New Concerns and Thoughts about Schizophrenia

Additional Notes:

I. 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.

A. Greek and Latin derivation. Schizo meaning divided and phreneo meaning mind or thinking

B. Make up less than one percent of population accounts for twenty-five percent of hospital bed days and twenty percent of social security benefits

C. Risk of death for all causes 2.5 that of general population

D. Does not mean a split personality

E. Historically cared for in institutions

F. First useful medication was Thorazine

G. Criteria for diagnosis. Must have two of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior. Negative symptoms also present include diminished emotional expression and/or decreased ability to think. Symptoms must be present for a month or longer and include one of the first three.

II. What is it? Most likely a brain disease with four aspects

A. Positive symptoms: seeing, hearing, smelling, feeling things that do not exist

1. Includes hearing voices from God and others. These voices can tell them to believe things that are untrue and do things that are terrible.

2. These symptoms are often the first noticed problem and the cause for the diagnosis.

3. They are not unique to schizophrenia and are not diagnostic of it.

4. They do respond to medication, but not always completely.

B. Negative symptoms

1. Few smiles. Flat expression.

2. Loss of drive in work, relationships, recreation.

3. Decline in self-care hygiene.

C. Cognitive function decline and nicotine

1. Loss of memory, language, attention

2. Decisions

D. Affective disturbances

1. Blunt flat expression. Sometimes described as an odd or inappropriate expression.

2. Often depressed and demoralized after psychosis.

III. Who gets it?

→ A disease of young adults

A. Ratio men to women is 1.4 to 1

B. The diagnosis is clinical and subjective currently there are no easily usable tests to make the diagnosis.

IV. What is the source? Is there pathology to establish this as a disease?

A. The biological basis of schizophrenia is uncertain. We should approach the subject with some humility!

B. Should we call it a disease? Why is this question important?

C. What do we know about genetics? Broad institute genetic study 2016. C4 and damage at the synaptic level in areas relating to symptoms.

D. Autopsy studies show differences vs. normal brains.

Additional Notes:

Additional Notes:

E. Functional MRI and PET scanning. Actually measuring dopamine levels and dopamine receptor blockade. Dopamine levels elevated in schizophrenia and amphetamine use. Brain volume shrinkage over time.

F. EEG gamma wave differences and symptoms

G. The cause for this damage is unknown. Autoimmune disorder is a good candidate. Leukemia.

H. Substance abuse and schizophrenia

1. May be a causal relationship with marijuana, hallucinogens, amphetamines and ecstasy.

2. Eighty percent of schizophrenics will be involved in substance abuse of all kinds including alcohol, illegal and prescription drugs.

3. Illegal drug use can cause permanent brain damage and change and should be avoided at all times.

I. There are medical causes of psychosis and abnormal behavior that can mimic schizophrenia. It is often over-diagnosed on the basis of auditory hallucinations or hearing voices.

J. From a physician's viewpoint, this is a disease, whose pathology will eventually be defined clearly, and eventually treatment will be found. I could be wrong, but that is what I see.

V. How can we help?

A. 2 Timothy 2:24-26

B. James 1:12-13

C. 1 Thessalonians 5:14

1. Admonish the unruly

2. Encourage the fainthearted

3. Help the weak

4. Be patient with everyone

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

I. Help the weak: start by listening carefully

Additional Notes:

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

1. Philippians 4:10 - God allows suffering and gives contentment

2. Romans 8:28-29 - Suffering has purpose

3. James 1:2-5 - We are to soldier through trouble

4. 2 Timothy 2:1-5 - God promises to never abandon us in the trial

5. 1 Corinthians 10:13 - The trial of schizophrenia is no greater than quadriplegia

6. Deal with despair and depression in terms of hopelessness

→ No hope without Christ, in Christ. Jeremiah 29:11

→ Hope in helping others. 2 Corinthians1:5

→ Hope in eternal life. John 6:47

→ Hope in healing or restoration. 1 John 3:1-2

Additional Notes:

II. Admonish the unruly

A. Do NOT ignore sin in the life of a believer due to label

B. Admonish as in Galatians 6:1; 2 Timothy 2:24-26; James 1:12-13

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.

III. Encourage the fainthearted family

Families need support, prayer, respite, and 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 patient's behavior.

E. Origin is uncertain, be careful about assigning responsibility.

F. Help families to avoid making excuses for sinful behavior based on the label.

IV. 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.

Additional Notes:

D. They will not fit a 6 to 8-week counseling model. They will be a long-term discipleship project.

Discussion Notes: