A Descent into Madness: Theoretical and Clinical Reflections on Schizophrenia and Implications for Christian Theology and Practice

Kris Thomas

January 20, 2013
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Schizophrenia is a complex, often bizarre and frequently devastating psychological phenomenon that resists reductionist explanations. Pathologists considering the etiology of this condition frequently fall into preferred camps, arguing for the primacy of psychological, biological or sociological explanations.1 Historic efforts to construct theological explanations of this disorder have also been myopic, frequently depending upon suggestions of demonic influence given the seemingly inexplicable expressions that often occur with psychosis. However, a paucity of consideration exists as to how an enriched understanding of schizophrenia might meaningfully augment our theology.2 This paper will combine clinical case material, Thomas Ogden’s theoretical and clinical insights, and consideration of God’s activity with humanity — including the incarnation of Jesus—as resources to engage the mystery of schizophrenia. Furthermore, I propose that an enriched understanding of psychosis has benefits that Christians should take seriously beyond typical hamartiological concerns.

Michael Eigen (2004) considers whether there is a “psychotic kernel” to all persons; whether what is psychologically possible for some must be possible for all. Although a definitive answer is elusive, elements of psychotic experience do seem to point out aspects of human existence that are fundamental and ubiquitous. Universal aspects of the human condition are not foreign to Christians, who generally understand that “all have sinned and fallen short of the glory

1 On rare occasions, schizophrenia has been viewed as an important critique upon cultural, familial and interpersonal patterns of relating; see Michael Foucault, Mental Illness and Psychology as one example. However, efforts to connect schizophrenia with parenting style have been severely critiqued in favor of
2 Jean Vanier’s work with the cognitively and developmentally disabled strikes the closest cord to the aspirations of this paper.
of God” thus meriting God’s judgment and the ubiquitous need for salvation. Rigorous theological consideration of schizophrenia, other than as sickness to be eliminated, seems scarce, however. As a corrective to this one-sided view, this integrative reflection functions both as an initial inquiry into intersections of psychosis and theology, as well as a call for further consideration.

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Martin3 is a 40-year-old with difficulty differentiating reality from fantasy, minimal emotional vitality, and a history of psychosis. He had a palpable childlike quality, in which his simplicity, nonverbal mannerisms, and naïveté suggested a much younger personality. During one session, the “texture” of Martin’s life was explored through asking detailed questions about his experiences, how they felt, what he cherished, etc. Since he typically articulated his experience in an impassive fashion, a concerted effort was made to evoke any color and energy presumed to be there in his murky past. Although answering every question, he couldn’t remember salient details and his emotional descriptions felt contrived and unreal (i.e. saying “it was wonderful” but with no visceral sense of the experience of wonder). Martin was observed scratching his arm rather vigorously, which he dismissed as meaningless. Later in the same session, Martin was vigorously “pill-rolling” his sweatshirt, and my reverie4 reminded me of my daughter’s way of rubbing her earlobe for comfort. Again he denied its significance. However, he then described his fondness for blankets and stuffed animals, elements unmistakably reminiscent of childhood security. It became clear that my questions made him anxious and paranoid. He said he felt “in the spotlight” when I asked if my questions troubled him. My own fantasy in response was that Martin was in an inquisition and I was the ruthless interrogator. Although trying to encounter Martin as a real person, he felt it was a hostile invasion of an all-seeing-eye, and he defended against it through regression and

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3 Name and details changed to protect confidentiality
4 See Patrick Casement on Bion’s reverie, in On Learning from the Patient, 37.
self-soothing. His tactile actions were soothing because they reminded him his skin was a barrier that he hoped would protect him.

Thomas Ogden contends that the most primitive form of experience “is a sensory-dominated mode in which the most inchoate sense of self is built upon the rhythm of sensation, particularly the sensations at the skin surface (Ogden 1992, pg. 31)”: the autistic-contiguous mode. In this mode, initial efforts to organize raw sensory data occur through “presymbolic connections between sensory impressions that come to constitute bounded surfaces (Ogden 1992, pg. 49).” Therefore organ experiences, the skin in particular, provide the most fundamental “edge” for understanding the self as somehow bounded in space and time. Ogden delineates the specific importance of autistic shapes and autistic objects in identity development. Autistic shapes refer to environmental forms—not all of them tactile—that cradle the baby’s being and address the need for connection and comfort (e.g. the impression of the breast against the cheek or body in the mother’s arms, the interplay of the mother-infant dialogue, the rhythm of cooing). Autistic shapes, however, provide the edge by which a sense of definition—a protective shell—is developed. Ideally, through empathic attunement, autistic shapes and autistic objects are provided at appropriate times and measures to help the child develop a sense of self that has vitality. Raw sensory experiences, what Wilfred Bion entitled beta elements, are interpreted and given back to the child in a way that can be effectively symbolized and organized (e.g. crying results in holding, shushing and naming the source of the discomfort;

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5 This mode exists in dialectical relationship with both the paranoid-schizoid and depressive modes outlined by Melanie Klein. See Ogden’s chapter, “The Structure of Experience” in The Primitive Edge of Experience (1989) for more detailed elaboration of the interaction of these three modes of experience in the structure of the psyche.

6 Interpreted, in this sense, is not akin to the dispassionate classical analytic interpretation. On the contrary, this is more consistent with Stern’s (2000) concept of emotional attunement seen in the mother-infant dyad and as it is present in the intersubjective space between the patient and therapist.
Morgan-Jones, 2010). When successful, over time the child develops the capacity for meaningful interpretation of her own experience. This becomes the basis for the individual’s capacity for subjectivity and ultimately the awareness of the subjectivity of others.

Failures of attunement are evident in problems in the appropriate provision of autistic shapes and autistic objects. Significant failures can contribute to psychological structural deficits that result in fragile experiences of self and an impaired ability to metabolize sensory information. When intense stress impinges upon the individual, the anxiety of the autistic-contiguous mode “involves the experience of impending disintegration of one’s sensory surface…resulting in the feeling of leaking, dissolving, disappearing or falling into shapeless unbounded space (Ogden 1992, p. 68).” The more diffuse and penetrable the unconscious self-experience, the more prone the person feels to external assault. In this state, psychotic reactions to stress and anxiety can develop. From more to less severe, this can result in catatonia and disorganization (i.e. non-experience), extreme disavowal of internal experience (i.e. projective identification), or aberrant perceptual experiences (e.g. delusions and hallucinations; Ogden, 1980).

Martin felt assaulted by life. He feared that the sexual advances, fervent religious delusions, and violence of other patient’s on the ward would ruin him. Time in the hospital was not something that simply advanced; it was experienced as a relentless force that was eroding his very body and causing him to waste away. Scratching his arm and rubbing of his sweater were tactile affirmations that he still had a skin—a barrier—against the threatening experience of the outside world that truly felt as though it was invading and deteriorating his body. Martin’s association in therapy that he “loved blankets and his stuffed animals” affirms Ogden’s contention that patient’s with this type of anxiety often “[surround]
themselves with blankets and pillows” (Ogden 1992, p. 68) which provides autistic shape, in their comforting caress, and autistic objects that fashion a protective armor against the feared external assault.

Ogden (1980) demonstrates through his clinical work that the corrective use of emotional attunement through the provision of appropriate autistic shapes and autistic objects is critical to helping persons with schizophrenia develop a healthier psychological organization that permits the processing of sensory information into meaning via symbolization. Less theoretically speaking, this process is, as one clinical supervisor describes, “turning the frozen tundra [of psychosis] into a fertile inhabited garden (Dr. Yunghi France, 2012, personal correspondence).” Providing a safe and reliable containment of the patient’s terrified feelings, validating the individual’s violence, hatred and hostility as frantic efforts to avoid psychological death, and making sense out of the incomprehensible are just some of the therapeutic efforts used to appropriately bear witness to the patient’s suffering and nurture the formation of a more robust sense of self. Rather than feared and threatening, experience now holds the opportunity to contribute meaningfully toward engagement and growth.

The schizophrenic experience points to several critical aspects of human being that provide a bridge to theological consideration: the body as the mediator of experience, the critical role of empathic attunement and the proper arrangement of autistic shapes and objects to make sense of experience and develop subjectivity. God’s interactions with humanity in scriptures validate the necessary function of these elements. We see in the creation narrative and the incarnation of Jesus the affirmation of bodily existence; encounter with God is embodied
and understood through our sensory experience and interpersonal experience (e.g. Ps 34:8; Mt 8:3; Mt 18:20). God provides the critical shape that creates (Gen 2:7, 23), delights (Song of Solomon), comforts (2 Cor 1) protects (Jer 15:20), nurtures (Gen 3:21), strengthens (Isaiah 41:10) and knows us (Ps 139:1-6). Wrestling with God (Gen 32:24) and cries of lament provide the critical edge that emboldens our engagement with the Most High and forces us to contend with our humanness and difference from God. The most tangible point of connection, however, is in the person of Jesus, the embodiment of God’s character. The incarnation demonstrates how God descended the unfathomable distance to encounter humanity in its fullness. In this place, Jesus’ ministry evinced the loving, knowing, challenging and saving heart of God to a desperate people.

Treating the schizophrenic individual evokes a similar descent into the troubling depths of the fragmented mind. “My patients invite me to the ocean bed, where I do not go on my own, so they will be a little less alone, in order to see the world from their eyes (Dr. Yunghi France, 2012, personal correspondence).” Perhaps many avoid schizophrenics not because psychosis is foreign, but because it is all too familiar and frightening. Although most are fortunate not to suffer the debilitating effects of frank psychosis, most will have experiences that hint at psychotic phenomena that have deep resonance with salient moments of failed attunement, absent reassurance or repudiated efforts to shape our identity. Disabling anxiety, unnamed fears, odd mannerisms, irrational beliefs, obsessive thoughts and so on may speak of the trace elements of preverbal experience that long for full expression, nurturing or understanding.

To have some understanding of individuals with psychosis is to have an enriched understanding of what it means to be human. To be desperately fragile yet remarkably resilient; bounded yet permeable; spiritual, yet embodied. To be lower than the angels, yet crowned with glory. Encountering the psychosis of individuals has opened me to the great wonder of our being. It has challenged me to marvel at life’s preciousness and observe the amazing tenacity of
humanity in all its light and darkness. The experience of working with schizophrenic individuals has also made me more keenly aware of our human predilection for failing to attune to the needs of others. I see my own hasty tendency to judge actions and motives before listening and understanding the person, to provide a hard edge when a word of comfort is needed, and fail to appreciate the longing for vitality and aliveness in the actions of persons that is too quickly characterized as sin.

Perhaps the experience of psychosis has much to teach us, even Christians, about the preciousness and wonder of life. I suggest that it is a realm that Christians should be more willing to plumb and believe, within the secure embrace of our Lord, we will encounter—and respond to—life in new and meaningful ways.

After free-associating his fears and anxieties, I suggested to Martin that maybe he felt troubled by his vulnerability to the other patients and the relentlessness of time; even my own questions were threatening. I observed that he is afraid he is unable to protect himself and that scratching his arm and rubbing his sweatshirt help remind him that he has some protection—however uncertain is the integrity of his own skin—against experiences he cannot understand. The anxiety seemed lessen in the room. I asked, “How are you feeling now?” He replied, “I am just enjoying the feeling of the sun. I like the sun and windows.” I agreed, “It does feel good to sit in the warmth of the sun.” It was a very modest step; however, attention to Martin’s bodily experience and an affirmation of the meaningful texture of his life provided the entryway—despite the threatening anxiety of the hospital—to experience a moment’s peace in the warm sun.
REFERENCES


