

# COGNITIVE-PERCEPTUAL DISORDERS

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## Features of Cognitive-Perceptual Disorders

### A. Cognitive-Perceptual Disorders

1. Cognitive - ability to think clearly.
2. Perceptual - ability to perceive correctly.
3. Due to physical disease of the brain.
  - Not due to a purported “chemical imbalance.”
  - Due to a steadily progressive deteriorative process in the brain, which as yet has no cure.

### B. Dementia (Alzheimer’s Disease and others like it)

1. Severe memory loss and loss of ability to learn new things.
2. Hallucinations and delusions.
3. Disordered executive function.
  - Loss of ability to plan, set goals, anticipate problems, make use of information, initiate action, manage time.
4. Behavior problems.
  - Poor impulse control.
  - Emotional instability.
5. Total personality change is often seen in Dementia.

### C. All C-P Disorders Have Features in Common With Dementia

1. Prominent features of C-P disorders.
  - Poor executive function, memory, insight, judgment, self-control—due to frontal lobe involvement .
2. Types of C-P disorders include:
  - Head injury.
  - Frontal lobe stroke.
  - Dementia.
  - Schizophrenia.
  - Autism.

3. Other cognitive features.
- Paralysis and lack of speech (or loss of previous ability to speak.)
    - o Stroke, brain injury, dementia.
  - Loss of prior knowledge and/or abilities.
    - o Stroke, brain injury, dementia, schizophrenia.
  - Mental retardation.
    - o May be associated with autism (others may have high IQ.)
  - Cerebral palsy and movement disorders.
    - o Schizophrenia, stroke, autism, brain injury, dementia.
4. Perceptual symptoms.
- Hallucinations.
    - o Schizophrenia, Dementia.
    - o Also often seen in early stages of brain injury and stroke.
    - o People with autism do not have hallucinations.
  - Delusions.
    - o More characteristic of chronic schizophrenia and dementia.
    - o People with autism do not have delusions.

A Brief Summary of Biblical Anthropology

- A. We are Duplex Beings
1. The Inner Person.

- Thinks, feels, makes choices.
  - The Bible calls it the heart, soul, mind or spirit.

2. The Outer Person.

- The physical body.
  - Mediates the activities of the Inner Person.

“It’s easy to understand how a disease can harm memory... But how can a disease produce sinful behavior?”

- B. The Inner Person is Immaterial
1. Our inner person is reborn by the work of the Holy Spirit in us, and communes with God.

2. It is not physical and is not subject to diseases.

3. Jesus taught that the inner person is the source of our behavior. *Matt 6:45*

4. Sinful behavior is produced by a “heart problem.” It is not a disease.

- C. The Brain is an Organ of the Outer Person
1. The brain is the organ which mediates the activities of the inner person, but it is not itself the source of that activity.

2. Because the brain is an organ of the body, it is subject to diseases, as is every organ of the body.

3. People with brain diseases can be subject to severe struggles with sinful behavior because of special features of their brain disease.

The Connection Between Sin and Sickness

- A. Do People With Brain Disorders Sin?
1. Do people with kidney disorders sin?

2. So do people with brain disorders.

3. But determining the boundary between physical disability and willful sin can be difficult.
  - Example: The difference between responding to a delusion in a way that would be rational if the situation was real, and responding in sinful anger toward someone who tries to reorient the sufferer to what is real.

4. Great discernment and wisdom is required as we seek to help people with brain disorders!

5. Cognitive-Perceptual error.

- B. Exploring the Sin-Sickness Connection
1. Sin comes from the heart.
  - But if a sick brain is presenting wrong information to the inner person, resisting impulses to sin can be more difficult.
  - Persons with C-P problems are responsible for their choices.
  - But medicine can clear confused thinking, making it easier to control impulses, resist destructive emotions, and make more righteous choices.

2. Keeping the heart.
  - Keep your heart with all diligence, for from it springs the issues of life. *Prov 4:23*
  - “The diligent and constant use of all holy means to preserve the soul from sin, and maintain its sweet and free communion with God.” John Flavel (1630-1691)

“Error in judgment (leading to error in action) at times may result from physical impairment... Error, in such cases, is neither the result of willful misreading or misleading, nor does it stem from sinful patterns of life.”

## Helping Those With Cognitive-Perceptual Disorders

### A. What C-P Symptoms Can Medicine Help?

1. Medicines that slow cognitive decline.
  - These include Aricept, Namenda, and similar medicines.
2. Medicines that suppress hallucinations and delusions.
  - These include antipsychotics like Zyprexa and Risperdal, and mood stabilizers like Depakote.

### B. Special Temptations Those With C-P Problems Face

1. Denial.
  - Insight and judgment are impaired in many C-P disorders. In severe cases, it will be difficult to recognize and learn from mistakes.
  - But denial is also a sinful temptation for all human beings.
  - People with C-P disorders who are still capable of learning from their mistakes MUST resist the temptation to deny that they are making mistakes. This choice closes the door to the possibility of biblical change.
  - The problem with denial is that if we aren't aligning our beliefs about our value with the Scripture's teaching, we are following our emotions instead of being guided by God's truth.
2. Biblical truth.
  - Our value does not come from what we can do, or how important others think we are.
  - Our value comes from our status as human beings made in the image and likeness of God.
  - God looks on our heart. *1 Sam 16:7*
  - As we continue to respond to God in faith to the limits of our ability, whatever that ability might be, He is pleased with us.
3. Lying and covering up inability.
  - Lying is an offense against a Holy God.
  - It also places a barrier between us and our loved ones.
  - So does pretending nothing has changed and refusing the help and advice that loved ones may long to offer.
  - People lie and mistrust the help of enemies, not allies.
4. Anger.

- More able people with C-P disorders may blame others for their difficulties.
- They may also take out frustration over limitations on the very loved ones they are dependent upon.
- These responses drive loved ones away instead of recruiting them as allies against the real foe, which is physical weakness and the temptations of sin.

### C. Accepting Help With Hallucinations and Delusions

1. Caregivers and loved ones of those with perceptual difficulties can help them to know what is really happening when they aren't sure. This requires humbling oneself and ASKING for help, which can be very difficult for people who already feel badly about their impairment.
2. These sufferers tend to develop delusional explanations for the things they see and hear. If they refuse to check the truth of these beliefs out with their helpers, they ultimately believe that they are wiser than their healthy helpers. This can result in serious danger as they act upon their delusional beliefs!

### D. Accepting Help With Cognitive Limitations

1. Loss of independence (in those with brain injury or deterioration), or inability to achieve it (in those with childhood-onset disorders), is a painful reality for many.
2. Ability to humbly look to others for help will enable engagement in more activities of daily life for a longer time in those with cognitive deterioration.
3. Teenagers and young adults with childhood-onset disorders and adults with brain injury will develop more independence eventually if they take advantage of adult coaching. Drug abuse and rebellion take a special toll upon this group of young people.

### E. Responding Righteously to Cognitive-Perceptual Problems

“One must deal with perceptual problems as well as any other physical impairments, righteously, not sinfully.”