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PO Box 121
Botsford, CT 06404
www.nacsw.org
888.426.4712

THE BIBLICAL DIAGNOSIS OF SPIRITUAL CONDITIONS

By: David Sedlacek, Ph.D., LCSW

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The Biblical Diagnosis of Spiritual Conditions

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Abstract

In recent years, great strides have been in the field of social work to embrace spirituality, to develop skills in the assessment of spirituality and to begin integrating biblical concepts into social work practice. However, there is no biblical diagnostic system similar to the Diagnostic and Statistical Manual that connects assessment with treatment. This paper seeks to begin a discussion of this topic and to formulate a preliminary diagnostic system from a biblical perspective.

Introduction

At the Master's level of social work education, it is common to teach about clinical diagnosis. Using the Diagnostic and Statistical Manual, students are taught the art of diagnosis that will be essential to practice in public agencies which are recipients of federal funds and in private practice which relies upon reimbursement from private insurers. With today's emphasis on spirituality which some have described as "the ultimate human development" (Sandhu, 2007), it would seem appropriate and necessary to the continuing development of this emphasis to find spiritual diagnoses that would assist in pointing the way to spiritual interventions. While these diagnoses might not yet rise to the level of being reimbursable by insurers, it is possible to be more specific than the present general DSM "V Code" of 62.89 Religious or Spiritual Problem. This code implies that an individual may be experiencing some type of religious or spiritual conflict, but does not specify the nature of the problem. This paper seeks to begin a conversation about the clinical value of developing a biblical diagnostic system for Christian professionals. This diagnostic system would supplement the current Diagnostic and Statistical Manual in giving guidance to social work practitioners seeking to use Biblical solutions in the treatment of their clients.

Literature Review

Even though the profession of social work historically has its roots in the Christian tradition, for many years an open discussion of the topic of spirituality was unthinkable (Schneiders, 1990). Spirituality was seen as incompatible with the scientific method and "once connoted mindless piety or subjectivism" (Morgan, p. 2). More recently spirituality, "a fundamental orientation to life and to the ground of all life" (Ibid.) has been embraced by the profession of social work. Largely as the result of advocacy by groups such as the North American Association of Christians in Social Work, spirituality has been seen as an important area of strength in individuals who acknowledge the existence of a power greater than themselves (Kurtz, 1999). The concept of spirituality is common to all faith traditions in some form or other. Several books have been written that discuss spirituality from diverse spiritual traditions (Horton-Parker and Fawcett, 2010; Morgan, 2007).

In the Christian tradition, an organized attempt to reintegrate faith and social work practice began with the formation of the North American Association of Christians in Social Work over fifty years ago. Alan Keith-Lucas wrote his classic *So You Want to be a Social Worker: A Primer for the Christian Student* in 1985. Since then the visibility of Christians in social work has grown through professional presentations and publications. In 2008, NACSW published *Christianity and Social Work: Readings on the Integration of Christian Faith and Social Work Practice*. Such works have begun to explore both concepts and methodology that are unique to a Christian worldview.

Recent attempts have been made to formulate principles and methodology of spiritual assessment (Hodge, 2003). In this work, David Hodge makes spiritual applications of assessment techniques such as genograms, ecomaps, lifemaps, and ecograms in addition to giving instruction on how to take a competent spiritual history. Other social workers have discussed the integration of Christian principles into social work practice interventions. An example of this is using biblical approaches in the use of Cognitive Behavioral Therapy. In this approach, clients are asked to look at their self-talk in light of biblical statements about the value of the human person (Pay, Collins and Bargerstock-Oyler, 2009). Others have developed frameworks for integrating faith and social work practice such as the Heart Examination (Sedlacek, 2009). Prayer with clients is a uniquely Christian social work intervention that can be used effectively with Christian clients.

The Case for Biblical Diagnosis

At present, Christian social workers do not have the benefit of a Christian diagnostic framework. An EBSCO Host literature search using the key words “bible” or “biblical” combined with “diagnosis” yielded no results. Similarly, using “spiritual” with “diagnosis” produced only fourteen results. Of these citations, all were related to spirituality in relation to a diagnosis of a physical or mental condition such as HIV, cancer or substance abuse. In the Fall, 2001 issue of *Christianity and Social Work*, a book entitled *The Pastor’s Guide to Psychological Disorders and Treatments* was reviewed. It, however, is limited to orienting pastors to the DSM-IV. It would appear as if there is little, if any, refereed literature on this topic.

Christian social work has made great strides in the past twenty-five years by giving legitimacy to a Christian worldview in the broader social work context, by developing spiritual assessment methodology, and by integrating faith into social work practice at the micro, mezzo and macro levels. However, professional direct practice requires that an assessment leads to an articulation of the client’s problem(s), a diagnosis made, and interventions planned that fit the diagnosis. This leads to a therapeutic paradigm illustrated by Figure 1.

Figure 1: Present Assessment, Diagnosis and Intervention Paradigm

Assessment including the Spiritual Dimension	DSM Diagnosis	Intervention that may or may not integrate faith
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From a Christian point of view, this paradigm is limited for the following reasons. First, the only current diagnostic code that the Diagnostic and Statistical Manual allows for spiritual conditions is V62.89 Religious or Spiritual Problem. This helps to point us in a general direction but is hardly specific for the types of spiritual issues faced by social work clients. Secondly, this diagnosis gives no clear direction leading to a specific intervention and is therefore not of great help. We are left then with a situation where we have adequate spiritual assessment and a growing number of potential biblical interventions, but no clearly stated problem formulation leading to a diagnosis. This inadequate paradigm does not lend itself to connecting interventions with assessment because of the missing element of diagnosis. It tends to reinforce the idea that Christian social work is subject to “subjectivism” (Morgan, *ibid.*). I believe that it is possible to move to an evidence-based paradigm in the assessment, diagnosis and treatment of spiritual conditions. Figure 2 represents an attempt to move Christian social work forward in this effort.

Figure 2: Proposed Assessment, Diagnosis and Intervention Paradigm

Assessment including the Spiritual Dimension	DSM Diagnosis	Intervention that may or may not integrate faith
	Biblical Diagnosis	Intervention that integrates faith

Building on the paradigm proposed in Figure 2, we can begin thinking about diagnoses that make sense biblically and interventions that may be used to treat these biblical spiritual conditions. It is important that Christian social workers understand the fullness of the power that is available to them. That power is not the power that comes from human wisdom and education, as helpful as that may be. The knowledge, values and skills taught in traditional social work programs are tremendous assets that God uses daily to help myriads of people. Christian social workers, however, have divine power as well by virtue of their personal relationship with God. As stated in Matthew 10:1 “And when he had called unto him his twelve disciples, he gave them power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease.” As Jesus’ disciples today, Christians have access to this same power by faith. However, a biblically sound diagnostic system would help Christian social workers more clearly identify the nature of the problem and to focus their intervention more appropriately.

A discussion of biblical diagnostic categories would move from the general to the specific. The bible describes the basic condition of man as fallen. Before sin, our world was perfect. There was no disease, either physical or emotional. It stands to reason then that all emotional illness is the direct or indirect result of sin in this world. We are all victims and victimizers; sinners and the recipients of wounds at the hands of another’s sin. Adam sinned and, as his children, we have all inherited his fallen human nature (Romans 5:12). This sin nature is further described in Romans 8:7 as “the carnal mind (which) is enmity against God: for it is not subject to the law of God, neither indeed can be.” In other places, the sin nature is described as “the flesh” (Romans

8:8), the “old man” (Ephesians 4:22), or the “body of sin” (Romans 6:6). The biblical intervention is nothing short of baptism into the death of Jesus Christ (Romans 6:3), crucifixion with Christ (Galatians 2:20) or death to self (Colossians 3:3). These biblical concepts connote the ideas of absolute surrender (Murray, 1982), giving up my right to myself (Chambers, 1963) or turning my will and life over to the care of God as in the fourth step of Alcoholics Anonymous. Clinically, when this transaction is made by an act of the will, the door is opened for the experience of “a new creature” (2 Corinthians 5:17), “new” or “resurrection” life (Romans 6:4-5), and “partakers of the divine nature” (2 Peter 1:4). Many view these as merely spiritual concepts. However, they are also experiential realities that result in freedom, rest, peace and spiritual vitality. This brokenness can be an event or a process, and it is maintained by a daily decision (1 Corinthians 15:31). That God graciously accepts what his child is able to surrender daily is a testament to his love and grace.

Using a gardening analogy, self is the root that needs to be pulled up completely if our death is to be complete. However, there are also manifestations of self that need to be addressed. These are structures or survival mechanisms that we have developed to deal with the pain of life. They include the drive to control or to be in control, performance orientation, addictive practices, victim/victimizer patterns, withdrawal, judgmentalism, self-righteousness and many others. When any of these manifestations of self are present, they must be specifically chosen to be brought to death. The client must make the choice, but God empowers the transformation. These manifestations of self are like the branches on a tree. The branches may be cut off, but the tree (self) will remain alive unless pulled out by the root. These manifestations of self represent often long-standing patterns of habitual responses to life. They do not die easily and are nurtured as adaptive responses to wounding. Of course, Satan does not want a partial, and certainly not a complete surrender to occur. This would break his hold on the client. A diagnostic classification what has been covered so far might look as follows:

Old Self Alive

Manifestations of Self

- Need to be in control
- Strong need to control others
- Performance Orientation
- Addictive Patterns
- Victim/victimizer
- Conflict avoidance
- Judgmentalism
- Self-righteousness

The next biblical category to consider is that of sins. "Sins" are contrasted with "sin" in that sins are specific thoughts, behaviors, attitudes or self-destructive emotions. Sin, in contrast, is a disposition or bent of the person's nature as has been discussed above. Sins are either deliberate or nondeliberate transgressions of the law (1 John 3:4). In Leviticus 4:2, nondeliberate sins are called sins of "ignorance." The Scriptures contain several lists of sins (Galatians 5:19-21, Colossians 3:5, Ephesians 5:3-5). The ten commandments contain the moral law spoken by the mouth of God (Exodus 20:1-17 and Deuteronomy 5:6-21). Since all other sins and lists of sins in the Scriptures fall under one of these ten categories, this list would be the beginning of a set of diagnostic categories.

Personal Sin

- Pride: exalting self over God
- Idolatry: making anything else a god
- Disrespect for God and his name (character)
- Not keeping the Sabbath holy
- Failure to honor parents
- Murder, either physically or in the heart
- Adultery, either physically or in the heart
- Stealing
- Lying
- Covetousness

These commandments summarize principles that dictate our relationship with God and with our fellow man, and are summarized by the two great commandments to love the Lord supremely and to love our neighbors as we love ourselves (Matthew 22:37-40). The subject of sin can be very delicate for some clients because they have been so beaten up and condemned for their failings. The gospel is clear, however, that God does not deal with sin in this manner. His desire is to save us from sin (Matthew 1:27), to not condemn us when we sin (Romans 8:1) and to treat us with compassion when we fall (John 8:1-11). In fact, he himself died for our sins that we might live. Therefore, as social work professionals, we follow his example and deal very sensitively with clients struggling with sin knowing that we ourselves are subject to the same passions as any other human being.

The biblical solution for sin is confession (James 5:16, 1 John 1:9) and repentance which is a resolute turning away from sin. It is important to note that confession or sin frees the sinner from guilt, but not necessarily from sin's consequences (Deuteronomy 28). There are

consequences to all sin both deliberate and ignorant. Consequences are evidence of God's mercy because it is through them that we learn of the horrible price of sin and are motivated to turn from sin.

Generational Sin

Sin is not only personal but can also be generational (Exodus 20:5 and Deuteronomy 5:9). See Sandford (1985). Clients can suffer from the effects of the moral predispositions passed onto them by their parents just as physical predispositions to physical illnesses such as cancer, diabetes and alcoholism have been found to have a genetic factor. These inherited weaknesses can predispose a client to sinful practices. Generational patterns are often found in the areas of emotions such as anger or depression, bondages such as sex or other addiction, or via occultic and spiritualistic practices. When a client has confessed and repented of personal sin, and a spiritual stronghold (2 Corinthians 10:4) remains, assessing for generational sin and intercessory prayer are the next steps to take. A suggestion for spiritual diagnosis would be generational sin followed by a descriptor specifying the type of generational pattern discovered.

Demonic Influences

While the days when mental illness is viewed as demon possession have longed passed, many Christian social workers have encountered Satanic attacks in their clients. The bible is clear that "we do not war after the flesh" (2 Corinthians 10:3), our adversary is the devil (1 Peter 5:8), and "we wrestle not against flesh and blood" (Ephesians 6:12). While we do not want to give the devil too much credit, as Christian social workers we must acknowledge that he is real and very powerful. Thank God that there is One (Jesus) who is stronger than the strong man of Satan (Luke 11:15-26). Lucifer was the originator of sin and it is his agenda to influence humans to sin so that they will be lost. He takes advantage of human weakness and brokenness. He does not play fair. There are two ways that the devil does his work even today that can be used as diagnostic categories:

- Demonic harassment
- Demonic possession

In the majority of cases, the devil will harass us by using our own sinful tendencies and practices against us. In a few cases, demonic possession (Matthew 17:14-21) is clearly evident.

Over the years, I have had several direct encounters with the enemy. They have not been pleasant but it is true that greater is he that is in me than he that is in the world (ref).

Conditions of the spirit and heart

The human spirit is a concept that is solidly biblically grounded, but poorly understood. When referring to the spirit of man in this context, I am not referring to a person's attitude, but rather to the essence or character of man. At creation, the Lord God breathed into man's nostrils the breath of life (Genesis 2:7), that is, He breathed into man his own essence of life and love. When sin entered the world, the capacity to fully and freely live and love was diminished. Note in Genesis 3 that after sin there was relationship discord both with God and with other humans (vs. 12-13), guilt, fear and shame. One of the effects of sin is a wounding of the human spirit. The word "heart" is also often used to describe the innermost thoughts and motives of man. The bible discusses several conditions of the spirit and heart that would make appropriate diagnostic categories.

- Wounded spirit: The spirit of man will sustain his infirmity; but a wounded spirit who can bear? (Proverbs 18:14)
- Broken spirit: A merry heart doeth good like a medicine: but a broken spirit drieth the bones. (Proverbs 17:22); A merry heart maketh a cheerful countenance: but by sorrow of the heart the spirit is broken. (Proverbs 15:13)
- Brokenhearted: He hath sent me to heal the brokenhearted. (Luke 4:18)
- Stony heart: I will take away the stony heart out of your flesh, and I will give you an heart of flesh. (Ezekiel 36:26)
- Unbelieving heart: Take heed, brethren, lest there be in any of you an evil heart of unbelief, in departing from the living God. (Hebrews 3:12)
- Hardened heart: Today if ye will hear his voice, harden not your hearts... (Hebrews 3:7-8)
- Discouraged heart: they discouraged the heart of the children of Israel, that they should not go into the land which the Lord had given them. (Numbers 32:9)

Isaiah 61:1-3 and its parallel passage in Luke 4:18 described other related conditions: captives and prisoners (addictive processes), mourners who have a spirit of heaviness (those who are grieving) and recovery of sight to the blind (those in denial).

I am certain that social workers who are students of the bible will easily supplement this list with many other potential diagnostic categories. One of the challenges in arriving at a clear diagnostic system is to have categories that are somewhat mutually exclusive (even the DSM does not achieve this objective) and that have clear diagnostic indicators. This work remains to be done. For example, are a "hardened heart" and a "stony heart" the same thing? The biblical

context of the indicator gives clues as to the term's meaning. This work is intended to be the beginning of a conversation about the value of developing a biblical diagnostic system to guide social workers in applying clinical interventions. For example, how is prayer for healing of brokenness different from prayer for setting a person free from bondage? The challenge to Christian social workers is to further define and systematize the work that we do minister to our clients in settings that support an overt Christian approach to treatment.

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