

Lesson 7: Psychiatric Medicine

Cultural Background

Not a professional, but a pastoral opinion—both anxiety pills and anti-depressants are common in the church.
What should Christians think about this prevalence of psychiatric medicine?

Our society values safety, almost at all costs.

Youth are less prone to risky behavior and parents are less likely to let them venture outside.
Our medical care has increasingly prescribed pain medications (cf. general anesthesia for oral surgery).

Our society does not value suffering.

Our culture treats boredom as a form of suffering and just cause for complaint.
Some authors have noted the bad side effect (e.g. Eric G. Wilson, *Against Happiness*; Matt Papa, *Look & Live*).
Scripture does not treat suffering in this way:
1 Peter 2:21 – following in the footsteps of Jesus
Romans 5:3 – rejoicing in how suffering is used to give a greater hope for heaven
James 1:2-4 – rejoicing in how suffering is used to complete personal character
Warning: “Let it have its perfect result...” – do not interrupt its good work.
2 Corinthians 12:9-10 – paradox: “When I am weak, then I am strong.”
Two present tense verbs—not *after* I am done being weak, then I *will become* strong (cf. Ph. 3:10).
Therefore, we should not automatically *assume* that God does not want for me to suffer, and then grab a pill.
Believers who “walk in darkness” are warned about relying on self-made light (Isa. 50:10-11).
Even Jesus on the cross refused *gall*, a mind-numbing agent (Mt. 27:34).

Believers can go crazy.

We have a psychosomatic union that only death dissolves—so one side affects the other, and vice versa.
Illus. The Mad Hatter – lead poisoning (cf. chemical/mineral effect on a body; night terrors by dehydration)
Illus. Robertson McQuilken, *A Promise Kept* (1998) – wife Muriel with onset of dementia in mid-50s
Illus. William Cowper – the evangelical poet laureate of England (late 1700s)
What happens when a believer “changes” during Alzheimer’s?
Because the “flesh” is never redeemed, but must die, all manner of sin may come out (cf. Rom. 7:14-25).
Somehow the “spirit” is different than the “mind” (cf. 1 Cor. 14:14-15 – brain injury).
Conclusion: We must avoid an “over-realized eschatology” as if heaven is already here (contra Rom. 8:15, 23).
God has *not* promised to redeem the body yet, so physical *helps* should be welcomed (e.g. 1 Tim. 5:23).

Three Schools of Christian Counselors

Secular – mental disturbances are *diseases* that need medication (cf. materialistic worldview)
Purist – mental disturbances are *falsehoods* that need mental correction (cf. Jay Adams – nouthetic counseling)
Integrated – mental disturbances are *complex*, requiring a range of solutions

Pastoral Rule of Thumb

Given last week’s “iceberg” of symptoms and three possible root causes, I propose as the first line of inquiry:

Treat physically-caused disturbances with medication (e.g. brain injury, drug abuse).

Treat emotionally-caused disturbances with counseling and life-training:

E.g. ADHD and ADD – how much is poor diet (sugar and caffeine), overstimulation (video games), lack of childhood discipline, and lack of exercise? And until all these are exhausted, why prescribe Ritalin?

Trauma may require a temporary season of medication, in order to allow for choices to be made again:

E.g. PTSD, a grieving woman did not leave her house for a year or so, etc.

Pastoral Proposal

Medication is not the focus, but making life choices in the obedience of faith:

Even with a medication, a new normal is established and the same situation and emotions are back again.

Sometimes the medication itself can produce even worse mental disturbances in time (e.g. new kind of bipolar).

If we can, then we should move towards more freedom and avoid all addictions (cf. 1 Cor. 7:21-23; loan vs. pauper).

Warning: Never stop a medication *abruptly*, but only with the help of a medical professional.

Beyond the body and its brokenness, spiritual power is available through faith—full of joy and peace (Rom. 15:13).