



# Christians in psychiatry

## KEY POINTS

**M**uch psychiatric practice involves 'healing the brokenhearted' and 'setting the captives free'; concerns at the heart of gospel ministry. A proper biopsychosociospiritual framework, in addition to evidence-based traditional treatments, will involve the use of God's word, prayer, restorative community, meaningful relationships and the power of the indwelling the Holy Spirit. Whilst we need to guard against unrealistic expectations in a secular health service, the growing interest in spirituality within medicine may make Christian psychiatric units with a redemptive ethos more of a reality.

**I** recently had an interesting week at work. I explained true forgiveness to a lady whose depression was being fuelled by intense guilt then was asked about the meaning of life by a young man who had been given a diagnosis of schizophrenia. An older man was in despair due to a chronic painful physical illness; and we helpfully discussed the role of his faith in helping him cope. A woman, with whom I had been working psychodynamically, reported a new experience of peace after spiritual ministry through her local church. At the end of a clinic, a troubled patient revealed the gist of his inner distress: a sense of alienation from a God he once was close to. I encouraged him in his efforts to rekindle his devotional life.

### A Sense of Purpose

The call to a purposeful future is one of the blessings of being a Christian. Some usefully think of *mission* as being general ministry direction ('To be like Jesus', 'To help build his kingdom', 'To know him and make him known' etc.) and vision as being the specific, individual task which God has for a person or group.<sup>1</sup>

It is exciting to realise that our everyday work can be our vision. Psychiatry is as much a vocation as full-time pastoral ministry. With God's grace, a Christian psychiatrist in the NHS can be as much involved in front-line Christian service as any cross-cultural missionary.

Christians in psychiatry can make some unique contributions:

- Truly holistic assessment and management of patients due to an appreciation of relevant spiritual factors.
- Dealing with Christian patients who may be more comfortable seeing a skilled practitioner who also understands their faith.
- Liaison with other helpers who may have a spiritual input into the care of the patient, if appropriate.
- Facilitating better understanding and cooperation between mental health services and the church.
- Playing a part in incorporating true spirituality into the healthcare arena through research and evidence-based practice.

### A Philosophy of Ministry

All truth is God's truth and it is wholly biblical to welcome science as the systematic discovery of factual truth created by God but not directly revealed in his word. We need not fear psychopharmacology or psychoanalysis if we have an openness to all God's truth coupled with an ability to discern falsehood.

The Bible sees the human predicament in the context of spiritual warfare.<sup>2</sup> Illness and suffering are the consequences of a spoiled creation where the workings of a personal evil, the sinful nature of man and a corrupt world system are evident in distorted biology, broken relationships and deep insecurity. Nick Land has written a helpful article on the aetiology of mental disorder from the perspective of the Fall of mankind.<sup>3</sup>



## WITH GOD'S GRACE, A CHRISTIAN PSYCHIATRIST IN THE NHS CAN BE AS MUCH INVOLVED IN FRONT-LINE CHRISTIAN SERVICE AS ANY CROSS-CULTURAL MISSIONARY.

Through the redemption story God himself has provided a way for sin and separation to be dealt with and has revealed his truth through his word and by his Spirit. For the Christian, the practice of psychiatry can reflect the wider kingdom ministry of healing the brokenhearted and setting the captives free; one of the fundamental objectives of the gospel.<sup>4</sup>

### A Model of Working

We have tremendous resources available to do God's work. The indwelling Holy Spirit is our greatest help as we seek to minister healing and restoration. The word of God is the truth that can unlock darkened minds. Prayer can bring life to disturbed souls. In the church, we potentially have a model for the community and meaningful relationships that some believe are at the heart of emotional healing.<sup>5</sup>

We need to extend the traditional biopsychosocial framework into a biopsychosociospiritual one. The extra dimension is relevant to diagnosis, aetiology and treatment. The spirituality we are primarily interested in is biblical; so we need to beware of wholly absorbing the various philosophies of post-modern society.

We should strive to excel as doctors/psychiatrists in general, keeping up-to-date in knowledge and sharp in skills. We also need to be willing to face (and hopefully overcome) the many pressures of busy psychiatry in the real world. The way we relate to our colleagues will say a lot about our values and ourselves.

### An Approach to People

Our work is about impacting people's lives for the gospel. Discipleship involves pre-evangelism, evangelism and edification and a good place to start is by learning to see people through the eyes of Jesus; every contact with a patient (or relative or colleague) then becomes an opportunity to be a channel of blessing from God to that individual.

In dealing with non-believers, we need to go about our business in such a way as to make others wonder about the positive difference in our lives. In the process of helping people work through their problems, we can introduce concepts that reflect deeper truth and eternal matters.

I am stirred up when I meet Christian patients and find myself adopting a much more open stance faith-wise. Some people are genuinely seeking the Lord for answers and it becomes a privilege to help them discover a missing kernel of truth. Others may have fallen away and there may be a chance to help draw them back into the fold.

### Difficulties and Dilemmas

Any doctor seeking to be a witness at work faces struggles; the ethics and practicalities of on-the-job evangelism are but two issues. Bernard Palmer's uncompromising handling of this subject merits reference.<sup>6</sup> Some would question whether we

should be involved in spiritual ministry at all; what is the role of chaplains, pastors, Christian counsellors etc. and indeed of the church itself?

We need to guard against unrealistic expectations about what can be achieved in an essentially secular setting. We must also avoid being overzealous with our faith – 'conventional treatments' may often be the very best. Occasionally, the only and appropriate thing to do is commit someone to the Lord in prayer as we disengage therapeutically.

If we see our secular work as our ministry then we need to expect the kind of opposition that committed Christian service incites. It is important to realise that we do not wrestle against flesh and blood.<sup>7</sup> We need to be ever careful in our personal walk and utterly obedient to the leading of the Spirit.

### Looking to the Future

Unity (with diversity) among Christian psychiatrists is perhaps the thing that will convince the most; effective networking can move us towards this. Cooperation with other Christian members of the multidisciplinary team is a thrilling prospect. Working together with local church leaders is very necessary.

This is a time when there is growing interest in spirituality within medicine;<sup>8,9</sup> the Royal College of Psychiatrists' Spirituality in Psychiatry Special Interest Group is one sign of this. Several texts written by psychiatrists are available describing Christian approaches to mental health problems;<sup>10-12</sup> the production of empirical research evidence for the psychotherapeutic efficacy of Christian principles would be awesome.

Could a Christian psychiatric unit with a redemptive ethos become a reality? Certainly there is scope for innovative service provision. Some may be called into ministry outside the usual career setting and we thank God for such visionaries.

### Conclusion

Previous articles have usefully dealt with some of the ideological difficulties facing Christians in psychiatry.<sup>3,13-17</sup> I wrote this piece to cast some vision regarding what Spirit-empowered psychiatrists could achieve within the health service as we know it. Hopefully my idealistic musing is tempered with realism. There is much for us to figure out both in theory and in practice; we need wisdom and boldness. Perhaps we will get there quicker if we work together.

*Ken Yeow is a Specialist Registrar in Psychiatry in Belfast*

### References

1. Barna G. *The Power of Vision*. Ventura: Regal Books, 1992
2. Murphy E. *The Handbook for Spiritual Warfare*. Nashville: Thomas Nelson, 1996
3. Land N. Psychiatry and Christianity – poles apart? *Nucleus* 2002;July:13-19
4. Luke 4:18
5. Crabb L. *Connecting*. Nashville: Thomas Nelson, 1997
6. Palmer B. Should doctors evangelise their patients? *Nucleus* 1996;October: 2-12
7. Ephesians 6:12
8. Yawar A. Spirituality in medicine: what is to be done? *J R Soc Med* 2001;94: 529-533
9. Culliford L. Spirituality and clinical care. *BMJ* 2002;325:1434-1435
10. Wilson WP. *The Grace to Grow*. Waco: Word Books, 1984
11. Minirth F., Meier P. *Happiness is a Choice*. Crowborough: Monarch, 1995
12. Williams C et al. *I'm Not Supposed to Feel Like This: A Christian Self-help Approach to Depression and Anxiety*. London: Hodder and Stoughton, 2002
13. Moss R. Demons and delusions. *Nucleus* 1988;April:8-15
14. Warnock A. The battle for our minds. *Nucleus* 1992;October:4-14
15. Beer D. Problems in psychiatry. *Nucleus* 1995;July:2-7
16. Cook C. Demon possession. *Nucleus* 1997;July:13-17
17. Land N. Psychiatry and Christianity – poles apart? (Part 2). *Nucleus* 2003; April:12-20