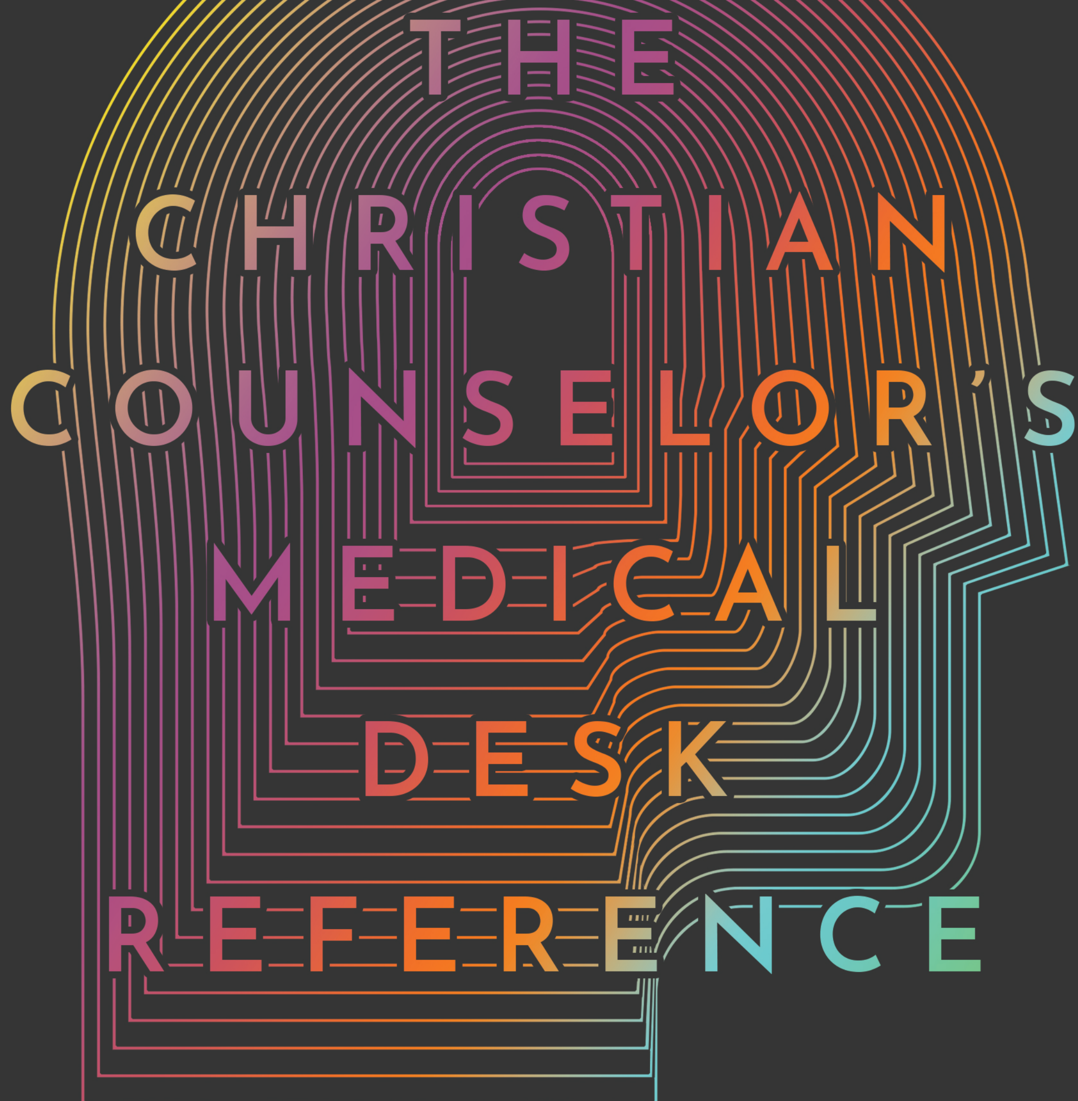
2ND EDITION

THE CHRISTIAN COUNSELOR'S MEDICAL DESK REFERENCE



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CHAPTER 1

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What Is Medical about Mental Illness?

Charles D. Hodges Jr., MD

Across my desk is a young couple who have come for counseling because they are having a real struggle with their four-year-old son. For reasons that are beyond their understanding, their boy has begun eating dirt. They have done everything they know to convince him that eating dirt is not at all good for him, but whenever they are not around, he goes right back to it.

They are concerned that this could be due to childhood rebellion and that maybe he decided to have his terrible twos in his fourth year instead. They have instructed, corrected, admonished, and disciplined the boy to no avail. They are looking for help and biblical principles to apply to helping their son.

Compare that to another couple who have come for a similar situation. Their darling daughter is single-handedly wrecking the tranquility of their lives. This child's favorite behavioral tool is often seen in the local grocery store. When the mother takes her along to purchase needed food items, the girl will at some point in the trip demand that either candy or a toy be purchased for her. If the mother declines, the child begins a meltdown.

First, she whines, then she cries, while screaming that her mother doesn't love her and never buys her anything. Eventually she is on the floor kicking and screaming until Mom abandons the trip or gives in

and buys what the child wants. Both parents are very concerned and have taken the child to their pediatrician, who has told them that their daughter has DMDD (Dysfunctional Mood Dysregulation Disorder) and perhaps a hint of ODD (Oppositional Defiant Disorder). These parents are also looking for help and biblical principles that apply.

These two families illustrate important questions that all Christian counselors face. What part of these behaviors, thoughts, and emotions could be due to a medical problem? What part is due to their own sin? And what part is due to the suffering this person has experienced? Humanity's fall recorded in Genesis 3 encompasses each of these areas.

These are vitally important questions because how we answer them will determine what we do about the problem. No one wants to counsel someone as though they're simply struggling with sinful worry when in reality they are sleepless, anxious, and losing weight and hair because they have hyperthyroidism. This disease results in an abnormally high thyroid hormone running their body 50 percent faster than it should. It can result in symptoms that look a lot like anxiety. Nor do we want to counsel another person on how to fight their laziness when the primary reason they struggle to do their work is because their thyroid has shut down, leaving them tired, weak, thinking slowly, and gaining weight. We want to be able to answer the question, "What part of this is medical, and what part is not?"

This is an ongoing question for biblical counselors, both for personal reflection (to ensure we are offering wise counsel) and for direct discussion with our counselees. Many counselees may come in for counsel and say that the reason they struggle is their DSM-5 diagnosis. They will say they cannot change because they have been labeled with bipolar disorder, borderline personality disorder, panic disorder, or any of the 300-plus DSM-5 diagnoses used to describe humanity's thoughts, emotions, and behaviors.

So how can we as biblical counselors avoid making errant conclusions about the cause and cure of these kinds of problems? What biblical principles can we bring to bear for the child who is eating

dirt? A good place to start is in the gospel of Mark, where we see Jesus healing the sick.

In the first chapters of Mark's gospel, we see Jesus healing the sick and calling disciples. Jesus calls a tax collector to follow him; Levi follows, and he became known as Matthew. That evening, Jesus goes to Matthew's house and eats dinner with him and other "tax collectors, and sinners" (Mark 2:16).

The Pharisees grumble about this, and Jesus hears them and responds: "It is not those who are healthy who need a physician, but those who are sick; I did not come to call the righteous, but sinners" (v. 17). Our Lord is drawing a parallel for us between the real need that those who are physically sick have for a doctor, and the real need that all of us sinners have for Jesus. Sinners need a Savior! And at the same time, he directly acknowledges that the sick need a physician. With this comparison, Jesus helps us understand how to engage with both the dirt eater and the child labeled with DMDD.

Disobedience or Biology?

The first assignment that I give to new counselees who have not recently seen a physician is to make arrangements for an appropriate medical workup. It did strike me as strange that anyone would continually choose to eat dirt, which seemed to indicate that there could be more to the problem than simple childhood rebellion.

The parents made arrangements to see their doctor, who also listened to the story and ordered a couple of laboratory tests. One test showed that the child was anemic and that his anemia was due to a shortage of iron. No other abnormality was found. The doctor assured the parents that once the iron deficiency and anemia were corrected, it was likely the child would stop eating dirt. A daily iron prescription was given, and with time, the anemia was corrected. And just as the doctor said, their boy stopped eating dirt.

This child was ill, and the biblical principal that applied was the words Jesus said at dinner. The sick child needed a physician. As Dr.

Robert Smith once said, "Not every medical problem will have biblical implications."[1] Consider if, instead, I had counseled the family as though they were only dealing with a disobedient child. Would that have been helpful at all? While it may have helped their family life in some ways, it would not have been helpful in addressing the presenting problem because the child's dirt-eating had a clear biological cause, not a spiritual one.

DMDD or Parental Training?

The second child had a much different story, and yet the words Jesus spoke at the dinner party also yield important insights for this situation. This child saw a physician who did a complete workup, and there was no physical, objective finding to support the idea that this child had an illness causing the behavior. The label she was given was simply a description of her behavior. This child's situation did not require a physician because she was not sick. Counseling led to the conclusion that changes could be made in the way the parents were responding to the child. Biblical principles were applied to their parenting, and the chaos in the family's life ceased. Both parents and the child found hope in Scripture.

Dr. Smith also said, "Not every biblical counseling problem will have medical implications."[2] This was certainly true for this child. Medical treatment would not have been useful.

These two situations represent two ends of a continuum, but many counseling situations will live somewhere in the middle. In the subsequent chapters of this book, we will discuss a variety of medical problems that have an impact on our behaviors, thoughts, and emotions. At the same time, individuals affected by these conditions can choose to respond with or without the principles of Scripture. At both

1. Dr. Robert Smith, 2019. The statement was made to me while we were discussing the issue of the sufficiency of Scripture and how medical science interacts with it.

2. Smith, 2019.

ends of the spectrum and in this middle ground, "a response that is informed by Scripture will always be superior to one that is not."[3]

How to Sort Out the Labels

During the last thirty years of counseling, I have developed three general guidelines that have helped me deal with the myriad of DSM-5 labels. Having these guidelines in mind will be helpful when individuals come to counseling saying that they have xyz disorder and attributing thoughts, feelings, and actions to the disorder.

The Bible Takes Precedence

I will never call anything a disease that the Bible identifies as sin. This is an important divider of diagnoses. So much of what the DSM-5 calls disease is simply inconvenient or disagreeable behavior. And, in a good number of cases, that behavior is defined in the Bible as sin.

There are many examples, but a clear one is the current diagnosis of substance use disorder for alcohol use. The Bible clearly defines the habitual pursuit of intoxication as sin. Paul says in Ephesians 5:18, "And do not get drunk with wine, for that is dissipation, but be filled with the Spirit." This is a clear prohibition against drunkenness.

This raises an opportunity for a useful dispute. The apostle Paul, under the inspiration of the Holy Spirit, has told the Ephesians and by extension all believers that we are not to get drunk. He does not tell us not to drink wine, but he tells us not to get drunk. Getting drunk is identified as a sin. Many dispute this. They would cite medical information that says that addiction (a word they do not like to use) or substance use disorder is a physical illness that is in some measure genetically influenced.

The difficulty in sorting this out is that habitual sin often results in physical illness. While it may be true that some individuals have a

3. Smith, 2019.

genetic predisposition that makes it more likely for them to become trapped in habitual alcohol use, no one makes anyone take that first drink or the second. It is absolutely true that habitual drunkenness will lead to multiple medical problems, some of which are catastrophic. These include liver failure, heart disease, hypertension, cancer, seizures, and cognitive decline. Eventually, substantial, regular use leads to physical dependence, and if stopped suddenly, can result in serious withdrawal problems.

On the other side of the argument, the Bible clearly calls drunkenness a sin, and it is a behavior that at the outset we can choose not to participate in or we can choose to stop. If as a counselor, I agree with the DSM-5 and call this a disease, what do I do next? From this perspective, I appear to be obligated to send the diseased individual to the health care system, which to date has a troubled success rate with rehabilitation of substance use disorder.[4]

Or we could say that this individual is drunk and committing the sin of drunkenness. There will be criticism from all corners for using the word the Bible does in describing the person enslaved by choice to alcohol or some other substance. However, if we choose to identify their actions as sin, something really good can come from it. That individual can, by the grace of God, repent of the sin and escape its control.

In the sixth chapter in his letter to the Roman Christians, Paul asks, "What shall we say then? Are we to continue in sin so that grace may increase? May it never be! How shall we who died to sin still live in it?" (Romans 6:1–2). In this passage, Paul makes it clear that believers should not intentionally persist in sin. Indeed, he tells us to "Even so consider yourselves to be dead to sin, but alive to God in Christ Jesus" (Romans 6:11). Furthermore, he says we get to choose:

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4. Statistics vary on effectiveness; as high as 60 percent of those treated may relapse. National Institute on Drug Abuse, How Effective Is Drug Addiction Treatment? Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition), January 2018, https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment.

"Do you not know that when you present yourselves to someone as slaves for obedience, you are slaves of the one whom you obey, either of sin resulting in death, or of obedience resulting in righteousness?" (v. 16).

If I tell the counselee that he has substance use disorder, his only resource is the health care system, which will not address the underlying reasons why he began and continues to drink to excess. If I identify his behavior as the sin of drunkenness, then he has the opportunity to repent. So I refuse to call anything a disease that the Bible calls sin. This is in the best interest of the counselee because it keeps the path of repentance and change open.

Call It Sin Only if the Bible Clearly Calls It Sin

This seems so obvious until you spend your youth growing up among truly wonderful people who seem attracted to the idea that making extrabiblical rules would be good for all of us. In their conversations, they would often discuss important ideas. At the same time, a good number of issues such as the length of a man's hair, bell bottom pants, amusements, and other clearly Romans 14 Christian liberty concerns were dragged into the mix. Soon, we had a set of rules that would rival those of the Pharisees of Jesus's day.

So my second rule is simple: Unless the Bible calls something sin very specifically, I am not going to do so. While this is simple, it becomes very important. The blind man in John 9 serves to illustrate the point. When we do not know the cause for a problem, we may be tempted to jump to the conclusion the disciples did that day. "As He passed by, He saw a man blind from birth. And His disciples asked Him, 'Rabbi, who sinned, this man or his parents, that he would be born blind?' Jesus answered, 'It was neither that this man sinned, nor his parents; but it was so that the works of God might be displayed in him'" (John 9:1–3). When the diagnosis is uncertain, and the facts are not entirely known, and Scripture does not identify the behavior as sin, it is best to withhold judgment.

Always Look for Pathologic Evidence

As a physician, if I am going to identify something as a disease, I aim to understand the changes occurring at the cell level that are causing the change in function. In biblical counseling, to be confident that the thoughts, emotions, and behaviors of the individual are due to a disease, I like to have some assurance that there is a pathological explanation (change at the cell level) that could explain it. However, we must acknowledge that this is not always going to be possible in medicine because at times our technology is limited.

A good example is the migraine headache. My wife has them, and our daughter, who looks just like her, has them. To this date, we do not entirely understand the pathology that causes them. However, no one in medicine would say that migraine headaches are not a disease problem.

We ought to always remember that just because pathology has not been discovered or demonstrated, it does not mean that no disease is present. A favorite phrase that I hear in medicine in the context of biopsy procedures is that "the absence of evidence is not always evidence of absence." So, as we approach the suffering struggler whose situation does not give us a clear diagnosis, we should not jump to conclusions as Job's friends did.

If we are going to do a good job helping individuals who come with various labels, we have to be good listeners. As I teach counseling, one of the most important things I tell students is that being a good listener is required in counseling. Similarly, as a physician, I spend a great deal of time listening to patient stories. It is my job to gather facts and sort them in order to arrive at a diagnosis.

One of the best physicians in United States' medical history was William Osler. He made lots of important observations about the doctor-patient relationship. One of them was, "if you let the patient talk long enough, they will tell what is wrong." I think that statement is just as important to counselors faced with sorting out normal sadness from the disordered sadness of depression. If we are going

to successfully navigate the hundreds of DSM-5 diagnoses, careful listening will always be useful.

Do Not Counsel According to Labels

In our current psycho-social state of affairs, any number of counselees will come with a DSM-5 label. Many of them will sincerely believe that their lives are controlled by the disorder the label represents, and I do not engage in disputes with them about it. But I do not allow the labels to decide the course of counseling.

Instead, I listen to their story and then set their thinking, emotions, and behavior next to the Scriptures. What follows is a careful application of the principles of Scripture to their heartaches, their thinking, and their actions. It is not our job to prove their label wrong, but it is our job to apply the principles of Scripture to their situation.

In this process, it is vitally important that we start with a view of the counselee as a sufferer. It is easy to jump to a conclusion and aim for a quick solution to the individual's struggles. The labels they bring represent real problems and suffering for them. The key is not in persuading them that their label is not a real problem. It is in finding a biblical solution to the thoughts, behaviors, and emotions that the label is attempting to describe.

Maintain Humility

As we encounter individuals with significant problems, some will present diagnoses that fall into an area where medical science does not have clear evidence for a disease process. At the same time, their behaviors, thoughts, and emotions might not meet the biblical criteria for sin. In situations like this, when we cannot say for certain what we are dealing with, humility will always be useful.

Let's look at a past counseling case that can illustrate the importance of humility when neither medicine nor counseling seems to clearly address the problem: A young man who struggled with medical problems that kept him from meeting his responsibilities at work

and home came to counseling because he wondered if his problem was a spiritual issue and not medical. The man had several physicians working to help him, but without much success. He asked our counseling physician whether a disease or a spiritual/sin problem was causing his struggle and whether he could get better.

The counselor worked through the case, looking for a spiritual or physical source for his struggles. After a while, he concluded that there really was no obvious spiritual concern. His suggestion was to obtain another medical opinion from a physician who had not participated in his care. The result was a considerable reduction in medication, and resolution of the young man's problems. I have always thought that the counselor/physician's willingness to extend that humble "benefit of the doubt" made all the difference in getting to a solution for the counselee.

It was a classic case of no clear medical diagnosis and no clear indication of a spiritual/sin issue. At such times, Proverbs 18:13 encourages us to respond with humility. "He who gives an answer before he hears, it is folly and shame to him." When we cannot know for certain that a problem is either medical or spiritual, we should be humble enough to withhold judgment.

In subsequent chapters, this book aims to examine a number of medical diagnoses from this viewpoint. Some will be the kind of problem that does not have a clear medical definition, while others will. And some will fall in between. We hope to give the reader guidance that will be both medically accurate and biblically sound to deal with these kinds of issues. In the next chapter, we will examine the relationship between what we know of medicine and the doctrine of the sufficiency of Scripture.