

BIBLICAL COUNSEL FOR SCIZOPHRENIA

Dr. John D. Street

I. Diagnostic criteria for schizophrenia

- How does the secular world of psychiatry and psychology determine schizophrenia?

A. DSM-5 criteria for schizophrenia:

- “The presence of 2 (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated), with at least 1 of them being (1), (2), or (3): (1) delusions, (2) hallucinations, (3) disorganized speech, (4) grossly disorganized or catatonic behavior, and (5) negative symptoms” – DSM-5

B. Defining the term

1. Historically, by the early 20th Century the old concept of insanity or madness had become fragmented into ‘diseases’ (psychoses).—Berrios G E (1987). "Historical Aspects of the Psychoses: 19th Century Issues". British Medical Bulletin. 43 (3): 484–498.
2. Soon the term “schizophrenia” was coined by the Swiss psychiatrist and eugenicist Eugen Bleuler in 1908 from the Greek words *schizo* (‘split’) and *phren* (‘mind’).
3. Five major symptom domain criteria for psychosis (mental impairment):
 - a. Delusions: believing something that is not true, a false belief
 - b. Hallucinations: hearing or seeing things others do not see or hear
 - c. Disorganized speech: incoherent or nonsensical talk
 - d. Disorganized or catatonic behavior: inappropriate behavior for the situation
 - e. Negative symptoms: depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall

II. Descriptive characteristics in Scripture

- Are the criteria for schizophrenia evidenced in the bible?

A. Development in scripture

1. The endowment of the mental stability was directly related to the image of God and evidenced in man’s rule over creation. (Genesis 1:25)
2. God creates man with binary gender distinctiveness in a complementarian relationship for intimacy and procreative ability providing for the necessity of personal companionship and mental stimulation. (Genesis 1:27-28; 2:18)
3. Linguistic acuity was given by God to man for complex meaningful communication with God and others. (Genesis 2:16-17, 23)

4. Nevertheless, even in the temporal perfection and innocence of the Garden of Eden the structuring of man's perception of reality and mental life required refinement. (Genesis 2:16-17; cf. Deuteronomy 30:15, 19-20)
5. Built into the universal reality of God's moral commands is the mental assessment of life (right) and death (wrong). (Genesis 2:17b; cf. Deuteronomy 30:15, 19-20; Romans 6:23; 1 Timothy 5:6)
6. Satan (the serpent – Revelation 12:9) shrewdly distorts reality of God's positive command into a negative, providing an alternative to man's perception of reality. (Genesis 3:1; cf. 2:16; 3:1b)
7. Two false beliefs (lies) are introduced into man's cognition and he surrenders to these delusions: 1) God wants to keep you in bondage, and 2) There is no death or judgment. (Genesis 3:4-5)
8. At the core of every delusion is the universal curse of sin on creation as man struggles in a fallen and dying world with physical and intellectual impairment because of the judgment of death. (Genesis 6:5; 8:21; Psalm 14:1-3)
9. Because of human depravity man lives in a hostile world, the experience of cognitive dissonance is directly associated with false belief (psychotic) and not necessarily a simple failure of logic (REBT). (Psalm 10:4; 14:1)
10. The sovereign purposes of God can be seen in His occasional inflicting upon man additional madness because of willful disobedience. (Deuteronomy 28:28-29)

B. Discerning mental stability

1. The Biblical view of delusion is that it is a highly desirable false view of reality people have allowed themselves to believe, and if maintained will eventually end in madness. (Proverbs 19:3; Ecclesiastes 1:2; 2:12; 7:25; 9:3; 10:12-13; Jeremiah 10:3; 50:38; 51:7)
2. Fearful expectations can cause a person to deceitfully impersonate delusional madness. (1 Samuel 21:12-15; Psalm 34)
3. Sustained oppression, life-crisis situations and disobedience to the truth will often result in mental impairment. (Deuteronomy 28:27-29, 34; Ecclesiastes 4:1; 7:7a)
4. A mentally instable person can be seen in disorganized and sometimes harmful behavior. (1 Samuel 21:13-14; Proverbs 26:18)
5. Delusional derangement and bazaar behavior can be demonic, but only with an unbeliever. (Matthew 8:28; Mark 5:1-17; Luke 8:26-37)
6. Christians who are bold for the truth will often be falsely accused of being delusional. (Mark 3:20-22; John 10:20; Acts 26:24-25; 2 Corinthians 11:23)
7. Disorganized or unintelligible speech can be attributed to mental instability. (1 Samuel 1:12-16; Acts 2:12-15; 1 Corinthians 14:23)
8. Hallucinations can be a product of the willful mind with evil imaginations and visions. (Jeremiah 14:14; 23:16; Ezekiel 13:3, 6)

9. A history of the active use of mind-altering substances will affect the mental state causing delusions, hallucinations, disorganized behavior, disorganized speech, depression, anxiety, sleep problems, social withdrawal, etc. (Proverbs 20:1; 23:29-35; Jeremiah 51:7)

III. Dealing with schizophrenia from Scripture

- What is the best way for a biblical counselor to help a schizophrenic?

A. Delineating the Physical – A thorough medical examination is necessary

1. CNS infection
2. Neoplasm
3. Endocrinopathies
4. Degenerative diseases
5. Demyelinating disorders
6. Metabolic disorders
7. Vasculitis
8. Miscellaneous

B. Discovering your counselee's history

1. Counsees with schizophrenic characteristics are frequently closed and guarded because they are accustomed to hiding from the criticism of their bizarre behavior out of feelings of shame or guilt. (Proverbs 18:19)
2. Begin slowly, building their trust with easy and obvious questions since they will not care how much you know until they know how much you care.
3. You must begin with the gospel no matter how well you think you know the counselee. The overwhelming number of schizophrenics are unbelievers. God's Word must determine their view of reality, not their voices or visions!
 - a. Have them write out (if possible) their testimony, using as much Scripture as possible. Carefully analyze with Scripture!
 - b. Reverse roles and have them use a Bible to lead you to Christ. Do not be an easy convert!
4. Gain a detailed case and medical history of their life and changes in their attitudes and behavior. This may include information from family, friends and medical professionals (counselee consent is mandatory).
 - a. When and how did their life change? Be aware of significant relationship changes.
 - b. What was their life like before bazaar changes in speech and behavior?
 - c. Was there an event(s) that occurred that brought about major changes? Get the details!
 - d. What type of mind-altering substances have they used and are still using? Get the name of the drugs (substances) and dosages. Look up the short and long-term side-effects.

5. Critically assess every area of false belief with biblical truth. Be alert to areas that make their delusions so desirable. Are they an escape from something unpleasant?

C. Determining the heart

1. Every schizophrenic has a host of false beliefs that must be abandoned while conforming their thoughts to biblical truth. (Ephesians 5:22-24; Colossians 3:5-10)
2. There is a core reason, whether you see them as reasonable or unreasonable, for holding tenaciously to these beliefs. (Mark 7:20-23)
3. You must see their delusions, hallucinations, disorganized behavior and speech (depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall) as the fruit of this core heart issue. (Proverbs 20:5)
4. Carefully assess the counselee's history to determine the biblical descriptions that best fit their view of reality: deceitfulness, pride, depression, fearfulness, or anger,
5. Often counseling a schizophrenic will also involve counseling every member of their immediate family in order to assist them with the bizarre thinking and behaving of their loved one. (Proverbs 11:29; 14:1; 24:3)
6. Cascading thoughts that tend to race through the mind of a schizophrenic will require exercises of focused problem-solving activities (e.g. computer exercises), training the mind to concentrate, while tuning out extraneous and intrusive thoughts. (Proverbs 4:4, 23)
7. Journaling can be an effective way for a schizophrenic to learn how to organize their thoughts while providing the counselor with a daily record of their thought-life. (Psalm 94:11, 19; 119:10-11)
8. Help the schizophrenic to focus on love of God and others more than the natural tendency to love self by requiring their participation in a small Bible study and eventually a public worship service where they must keep notes on what is taught. (Matthew 22:36-40)
9. Psychotropic medication is an evidence of common grace but should only be used if prescribed by a licensed physician or psychiatrist and only as a last resort. (Psalm 145:9; Proverbs 31:6-7; Matthew 5:45)
10. Hospitalization may be necessary if the schizophrenic is a threat to themselves or others and is not responsive to verbal admonition or counsel. (Proverbs 3:29-30; 27:6)