

## Summary of *Biblical Counseling and Mental Disorder Diagnosis* by Jenn Chen

<https://shepherdpress.com/products/biblical-counseling-and-mental-disorder-diagnosis/>

The *DSM* (*Diagnostic and Statistical Manual of Mental Disorders*) does not define diseases and illnesses, but is an attempt to communicate about a group of symptoms, in the hopes of better identifying disorders, studying the causes, and developing treatment.

the DSM-5 is <sup>1</sup>	the DSM-5 is <b>not</b>
A <b>summary</b> of signs and symptoms which, when contextualized in a biopsychosocial framework (“case formulation”) may point to an underlying mental disorder.	A collection of signs and symptoms which, when checked off, add up to a <b>diagnosis</b> of a mental disorder.
A <b>heuristic</b> ( <i>rule-of-thumb that can be applied to guide decision-making</i> ) <b>framework</b> providing sets of diagnostic criteria that are largely etiology ( <i>cause</i> )-neutral; where a coming together of biological, psychological, social, and cultural factors can account for the individual’s current presentation ( <i>how the individual and symptoms appear</i> ) and problem.	A <b>biomedical model</b> of mental disorders conceived as “brain diseases,” emphasizing genetic etiology; neurochemistry; and pharmacological targeting of presumed biological abnormalities.
A rough, culturally attuned <b>guide</b> to detecting and classifying clinically significant disturbances in an individual’s cognition, emotion regulation, or behavior; and attempting to distinguish such disturbances from expectable (“normal”) or culturally acceptable responses to common stressors or losses.	An instrument for definitively distinguishing “normal” from “abnormal” (pathological) mental and emotional states in a binary fashion; and for providing clear, nonoverlapping criteria for discrete disease categories.

### Weaknesses

- inconsistencies within disorder labels, overlap of symptoms in different disorder labels
- difficulties with reliability (lack of consistency in giving the same person the same label)
- sociopolitical and economic influences on both the development of labels and inclusion of them in the *DSM*
  - 70% of people serving on its committees to define specific diagnoses have financial ties to pharmaceutical companies
- secular experts are concerned that current labels prevent research in understanding and treatment, to the point where US research funding has moved away from *DSM* labels
  - With the release of DSM-5, the National Institute of Mental Health (NIMH), which is the leading federal agency for research on mental disorders in the United States, reoriented away from the DSM

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<sup>1</sup> Italics added by this author for clarification/definitions. Table from Ronald Pies, “Poor DSM-5—So Misunderstood!,” *Psychiatric Times*, March 23, 2021, <https://www.psychiatrictimes.com/view/poor-dsm5-so-misunderstood>.

- secular experts are concerned about the medicalization of human experience, where mental and behavioral reactions to difficulties in life become labeled as a mental disorder, leading to inappropriate medical treatment

- the limited effect of treatment for these labels

The *efficacy*, the extent to which a treatment brings about a desired outcome under expert hands under ideal and controlled circumstances, is *limited* for both psychotherapies and pharmacotherapies, or can even cause harm. One group of researchers did an umbrella review of recent studies and stated: “evidence has emerged that their [psychotherapy and psychopharmacology] efficacy may be overestimated, due to a variety of shortcomings in clinical trials [of the main mental disorders in adults].” They further concluded, “After more than half a century of research, thousands of RCTs and millions of invested funds, the effect sizes of psychotherapies and pharmacotherapies for mental disorders are limited, suggesting a ceiling effect for treatment research as presently conducted.”<sup>2</sup>

- the worldviews and presuppositions contributing to *DSM* thought, such as naturalism, evolution, reductionism, determinism—all clash with a biblical worldview
- mental disorder diagnosis symptoms involve thoughts, emotions, and behaviors, all which reflect what the Bible refers to as the heart

The DSM is NOT a bible!

Dr. Thomas Insel, psychiatrist, neuroscientist, and former director of National Institute for Mental Health (NIMH), stated, “While DSM has been described as a ‘Bible’ for the field, it is, at best, a dictionary, creating a set of labels and defining each.”<sup>3</sup> He also stated, “As long as the research community takes the D.S.M to be a bible, we’ll never make progress. People think everything has to match D.S.M. criteria, but you know what? Biology never read that book.”<sup>4</sup>

National Health Service (NHS)<sup>5</sup> of the United Kingdom wrote “Rather than seeing the DSM-5 as the ‘Psychiatric Bible’, it may be better to think of it as a rudimentary travel guide to a land we have barely begun to explore.”<sup>6</sup>

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<sup>2</sup> Falk Leichsenring et al., “The Efficacy of Psychotherapies and Pharmacotherapies for Mental Disorders in Adults: An Umbrella Review and Meta-Analytic Evaluation of Recent Meta-Analyses,” *World Psychiatry* 21, no. 1 (February 2022): 133–45, <https://doi.org/10.1002/wps.20941>.

<sup>3</sup> Thomas Insel, “Transforming Diagnosis,” National Institute of Mental Health, April 29, 2013, <https://psychrights.org/2013/130429NIMHTransformingDiagnosis.htm>.

<sup>4</sup> In Andrew Scull, “Mad Science: The Treatment of Mental Illness Fails to Progress [Excerpt]”, *Scientific American*, April 16, 2015.

<sup>5</sup> The United Kingdom’s government-funded medical care system and the world’s largest publicly funded health service. Preeti Vankar, “Topic: National Health Service (NHS) UK,” Statista, January 10, 2024, <https://www.statista.com/topics/3128/national-health-service-nhs-uk/>.

<sup>6</sup> National Health Service, UK. *News Analysis: Controversial Mental Health Guide DSM-5*. August 15, 2013. <http://www.nhs.uk/news/2013/08August/Pages/controversy-mental-health-diagnosis-and-treatment-dsm5.aspx>.