Real Illness... or Imagined?

Preamble:

I should not have to say this, but nothing in this paper is hateful, nor is it intended to be. (As I have noted many times before when tackling tough subjects, hard words are *always* perceived to be 'harsh' by those they are intended for, because affected people do not wish to contemplate any counsel that does not fit their preconceptions). The paper sets out a genuine criticism. Note that it is intended for Christians only... I have little to offer unbelievers, who have no idea what the Christian argument is all about. However certain principles certainly apply, whether a person is saved or not.

Dare to Question Psychiatric Norms

I can tell you from the start that anyone who dares to question psychiatric norms is attacked ferociously. This is because many thousands of people feel comfortable with a diagnosis from a medical doctor (in the UK psychiatrists must also be qualified medical doctors), which tends to support them in their alleged condition. As I have said elsewhere, people cling to their misery because it is easier than putting things right in their lives. I know this after being with thousands of psychiatric patients, observing, and hearing them describe their lives.

It should be noted, as I have said elsewhere, that patients tend to deceive their psychiatrists, who only see them for very brief periods (perhaps an hour or less, maybe once a week), whereas nursing staff are with them 24 hours a day and see and hear the real person! Patients will tell the doctor whatever they think he wants to hear, and, frankly, few doctors are able to see through the deception (which is not always intentional).

Common Definitions

Dan. J. Stein is on the staff of the University of Cape Town, working on Psychiatry and Mental Health. However, it is his personal beliefs that should warn us; he *says "I am inspired by the way in which psychiatry integrates science and humanism, and contributes to addressing some of the big questions posed by life."*

Stein is a genuine fellow, but as his mention is of the integration of psychiatry and humanism, we should be cautious and I, for one, reject his premise. This is the background to many who work in psychiatry, as I discovered, when, in one hospital, I was the ONLY Christian (who was constantly harangued and humiliated). Stein says this as an abstract to a paper:

“Obsessive-compulsive disorder (OCD) is a frequent, chronic, costly, and disabling disorder that presents in several medical settings, but is under-recognised and undertreated. For many years, obsessive-compulsive neurosis was seen as a disorder that provided an important window on the workings of the unconscious mind.

Today, obsessive-compulsive disorder is viewed as a good example of a neuropsychiatric disorder, mediated by pathology in specific neuronal circuits, and responsive to specific pharmacotherapeutic and psychotherapeutic interventions. In the future we can expect more precise delineation of the origins of this disorder, with integration of data from neuroanatomical, neurochemical, neuroethological, neurogenetic, and neuroimmunological research.”
(Obsessive-Compulsive Disorder, Seminar, from a paper in the Lancet, September 2002)

Of course, anyone with OCD will agree with Stein. But, if the reader is a Christian I urge him to be careful, for most of psychiatry is founded on guesses, esoteric ideas, mysticism and humanism. Is this consistent with God’s teachings? No.

Stein adds: *“Today, it is regarded as a neuropsychiatric disorder mediated by specific neuronal circuitry and closely related to neurological conditions such as Tourette’s syndrome and Sydenham’s chorea.”* Note the words *“It is regarded as”.* That is, it is not fully proven scientifically. I question that it is
“mediated by specific neuronal circuitry”
, because it is an unknown variable. Is the condition caused by particular neuronal circuits... or, are the circuits changed by the behaviour?

This is a very basic query in psychiatry concerning many similar claims, and with so little actually known about cause and effect in the brain, we cannot be certain about these things. I can claim that throwing myself off a cliff is caused by my neurones. But, there is no way to prove it, at least not causally. Casually, perhaps. However, most scientists seem reluctant to understand the difference between what is causal and what is casual. That is my informed opinion... as is that of psychiatrists.

Concerning symptoms, these are widely varied. There are intrusive thoughts and/or images in one’s head, leading to great anxiety, which can often be disabling. In biblical terms this can be expected of those who allow sin to run riot in their hearts. What they allow becomes their

task-master, changing the way they think and act. The sufferer need not know it is sin, or that they are being manipulated, but the results are the same as if they knew they were deliberately living sinfully.

It is assumed that repeating certain rituals/actions decreases the anxiety. But, in my own work I observed that this is not the case – the chosen rituals/actions INCREASE anxiety. Why? Because, once performed, the person thinks they are not enough, and they repeat them again, so the same actions must be repeated, but with more vigour. This is driven by anxiety, but, like taking hard drugs or even certain prescription medicines, the original dose quickly becomes useless to ease symptoms, and a greater dose is need for the same effect. So the person enters an outwardly-expressed spiral of anxiety and fear that is literally out of control. The actions that are supposed to ease symptoms do not do so, and must be repeated more often or with greater zeal. This aberration can be either physically manifested or mentally borne (DSM-IV), though, from observation, I would say it is both.

Main Symptom

The main symptom of COD is usually excessive washing to get rid of supposed ‘contamination’. More often than not the ‘sufferer’ KNOWS his or her actions are unreasonable and irrational. Take the nurse who scrubs her hands constantly until they are raw with cuts and open abrasions. She does not consider that breaking the skin actually *increases* the possibility of the supposed contamination she is trying so hard to get rid of! But, she does it anyway, saying that this is proof that she needs to increase her actions.

Other ideas are that one is harming others, or that locked doors must be checked continually, etc. Hoarding and arranging everything symmetrically are more sub-types. There are many more – sexual, religious, somatic and musical, for example. Really, there are as many types as there are people, some of whom also display various physical tics or other movements!

On a very small scale I used to be aware of biting the inside of my cheeks when I was anxious. Though this was a very rare activity, once I realise I was doing it, I stopped, by making a deliberate choice to do so. But, this decision has to be done quickly, before the action gains precedence and becomes a habit. Also, once recognised, I looked to God for the answer to my anxiety – and He invariably helped me. But, CODs tend to be either untaught Christians or simply unbelievers, whose lives are devoid of God’s presence anyway. So, they ignore or do not know, of God’s help. (And even when they do, they resent anyone bringing attention to their irresponsibility).

It is said by some that CODs tend to have limited insight. I challenge this idea. It is more likely that they reject answers to their condition and so minimise what they do in their own minds. This is because, like it or not, neurotics prefer to suffer than to be healed! This has been admitted to me in therapy groups and can be observed. If there is indeed neurological impairment, we cannot tell if this is casual or causal, or if the repetition itself has altered perception and even neurones.

Diagnosis

Though I clearly state that OCD is a neurosis (even a psychosis if allowed to carry on), and that all neuroses are caused by a sinful reaction to life, I nevertheless warn readers not to label someone 'OCD' or 'neurotic' on sparse knowledge. This paper contains introductory details and should not be used to 'diagnose' or to be judgmental.

Also, before any diagnosis can be made, even by a professional*, other possible causes must be ruled out (differential diagnosis). Is there an underlying physical illness? An infection? A condition? A trauma of the brain? Or even substance abuse? All other possible causes MUST be ruled out before giving a label. This is, in fact, the demand made by DSM-IV criteria. *(*I have known consultants to make this basic mistake, assuming that certain symptoms or signs 'prove' the condition to be this or that category, when they are actually signs or symptoms of something very different, and sometimes physical. This is because even doctors can become blasé).*

Symptomology

Symptoms must be underpinned by anxiety/distress, and an inability to function properly. Quality of life certainly degenerates because of OCD (as with any neurosis). So does family life and relationships, which are put under severe strain. OCD symptoms are not the same as symptoms of an obsessive-compulsive personality, though there can often be difficulty in separating the two. OCD symptoms also differ from other neurotic or psychotic traits. Even so, we must not stray from the biblical fact that OCD is based on anxiety allowed to go feral.

Panel 1: DSM-IV diagnostic criteria for obsessive-compulsive disorder* (From Stein's article)

A Either obsessions or compulsions.

Obsessions as defined by:

Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.

The thoughts, impulses, or images that are not simply excessive worries about real-life issues.

The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralise them with some other thought or action.

The person recognises that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion).

Compulsions as defined by:

Repetitive behaviours (e.g., hand-washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to do in response to an obsession, or according to rules that must be applied rigidly.

The behaviours or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviours or mental acts either are not connected in a realistic way with what they are designed to neutralise or prevent, or are clearly excessive.

B At some point during the course of the disorder, the person has:

Recognised that the obsessions or compulsions are excessive or unreasonable. (Note: this definition does not apply to children).

C The obsessions or compulsions:

Cause marked distress.

Are time consuming (take longer than 1 hr a day),

Or greatly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

D If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it—e.g.,

Preoccupation with food in the presence of an eating disorder;

Hair pulling in the presence of trichotillomania;

Concern with appearance in the presence of body dysmorphic disorder;

Preoccupation with drugs in the presence of a substance use disorder;

Preoccupation with having a serious illness in the presence of hypochondriasis;

Preoccupation with sexual urges or fantasies in the presence of a paraphilia;

Or guilty ruminations in the presence of major depressive disorder)

E The disturbance is not due to the direct physiological effects of a substance (eg, a drug of abuse, a medication) or a general medical condition

Specify if:

with poor insight: if, for most of the time during the current episode, the person does not recognise that the obsessions and compulsions are excessive or unreasonable.

The importance of differential diagnosis cannot be over-emphasised, because a number of conditions produce symptomology similar to that of neurotic OCD, such as autism, Tourette's syndrome, and frontal lobe lesions. However, this paper assumes that all necessary diagnoses have been made along suitable lines. This means that the OCD is, essentially, just another form of anxiety disorder.

Associations made with certain neuronal problems may be either causal or casual, and from my own reading on the subject I am not convinced by statements that a particular neural pathway 'causes' OCD. This one of those 'evergreen' arguments that have yet to be proved conclusively, for the antithesis is simply that the behaviour causes changes in neural activity, and NOT that the neurones cause the behaviour.

It has also been argued (not necessarily with reference to OCD) that when particular behaviours are repeatedly practised, these can slowly alter neural activities and pathways. This appears to be the case with homosexuality, too.

The importance of recognising this difficulty is that by lending absolute law to such unproved arguments, one can allow sin to proliferate. The fact that certain drugs appear to alter behaviour does not, in itself, prove that using those drugs is based on absolutely proven pharmacotherapy. Indeed, this has always been the case with drug regimes, from the start of psychiatry itself! Very often drugs mask what is really going on, and can be the 'easy way out' for both prescribers and for prescription users.

What is 'OCD'... REALLY?

(Remember – this paper assumes that all medical precautions have already been covered by differential diagnosis). Strip away technical jargon and OCD is just another form of neurosis, a very poor reaction to stress, whether that stress is real or imagined. Any one of us can fall to its fatal lure, because it gives a person reason to ignore the real answer and to maintain a cocoon of ignorance and anxiety. Time and again I have witnessed the way neurotics prefer their misery to having their anxiety dealt with. In the case of Christians this is an error that is both useless and a bad witness to others.

It is fact that psychiatry is an invented category of medicine. It is only in the medical arena because of historical error, i.e. handed over to medical doctors, when there was no actual need to do so at the time (from pre-Freud and Freud *et al*). Since then, symptoms that would once have been attended-to by pastors or local ‘wise’ people, have switched to the eagle-eyes of doctors, even though any medical reason for doing so is dubious.

The person who has OCD suffers greatly from having it. Any one of us could experience the symptoms, which can be widely varied. But, in the absence of any known physical condition (see above) we may safely assume a sinful cause (the refusal to allow God to deal with it). There could be one of many physical causes, from illness to trauma, to environmental stress. Really, one would have to investigate the background in every single case to know what was the initial cause.

Also note that in Christians, stress can be induced by holding to wrong beliefs, or by practising unbiblical behaviour (charismatics are prone to this, but genuine Christians can also become their own victims). Other possible causes can include the unfortunate and really foolish decision to follow certain occult practices. Yes – even Christians can fall to this error.

Having said that, OCDs tend to hide their anxieties for a long time before their symptoms become publicly viewed. By that time the initial ‘cause’ may well be long- lost and the sufferer has no idea what it was.

In one particular case a young woman, a nurse, knew of a doctor who either killed or harmed a small baby with the wrong dose of injected medicine. She cites this as the ‘cause’ of her OCD, which ‘made’ her over-compensate by checking doses she herself gave, many times, then going back and checking again. From this came other generalised anxieties, such as washing hands until they were raw.

I propose to you that what the doctor inadvertently did was NOT the cause of this nurse’s OCD. I say this because there is no reason for her to adopt the link or to project it onto her own practice. It is not logical or rational, because the logical thing to do would simply be to make sure one’s own practice is as close to perfect as possible. (I can say this from my own years as a nurse, and from having made mistakes myself). The mistakes of others cannot possibly ‘cause’ other people to become anxious. Indeed, one’s own mistakes should not ‘cause’ OCD in any person.

The fact that the initial ‘cause’ then became classic OCD should be proof that the assumed ‘cause’ is not really the cause at all, but is being used as an ‘identifier’ by the sufferer, to give his or her self a ‘reason’ to be OCD. It is my considered view (and I know some will disagree) that the actual cause is far deeper than a doctor making a mistake, and probably existed well before the incident.

For example, in the case of the young nurse, I know that at the same time as knowing a doctor made a mistake, she was herself under stress from senior staff/managers, stressfully tried to have a baby, and was experiencing problems with controlling her Type One diabetes. What I am saying is that the ‘doctor’ incident was only a suitable hook on which to hang her growing internal anxieties, which she probably did not fully recognise as existing, or of being so extensively deteriorative.

In this paper I cannot go much farther with that case, but wish to point out that like any anxiety, it must be dealt with properly and promptly. If the person is an unbeliever, then, frankly, I could not give suitable counsel, because the infrastructure does not exist (i.e. salvation, repentance, and so on). I could certainly offer certain psychological steps to follow, but this is not a true Christian approach, and the anxiety will merely move to another locus of attention.

To put it bluntly, the unbeliever is trying to cope with anxiety in an unbelieving way, so the efforts to do so will be partial or ineffective. And even if an OCD symptom is removed, the internal causative-anxiety will still exist within, and so the OCD will simply shift locus and become another set of symptoms: instead of constant hand-washing, for example, there could be constant door-lock checking, etc. Therefore, nothing has changed! The anxiety has just changed in outward appearance. If OCD alleviation of symptoms is stopped, the internal pressures of stress will build-up and get worse. This is what happens with *any* repressive action.

Suffice to say that if the sufferer is a Christian one has real hope. OCDs are told that OCD is with a person all his or her life. This is not true. With ANY anxiety or sin, the hope is not in what one can achieve with one’s own mind, but with what God can do! A neurosis can be instantly removed by repentance and a true reliance on God. We do not even have to properly identify the ‘cause’ of our anxiety... instead, we just repent of the anxiety and ask God to remove it, giving us a brand new focus in life. The caveat is that this activity must be genuine, otherwise it will be another instance of repression and make-believe.

The Christian who submits himself to OCD has to realise his failure to be holy. Even if the causes of his anxiety seem to be overwhelming and out of his control. At all times a Christian must pray, read scripture, work out his own salvation on a daily basis. Once he caves-in to pressure from external sources (debt, job, beliefs, deaths of loved ones, and so on) he can easily adopt the anxiety as an internal feature.

At first this may be temporary, but, even when temporary, such a move is damaging to faith and life. It has introduced the person to a sinful ‘defence mechanism’, that can be resorted-to again when things get tough. In ordinary terms, the first fall to OCD is only the ‘ice breaker’. When stress arises later, the same mechanism will be resorted to. And with each fall into OCD the next time will be sooner and longer, and it takes over one’s life.

When this happens the logical biblical step is to speak to God through the Holy Spirit, in Jesus’ name. But, when the repressed idea is followed, the person will quickly locate the previous ‘temporary’ idea in his mind and resort to it again, because going back to anxiety is easier in the short-term than obeying God and living as we ought.

It is a fact that once a man resorts to this quick answer to his anxiety (that is, to just cave-in) the same resort becomes much easier each time. That is, an excuse is used NOT to be holy and reliant on God alone, as one starts to wallow in self-pity and anxiety. The effect this has on loved ones and family cannot be under-estimated! Many divorces have come about because of this kind of emotional-mental failure. Also, children are badly affected when they see a parent deteriorating in this way, and they will copy the same behaviour in their own adult lives.

Really, resort to ANY neurosis comes down to selfism, where the well-being of others is ignored in favour of self-pity. The anxiety then becomes a fixed feature, where misery is preferred to healing. This is because healing means facing reality again, whereas social and ‘medical’ diagnosis give an excuse for someone to avoid reality and the hard things in life. Being ‘ill’ is a great excuse!

For a Christian, all this is a source of hope, even if a person has to face up to the fact that he is the cause of his own misery. It does not matter what the secondary cause is (that is, the initial claimed reason for anxiety), because God can remove the anxiety when one repents and has faith. This is not fake, nor is it a myth. To avoid this simple answer is to hand oneself over to a

man-made invention, which is always ineffective. Forget drugs, and forget secular therapies.

(Yes, I know that some cases can be difficult, and certain other actions may have to be taken, but the above still stands as the main answer. In this answer there is no judgmentalism on my part, only a desire to help genuine believers, Part of this help is to face reality, truth and facts: facing the truth is always said to be 50% of the cure. Then – obey God).

---oOo---