

# DISCERNING MENTAL ILLNESS (PART 3)

## Introduction

*Several reasons Christians ought to reject the current cultural understanding of mental illness:*

1. The term is a misnomer according to Scripture.
2. The term lacks any concrete definition.
3. It requires an evolutionary, materialistic anthropology.
4. Diagnosing mental disorders lacks the objectivity of true medical diagnoses.
5. There is no psychological standard for normal human behavior, therefore, abnormality is indeterminable.
6. Psychological labels are inherently instructive.
7. The Bible can account for the behavioral abnormalities described in the Diagnostic and Statistical Manual of Mental Disorders.

## NOTES

## QUOTES

1. "The medicalization of malingering is the fatal genetic defect that dooms all theories and treatments of 'mental diseases.' Although medicalization encompasses more than psychiatry, we must be clear about one thing: *psychiatry is medicalization, through and through.* Whatever aspect of psychiatry psychiatrists claim is not medicalization is not medicalization only if it deals with proven disease, in which case it belongs to neurology, neuropathology, neurochemistry, neuropharmacology, or neurosurgery, not psychiatry.

Psychoanalysis is medicalization squared. It is important, in this connection, not to be fooled by lay analysis, clinical psychology, or social work. These and other nonmedical mental health and counseling 'professions' are medicalizations cubed: as if to compensate for their lack of medical knowledge and medical privileges, nonmedical mental health 'professionals' are even more deeply committed than psychiatrists to their claim of special expertise in the diagnosis and treatment of mental illnesses."<sup>1</sup>

— Thomas Szasz

2. "Psychiatry has no exclusive province that it may call its own."<sup>2</sup> — Jay Adams
3. Narcissistic Personality Disorder (301.81). "A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more of the following: [1.] has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements). [2.] Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love. [3.] Believes that he or she is 'special' and unique and can only be understood by, or should associate with, other special or high-status people (or institutions). [4.] Requires excessive admiration. [5.] Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations). [6.] Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends). [7.] Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others. [8.] Is often envious of others or believes that others are envious of him or her. [9.] Shows arrogant, haughty behaviors or attitudes."<sup>3</sup>

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<sup>1</sup> Thomas Szasz, *Psychiatry: The Science of Lies* (Syracuse, NY: Syracuse University Press, 2008), 30-31.

<sup>2</sup> Jay E. Adams, *Competent to Counsel: Introduction to Nouthetic Counseling* (Grand Rapids, MI: Zondervan, 1970), 36.

<sup>3</sup> American Psychiatric Association, *Desk Reference to the Diagnostic Criteria from DSM-5* (Arlington, VA: American Psychiatric Association, 2013), 327.

4. Bipolar I Disorder. Manic episode: “[A.] A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary). [B.] During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior: [1.] Inflated self-esteem or grandiosity. [2.] Decreased need for sleep (e.g. feels rested after only 3 hours of sleep). [3.] More talkative than usual or pressure to keep talking. [4.] Flight of ideas or subjective experience that thoughts are racing. [5.] Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed. [6.] Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity). [7.] Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees,<sup>4</sup> sexual indiscretions,<sup>5</sup> or foolish business investments<sup>6,7</sup>”
5. Social Anxiety Disorder (Social Phobia). “[A.] Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech). [B.] The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others). [C.] The social situations almost always provoke fear or anxiety. [D.] The social situations are avoided or endured with intense fear or anxiety.”<sup>8</sup>

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<sup>4</sup> Cf. Proverbs 21:17.

<sup>5</sup> Cf. Proverbs 5:22-23. In this passage, a passage primarily addressing God’s standard for sexual desire, it ends with a diagnosis for entrenched sexual immorality, stating, “because of his great folly he is led astray.” Folly, not a mental disorder, is the reason for excessive involvement in sexual indiscretions.

<sup>6</sup> Cf. Proverbs 11:15; 17:18

<sup>7</sup> American Psychiatric Association, *Desk Reference to the Diagnostic Criteria From DSM-5* (Arlington, VA: American Psychiatric Association, 2013), 65.

<sup>8</sup> *Ibid.*, 118.