ABSTRACT

The author, a medical practitioner of 30 years experience, a theologian and an ordained minister treats the book of the Prophet Ezekiel from the clinical approach as if the prophet presented himself at the author's consulting room. The book represents the history while what other authors say about the prophet's mental status represents the referral note from other doctors. The author initially made a tentative diagnosis of schizophrenia. The reader is encouraged to read on to see if this diagnosis of schizophrenia is confirmed or not.

1. Introduction and Background
I came across an article in the Sunday Times (Johannesburg) of December 2nd, 2000 claiming that the prophet Ezekiel had classical symptoms of temporal epilepsy. This intrigued me. Further search revealed that other authors had claimed the prophet was psychotic and a victim of sexual abuse.

My aim in this paper is to confirm or refute the clinical diagnosis of psychosis. This diagnosis carries a far-reaching implication. If he turns out to be a mental case, this would have far-reaching implications. We would have placed our trust in a mad man and regarded his writings as inspired, as divine revelation, normative and canonical. This would be a challenge to the very authority of the Bible.

2. Review of Medical conditions
This review is limited to two major psychotic diseases: Depressive Psychosis and Schizophrenia. These are the diseases that meet the popular definition of madness. This article is written for non-medical personnel. The language will be simple and accessible. The
material covered has a direct bearing on the case at hand. A minimum set of clinical features required to clinch the diagnosis will be presented. Limitations of this approach will be discussed as they present themselves.

a) Depressive Psychosis

According to Macleod, the following clinical features are characteristic of Depressive Psychosis: Mood swings ranging from mild dejection to severe depression, insomnia, i.e., sleep disturbances, slowness of thought and indecision, feelings of guilt, unworthiness and self blame, thinking of killing oneself (suicide), adverse effects of the mind on the body – constipation, loss of appetite, loss of weight and physical inactivity.

It is the *combinations* rather than single symptoms that lead to the diagnosis. ‘Normal’ people could be happy today and sad the following day; they too can suffer constipation; they may lose their appetite for whatever reason; they may intentionally lose weight (as it is fashionable these days), many a normal person has blamed himself or herself for an unavoidable accident. The difference is that for the sufferer of Depressive Psychosis, combinations of such symptoms occur with great frequency and severity. The difference between such a sufferer and the ‘normal’ person, then, is of degree. MacLeod thus warned that a patient with Depressive Psychosis ‘can run up vast debts or jeopardize his social position drastically by ill-judged, embarrassing or boisterously inappropriate and undesirable behavior’.

b) Schizophrenia

This condition refers to progressive disintegration of personality. Like Depressive Psychosis the patient is unaware of his/her ill health. The common clinical features are:

1. Disorder of thinking where the patient relates stories without paying attention to logical sequence.
2. the patient may also have ‘flights of ideas’, jumping from one idea to another in a disordered unintelligible fashion.
3. incongruity of emotion where the patient may burst out laughing
when told of a fatal road accident and weep at a joke,

(4) impulsive actions and utterances where patients do and say things abruptly without considering the consequences of what they do and say,

(5) thought insertion and thought broadcasting - patients here claim that someone put thoughts into their minds and she/he can read their minds,

(6) paranoid delusions - patients may believe strongly that they are being persecuted for wrongs they have not committed,

(7) passivity feelings - patients believe alien forces are controlling their actions while they themselves are passive,

(8) hallucinations - this refers to disorders of sensations: seeing, hearing, smelling and tasting things that are not there, touching and being touched.

The American Psychiatric Association declares no single symptom is pathognomic of schizophrenia; the diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational and social functioning.

Hallucination is also common in non-mental diseases such as those with attendant very high temperatures, for example malaria. Drug abuse and poisoning, trauma and biochemical disorders (such as diabetes mellitus) can also lead to hallucinations. Non-psychotic mental conditions (such as senile dementia) also sometimes involve hallucination. Alcohol intoxication can lead to impulsive actions and utterances without taking into consideration the consequences of these actions and the utterances. Drunken drivers can (and do) thus engage in risky maneuvers and be dangerously argumentative. Some years ago the police brought a drunken driver to the hospital for alcohol investigation. He insisted that I should collect blood from his head (not the arm) since beer goes to the brain! Again, drawing on my own experience, the problem of disordered thinking and presentation is common amongst students. Prolonged periods of counseling and guidance may, however, remedy the student’s deficiencies whereas in the case of Schizophrenia the prognosis is grave even with only 20% making full recovery from acute illness.
3. An Interview with Prophet Ezekiel

Ezekiel presents himself in my surgery. His book talks for him. He is the real narrator. Whatever he says or does will be taken into account in this attempt to reveal the 'real Ezekiel'. As we have reviewed major psychotic diseases we now know what to look for as Ezekiel tells us about himself. The constant question in my mind is: 'Is Ezekiel a normal person or a psychotic patient?' Ezekiel speaks in a graphic and detailed manner, describing matters beyond ordinary, day-to-day experience.

He claims on several occasions: 'God's spirit entered me and raised me to my feet' (2:1; 3:12). He is claiming, therefore, to have been 'aerlifled' to some faraway place. Ezekiel claims God instructed him to bake his food using dried human excreta. The same God punished Ezekiel for the sins of others. As if this is not enough, God would punish Jerusalem resulting in parents eating their children and children eating their parents (Ezek 5:10). God would send animals to kill children. He would send sickness, violence and war to destroy the nation (Ezek 6:1-14).

At this stage I shall construct a scoreboard on which to record the symptoms, which in combination may give us a tentative, working diagnosis.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Verses</th>
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<tr>
<td>DEPRESSIVE PSYCHOSIS</td>
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<tr>
<td>Mood Swings</td>
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<td>Insomnia</td>
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<td>Slowness of thought, indecision</td>
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<td>Guilt, unworthiness, self-blame</td>
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<td>Constipation</td>
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<td>Loss of appetite</td>
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<td>Loss of weight</td>
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<td>Retardation of physical activity</td>
<td>3:15</td>
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Implied suicidal tendencies

**SCHIZOPHRENIA**
Disorder of thinking
Incongruity of emotion
Impulsive actions and utterances
Thought insertion broadcasting
Hallucination

- Visual: 1:1-26
- Auditory: 1:3, 3:1, 3:12; 3:13, 3:16
- Olfactory
- Taste: 3:3
- Paranoid delusions: 3:25-26 (threatening) 4:1-15
- Passivity feeling: 2:2, 3:12 3:14; 3:24

The scoreboard rules out the diagnosis of Depressive Psychosis but points out that Schizophrenia at this stage cannot be ruled out. Ezekiel sees, hears, and tastes things that are outside normal day-to-day experience. He claims he is being persecuted for the sins of other people. His God is also not exactly loveable; in fact, he exhibits the worst of human nature. For instance, he instructs Ezekiel to bake his food with human excreta and vows to send misery where parents will eat their children and children eat their parents (5:10; 6:1-14). Ezekiel claims an alien force has lifted him from the ground (Ezek 3:12) suggesting that he feels himself to be a passive object. Ezekiel also appears to suffer from hallucinations, thought disorders and paranoid delusions. All of these are strongly suggestive of Schizophrenia. One may at this point recall Hosea’s remarks, “the inspired man is insane” (Hosea 9:7).

4. Tentative diagnosis: Ezekiel is Schizophrenic

This calls for further investigation. Let me review his occupational and family history and literature on him (this will be treated as the case notes of other medical practitioners) and investigate his culture.
Occupational and Family History

It is important to review the occupational and family history of patients. Miners, for instance, are exposed to adverse conditions such as loud noise and dust and they may therefore incur hearing loss and respiratory diseases such as asbestosis; nurses are exposed to needle pricks and hence they have higher risk of contracting HIV/AIDS than the ordinary population (which gives rise to considerable stress); singers tend to develop voice strain – and so forth. Family history, on the other hand, might reveal whether a patient has a high risk of suffering from genetic diseases inherited from their families, or diseases caused by adverse effects of the environment. Diabetes mellitus, hypertension and tuberculosis (Tb) are examples that immediately spring to mind. Diabetes mellitus and hypertension are mainly caused by stressful environment, Tb is a communicable disease. The family tends to share the genetic pool and the environment. In the case of Ezekiel we shall examine closely what his occupational and family history can reveal. We shall concentrate on relevant material that might help us reach a diagnosis.

The following verses establish that Ezekiel was (or, believed himself to be) a prophet. Here God says, 'Mortal man I am sending you to the people of Israel. They have turned and rebelled against me' (Ezek 2:3) and ‘Mortal man go to the people of Israel and say to them what I tell you to say’ (Ezek 3:4). What then is a prophet and what is prophecy?

J. E. Steinmuller, and K. Sullivan, discuss prophecy and prophets under the following headings: terminology, brief history of prophecy, call, and supernatural knowledge. They provide much detail on prophets and prophecy, which I shall survey in a summary form. The term ‘prophet’ (propheta in Latin and prophets in Greek) is derived from the Greek verb prophanai, which means ‘speak in place of someone’. Ezekiel 2:3 and 3:4 indicate just such a ‘speaking in place of’ – in this case, of God. The technical Hebrew term nabi is derived from the verb naba, which means ‘to call, to proclaim’, and ‘to name’ (the Semitic verb nabu meaning ‘bubble up, pour out’).
Other Hebrew words related to prophecy are *roeh* and *chozeh* (both translated ‘seer’ – indicating special vision). The narrator in 1 Sam 9:11 steps out of the story and directly addresses the reader with ‘at that time the prophet was called a seer’. Other terms referring to prophets indicate a relationship to God: ‘servant of God’, ‘man of God’, and ‘messenger’ of God’. In relation to the people, the prophet is sometimes called a watchman: for instance, ‘I am making you a watchman for the nation of Israel’ (Ezekiel 3:17). Prophets were called watchmen and expected to see to it that the nation of Israel met both God’s religious and legal demands. The covenant and the temple were central to the life of the people.

According to our texts Abraham, first of the patriarchs, is called by God (*Genesis* 12) and the first biblical figure referred to as a prophet; Moses (dominant in the books of *Exodus-Deuteronomy*), head of the theocracy, is recognized in the Jewish tradition as the supreme prophet. After him and the leadership of Joshua, during the period of the Judges, prophecy seems to have been rare. An exception was Deborah (referred to as a prophetess in *Judges* 4:4). It was in the period of the monarchy, from the time of Samuel (who anointed both Saul and David) that prophets really rose to prominence and even founded companies/guilds of prophet. Prophets either delivered their messages by preaching (non literary prophets, e.g. Nathan and Elijah, whose words are recorded in the so-called Former Prophets) or preached messages that they or their disciples later wrote (the literary prophets, e.g. Isaiah and Amos). The latter were divided into Major Prophets (Isaiah, Jeremiah and Ezekiel) or Minor Prophets (‘The Twelve’) depending on the length of the text.

Biblical prophets tend to claim to have been assigned by God to speak on his behalf this could manifest itself in a divine call (Isaiah 6:1-11), a self-revelation of God (Jeremiah 28:5-11; Ezekiel 8:1), or another form of divine commission (Jeremiah 1:7, a verbal instruction). Prophets may perform miracles to support their claim to divine authority (Moses and Elijah). When the Israelites demanded water to drink from Moses, he struck a rock and water poured out (*Exodus* 17:1-7). Elijah brought back to life a widow’s son (*1 Kings* 17:19-23). Prophets typically
demonstrate courage and candor in preaching against kings and priests (i.e. authority figures) e.g. Micah denounced the rulers of Israel (Micah 3:14) and the prophets (Micah 3:5-7). Amos told the king, for disobeying the Lord, ‘your wife will become a prostitute in the streets and your children will be killed in war, your land will be divided up, and given to others and you will die in a heathen country’ (Amos 7:14-17). They had power to predict the future (e.g. Isaiah 37:6-7 is fulfilled in Isaiah 37:36-37 and the fulfillment is tacitly verified by Assyrian record). God communicated the divine message to prophets through words (Exodus 3:4-22) visions (Isaiah 6:1-13, Ezekiel 2:9-11) or dreams (Genesis 15:17-21).

According to J. F. Sawyer, the prophets performed the following tasks: They were religious and moral teachers. They reminded the people of their covenant obligation to Mosaic Law and they were watchmen and guardians of purity of the Hebrew religion. This is why they remained monotheistic in spite of syncretic influences. They were very often political advisors of kings. Typically, they have a strong concern for social justice. Their social task led them to defend the poor, the powerless, the voiceless, the marginalized and the oppressed ('the widow and orphan and the aliens amongst'). Their message is future-directed. In accordance with the Christian tradition, they predict the coming of the messiah though there is no solid evidence that Isaiah and Second Isaiah were Christ logical when referring to ‘messiah’.

Ezekiel is not only a prophet but also a priest (1:3). He was of a priestly family, but he was exiled to Babylon with the deportees of 597BCE. He was probably exiled at an age when he would have begun to minister as a priest in the Temple in Jerusalem. Thus trauma, frustration, and a major role change could have an adverse impact on his mental health. The biblical text is telling us little about his family. We know that his father was called ‘Buzi’ (1:3), he was married and outlived his wife (Ch 24). The death of his wife would compound his already stressful life. Can all this lead to madness?

What we see now is that many of the features we had initially identified, as symptoms of mental instability and illness is characteristic also of the office of the prophet, as described in the Hebrew Bible. This
complicates our attempt to offer a diagnosis: is Ezekiel mentally ill, or is he a typical example of a biblical prophet?

Prophets are possibly not immune from attacks of madness. They are, after all, in some respects at least, like any other member of the general public. They, too, are exposed to genetic and environmental influences. However, let us note that the term madness has a social dimension. If a person does something considered unintelligible by her or his colleagues or associates (especially if that behavior is violent or bizarre) the society has a tendency to label her or him mad. Thus madness is socially, or culturally relative: what is considered mad in one society may be considered acceptable, or otherwise accountable, in another.

*The Encyclopedia Britannica* has it that prophets, employing ecstatic technique, have been called mad men in account of their loss of control over themselves when the deity possesses them. Prophets in ecstatic trances often have experienced sensations of corporeal transmigration such as the 6th Century Old Testament Prophet Ezekiel. 7

J. Blenkinsopp adds to this as follows,

Violent behavior of their [the prophets’] kind would in our culture result in a diagnosis of manic depression or dementia praecox and even in ancient Israel it could be interpreted as a form of sickness or madness (see e.g. 2 Kings 9:11, Hosea 9:7, Jer. 29:29). 8

The following biblical passages are revealing indeed and provide further illumination. A young prophet was sent by Elisha to anoint Jehu king of Israel. He called Jehu into a private room and anointed him king. Jehu’s companions asked, “What did that crazy fellow want from you?” However, when they heard he had anointed Jehu king, they gave him red carpet treatment and shouted and proclaimed Jehu king (2 King 9:11-13) - thus they no longer labeled the prophet crazy. This indicates that the young prophet looked or behaved in a way that might be construed ‘crazy’. Once it emerged that his action elevated Jehu – a man
who had power over the companions – they realized that the pejorative label of ‘craziness’ might put them at risk. Hence, ‘craziness’ is swiftly reconstructed as ‘appropriate behavior of a true prophet’. Hosea, one of the literary prophets, felt unrecognized and hated when he admonished people and told them that the day would come when punishment would be meted against them for celebrating pagan festivals. He accuses them as follows: “This prophet you say is a fool. This inspired man is insane” (Hosea 9:1-9). This reveals that sometimes people were not sure of the prophet’s state of mind. The prophet was ‘fair game’ for their criticism.

A prophet wrote a letter to the priest of the temple and said “It is your duty to see that every madman who pretends to be a prophet is placed in chains with an iron collar round his neck” (Jer. 29: 26-27). This again implies that the behavior of madmen and prophets had points of similarity.

The question now arises: How did the people of Israel distinguish between madmen and prophets? Blenkinsopp claims “Extraordinary behavior of this kind was susceptible of more than one interpretation; there had to be a discerning of spirits”. But how can this ‘discerning of spirits’ be achieved? This question vexed even the post Reformation believers. Porter states ‘but for the sincere believers, seeking after a sign, God’s voice and providential finger remained more obscure’. He continues, referring to contemporary ‘prophets’:

Opinion-leaders argued in the rational and tolerant eighteenth century, that it seemed more likely that such tormented souls were truly possessed neither by God nor indeed by Satan, but rather by misconception, disorder, or malady. Those who ranted and raved in the name of God, who wailed out in church or fell into fits while listening to sermons, were increasingly seen as objects of pity. They were sick; they needed treatment.

If such could be said of people who could be observed, could the same not be true of the prophets of biblical times? Were they, too, ‘tormented souls’, ‘sick’, ranting and raving in the name of God?
This completes the review of Ezekiel's occupational history. Now comes the review of his medical bibliography.

5. Review of Medical Bibliography on Ezekiel

This succinct review will attempt to show the chronology of the literature relating to the mental state of prophet Ezekiel, hoping to find out the origin and development of the diagnosis of 'madness' leveled against him. (This literature review seeks to fill the place of ‘earlier medical diagnoses’.)

Rabbis in ancient times did not allow Ezekiel 16 to be read in public, probably because of its vulgarity, obscenity and insensitivity. Vulgarity, obscenity and insensitivity could be indicative of mental disorder. Klosterman in the mid 19th century saw parallels between records of mental patients and what Ezekiel wrote and made a ‘diagnosis’ of catalepsy. This refers to a state of trance, seizures associated with some paralysis. This did not, he argued, affect Ezekiel's prophetic mission, which he held to be genuine. E. C. Broome in the 1940s, based on Freudian psychology, reached a diagnosis of Schizophrenia. J. D. Halperin reviews also several critics of Broome from the 1950s to late 1980s. Their main arguments were against the methodology used by Broome. Karl Jasper, also in the 1940s, declared Ezekiel schizophrenic, based on the prophet's uninhibited use of sexual imagery. G. H. Bullock claimed that 'the question of Ezekiel's state of mind during his reception of revelation has been much discussed'. He claimed that Ezekiel's ecstatic experience was different from those of the non-writing prophets, for he did not dismantle his mental processes but engaged them.

Halperin correlated Ezekiel 8:7-12, Chapters 16 and 23 and 24:15-17. He reached the conclusion that Ezekiel was sexually abused. He recommends, 'we must expel Ezekiel from the canon or dissolve the canon itself'. Earlier he had declared that his approach would be non theistic. He took for granted that the wrath of Ezekiel's god was in fact Ezekiel's wrath. Blenkinsopp warns that the suggestion that Ezekiel suffered from a physical or psychological disorder - such as aphasia, catatonia, epilepsy,
or schizophrenia – is speculative and often vitiated by ignorance or neglect of the editorial history of the book. He does, however, admit the possibility of one or other of the conditions in view of the association between sickness and possession.19

6 Final Diagnosis
In medicine the final diagnosis is reached after completing a series of steps made up of history taking and a physical examination. The history of the patient’s complaint(s) explains the evolution of symptoms, which assists the doctor in determining possible causes. Say a patient comes to me with a cough. Many conditions can give rise to a cough but the nature and the timing of the cough and whether it is dry or productive of sputum, clear or bloodstained, are evaluated. A careful examination of the patient’s history will thus reduce the number of possible causes, as will the physical examination. Detailed examination through inspection, palpation, looking for symptoms of shortness of breath, touching the patient to look for tender areas, and listening for air entry and added sounds using a stethoscope may lead to a diagnosis (e.g. asthma). It may be necessary to conduct a basic side room investigation - such as examining the sputum. The majority of cases are resolved at this stage, failing which highly specialized investigation (e.g. X-rays or surgery) are performed. Some causes may only be established after the patient’s death and a subsequent post mortem.

Psychologists rule out organic causes before they label the patient psychiatric. Interestingly, the Roman Catholic Church has recently published the new guidelines for performing exorcism (driving away demons from the possessed). According to these guidelines, an exorcist must first check with a medical practitioner to rule out organic disease.20 Clearly, epilepsy due to brain tumor, for example, will not respond to exorcism. With this background let us revisit Ezekiel.

We only have Ezekiel’s book. This poses some limitations for our investigation. I cannot take a full history from him; I cannot observe him; nor can I physically examine him. Prophetic texts are not field
studies, or medical reports, or even autobiographies. The authorship of the Book of Ezekiel may be multiple and the text may have been written and edited over a long period of time. For now I assume Ezekiel is truly the author of this book (in particular chapters 1–6) and I am construing the text in a particular way - as written by one, possibly psychotic individual. In our preliminary evaluation he seemed to fit the diagnosis of Schizophrenia, because he appeared to have hallucinations, paranoid delusions and passivity feelings. His occupational history revealed that he is a prophet. This profession has a long history: Amos and Isaiah, for instance, predated him by 2 to 3 centuries. Both of these prophets also describe visual and auditory experiences of the Lord: Isaiah saw creatures with six wings (Isaiah 6: 1–13) (Ezekiel's creatures had only four wings) and Amos saw the Lord standing by a wall (Amos 7:7); both Isaiah and Amos enter into a conversation with the Lord (Isaiah 6:8–13; Amos 7:2–9). Ezekiel is not mad but typical of a prophet of his time, following in the tradition of Isaiah and Amos.

The review of literature on Ezekiel with some medical focus raises debates on the status of his mental health. The diagnosis of mental disorder was based on the superficial interpretation of specific verses such as 3:1-3; 3: 24-26; 4: 3-8,4: 4-8; and 4:12-15. These will be discussed from the classical medical point of view.

Let us revisit Ezekiel 1 - 6, to review if my early working diagnosis still prevails. As new information becomes available it is common practice in medicine to update or even dismiss the initial working diagnosis.

7 Findings and discussion
Characteristic symptoms of Schizophrenia are delusions, hallucinations, disordered speech, and grossly disordered behavior. Delusions have to be bizarre, like the patient claiming loss of control over her or his body or mind. Ezekiel describes something that might qualify as a delusion of control by another when he claims 'As he spoke to me one spirit entered into me and set me on my feet' (Ezekiel 2:2). He says later, 'Then the spirit lifted me up and I heard behind me
the noise of a loud rumbling’ (Ezekiel 3:12). Hallucination diagnostic of Schizophrenia involves hearing voices conversing with each other or voices running a commentary on the patient’s life. Hallucinations in Ezekiel 1–6 are not of this type and hence do not meet the criterion.

Disordered speech as a symptom is difficult to evaluate. One has to hear the patient expressing himself. Does he “slip off the track”? Does he give oblique answers to questions? There is no evidence of this in Ezekiel 1-6. Again there is no evidence of grossly disordered behavior. (Ezekiel is not given to public masturbation or dressing up with multiple overcoats for instance.) One wonders what to make of Isaiah’s public nudity in Isaiah 20:2-3. He goes about stripped and barefooted for three years! This again demonstrates that there could be a fine line between prophet and madman.

I will now address specific verses. These are 3:1-3; 3:24-26; 4:3-8; 4:4-8; 4:12-15 and 5:1-4. Superficial reading of these verses may mislead one to an unfounded diagnosis. Let me point out alternative explanations from the medical perspective:

**Ezekiel 3:1-3**
God ordered Ezekiel to eat a scroll. He ‘ate it, and it tasted as sweet as honey’. Eating a scroll does not make one psychotic. Stories abound of people who ate incriminating documents in a crisis if they had no alternative way of destroying them. This is supposed to have happened in the apartheid South Africa, and possibly in Nazi Germany.

**Ezekiel 3:24-26**
God said to Ezekiel ‘I will paralyze your tongue so that you would not warn these rebellious people’. His dumbness would be due to a physical, anatomical disorder and not due to disordered speech of psychosis.

**Ezekiel 4:4-8**
He claims that God commanded him to lie on his left side for 390 days and on his right for the sins of Israel. There is no evidence that he
complied with the command. Medically it is impossible for he would have developed pressure necrosis i.e. death of the skin with inevitable infection leading to septicemia and death. It is for this very reason that patients who cannot turn themselves must be turned at least every two hours.

Ezekiel 4:12-15
He refused to use human excreta to bake food. This clearly indicates that Ezekiel is sensitive to what is right and what is wrong. He has not lost his sense of propriety and decency. Even the divine command would not shake him.

He would not embarrass himself in public: in other words, he has a sense of himself as a social being. He would not embarrass the Israelites: he has consciousness of other social beings and of what they consider appropriate behavior. All these points indicate that he was rational and that what he is exhibiting may not be the clinical features of mental disorder though one has to admit that there seems to be a fine line between prophet and madman. We have no evidence of Ezekiel demonstrating social/occupational dysfunction. In fact, his behavior seems to be in many ways entirely typical of and appropriate for the occupation of prophet. There is no evidence that his work performance deteriorated, or that he exercised self-neglect, or that he had strained interpersonal relations. We have no evidence on the duration of his disturbance. "Schizophrenia is a disturbance that lasts for at least 6 months and includes 1 month of active-phase symptoms".

We are left only with bizarre delusions of loss of control of body or mind but DSM-IV warns us:

"Clinicians assessing the symptoms of schizophrenia in a socio-economic or cultural situation that is different from their own must take cultural differences into account. Ideas that may appear to be delusional in one culture (e.g. sorcery and witchcraft) may be commonly held in another. In some
cultures visual and auditory hallucinations within a religious content may be a normal part of religious experience (e.g. seeing the Virgin Mary or hearing God’s voice).\textsuperscript{22}

8. Conclusion
My interest in this case was to refute or confirm the clinical diagnosis of psychosis with regard to Ezekiel 1-6. My conclusion is that the presentation in these chapters does not give us concrete, definitive evidence to reach the diagnosis of psychosis. Perhaps he was exhibiting behavior typical (and to some members of his community at least) acceptable.

My personal point of view is that Ezekiel is non-psychotic but admittedly very strange. I am inclined to agree with Ronald Boer who in his masterpiece “Ezekiel’s Axle or Anarchism and Ecstasy” argues that Ezekiel uses shock therapy to drive his message home.\textsuperscript{109}

Does Ezekiel’s behavior meet the criteria for diagnosing major mental disorder such as manic depression or schizophrenia? The review has shown that he does not meet the criteria of such a diagnosis. If Ezekiel came to see me in my surgery I would have declared him fit and therefore responsible for his actions.
NOTES
4 C. R. W. Edwards (ed) Davidson's Principles and Practice of Medicine, ... 1998, p. 999.
7 The Encyclopedia Britannica vol. 15, p. 62
9 J. A. Blenkinsopp, History of Prophecy in Israel, ... p. 92
12 Halperin, Seeking Ezekiel: Text and Psychology, ... p. 8-11
13 E. C., Broome, "Ezekiel's Abnormal Personality," Journal of Biblical Literature
14 Halperin, Seeking Ezekiel: Text & Psychology, ... p. 1-38
16 Halperin, Seeking Ezekiel: Text & Psychology, ... p. 223
17 Halperin, Seeking Ezekiel: Text & Psychology, ... p. 4
18 Blenkinsopp, History of Prophecy in Israel, ... p. 167
19 www.trosch.org/chu/Exorcism.htm downloaded 20/5/05
20 The American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, p. 281