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Schizophrenia and Biblical Counseling.

A. Definition: a psychotic disorder characterized by loss of contact with the environment, by noticeable deterioration in the level of functioning in everyday life, and by disintegration of personality expressed as disorder of feeling, thought (as delusions), perception (as hallucinations), and behavior —called also *dementia praecox* —Webster's Online Dictionary.
    1. Greek and Latin derivation. Schizo meaning divided and phreneo meaning mind or thinking.
    2. Make up <1% of population accounts for 25% of hospital bed days and 20% of social security benefits.
    3. Risk of death for all causes 2.5 that of general population.
    4. Does mean a split personality.
    5. Historically cared for in institutions.
    6. First useful medication was Thorazine.

B. What is it? Most likely a brain disease with four aspects.
    1. Positive symptoms: Seeing, hearing, smelling, feeling things that do not exist.
        a. Includes hearing voices from God and others. These voices can tell them to believe things that are untrue and do things that are terrible.
        b. These symptoms are often the first noticed problem and the cause for the diagnosis.
        c. They are not unique to schizophrenia and are not diagnostic of it.
        d. They do respond to medication, but not always completely.
    2. Negative symptoms.
        a. Few smiles. Flat expression.
        b. Loss of drive in work, relationships, recreation.
        c. Decline in self care hygiene.
    3. Cognitive function decline and nicotine.
        a. Loss of memory, language, attention.\
        b. Decisions.
    4. Affective disturbances.
        a. Blunt flat expression. Sometimes described as an odd or inappropriate expression.
        b. Often depressed and demoralized after psychosis.

C. Subtypes:
    1. Paranoid. Refers to psychosis not suspicion.
    2. Disorganized. Disorganized thinking and inappropriate affect.
    3. Catatonic. Does not interact with environment. Bizarre positioning.
    4. Residual. Does not clear.

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5. Undifferentiated. Does not fit any one category.
6. Schizophreniform. Patients with symptoms <six months.
7. Schizoaffective. Periods of psychosis without affective symptoms. Probably early Schizophrenia.

D. Who gets it? Why? What is done for them?
   1. A disease of young adults.
      a. Ratio men to women is 1.4 to 1.
      b. 10% will recover with no further problems. 55% will be chronically troubled. 35% have intermittent course.
      c. If the diagnosis is certain, in most the problems will progress. There is no cure at this time.
      d. The diagnosis is clinical and subjective currently there are no easily usable tests to make the diagnosis.
      e. 30to 50% of those with psychosis have no further episodes. Most patients will want to stop their medication to see and most will no matter what the medical opinion.
      f. 5 to 10% will kill themselves annually. High functioning paranoid types are more frequent.
      g. They despair over their loss of relationships, jobs, things, and self control.

E. Who gets it and Why?
   1. The biological basis of schizophrenia is uncertain.
   2. Should we call it a disease?
   3. The changes in serial MRI scan in teens over years. It appears certain that there is significant loss of brain tissue from the onset of the disease in the frontal and temporal lobes of their brains.
   4. The cause for this loss of brain volume is unknown. The best guess is a combination of genetic disposition plus a viral infection that sets off an immune response that causes the destruction and loss of the brain tissue.
   5. Dopamine theory derived from observation that amphetamines cause psychotic episodes.
   6. Substance abuse and schizophrenia.
      a. May be a causal relationship with marijuana, hallucinogens, amphetamines and ecstasy.
      b. 80% of schizophrenics will be involved in substance abuse of all kinds including alcohol, illegal and prescription drugs.
      c. Illegal drug use can cause permanent brain damage and change and should be avoided at all times.
   7. Treatment for Schizophrenia is medication. See appendix.

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D. How can we help?
2 Timothy 2:24-26
James 1:12-13.
1Thessalonians 5:14
- Admonish the unruly.
- Encourage the fainthearted.
- Help the weak.
- Be Patient with everyone.

We are going to do these 4 things but out of order.

1. Help the weak: Start by listening carefully.
   a. Is the counselee making sense? Oriented to person, place, and time? Unusual, bizarre thinking?
   b. Are they counseling willingly? Motive is very important!
   c. Believer or not?
   d. Do they understand growth and change?
   e. Schizophrenia is not another word for ignorant!
   f. Do NOT develop S-label blindness! Not all problem behavior is caused by schizophrenia. Deal with sinful behavior with the Scriptures!
   g. They will need to learn how to deal biblically with anger, worry, communication, problem solving, decisions, the role of husband, wife, parent, budgeting,
   h. They will need work and may need to learn a skill.
   i. Study and memorization skills for scripture and doctrine.
   j. They will need the regular things: food, clothing, shelter, hygiene, church, daily bible reading and prayer, small group, friends, fellowship,
   k. DEAL with Despair.
      - Phil 4:10 - God allows suffering and gives contentment.
      - Romans 8:28-29 - Suffering has purpose.
      - James 1:2-5 - We are to soldier through trouble.
      - 2 Tim. 2:1-5 - God promises to never abandon us in the trial.
      - 1 Cor.10:13 - The trial of schizophrenia is no greater than quadriplegia.
   - Deal with Despair and depression in terms of hopelessness.
      - No hope without Christ, in Christ. Jeremiah 29:11.
      - Hope in helping others. 2 Cor.1:5
      - Hope in eternal life. John 6:47
      - Hope in healing or restoration. 1 John 3:1-2

2. Admonish the Unruly.
   a. Do NOT ignore sin in the life of a believer due to label.
   b. Admonish as in Gal.6:1, 2 Tim. 2:24-26, James 1:12-13.

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c. Sin requires understanding and motive.
d. Remember diminished capacity.
e. Medication and the Christian.
- Believers must act responsibly. If stopping medication after repeated psychotic episodes mean losing jobs, family, or harming other, then a believer is responsible to take medication.

3. Encourage the fainthearted family.

Families need support, prayer, respite, logistics. When they need a break, we need to help.

a. Family also needs to learn about suffering, growth, change. They must soldier on, too.
b. Helping family is as important as helping the patient.
c. Some need education on the disease others could teach it.
d. Avoid dumping guilt on them for the patients behavior.
e. Origin is uncertain, be careful about assigning responsibility.
f. Help families to avoid making excuses for sinful behavior based on the label.

4. Be Patient with Everyone!

a. These individuals and their families are long term projects.
b. Need discipleship, accountability, encouragement.
c. They are not easy. They do not fit the majority of low maintenance church models.
d. They will not fit a 6 to 8 week counseling model. They will be a long term discipleship project.