

## BC-8

### **\*Verses I forgot to give you (last week) on the conscience:**

(Rom 2:15, 9:1, 13:5; 1Co 8:7, 10, 12, 10:25-29; 2Co 1:12, 4:2; 1Ti 1:5, 19, 3:9, 4:2; 2Ti 1:3; Tit 1:5; Heb 9:9, 14, 10:22, 13:18; 1Pe 2:19, 3:16, 21)

### **(new material) Introduction To Drug Therapy**

#### **I. The Bible's Position On Drug Use**

##### **1. Drugs are acceptable when used to relieve organic problems or physical pain.**

(Pro 31:6)

(1Ti 5:23)

(2Ki 20:1-7)

##### **2. Anything other than God (including drugs) are condemned when used to relieve problems that are spiritual (nonorganic) or pain that is psychological (versus physical).**

(Hos 7:13-14) (Isa 65:1-6: they have problems which are spiritual and pain which is psychological. See 64 for context—Isaiah is asking for mercy and help for the people and the bad situation they are in now—and will be also in the future according to God's promise of coming judgment and captivity).

(Luk 11:14-26)

(Jer 2:1-22)-They found their happiness at first in God—but then went astray by finding it elsewhere.

(2Co 7:6)

##### **3. Drugs are not the issue, rather it is why they are being used.**

And this is very important for us to understand, since as we have just seen, the same drugs are often used for physical problems which are also used to treat psychological problems (ex. wine). Therefore drugs themselves should not be condemned—but only when they are used for wrong reasons.

#### Examples from today:

Some antidepressants are used to treat physical pain. In this case, however, the doses are much lower, then when used as an antidepressant.

Elavil (Amitriptyline) is a drug prescribed by psychiatrists for depression, it is also prescribed by physicians for bed-wetting.

Inderal (Propranolol) is a drug prescribed by psychiatrists for anxiety, it is also used by physicians for heart disease.

**IMPORTANT PRINCIPLE TO REMEMBER: “treat physical with physical, spiritual with spiritual”**

## **II. Contrast Between The Field Of Medicine And Psychiatry Regarding Disease And Drug Use:**

The following two points contain quotes from Dr. Robert Smith M.D. and his book, “The Christian Counselor’s Medical Desk Reference”.

In association with his work, and as a test to its medical accuracy, the following physicians were also involved in his thinking and his book:

Dr. Jim Halla (Rheumatology)

Dr. Charles Hodges (Family Practice, Emergency Medicine)

Dr. George Smith (Family Practice)

Dr. Steve Vogel (Family Practice)

Dr. Dan Wickert (Obstetrics/Gynecology)

Dr. Gordon Welk (Family Practice/Urgent Care)

Here then is Dr. Smith (along with their) conclusions when comparing psychiatry and medicine in relation to the issues of disease and drug use.

### **1. There is a significant difference between medicine and psychiatry regarding disease.**

*“ In medicine, definite organic causes are found for a number of behavior problems. It is very important to understand that whenever an organic cause is found, it is given a medical disease label or diagnosis. In most cases, the diagnosis is based on some specific demonstrated problem in various bodily functions. This physical malfunction is found by examining the body and its functions by means of various objective laboratory tests. The conclusion that something is wrong with the body is based on information obtained from these tests.*

*The important fact to keep in mind is that to qualify as an illness, the condition in question must show damage to the body’s physical tissues or regulatory systems. This damage must be proven by objective tests, either by an objective observer (such as a person measuring blood pressure) or objective laboratory tests.*

*In medicine the diagnosis is made on the basis of the reason for or the causes of the behavior, the organic changes in the body. The label generally describes the disease that is producing the behavior.*

*BY contrast, in Psychiatry , diagnoses are made on the basis of the behavior of the person, not the reason for the behavior.*

*The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition...deliberately ignores causes. A diagnosis is based on a certain set of symptoms (how you think, feel or behave), not the cause of those symptoms."*

*This is all understood better and the significance is seen by the following illustration:*

*[Suppose your doctor] told you that you had cancer of the bowel, and he was going to have you scheduled for a colon resection removing three feet of your bowel, and that you would have a permanent colostomy. When you asked how he knew you had cancer his answer was, 'Because of how you think, how you feel and how you act.' He might add a stool exam that was positive for blood but that was all. Would you consent to this surgery on the basis of this evidence? Yet with no more proof than this, people are placed on medicines, admitted to hospitals and given shock therapy, and so on. They have been told that their problem is medical or organic, but there have been no tests to prove it."*

## **2. In the field of Medicine specific organic diagnosis equals specific drug prescription, in Psychiatry no specific organic diagnosis is needed to prescribe drug use, only a "chemical imbalance".**

*"'Chemical imbalance' is a term used for the theory that one of the chemicals is too high or too low in (the) synaptic junction. It is concluded that the abnormal level of one of these chemicals interferes with the transfer of impulses and thus produces the bad feelings and behavioral problems. The fact is, there is no instrument that will measure this in the synapse or nervous system, so this theory cannot be proven. There is no test that will prove such an imbalance. Since there is no proof of an imbalance, the concept is only a theory and not a fact. Numerous research studies have not been able to prove the 'chemical imbalance' theory to be fact. The secular community understands and many have shown great integrity in analyzing the process."*

In contrast to that...

*[The Field of Medicine understands that] there are true chemical imbalances in the body; but when they are present, the condition is no longer labeled chemical imbalance. It is labeled according to the chemical that is out of balance, and it is given a medical disease label. [For instance] low thyroid is a chemical imbalance, but it is called 'hypothyroid' instead of 'chemical imbalance'."*

In conclusion then...

*"When people talk about 'chemical imbalance' as a cause of depression, it is because there is no laboratory tests to prove this. Remember, an illness means something is wrong in the tissues of the body, it can be proved by objective tests performed by an objective observer. The reality is that there are no laboratory tests that can prove the presence of a chemical imbalance. The chemical imbalance diagnosis of an illness, is not proven by tests, but is based on what a person thinks and feels as described by DSM-IV. Whenever the term 'chemical imbalance' is used, it is as a generic term without proof that any change is present in any chemical."*

III. Questions that should be asked of anyone making a diagnosis that a physical or organic problem is the reason for mental, emotional or behavioral problems:

1. What tests were run to prove that an organic problem exists?
2. How do these tests prove the presence of an organic problem?
3. How do you know the alleged organic problem is the cause of the mental, emotional or behavioral problem rather than the \*opposite being true, or no connection at all?

\*The Cycle of Psychosomatic/ Spiritual To Organic Problems:

Life Circumstances ...

Unbiblical Response (Behavior 1) [SOURCE]

Physical Condition, Bad Feelings, Lack of Motivation (Behavior 2)[Psychological Drug Therapy]

*"Drugs do improve a person's feelings. Medications do make people feel better, and feeling oriented people function better when they feel better. When people feel better from the use of medications, this is used as an argument to prove there was a chemical imbalance. Their 'logic' is that because a person felt better and the performance was better, this proves the presence of a chemical imbalance. In science [however] two concurrent facts do not prove one causes the other. For example, it is a fact that 100% of people who ate carrots in 1835 are now dead. That doesn't prove that eating carrots is dangerous. But that is the kind of quasi-logic being used [by psychology]." ~Dr. Smith*

4. What proof do you have that the medicine or procedure you are prescribing corrects the cause of the organic problem?

IV. Counseling Those On \*Psychological/Psychotherapeutic/Psychotropic ("mind-altering") Drugs

\*Psychological/Psychotherapeutic/Psychotropic drugs include all drugs prescribed by psychiatrists for the purpose of treating those diagnoses found in the DSM-IV. This means there is no known physical/organic problem except possibly those being created by the person's spiritual state.

GOALS:

1. Your primary goal is not to get them off of the drugs.
2. Your primary goal is instead to make them "God pleasing" people rather than "pleasing feeling" people.

STEPS TO ACHIEVE YOUR GOAL:

1. Help them to see that feelings are not a good indicator of reality.

(1Jo 3:20; 1Co 4:4) (Pro 11:7, 28:1) (Mat 24:37-39) (1Ki 19:1-18: God revealed to Elijah through the wind and His words that what he was feeling (defeated, discouraged, depressed) was not congruent with

reality. He was not the only one left serving God, nor was he in danger. God would mercifully care for and protect him (and that regardless of how he felt about himself—"I am no better than my fathers")—because it wasn't dependent upon Him—but God through him making him strong.)

**2. Teach them the connection that can exist between feelings and behavior or thinking.**

"Mind, Will, and Emotions" or "Behavior, Will and Emotions" (Gen 4:1-7) (Psa 32, 38) (Psa 73:1-22)

**3. Help them to make the pleasure of God/ Jesus Christ more important than their own.**

(Mar 8:34-38; Phi 1:21; Gal 2:20, 5:24-25, 6:14; Eph 5:1-10; Rom 6:16-19, 8:12-13, 13:14; Luk 22:42)

**4. Teach them to think and act/respond to life's circumstances in a way that is pleasing to God (versus what is pleasing to their feelings).**

Philippians is a great book for this (and for their first assignment) under your counsel.

In this book we find, how a Christian can go through tough times with strength, peace and contentment.

Here is how you help your counselee apply to their life:

A. Have them read the book with the understanding that Paul was in prison when he wrote it (a pretty depressing, discouraging place).

B. Have them look for and write down the following things and then think about them:

- i. How often Paul speaks about joy.
- ii. How often Paul speaks about rejoicing.
- iii. Why Paul says we are to practice rejoicing. (ch.3)
- iv. What Paul says about suffering and the Christian. (ch.1)
- v. How Paul said he was able to be content in any circumstance life brought him. (ch.4)
- vi. What Paul did when tempted to be anxious. (ch. 4)
- vii. What Paul chose to think about. (ch. 4)

**5. Help them to find their joy and hope in Jesus Christ.**

(1Pe 3:13-15)

In these verses we find HOW the Christian can get through tough times while still possessing joy and hope.

"sanctify Christ as Lord in your hearts" = set apart Christ as your greatest joy and desire to please (in this way He is "Lord" since whatever is our greatest desire and joy to please is according to Scripture our Lord and G/god (Luk 6:46, 14:25-35).

“the hope that is in you” = This phrase exists within the context of persecution and suffering which means that what people are asking for is our secret for joy and hope during those times. And the answer according to Peter should be Christ in us (and not a little blue pill!).

**6. Teach them what the Bible says about using drugs for psychological reasons.**

**V. List And Description Of Common Psychological/Psychoterapeutic/Psychotropic Drugs Used Today**

Statistics Regarding \*Antidepressant drugs:

\*Any drug used to treat depression or symptoms that could be associated with depression (anxiety, stress, sadness, sorrow, bad feelings, “low self-esteem”, etc) would be considered an antidepressant. Most of the drugs in the subsequent list are antidepressants.

1. Antidepressants are now the most common drug prescribed in the U.S.
2. One in 10 American women takes an antidepressant drug such as Prozac, Paxil or Zoloft.
3. By 2000, the proportion of adults using antidepressant drugs had nearly tripled in comparison to previous years.
4. In 2002, more than one in three doctor's office visits by women involved a prescription for an antidepressant.
5. In 2002, about 6 percent of all boys and girls were taking antidepressants, triple the rate in the period 1994-96.
6. In 2002, there were 154.1 million household reported purchases for antidepressant outpatient prescription medicine in the U.S. community population, and by 2005, that **number** rose to 169.9 million prescriptions. If each prescription represented one person in the U.S., this would be over half the population!
7. Studies have concluded that placebos are just as effective as antidepressants.

**List and Descriptions--(see attached)**