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A Multi-disciplinary Discussion of the God-Inspired Dreams of an Institutionalized Roman Catholic Schizoaffective Patient

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The medical model is a testament to human ingenuity and to how fearfully and wonderfully we are made. It is a model that enables us to diagnose and treat mental illness with incredible efficiency. The Christian clinician, however, finds it humbling and inspiring to witness God break into human paradigms and procedures like diagnosis and treatment. This article examines the healing of the identity of a man diagnosed with Schizoaffective Disorder. This patient came to identify with his diagnosis. Hyper exposure to the medical model of mental illness drove him to develop an iatrogenic, or treatment induced, conception of himself. He identified himself as a Schizoaffective man, as opposed to a health-positive self-identification such as "Imago Dei." Following the presentation of case material, focused mainly on God-inspired dreams, a multi-disciplinary panel explores the patient's dreams from medical, spiritual, and psychological perspectives. What follows is a redacted version of a presentation to the Association of Christian Therapists Healing Manual Preconference Seminar (HMPS) made in Little Rock, Arkansas during the 2007 International Conference of the Association of Christian Therapists. This print version is a joint publication of the HMPS and the Think Tank for Christian Holism of the Institute for Christian Healing (ICH).

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The Case of Murphy*

Adding to my rounds at a geriatric hospital, the attending physician assigned me to be Murphy's psychotherapist. Receiving the order, I introduced myself to this new patient, "Hello, I am Dr. Zeiders." He extended his hand but failed to say, "Hello. My name is Murphy," Instead, he announced, "Hello. I am Schizoaffective." Murphy had

been diagnosed with Schizoaffective Disorder but despite several years of quality medical treatment and an environment in which to practice his long neglected Catholic faith, he had not been made whole. He had come to identify with his mental health diagnosis. And indeed his diagnosis was formidable. The features this man's Schizoaffective disorder included periods of mania and depression, as well as periods of delusions and hallucinations during a 2 week absence of mood symptoms. Historically, Murphy had also presented occasionally with catatonic stupor. And prior to his placement in the treatment setting, he was positive for alcohol abuse as a related but not causal factor in his mood and psychotic symptoms.

Murphy suffered immensely from his chronic illness and became so institutionalized that he introduced himself as his disease. It sounds absurd, but this institutionalized man had the iatrogenic identity as a Schizoaffective man. The mental healthcare delivery system failed to prevent him from identifying with his mental illness. This is problematic simply because people are not their pathologies.

Beginning treatment, this 62-year-old Irish Catholic man told me his interesting life story. He talked about growing up Irish Catholic in south Philadelphia in the nineteen fifties. He told stories of his large Irish Catholic family, his intact Irish immigrant culture, his tight-knit community, and coming-of-age adventures. He reminisced about playing baseball, fighting Italian gangs, and attending boxing matches. He told wonderful stories about the priests and the nuns who formed him spiritually, and how they tried to rein in his exuberance or bolster him against inexplicable sorrow. Murphy's were exceptional stories. But his stories contained elements psychotherapists recognize as emerging signs and symptoms of psychopathology. Throughout his development, for example, he heard voices which others did not hear. He attributed them to "sanctification," – an interlocution from the world of saints- but puzzled that perhaps some other equally inscrutable process was at work. Sometimes he felt frightened and deeply concerned that a malevolent force was persecuting him. Sometimes he experienced too profound an exuberance in a skyrocketed mood. No one knew what to do with him- neither the nuns nor the priest nor his family. He was too elated. At other times, he experienced such deep sorrow and enervation that he was bedbound, and his ability to experience pleasure simply vanished along with the projects he had started while joyful.

Among the great coping mechanisms that Murphy discovered was alcohol. Alcohol was of exceptional value to him. If he was too high, pints of Guinness Stout would take him down. If he was low, Jameson would bring him up. If the elves that chattered in his mind and derailed his thoughts were overly loud, he'd drown them in exceptional drunkenness. And when the malevolent force that stalked him from the dark parameter of his consciousness came too near, shots of whisky provided courage against his rising spiritual panic.

With the above in mind, one can understand that this man's mood and perceptual anomalies pulled his development significantly off course. A vignette, a narrative biopsy of how Schizoaffective disorder devastated Murphy's life, occurred during the Cuban missile crisis. Murphy assaulted a man in a bar in south Philadelphia while he was likely hallucinating, in an extreme mood, and undoubtedly drunk. Sought by law enforcement, he fled town. He hitch hiked to Florida with car radios announcing the potential nuclear devastation of the United States. Following mood and psychotic symptoms and further drunkenness and a repeat of his Philadelphia misadventure, he awoke in a holding tank

for drunkards in a Miami jail. He was hung over, severely dehydrated, and psychotic. An ocean roared in his mind and ranting ‘demons’ screamed, “Murphy, Castro will nuke the United States, and it is your fault.” This vignette is simply one among many. Throughout much of his life Murphy was devastatingly psychotic, wildly mood disordered, and pitifully unbalanced.

As Murphy’s life unfolded, he became institutionalized. Hospitals and mental health systems and state-run facilities looked after him as institutions can. When I was assigned to this particular county-run institution, this man - who had been diagnosed with Schizoaffective disorder: a mood disorder with bipolarity, married to paranoid schizophrenia - had become so used to being labeled as Schizoaffective that he identified himself with the disorder.

This is the background that emerged against which Murphy and I established rapport. The information is important for understanding the iatrogenic identity that this kind, ill Catholic man suffered. What is more important, however, is to understand that exposure to mood stabilizing medications, in addition to antipsychotic medications, and a therapeutic milieu that included chaplaincy services, offered Murphy an imperfect, safe environment in which to carry on and grow. And from the clinical perspective it is necessary to note that Murphy provided informed consent for the treatment to be governed by Christian Holism, the Central Tenet of which is that the Holy Spirit is present and active during psychotherapeutic treatment (Zeiders, Schoeninger, Riffel, Caccese, Wegryn, 2001).

The First Dream - The Cat Dream

Several months into treatment, I stepped into Murphy’s room and found him thoughtful. “When we consult today,” he asked, “May we discuss dreams?” I answered, “Of course we will discuss dreams, Murphy. Did you dream?” He replied, “Yes, and I want to talk about it.”

On a dark night, I walk through dimly lit streets. A cat-like creature stalks me in the darkness. I feel it gaining ground. The creature closes in on me. I am very nervous. Then I see a fence. A little, narrow entrance way is the only means through the fence. As I get closer, the night watchman undoes a security barrier to the entrance. I slip through the tiny gate. Then the night watchman closes up the entrance just before the cat-like creature catches up with me. Feeling safe from the creature, I relax and look about the protected, fenced-in compound. I realize that this facility is a power company’s power plant.

In clinical dream work, **dreams might be thought of as poems, memos from the unconscious, from other parts of the soul and – for the Christian clinician and patient - potentially organized by the Holy Spirit for the help and edification of the dreamer.** Murphy was amenable to this conception of dreams. Periodically stabilized on medication, he had returned to the practice of his Catholic faith in a dedicated way. He went to mass weekly, had begun to read the catechism, and to pray the rosary. He was therefore interested in what God communicated through this dream, and we examined the dream together, united in the idea that the dream might be spiritually meaningful.

Among the first ideas that came to our minds was that St. Peter emblemized the devil as a cat or a lion that roams the streets searching for a soul to consume (“...Your enemy the devil prowls around like a roaring lion looking for someone to devour.” 1 Peter 5:8; NIV). Murphy observed, “Now that I am stabilized on medication for the moment, I feel the cat is like my mental illness. Sometimes I fear that God will allow it to devour me and that renders me frightened.” Reflecting further, Murphy remarked, “But I practice my faith again. I go to mass. I say the prayers. And I confess and intercede. I know that Jesus talked about the narrow way. Jesus also compared himself both to a shepherd who protects sheep that might be devoured by wolves and to a gate.”

Together we further interpreted by connecting Murphy’s dream symbols to figures that Jesus used to signify himself in the tenth chapter of the Gospel of St. John the Evangelist. Murphy dreamed of a gate, the entrance through which he was provided safety from the devouring devil. In John’s Gospel, Jesus taught, “I am the gate” (Jn 10: 7; NIV), so Murphy’s dream image of the gate represented safety through Christ. Murphy also dreamt of a night watchman, a figure whom Murphy and I connected to Christ’s own figuration of himself in the teaching, “I am the good shepherd” (Jn 10: 11; NIV). But why was Murphy in the power plant? It should be noted that Murphy experienced the power plant as crackling with intense electrical energy. He interrupted with words to the effect, “I’m in the Kingdom of God now, and that is where the power resides.” What a wonderful dream association!

Those who consider Maslow’s hierarchy of needs can observe how this dream expressed Murphy’s met safety needs. Starting in a state of psychological and spiritual danger, this dream stopped in powerful protection. I think many clinicians would find satisfaction with that interpretation and with the therapeutics of the work itself. In shared faith, Murphy and I interpreted the dream as an intervention by a good God who delivers him from evil.

The Second Dream – The Jesus Dream

Murphy then dreamt of Jesus Christ and was left initially concerned. **Murphy was used to sharing profound material about his life with mental health professionals and having it pathologized. Among the criteria that psychiatrists and psychologists use to assess clinical material is whether it is bizarre. If it is bizarre, it is pathologized.** Murphy was thus apprehensive to disclose his next dream. After assurances, however, he offered the following:

I am aware of a Presence. I look and I see Jesus. At first I am afraid. Then I feel his love for me. It is enormous and strong. Jesus’ love for me affirms me so completely that I love him back deeply. Jesus leaves me, but the experience of his love is indelible. Something in me has changed.

Murphy asked, “What do you think? Is my dream bizarre?”

I replied, “I know of no practicing Christian, myself included, who does not yearn for a dream like that, Murphy. Yours is a good dream!” It was not bizarre; it was appropriate. The content was not pathological like space ships or CIA persecution or snakes in the stomach. The dream was rightly ordered and deeply spiritual. Throughout the Christian experience saints who encounter the living God respond initially with fear.

What was Murphy's response to the dream? Fear. Then, with what radiance did Christ reach him? Love. What does Love say? "Fear not." How does a Christian appropriately respond to the radiance of God's relational *agape*? He changes and experiences joy and peace and loves God back.

These dreams were healing experiences - deeply spiritual phenomena complete with edifying iconography, narrative, and blessing – and they shored Murphy against the devouring character of his Schizoaffective disorder. Through them the therapy process proceeded promisingly. And **the dream of being personally loved by Jesus Christ changed Murphy's core identity.** Emerging from the dream, he began to exit his iatrogenic identity as a Schizoaffective man. God is good and inventive, however, and because the God of this dream world loves Murphy and us, there was yet more clinical grace to come.

The Third Dream – The “Blue Horizon” Dream

The concluding dream of the series was set in the Blue Horizon, a boxing facility on North Broad Street in Philadelphia, presumed to have inspired parts of the movie *Rocky*.

I enter the boxing ring. I wear boxing gear and am ready to fight. I hear my father yell, “Fight for Ireland and the faith.” When I awake, I feel deeply determined.

Murphy was especially aware of a tremendous drive to throw himself into the ring and give everything in the contest. Throughout his adult life, Murphy attended this boxing establishment and observed men beat one other and fight for glory and money. In the dream, he discovered that instead being a spectator, a mere observer, he was actually a contestant. We recalled that St. Paul the Apostle employed athletic metaphors and symbolized the Christian condition as one of contesting and exhorted Christ's people to fight the good fight (1Tim. 1:18; 6:12).

This dream was about who he had become in Christ. Stabilized on a dual regimen of medication and Catholic observances, Murphy had gained access to his faculties and faith and was fighting the good fight. He ushered grace into the world through the worship of God, through intercession, and through the reception of sacraments. The Blue Horizon dream expressed and ratified those aspects of his process and person.

When I asked, “Whom does your father represent, Murphy?”

He replied, “My earthly father is an emblem of my heavenly Father.” On the heels of this interpretation, I queried why his earthly/heavenly father implored him to fight for Ireland and the faith. To this Murphy observed that Ireland represented a beautiful nation that had been overwrought by dark forces and that those dark forces needed to be expelled through spiritual warfare. So, **Murphy concluded that the dream was a commission. In God, he is a Christian fighter, a Christian soldier.** Through his prayers and intercession he fights spiritually to reclaim aspects of himself - and perhaps the world- and God the Father himself calls Murphy forth to do this.

Conclusion

These dreams transitioned this man's identity from “Schizoaffective” to something more dignified and true, to a soldier of God, a fighter for God. This culminated 3 phases of clinical progress made manifestly therapeutic via collaborative,

faith-consistent, dream work. We see the displacement of Murphy's iatrogenic identity by a God-given identity, which unfolds as: a man saved and protected by God (dream 1), to someone who is appropriate and sane amidst Christ's personal love for him (dream 2), and finally to someone who is personally called to fight the good fight by the heavenly father's direct commissioning (dream 3).

Of course, one could explore this material from many vantages. One might emphasize Murphy's climb up the hierarchy of needs. A Cognitive-Behaviorist would observe that Murphy's inspired dreams certainly restructured important core cognitions. A psychoanalyst would view the dreams with an eye for latent material embedded in the manifest content. A Jungian might interpret the dreams in terms of the direction in which the psyche is headed, or how his unconscious attempted to balance the indignity of the pathology. Some might dismiss the value of the dreams entirely. But, in my clinical opinion, and more importantly, in Murphy's spiritual opinion, God blessed Murphy with a new identity through inspired dreams and clinical Christian dream work within the ethical integrity of informed consent.

To conclude, Murphy remains in the facility, and he still carries a diagnosis of Schizoaffective disorder. Barring a medical miracle, he will die with that illness and will relapse from time to time. This dream driven healing, however, is the healing of the man's understanding of himself. From the medical model alone, psychotherapy could not have reversed Murphy's pathogenic self identification. His iatrogenic understanding of himself was healed by the clinical allowance that the Holy Spirit spoke to his soul. The fruit of this faith-based dream work is his identity as a Son of God with dignified work to do.

Response by Len Sperry, MD, PhD, DMin – The Medical Perspective

Most of us in the Association of Christian Therapists associate tangible, physical restoration with prayer for physical healing. We also associate psychological wholeness with inner healing prayer, but can there be a restoration of physical wholeness and, perhaps in this case, neurological wholeness, because of inner healing prayer? That is the question that this case poses for us and that is the way I am going to approach this case. I am going to make three points. All of the points are based on a basic premise of mystic theology – remembered from Philosophy 101 – that grace builds on nature. I think there are some particular ramifications that that principle has in cases like this one.

First, let me say, that when it comes to a diagnostic entity, Schizoaffective Disorder is probably one you would never want to wish on your worst enemy. This is an end-stage condition, and depending on what spectrum disorder you consider, a schizophrenic spectrum or an affective disorder spectrum, this diagnosis is the end point, the end of the road. This is probably the most treatment-resistant of all of the complex disorders in which there are both psychotic features and a severe level of bipolar disorder and depression. **People in this condition do not seem to respond to any kind of treatment and it is commonly thought that this is not a treatable condition. What you hope to do is manage the illness. You do not expect a cure.** You may expect, perhaps at best, some restoration in functioning such as impulse control and maybe that the individual will not experience the terrible suffering that individuals like this undoubtedly experience most of every day, most days of the week, probably every week of the year. All organ systems get involved in time and all the

other related psychiatric disorders seem to begin to present themselves. It is not unusual that grandiose and nihilistic delusions and hallucinations present at the same time.

So, it is really quite unusual to have a situation that seems to defy what we understand about the biology of the nervous system. The end that Dr. Zeiders is suggesting, that this person had recovered a sense of their true self/identity, is quite remarkable. Now, for that degree of recovery to happen there has to be a substrate for it. Biological and neurological substrates are necessary for the psychological substrate of true self/identity. So, **for this level of intellectual recovery to occur it means that a significant amount of neurological functioning had to be reinstated.** We do know that the nervous system, or at least part of it, can regenerate itself under very specific situations, up to a certain point. The degree of regeneration that I would normally expect would be minimal. The amount of outcome that has been described in this case would suggest that regeneration had to be significant. It seems to me that this person is now functioning better in the later part of his life than he did even in his early years.

First point: Grace builds on nature. I think that the kind of cognitive functioning required for someone to have a recovery and a constellation of identity that is so positive and so life-giving means that there had to have been a significant amount of biological receptivity. This means that neurological structures had to be there and neurological tracks connecting the various parts of the brain, particularly the frontal lobes, the temporal lobes and the limbic structures, had to be functioning very, very well. Does that mean that this individual is cured? Undoubtedly this has not been the case, because he is still in treatment and, apparently still taking medication, but that does not in any way obviate the fact that what is likely to be an unexplained medical event has taken place here. This neurological regeneration does not happen often, and it does not happen because of medication alone.

Second point: Delusions and Dreams: I was impressed with Murphy's delusional and hallucinatory experience in the 1960s. Murphy experienced voices telling him that the United States was going to be "nuked by Castro" (this was during the Cuban missile crises). He was thinking that a terrible nuclear calamity was going to occur and that it was going to be his fault. This notion is a very, very interesting, grandiose, nihilistic kind of delusion/hallucination. I am not in any way surprised that he had been drinking heavily and was severely dehydrated at the time.

I find Murphy's first dream particularly interesting from a physiological point of view. In this dream Murphy found himself in an electric power company and there were pulsing, sparking power lines going into this place and out of this place. **This is probably a very good metaphor for the neural regeneration that was taking place.** Often when you talk to individuals who have situations where there is actually a cure taking place in their central nervous system and their neural tracks are now connecting the various cortical supportive structures, they will describe, either metaphorically or they can actually tell you, that there is something different happening in their head. It is interesting that this comes out in Murphy's dream. I suspect that this cure of at least segments of his central nervous system is being reflected in that dream.

The other thing that is most notable about the first dream is that Murphy starts off with the words, "It was a dark night." This is a person who has experienced multiple

kinds of depression for a great part of his life. But, there is also the spiritual phenomenon called the “dark night of the senses” and an associated state called the “dark night of the soul.” My guess is that this individual is experiencing, in addition to clinical depression, an existential dread, “I have no identity; I have no purpose in life,” as well as the spiritual condition of the “dark night.” Whatever the case is, the dreams reflect a progressive integration.

Third point: The process of conversion. Conversion involves several different facets. There is intellectual conversion, religious/spiritual conversion, moral conversion, sociopolitical conversion, emotional (affective) conversion and somatic conversion. Just as grace builds on nature, each phase or each dimension of a conversion process requires prerequisite states. **You cannot have the kind of conversion that I see as most prominent in this case, intellectual conversion, without neurological cognitive functioning ability.** As it’s been defined (Sperry, 1998), intellectual conversion is the capacity to critically analyze the grace and value that you have. This valuing is about the self, God, and the world. One then takes some stand for those values – “Fight for Ireland and the Faith.” This is not possible to do unless there is a physical or biological conversion (somatic conversion) that takes place prior to the intellectual conversion. Again, I submit, that it is not possible to think about what changes came in this individual without thinking about what was needed for that to happen. **What I suspect has happened in this case is that there was a very rapid regeneration of certain neurological tracks in Murphy’s brain.**

Murphy did not receive a complete cure, but he got enough regeneration, both physically, psychologically and spiritually, that I think his case remains one that is very edifying to the Lord and the Christian community and certainly to our understanding of how neurology and psychiatry are understood these days. This is a remarkable healing and I believe that it is also a partial cure of an individual who should not have experienced anything like this. This is not a case that we can easily understand from our limited perspective, but I thank God for what he has done for this individual. Murphy is not the only one who has had this kind of unexpected/unexplained cure. **We can call it a miracle if we want. I believe that it probably is.** I think it’s edifying to us as professionals to know that this can happen and that it will continue to happen if we are open to that possibility.

Response by Rev. Dr. Gail Paul – The Spiritual Perspective

It is wonderful to have an opportunity to look at this case and to consider it from different perspectives. It is my assignment to look at this case from the spiritual point of view, but it seems like Dr. Zeiders has done all the work for me. When I first read this case, I felt like saying, “Yeah, God!” because God was so present in this interaction. Also, I was thrilled to observe Christ working through Dr. Zeiders. It was teamwork that produced the positive results. It was God, it was Murphy, and it was Dr. Zeiders working together. I was reminded of the Scripture, “Faith, hope and love, but the greatest of these is love” (1 Corinthians 13:13), because they work together for spiritual health.

The first dream and its interpretation concentrated on Murphy’s faith, and his ability to see God as a loving protector (the good shepherd), not someone who might punish him by inflicting him with mental illness.

Murphy had returned to his Catholic faith. That was important preparation for healing. Within the Catholic faith is the opportunity to go to Confession. I am a Protestant. However, when I first heard about the Sacrament of Confession, I realized that it was an important faith practice to have. I sensed that there was a healing element to the ritual. It was a time of self-examination, a time to ask for forgiveness and receive it, a time of renewed faith in who I could become with God's help. Murphy must have gone to Confession as a part of renewing his faith. Murphy must also have been relieved to meet a psychologist that he could talk to about his faith. Sometimes we do not meet one. I went to a therapist for healing. I asked him if he was a Christian. He refused to tell me anything about his faith, absolutely refused. Therefore, I had to refrain from discussing an important part of who I am, the best part. I could not share my fears of disappointing God, or my attempts to please God. However, Murphy had the opportunity to be who he really was with Dr. Zeiders, to talk about the core of who he is. Our spiritual life is the core of who we are.

I think what is at the heart of healing is to know that God loves us, to really know beyond any doubt that we are loved, and therefore, lovable. Much of my ministry has been with people who have been the abused. Murphy does not talk about abuse but I remember a woman in her 40s who told me about her experience of finally coming to peace within her soul over sexual abuse by her father. She had gone through a lot of psychological counseling and yet she was not at peace. Finally, the inner healing came when she heard the still small voice of God say, "I love you." That "I love you" was the pivot that allowed her to love herself. Murphy had a similar experience, and it was of great value to him.

Dr. Zeiders mentioned that Murphy's second dream was as transforming for him as it was for his client. Why not, because when we meet Jesus, he is the great transformer. Murphy met Jesus in the second dream, but he had already met Him in that first dream as the "power" in the power plant. Of course, God is the greatest power in the universe! He created each one of us. In that place of God's power, Murphy was infused with a part of God's power. It ultimately helped him deal with the enemy of his disease. He had more power over his disease. **He was no longer defined by the disease. He began to be defined by God's love and strength.** It was fascinating to watch him gain more control over his life.

I remember another woman who was transformed by the love of Christ. When I first met her, she could not smile. She was very, very over weight. She was lost in depression. She seemed powerless to overcome her definition of herself as a helpless, abused victim. Following a retreat that focused on Christ as the abused healer who loved her, and had never abandoned her, she experienced his love, and she began to change. She found the power to take control over her body as well as other parts of her life. She began to report weight loss, talk about a boy friend, and her involvement in helping start a new church.

There are just so many things I kept seeing and remembering as I listened to this case presentation. In the third dream, Murphy summed up a part of his change when he said, "I'm determined." He was determined to fulfill the purpose that God gave him in his life and it was no small purpose.

This case has aspects of healing truth for all of us, whatever our daily struggles – large or small. It is important to know who we are in Christ, and that we are loved, and protected. Murphy discovered that he was someone worthy of God’s attention in the first dream. Then he moved on to that transforming moment of experiencing Jesus’ love in the second dream. Then in his third dream he’s moved into a place where he has more control over his life. The disease might never go away completely, but he had found a purpose for his life. He has a commission from God to be a Christian soldier to reclaim aspects of himself and the world.

Murphy’s experience reminded me of St. Paul who prayed three times for the thorn in his flesh to be removed (2 Corinthians 12:7-10). What happened as a result of that prayer was not that the thorn was removed, but that Paul realized he could tolerate the affliction because the work God had given him to do was more important than the thorn. He had purpose in his life. This is where Murphy is when we finish hearing about a small part of his life. **He had something in his life that was more important than his disease.**

Paul said, “Faith, hope and love, but the greatest of these is love.” I believe that an important ingredient in Murphy’s healing was that Murphy had a *Christian* therapist. When Christian therapists go into therapy sessions with clients/patients, they, like Dr. Zeiders, hope to see healing, and have faith that God will guide them. They depend on God, as they silently pray while asking God questions such as, “What next God? What do I say when my patient is stuck? Beyond that, Christian therapists are careful to project a safe kind of love that the patient experiences as the love of God, whether they can name it as such or not, because Jesus teaches us to love. When they feel that appropriate caring love, they become more open to experiencing the love of God, Jesus, and the Holy Spirit. Then transformation begins to happen.

Response by James DeMar, Ph.D. – The Psychotherapeutic Perspective

There is no one specific way that Jesus heals. He heals as he wants to. If you look at this case there are two pieces to it. One of the pieces is that **before Dr. Zeiders met with the client, I believe, the man made a decision to come closer to God. So, the intervention started with the man’s choice. He wanted to come closer to God. He wanted to go back to church.** He was Catholic. He wanted to re-submerge himself into all that is Catholic sacramentally and otherwise. That was really the first part of the intervention. Once he made that decision, obviously the Lord started working in his life. So, look at the amazing turn of events. The man makes a decision to come closer to God. God starts responding to that choice and in the process of responding to that, who does God connect Murphy up with? He connects him up with Dr. Zeiders. What’s the chance of him hooking up with Dr. Zeiders? And not only that, he wants to talk about dreams. What is Dr. Zeiders’ expertise? Dreams. Again, no accident. You can just see how everything is coming together, because the man made a decision, a choice that this is what he really wanted to do. How God honors that, and the way he does it, is the way he does it. It’s an adventure that starts out from a point of choice.

Another important aspect of Jesus' healing process is that Jesus really has a deep, deep commitment to relationship with people. That is part of who he is. That relationship is extremely important and you can say the same is true in the therapeutic relationship. Here is a man who is looking for that relationship. He encounters a therapist who has a relationship with Jesus, a deep relationship with Jesus. So, we want to take a look at that. Those are part of the ingredients of healing - to be with a therapist who has a deep commitment to be in relationship, not only with the client, but in relationship with the Lord and that process and to be present in that moment. The presence of the Holy Spirit is so important in that relationship.

So, as Jesus and Dr. Zeiders are present in the moments as the man goes through the healing, his life is being redefined. He comes in with a certain perception of himself, who he thinks he is. He's overly identifying with his disorder, but through the interpretation of dreams he comes to realize that he is not his disorder. And as Dr. Zeiders pointed out, the first dream really was an indication of God calling him. Murphy made a decision to come closer to God, so God called Murphy closer to himself. There's a sense of the Lord saying, "Yes, you have called out to me. Now I'm calling you. Come to me." And then the interpretation of the dream really affirms that, yes, God has heard and calls Murphy to himself.

The second dream is extremely powerful. I'd like to just read what Charles wrote so you get a sense of what he heard in the dream. What he reported is that,

I am aware of a Presence. I look and I see Jesus. At first I am afraid. Then I feel his love for me. It is enormous and strong. Jesus' love for me affirms me so completely that I love him back deeply. Jesus leaves me, but the experience of his love is indelible. Something in me has changed.

A very powerful experience! That experience is transforming. He is being transformed, through being loved experientially. **Feeling the love of Jesus is transforming.**

Dr. Zeiders points out that in therapy, one of the things we look at is something called cognitive restructuring. This is a very popular term. This is basically helping people look at situations from a different perception. **What this man experienced through the dream is what I would interpret as divine cognitive restructuring.** Anyone who has had the experience of hearing from the Lord in this way, knows that their life will never be the same. Hearing from the Lord- perceiving his person and voice- changes people. Obviously this man had that experience of tremendous transformation.

As the dreams proceed, not only does the patient feel the affirmation of who he is, but then God also provides him with purpose. It reminds me of the Scripture when John the Baptist is about to baptize Jesus and the Holy Spirit comes upon Jesus and says, **"This is my beloved son in whom I am well pleased."** **At that moment Jesus is being affirmed by the Father. Up until that point Jesus does not have a ministry. Out of that affirmation grows his ministry, his purpose.** So, in the same way, as this particular individual is being affirmed, being loved, being transformed, he is then given purpose through the third dream. What is his purpose? The

purpose is a fight that will liberate him from his own illness. It's a fight of liberation. He no longer identifies with this illness. So, that third dream is powerful. As Dr. Zeiders said, it could have ended after the first dream. Pack up your bags and go home. We're done. "I know who I am now." No, there was more, and the more was the purpose. God's perception of the situation is so transforming. And God gave that transforming perception to the patient.

I would like to take a look at what happened in one incident in his life and compare it to other modalities such as EMDR or Theophostic Prayer. I see a lot of similarities. A question these similar modalities would ask is: what was this man feeling in a cognitive posture over-identified with Schizoaffective disorder? He was feeling a lot of fear and a lot of confusion, not knowing who he was and just feeling so afraid of his illness. Then, he was having the sense that he was hearing voices say, "Castro is going to nuke America, Murphy, and it's your fault." Clearly there's a belief there. He believes something about himself and his illness.

What happens in the dream? In the dream the Lord shows up and brings him the truth and the truth transforms who he is as it does in the other modalities. There's a paradigm shift. He really sees who he is. He is not this man with a mental illness, but he is so loved. He talks about Jesus' love as being so enormous and so strong. "It affirms me so completely that I love him back deeply." Isn't that incredible!

You can see all the elements of God being the ultimate psychotherapist and he can do this anyway he wants. You can see the common theme of transformation, transformation of identity from a false identity to a true identity. There is tremendous healing and I think we really need to give credit to not only the process of healing, but also the participants in the healing process. I want to acknowledge Dr. Zeiders in his capacity to be an open vessel to let the Lord use him in this way.

Final Remarks – Charles Zeiders, Psy.D.

I deeply appreciate the wider exegesis all of you have provided for this case. How marvelously the spiritual dimension adds to our individual professions. I thank all of you, Dr. Sperry, Dr. Paul and Dr. DeMar for your insight.

Dr. Sperry covered some ground that I did not think to cover when I was initially was conceptualizing the case. This was the idea of the physical dimension that was involved neurologically. **Dr. Sperry makes a very important point that for these kinds of experiences to occur and for this man to have had the level of wit and access to his spirituality and intelligence, there really did need to be some changes in the hard-wiring of his brain.** Dr. Sperry was sharing his thoughts that the neurological substrate of the electric company's power plant dream could have something to do with neurological regeneration of Murphy's brain. This brings to mind the hope that future research may demonstrate the neurological benefits of faith practices such as praying the rosary, religious observances and reflection- and faith-specific behaviors of such as Murphy's. Someday research may demonstrate that mystical Christian prayer practices may in fact "fatten up" areas of cerebral cortex – or otherwise deliver neurological markers to prove it.

Dr. Paul remarked about Murphy finding his purpose, Murphy's spiritual behaviors and his experiences of getting closer to his true self and to God reinforced each

other. Instead of Murphy's breakthrough belonging solely to the medical profession, it belongs from a spiritual view to Murphy and God. Dr. Paul really brought that out for me. Murphy discovered his identity. Then he knew his purpose, and he knew how to fulfill his purpose through the practice of his faith.

Dr. Paul also mentioned the idea of love and I find my own counter transference towards Murphy to be something like love. Of course, I do not lounge around in the evening after my cases and sort of think about Murphy and weep and feel overwhelmed or something like that, but as I've shared this case several times and written about it, I realize that **Murphy's case is like a charism for me. St. Paul's definition of a charism is a spiritual gift that's given to an individual that when shared, benefits the community. It's so wonderful for me to think that Murphy keeps blessing us all. There is a whole ministry coming out of Murphy's case. This is part of his fulfillment.**

Dr. DeMar has made powerful observations about the dreams as a kind of cognitive restructuring, and I am in hearty agreement with him. A seminar could be held on that observation alone. Dr. DeMar also said that Murphy made a decision, that he used his free will, and I think that idea is tremendously powerful. It's so easy to lean unto one's own understanding or to borrow understanding from the professional guild and lament that one suffers the worst possible mental illness that one can have. One might rely on the mental health experts and give up the ghost. But Dr. DeMar rightly points out that this man exercised his free will. He decided to employ it by casting his lot with God rather than with his prognosis. What a difference that has made to all of us right now, years after the fact!

References

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* *Special Note: The patient's name "Murphy" is a pseudonym, and some clinically non essential case information has been carefully changed or omitted to protect the privacy of this courageous and generous man.*

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