**Synopsis**: Labels are a two-edged sword. They may convey knowledge with the hope of victory. They may manifest a misinformed bias. Psychological labels have been given to people on the basis of observed or perceived behavior and self-reported feelings. The lecture is designed to help you understand the role of biblical truth in ministering to people with various psychiatric labels so prevalent today.

## Labels: Categories and Descriptions of Psychological Disorders: A Biblical Analysis

- How do you counsel a person with *such and such*? *Such and such* refers to the person's label of a "psychological disorder."
- Assuming the counselee is a believer and desirous of biblical help, the answer is: biblically. Why?
- The Bible describes real people who are moral responders in real life situations.
- The Bible is God's powerful, purposeful self revelation and has far superior answers for all types of problems.
- However, many don't believe that fact or act as if they don't believe it.
- Fact: a label of a "psychological disorder" by an "expert" never trumps God's truth.
- Do you agree or disagree? Your answer will be based on **your view** of God and the Bible AND **your confidence and competence** applying it.

**I.** Classification (actual description) of "psychological disorders" as obtained from various sources

A. **Mood disorders**

1. **Adjustment disorders**: an extreme *emotional* reaction to an event that has occurred in the last month.
2. **Dysthymic disorder**: a chronic, low-grade depressed or irritable *mood* for at least a year.
3. **Bipolar disorder**: the presence of manic episodes alternate with periods of depression, usually with relatively normal periods in between.
4. **Cyclothymic Disorder**: a chronic low-grade depressed or irritable mood for a varying period of time.
5. **Major depressive disorder**: a mood disorder marked by feelings of great sadness, despair, guilt, worthlessness, and hopelessness with psychomotor disturbances.

a. The "criteria": five or more of these symptoms during a two-week period: depressed mood (bad feelings), anhedonia, fatigue, sleeping changes, appetite/weight changes, upset (worry/restless) or down (lethargy), guilt feelings, concentration, suicidal thoughts (5/9)
b. **Note**: Medicine has designed "screening tools" to implement the drive of early "diagnosis" in order to get the patient under treatment. Functionally, the DSM definition of "depression" is being replaced by only two screening questions:

1) In the past 2-4 weeks, have you felt down or depressed?
2) In the past 2-4 weeks, have you lost interest in things that you usually do?

B. **Anxiety Disorders**: the primary feature is abnormal or inappropriate anxiety. Everybody has experienced anxiety. An anxiety disorder is one in which people experience excessive anxiety or worry they find difficult to control.

1. **Panic disorder**: an anxiety disorder in which a person experiences recurrent unpredictable attacks of overwhelming anxiety, fear, or terror.
2. **Obsessive-compulsive disorder**: an anxiety disorder in which a person suffers from obsessions (a persistent, recurring, involuntary thought, image, or impulse that invades consciousness and causes great distress) and/or compulsions (a persistent, irresistible, irrational urge to perform an act or ritual repeatedly).
3. **Post traumatic stress disorder**: people with PTSD often have lasting and frightening thoughts and memories of the event, and tend to be emotionally numb.
4. **Phobias**: an intense fear of being in a situation from which immediate escape is not possible or in which help is not immediately available in case of incapacitating anxiety.

a. Social phobia (social anxiety disorder)
b. Specific phobias

5. **Generalized anxiety disorder**: an anxiety disorder in which people experience excessive anxiety or worry that they find difficult to control, expecting the worst, and feeling tense and irritable with trouble focusing and concentrating.

C. **Somatoform disorders**: physical symptoms are present that are due to *psychological* rather than physical causes.

1. Hypochondriasis: persons preoccupied with their health and are convinced that they have some serious disorder despite reassurance from the medical community.
2. Conversion disorder: a disorder in which a person suffers a loss of motor or sensory functioning in some part of his body without a physical cause but solves a psychological problem.
3. Dysmorphic Disorder
4. Pain disorder

D. **Eating disorders**

1. Anorexia Nervosa (**actually an eater's disorder**)
2. Bulimia
3. Night-time eating disorder
4. Over-eating disorders (obesity)
5. Avoidant/restrictive food intake disorder

E. **Cutting disorders:** self-injury for a variety of reasons.

II. The culture's **perspectives** on *psychological disorders.* They are:

A. Real, common, and with a lifetime prevalence of 50%

1. They cost the person and family: personal misery and lost productivity: costs society $193.2 billion annually in lost earnings.
2. They cost the medical system.:80-100 billion dollars (anxiety and depression)
3. They do produce income for certain segments of the medical community.

B. Biological: a physical cause is responsible that may include genes, biochemical abnormalities, and/or structural brain changes.
C. Psychodynamic: early childhood experiences and unresolved conflicts are responsible.
D. Nurture-related: they are learned and sustained in the same way as any other behavior.
E. Cognitive: "distorted perceptions" lead to these disorders.
F. Nature-related (vs. nurture:) you are born that way or you become that way

III. **Patient vignettes**

A. Specific people:

***MA:** 80 y/o widow lady who is a believer and church-goer with multiple physical problems and a deteriorating body who reports that she is overwhelmed with life, has no reason for going on, is now on antidepressants. She tells you she 'does not feel God's presence.' She says she has no will to go on. She said she didn't know if God was good based on the fact that she didn't feel Him.

***HF**: 74 y/o believer and church-goer on Xanax because 'all the stress in my life.' She has multiple medical problems, asked God for healing and the opportunity to keep her granddaughter and didn't get either. She focuses on others and how they are a burden to her.

***RD**: 50 y/o divorcee perhaps a believer and church-goer with 25 years of OCD and depression saying that life is terrible because of the OCD but "I can't stop. It is a disease – the doctors told me so." "I want to stop, but…." She says she does OCD behavior when she is under stress – things not going the way she would like and hoped for.

***AB**: 60 y/o married, alleged believer, a Veteran who says that he can't control his thinking because of PTSD. He has flashbacks, memories that bother him, and reports he has to take medicine or he can't control himself. "The thoughts are there and I can't do anything about them."

***BP**: a 35 y/o lady on multiple medications who complains of hurting – "all over" and carries a diagnosis of BPD. She explains it this way: "one week I feel like everything is great and that I could change the world and a week later I don't have any energy or desire to even get out of bed so I stay there." She further explains that her "moods swings" seem to follow a pattern: "when things are going well I am hyper and get a lot done. But when things are not going my way, I get either angry or depressed.' They tell me I have BPD

and I am glad for the medications – I feel better on them but I don't want to take them all the time.
*__WW__: 37y/o married lady who says "I hurt in my hands/feet and I can't sleep – I awaken early. I hurt and my mind is going – all kinds of things are going on. I worry. I know the Bible says not to worry but I am who I am. I am a worrier."

B. All of these people are "psychologized" and "medicalized": how will you help them?

1. **Define:** follows the Medical Model, subjectivity rules, no physical exam or lab reports required or needed, self focus, victim-hood (cause vs. influence), no inside-outside (root - fruit) linkage, and no vertical-horizontal orientation.
2. It depends on the definition of and standard for help
3. It depends on the reason the person is coming to see you.

IV. **Secular counseling's approach**

A**.** Client and behavior-feelings focused.

1. Its focus is not on man's duplex nature and whole person
2. Therefore:

a. The person's vertical reference is not properly addressed.
b. The person's motivation and replacement thoughts, desires, and actions as a God pleaser for the glory of God are not considered

3. The problem is considered a body problem (Medical Model).
4. No distinction between the brain/body and mind (inner man) is made.
5. Spirituality (however defined) may be included in the treatment "mix" but it is not Holy-Spirit defined.

B. It attempts to prevent or change behavior and bad feelings.
C. It approaches feelings/behavior from a self-oriented horizontal reference – a "me" approach to the person and circumstances. .
D. The person is considered a victim to that outside of him and whose feelings and behavior are considered *outside of his control*.
E. Notice the word *can't*

1. The OCD person says he can't stop his behavior.
2. The PTSD person says he can't control his thinking.
3. The panic attack person says he can't stop being fearful.
4. The worrier says he can't help himself and it runs in the family.

F. What **characterizes** all of the conditions previously mentioned?

1. It is feelings and feeling-directed behavior and only secondarily thinking.

2. It is not genes, molecules, and neurotransmitters.
3. Subjectivity is the standard.
4. Subjectivity dominates the "diagnosis" and the "assessment of progress."

V**. In contrast, biblically:**

A. Man was created a rational, relational, and religious being as the image of God. He is a theologian - in or out of proper relationship to God.
B. As a theologian:

1. There is logic, meaning, and purpose behind every behavior.
2. He lives out of his heart - inside out: Proverbs 4:23; Matthew 12:33-36; 15:16-20; Mark 7:18-20; Luke 6:43-45.

C. Man's functional motivational (FMS) and belief systems (FBS) reside in the inner man.
D. Man *lives out* of an identity – who he thinks he is: motivation.
E. His behavior is:

1. Logical - it makes sense to him.
2. Purposeful - he is sets an agenda to accomplish and get something.
3. Symptomatic – a fruit: he pursues "his heart's desire" - wants - demands.
4. Treasure driven: Matthew 6:19-24; Luke 12:34

F. Predominantly, sinful man has two basic motivations: pleasure and entitlement

1. These are encompassed in the term "sensual living": 2 Cor. 5:6-7; Heb 11:24-26
2. They are rooted in self pleasing and self worship.

G. The issues of control and resources takes center

1. Control and resources: whose?

a. There is a link between thinking, wanting, and doing, AND feelings
b. Thinking and wanting drive behavior and feelings and feelings drive all three.
c. People who are angry, fearful, worry, depressed, and overwhelmed, are driven by bad feelings which are driven by their perception of control and resources.
d. Functionally, they want (or don't want) what they want their way for their benefit in their power in their world.

2. God's control: His prerogative, His domain, and His right.

a. This is God's world. He has given direction on how to live in it.
b. The psychologized counselee and counselor are in competition with God.
c. They will lose.

3. God's Resources:

a. God has given us everything we need for life and godliness (2 P1:3-4).
b. God has invested Himself in the believer but that fact is not life changing for those who seek control and other resources in the hopes of feeling better.

H. People, especially those psychologized and medicalized express themselves via feelings.

1. Man is a sensual being, a whole person.
2. Feelings flow from thinking and wanting.
3. Various expressions:

a. “I feel trapped.”
b. “I hate it but I "need" what I am doing” (or not doing).
c. “It is scary – I am threatened if I stop the behavior.”
d. "I can't help myself - I just feel so bad."

I. Since man is duplex, the inner man influences the outer man and vice versa.

1. The whole person is habituated in terms of patterned thinking, desiring, and acting.
2. The outer man does influence the inner man but doesn’t control it.
3. The context of *heart exposure* is the situation and other person.

VI. **How to give biblical help**

A. You must listen in order to learn and understand the person in his world.
B. You minister biblical truth that is appropriate for the person in his situation.
C. The Bible addresses thoughts, desires, and actions and resultant feelings.

1. Rightfully understood and applied, Scripture gives the counselee and counselor everything they need to get victory? Yes and amen - 2 C 1:20-22
2. The claim that psychiatric labels are due to body problems follow the Medical Model.

a. Therefore, you will hear: "You treat mental illness as you would diabetes (too little insulin) or hyperthyroidism (too much thyroid)."
b. Both of the above abnormalities are measurable/objective and can be followed via the laboratory. It is not the case for "psychiatric disorders."
c. The mind and brain are not synonymous: the mind is inanimate, non-material, and spiritual. The mind is not broken.

4. The Bible addresses the person's motivation in light of:

a. Salvation and life after salvation (becoming more like Christ).

b. The person's relationship with Christ and others: Matthew 22:37-40.
c. The person's resources in Christ and His cost, the indwelling HS, biblical truth, enabling grace, and the privilege sand blessing to be a child of God. .

D. Labels are enablers. They usually promote:

1. The notion of disease and protracted medical treatment.
2. The abdication of personal responsibility - a victim mentality - thereby excusing the behavior: "let go and let the physician or medicine do it."
3. A "let go and let God" mentality thereby blaming God (not the devil or self!) for no change – "God must heal before I can change."
4. Deception by shifting one's attention away from biblical truth.

E. Remember what characterized "psychological disorders"? It is feelings and behavior.

1. You, counselor, must answer the question: what does salvation and sanctification have to do with behavior, feelings/desires, and thinking?
2. The answer is: everything.
3. Therefore, biblical truth always and completely trumps man's "wisdom" (usually directed by experience, feelings, and unaided human reasoning).

F. **Anatomy**: where do people think? 1 Corinthians 2:14, 16; 2 Corinthians 5:16-17:

1. Man thinks and desires in the brain (outer man) and the heart (inner man). What is the connection? Habit patterns of thinking ,wanting, and doing are formed in both.
2. In the believer, the inner man is the domain of the HS.
3. The believer is commanded to put on and practice biblically-controlled and based thinking and mind control: 1 C 2:16; 2 C 10:3-5; Ephesians 4:22-24; Phil 2:3-5; 4:8; 1 Tim 4:7; Titus 1:2; 2:11-14; 1 P 4:1-3.
4. The believer is to think God's thoughts but also desire what God desires (Ps 40:6-8). The believer is to put on biblically-controlled desires.
5. The believer is to put off sensual living and put on suprasensual living:

a. Knowledge/information comes through the senses. God made man a sensual being, and the information will be interpreted and evaluated in and by the heart not simply his brain.
b. The believer is a "suprasensual" being – he is a new creature in Christ - and he has the capacity to evaluate life through the "eyes" of saving faith – suprasensually (1 Corinthians 2:9-10; 2 Corinthians 5:7,14-15).
c. Sadly, the psychologized Church has been seduced by counterfeit wisdom.
d. Believing the lie is commonplace - the Bible summarizes that activity by various terms. See Proverbs 3:5-8: "trusting in self" and "wise in your own understanding."

G. The counselor's focus should not be on "psychological labels" but on helping the whole person function according to Who Christ is and what He has done, what the believer is in Christ, and how those facts impact his response to life's problems.

1. The person's resources:

a. The person's relationship with God in Christ - have him answer the question: Who is this God?
b. The indwelling HS - have him view 1 C 2:16 and 2 C 10:5 and give a response
c. The Bible - have him answer what is it and why do you believe it.

2. The application of biblical truth to all of life including the body is a radical paradigm shift in thought, desire, and, action of anyone but especially the psychologized counselee.

H. The biblical counselor will direct his attention to the whole person: thoughts, desires, actions (behavior) and to the *why* of that behavior – the person's motivation. Feelings are linked to thoughts, desires, and actions.

1. Examples: OCD people clean for a reason; angry people get angry for a reason. These are whole-person activities.
2. Address the whole person:

a. Change thinking and wanting about self, God, and others.
b. As a result the person will change his motivation from self pleasing to God pleasing.
c. Putting off the behavior by replacing with the motivation given in 2 C 5:9 which describes a radically-changed approach to life.
d. Constant mediation on the truth about God: He is BIG and GOOD, Who created and controls His world for His glory and the believer's good, and He deserves to be worshipped especially the person.
e. Gratitude for a bleeding, dying personal Savior.

3. The result: a God-honoring lifestyle of thinking, wanting, and doing as a whole person, duplex being, and image bearer of God. That is true victory.