emotional states and attitudes that grow from them, enables one to regulate his bodily functions (albeit unconsciously) in ways that promote good health. Conversely, failure to do so produces malfunctioning. The biblical principle to care for the body as "the temple of the Holy Spirit" means that he must not ingest hallucinogenic drugs that will distort perception; it means also that he will not push his body beyond its capacity through subjecting it to significant sleep loss that could cause similar dysperception. The principle "Do not let the sun go down on your anger" (Ephesians 4:26) is filled with implications concerning the healthy functioning of the glandular processes and their effects. Moreover, the principle "He who conceals his transgressions will not prosper; but he who confesses and forsakes them will obtain mercy" (Proverbs 28:13), implies the fundamental benefits of a clear conscience plainly enough so that there is no need to expand upon it. These, and a large number of similar exhortations and promises, when followed, promoted healthy living because the body was properly regulated by the attitudes that were created growing from self-evaluation of one's behavior. The Christian may have known little or nothing of the functioning of the human body. But he (nevertheless) benefitted from living in ways that promoted proper functioning. It is fair to say that Christian living will, itself, preserve (reclaim) one from those harmful bodily functions which are autogenically controlled and that may lead to bizarre behavior. Christian living, of course, will not prevent or counter such behavior when it is produced indirectly as the result of bodily defects or breakdown due to purely somatic factors.

Roughly, then we may break down schizophrenia into several categories as Figure 1 visualizes. All of which leads to the Christian conviction that man is largely (or in many instances totally) responsible for his behavior, even when it is of a bizarre nature. Passages such as 1 Peter 3:14 ("Be neither terrified nor troubled by their threat") more fully come alive under such considerations. It is not impossible to command the control of one's emotions. By proper attitudes and actions the Christian without biofeedback controls his bodily functions and states as God intended him to. Except in those relatively infrequent cases (such as brain damage) that are validly organic at base, the Christian counselor seeks to deal with schizophrenia in the same manner as he would in confronting those who have other problems occasioned by sinful living patterns. In this large measure of responsibility lies hope. What is due to sin can be changed; there is no such certainty if, as some think, schizophrenia is largely due to other factors.

A Case Study

When Barbara received the unpleasant news that her son, George, had gotten his girlfriend pregnant, she was unprepared for it. This news came in the wake of other unsolved problems that had been piling up in the family, some of which were due to Barbara's own sin. John, Barbara's husband, phoned a nouthetic counselor and described the scene: upon hearing the bad news, Barbara had gone to their bedroom, sat down on the bed, and had frozen-stiff as a stone. This would classically be called a catatonic state. She had been in the position, staring ahead at the wall, totally uncommunicative, acting as if she were "out of touch with reality," for seven hours. The counselor arrived and did three things:

1. From the data gathering he did with others in the home, he surmised that there was no organic cause for this behavior.
2. He assumed that Barbara was not out of touch with reality and could hear, understand, and act upon what he was about to say.
3. He then spoke to Barbara in a firm, loving manner, stressing hope and issuing a warning. Greatly summarized, here is what he said:

> *Barbara, I know that you can understand everything that I am saying, and I want you to listen carefully. First, you are running away from your problems this way. That is wrong; it is not God's way of handling life's disappointments and dilemmas and will create only larger difficulties for you and your loved ones if you persist in it. Not to respond is sin. I recognize that your problems are serious and that you don't know what to do about them. I do not want you to think that I minimize them one bit. They are probably worse than I now could realize. Yet, your Lord Jesus Christ is greater, and if you will let me I shall help you to work out the answers to them from His Word. The sooner that you begin to talk, the sooner we can begin to lay out a biblical plan to solve these problems. But apart from your willingness to face the situation God's way, there is no hope.*

Barbara stirred a bit, but did not respond. The counselor went on to describe the alternatives:

> *If you will not face your problems, you will force John to take the only other and far more unpleasant course of action that lies before him. First, it will be necessary for him to let you sit here for a day as you are. You will find that lack of food and toilet needs will make the situation exceedingly uncomfortable. If, even under those circumstances you still do not budge, John can do only one more thing-he must send you to a mental institution. Do you have any idea of what it is like to live in a mental institution? Let me describe...*

It was not too far into that description that Barbara broke down. She wept in relief, then poured out the story of her disappointments, anger, and fears. The counselor, as a result, was able to help her meet these God's way.

As one can see in this abbreviated account, much of the seemingly bizarre behavior (if not most) is not bizarre to the person himself. The behavior makes sense to him from his viewpoint. Even original schizophrenic concepts of a split between affect and behavior (and/or speech) are explainable on this basis. There is no split for the counselee; the affect and behavior seem out of

sync only for the counselor. Thus, to speak of the schizophrenic's evasions, suspicions, silly grins and giggles is to speak as one who is evaluating another's behavior from the point of view of what, at times, can be entirely different data. Here Barbara did not know what to do, so she did nothing. She was afraid that any action that she might take would worsen rather than help the situation, so she took no action. She was angry, her pride was hurt, but rather than reveal this in the outbursts that she was afraid these emotions would occasion, she restrained her feelings to the point of immobility. It was wrong behavior, but not irrational; the rationale behind it is clear.

The Counselee's Perspective

To a person with perceptual difficulty resulting from chemical malfunction, the world may seem all askew. Chairs may appear to fly off the ground toward one's head, lights may pulsate strangely, faces may seem grotesquely distorted, etc. Given such dysperception, one's actions, although strange or bizarre from the point of view of an onlooker, to the counselee are not strange but explainable. To protect one's self from a flying chair by leaping from its path is rational behavior, but it seems outlandish and irrational to one who does not perceive the chair as moving at all. Indeed, in time, his rationality may be questioned by the counselee himself. After all, the chair never arrived!

Of course, all such bizarre behavior may be simulated in order to appear insane. There is a mounting conviction that much bizarre behavior must be interpreted as camouflage intended to divert attention from one's otherwise deviant behavior. The explination of much behavior as coverup or camouflage runs something like this: bizarre behavior some time in the past (perhaps far back in the past) was rewarded positively when it succeeded in deflecting attention from one's deviant behavior. Bizarre behavior of this sort must be viewed (like all other sinful behavior) as the product of a "deceitful heart" (cf. Jeremiah 17:9). Therefore, on succeeding occasions the client again attempted to hide behind bizarre actions and discovered that frequently this ruse worked. If this occurred frequently enough, a pattern of such action was established. Bizarre behavior then became the natural (habitual) means to which he resorted whenever he sinned.

However, such behavior, though often successful at the outset (frequently enough to become a deeply etched pattern and thus the first resort when one does wrong) does not continue to work as successfully as it did in the past. As one grown out of childhood and into adolescence, for instance, he finds it more difficult to hide. Now he is expected to give rational explanations for his behavior. Rather than change, the habit-dominated person will endeavor to continue to resort to bizarre behavior as his solution. But repeated failures of recent attempts at length force him to make some change. Yet, even then, he changes not the nature of his response but its intensity. So in order to continue to cover up his behavior, his actions become more and more bizarre. If the pattern is not broken, his behavior eventually will become so deviant that in the end society will institutionalize him. In this way behavior can become totally unacceptable in a very short time.

In the long run the counselee finds that such behavior, even when it hides him from detection, is not really successful. Increasingly as his actions become more bizarre, he finds that his behavior tends to isolate him. His social contacts are broken off, and the society which he needs so desperately drifts away from him as he hides from it. He knows he is living a lie, and his

conscience triggers painful psychosomatic responses. So at last he becomes a very miserable person, externally isolated and alienated from others, and internally torn apart.

The Counselee's Choice

Steve was a young man of college age whom the writer met in a mental institution in Illinois. Steve had been diagnosed by psychiatrists as a catatonic schizophrenic. He did not talk, except minimally, and he shuffled about as though he were in a stupor. Upon sitting down, he became frozen in one or two positions. At first, communication with Steve seemed impossible. He simply refused to respond to questions or to any kind of verbal overtures. However, the counselors told Steve that they knew he understood fully what was going on, that though he might have fooled others-the psychiatrist, his parents, the school authorities-he was not going to fool them. They assured Steve that the sooner he began to communicate the sooner he'd be able to get out of the institution. Steve remained silent, but was allowed to continue as a part of the group, observing the counseling of others. The next week the counselors turned to Steve, and for more than an hour they worked with him. Steve began to break down. His hesitant replies gave evidence that he clearly understood everything. There was no reason to believe that he had withdrawn from reality.

As Steve began to respond, the rough outlines of his problem emerged. But the third week he broke down entirely. Steve had no mental disorders or emotional problems. Steve's problem was difficult but simple. He told us that because he had been spending all his time as prop man for a play rather than working at his college studies, he was about to receive a raft of pink slips at the mid-semester marking period. This meant that Steve was going to fail. Rather than face his parents and his friends as a failure, Steve camouflaged the real problem. He had begun acting bizarrely, and discovered that this threw everyone off track. He was thought to be in a mental stupor, out of touch with reality-mentally ill.

Steve had done this sort of thing many times before, but never quite so radically. Over the years Steve gradually had developed an avoidance pattern to which he resorted in unpleasant and stressful situations. When the college crisis arose he naturally (habitually) resorted to his pattern. Steve's problem was not mental illness, but guilt, shame, and fear.

As he spoke with the counselors, Steve recognized that they were asking him now to make the basic decision he had previously sought to avoid. Steve knew that now he must decide whether he was going to tell the truth to his parents and his friends and leave the mental institution, or whether he was going to continue the bluff. When we left, on the fifth week, Steve was still working on that decision. He was actually posing the question himself in these words: "Would it be better to continue the rest of my life this way or to go home and face the music?"

In working with Steve, it became clear that the more others treated Steve as if he were ill, the more guilty he felt. This was so because Steve knew that he was lying. It is important for counselors to remember that whenever clients camouflage, whenever they hide to avoid detection, whenever they purport to be ill when they are not, sick treatment only makes them worse. To act as if they may be excused for their condition is the most unkind thing one can do. Such an approach only compounds the problem.

When Steve was approached by those who held him responsible, he responded. For the first time since his commitment, he gained some self-respect. He began to talk about his condition. Contrary to much contemporary thought, it is not merciful to be nonjudgmental. To consider such counselees victims rather than violators or their behavior as neutral or not blameworthy only enlarges their lie and increases the load of guilt. Such treatment, Steve explained, had been for him sheer cruelty because of the mental anguish and distress it engendered. Nothing hurt more, he said, than when his parents visited him and treated him kindly, like an innocent victim of circumstances.

Hope Amid Despair

Many persons with problems serious enough to be labeled schizophrenic are persons who (if their behavior is autogenic) are desperate and who already have reached a point where they are willing to take radical measures to solve their problems. Their behavior itself is evidence of this fact. Herein lies hope for the counselor. A person in despair may be ideally suited for dramatic change. The seemingly most difficult cases often afford the most unique opportunities. Sweeping life changes frequently are recorded. This should not be thought strange: a person with a scratch will settle for a Band-Aid; someone with cancer will submit to radical surgery. In the providence of God, often persons who have reached the end of their rope are ready at last to take hold of His.

In recognizing the rationality of such behavior, the Christian seeks to penetrate to the factors involved in each case taken individually. To these he brings Scriptural solutions. He refuses to lump all cases in one simplistic category. In doing so, he tries at every point to begin with the good news of salvation and then moves to the specific implications and applications of this basic solution that are appropriate to the circumstances of each case. The presupposition that salvation provides the basic solution for human problems also will lead him to combine evangelism and counseling whenever indicated and always will require second level solutions that grow out of and are in every way consistent with biblical principles.

Schizophrenia, for the distinctively Christian counselor, provides no more or no less of a challenge than any other problem involving original sin, personal sin, and the consequences of both. He believes that the resources provided in the Scriptures, coupled with the power of God through His Spirit, are more than adequate. As the Scriptures themselves put it: "Where sin increased, grace abounded all the more" (Romans 5:20b, NASV).

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