

WHAT ABOUT THE BODY?

E QUANTO AO CORPO?

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ABSTRACT

Christian ministry must, by necessity, deal with the body. What this article aims to do is outline a biblical theology of the body and then examine practical implications for ministry, especially counseling. How do we minister to *embodied* souls? How much and what type of attention *should* be paid to the body in our Christian ministries and biblical counseling? Two common and often controversial questions will be addressed in this article. What is the role of the body in what is commonly understood as emotional or mental problems or mental disorders? And then, what about medication for these problems?

Keywords: Counseling. Psychology. Psychotropic medication. Mental disorders.

RESUMO

O ministério cristão deveria, por necessidade, lidar com o corpo. O que este artigo pretende fazer é delinear uma teologia bíblica do corpo e, em seguida, examinar as implicações práticas para o ministério, especialmente para o aconselhamento. Como

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podemos ministrar para almas encarnadas? Quanto e que tipo de atenção deve ser dada para o corpo em nossos ministérios cristãos e aconselhamento bíblico? Duas perguntas comuns e muitas vezes polêmicas serão abordadas neste artigo: Qual é o papel do corpo no que é comumente entendido como problemas emocionais ou mentais ou transtornos mentais? E então, que medicação deve ser usada para estes problemas?

Palavras-chaves: Aconselhamento. Psicologia. Medicação psicotrópica. Transtornos mentais.

INTRODUCTION

The Word became flesh. It is nearly incredible to contemplate the descent of an onnicompetent Being who created and sustains everything in the universe, pinpointing himself in the velvet skin of a baby, weighing just a few pounds, unable to feed himself, or walk or talk.

It is just as remarkable that this supernatural, extraordinarily holy Being would not only become flesh but would also choose to reside within our bodies of flesh. Nevertheless, that is the story and it is the New Covenant: God would come someday and not just dwell with us but also dwell within us. In many ways, the Christian faith and its practice is about the body.

The body was not a minor key in the ministry of Paul, who urged the Roman Christians, “*present your bodies a living and holy sacrifice, acceptable to God, which is your spiritual service of worship*” (Romans 12.2). Paul took the role of his own body in ministry seriously, “*I discipline my body and make it my slave, so that, after I have preached to others, I myself will not be disqualified*” (1Co 9.27). There is some gravity here: it is possible to preach the gospel, to minister the Word of God to others, and then disqualify yourself, not the message mind you but yourself, by what you do or don’t do with your body. Paul believes that what you do with your body counts, not a little bit, but a lot. In these passages, it is clear that the body is not peripheral to the Christian life.

It is obvious that the persons we minister to are not angels - mere spirit beings - and yet it seems that the lion’s share of Christian ministry addresses the spiritual and mental part of our being, but neglects the role of the body. What are the implications of this belief that we are both soul *and* body, for pastoral ministry and biblical counseling?

All Christian ministry must, by necessity, deal with the body. What this chapter aims to do is outline a biblical theology of the body - what does the body have to

do with God, and what does God have to do with the body, and then examine practical implications for ministry, especially counseling. How do we minister to *embodied* souls? How much and what type of attention *should* be paid to the body in our Christian ministries and biblical counseling? Then, two common and often controversial questions will be addressed in this chapter. What is the role of the body in what is commonly understood as emotional or mental problems or mental disorders? And then, what about medication for these problems?

1. A BRIEF THEOLOGY OF THE BODY

*Good is the flesh that the Word has become,
good is the birthing, the milk in the breast,
good is the feeding, caressing and rest,
good is the body for knowing the world,
Good is the flesh that the Word has become.*

*Good is the body for knowing the world,
sensing the sunlight, the tug of the ground,
feeling, perceiving, within and around,
good is the body, from cradle to grave,
Good is the flesh that the Word has become.*

*Good is the body, from cradle to grave,
growing and ageing, arousing, impaired,
happy in clothing, or lovingly bared,
good is the pleasure of God in our flesh,
Good is the flesh that the Word has become.*

*Good is the pleasure of God in our flesh,
longing in all, as in Jesus, to dwell,
glad of embracing, and tasting, and smell,
good is the body, for good and for God,
Good is the flesh that the Word has become.*

Brian Wren²

² WREN, Brian. *Bring many names: 35 new hymns*. Carol Stream: Hope Publishing, 1989. p. 16.

God is a spirit being who created us in like manner, as spiritual beings, but also in his wisdom with bodies as the means/instruments through which we accomplish His mission on earth. With our material bodies we serve God, exercise dominion over the rest of the material world, and love other embodied persons.

Most conservative evangelical Bible scholars and theologians, as well as most of historic orthodox Christianity, have embraced what philosophers call substance dualism. This simply means that we are composed of an immaterial soul or spirit and a material body. Human persons are simultaneously supernatural and natural beings, composed of two parts or essences (“substance” is the philosophical term) which exist in a constantly interacting unity but an essential duality. We are one functionally, but two essentially. A human person is an embodied spirit being, made in the very image and likeness of God. Amazing.

The body cannot be reduced to spirit, and the spirit or soul cannot be reduced to body. For this reason, neither biological reductionism nor hyper-spiritual Gnosticism make good biblical sense. Each of these two parts of the person has its own integrity. However, even though body and soul are different things (substances or essences), they are made for each other and it is their union that makes us human beings. John Cooper calls this holistic dualism, which is a helpful phrase that means people are two-part beings but that these two parts are not intended to function separately, but instead interact intimately and continuously as one.³ Therefore, we should be careful with questions like, “Is that a spiritual problem or a physical problem?” that tend to force us into simplistic responses.

The apostle Paul found similar problems in the Corinthian church of the first century, where they had absorbed Greek (especially those of the philosopher Plato) perspectives about the body, to the extent that their beliefs and attitudes toward their bodies were far from biblical. They believed their bodies were merely temporary containers for their immortal souls, and that the physical matters of life were inferior. Real Christianity was about the spiritual things. They had mistakenly come to believe that they did not need to be too concerned about what they did with their body.

Paul reminded them what their bodies were for by asking, “*Don’t you know that your body is a temple of the Holy Spirit within you, whom you have from God?*” (1Co 6.19) Paul’s point here is that God no longer dwells in the Tabernacle and the Ark, or in Solomon’s temple. “You are the temple,” he says. The body is God’s dwelling place. Paul

³ COOPER, John W. *Body, soul, and life everlasting*. Grand Rapids: Eerdmans, 2000. p. 161-164.

concludes with a reminder about the cost of their redemption and the implication for their bodies, “*you were bought with a price. So glorify God in your body*” (1Co 6.20).

The body is one of the places where God chooses to dwell - first in the incarnation of His Son, and then not just with, but *in* every person who follows this Son. Wherever God chooses to be present, that place is holy - in other words, the human body is designed and set apart for divine purposes. What we do with our body matters, not a little bit but a lot. Therefore, biblical counseling takes into account the role of the body in all of life, including its effects upon our soul, our spiritual lives. The good news is that redemption and sanctification apply to the whole person - the body as well as the soul.

2. BODY STEWARDSHIP - CARING FOR THE BODY

As material beings in a material world, our bodies’ biological clocks are synchronized for this particular world, in a solar system with alternating phases of light and darkness in 24-hour cycles. A regularly practiced circadian rhythm of sleep, meals, work, exercise, and social life provides a kind of harmony that tempers mood, facilitates good thinking, and provides a context for wise choices. Some counselees may ignore or rebel against the biological and environmental clocks that God has given us, but they cannot be reset or redesigned. There is a psychological cost associated with poor stewardship of the body: brittle moods, difficulty attending and concentrating, lack of energy, sometimes anxiety or depression, and on occasion even psychosis for some people.

Many counseling issues require that counselors address how their counselees care for their bodies - sleeping and eating and exercise are health issues, sometimes very significant in their spiritual and psychological effects. Christian maturity comes up short when there is no training and discipline, or proper nurturing and care for the body.

Multiple studies have shown the psychological and biological benefits of exercise: stabilizing moods, reducing anxiety and depression, improving intellectual performance, increasing energy, improving sleep and appetite, and improving the health and resilience of the body.⁴

A healthy diet can also improve emotional and cognitive functioning. People

⁴ OTTO, Michael W.; SMITS, Jasper A. J. *Exercise for mood and anxiety: proven strategies for overcoming depression and enhancing well-being*. New York: Oxford, 2011; RATEY, John J. *Spark: the revolutionary new science of exercise and the brain*. New York: Little, Brown, 2008.

feel and think better, for both biological and psychological reasons, when they are eating to live rather than living to eat, or starving themselves or overdosing on junk food. Excessive sugar or caffeine intake can exacerbate or even cause emotional instability.

The cost of neglecting or abusing the body is even more significant for people with frequent mood problems. Sensible stewardship in this area can make a big difference. Restoration of regular and reliable sleep patterns facilitates mood stability in people with roller coaster mood swings. In addition, regularizing meal times, work schedules, exercise periods, and times for socializing and recreation can be a powerful stabilizing force for their emotions.⁵

3. MENTAL DISORDERS

The Bible affirms that we are both natural and supernatural beings, and that the material body and the immaterial soul affect each other. Moreover, since all creation has been infected with sin, our bodies' age, get sick and diseased, and eventually die. Both sin and Satan afflict our body as well as our soul/spirit/heart. As a consequence of the Fall, and as an implication of the doctrine of sin, some of our problems in life are a result of body problems. The brain in particular plays a crucial role in every part of our lives, mediating thoughts, emotions, and behaviors and functioning as a kind of CEO for the whole body. To assert the body's involvement in spiritual or mental matters is rather obvious. Most of us have experienced the effect of the body on the soul after a period of insomnia or when going a day without eating.

Finally, there is a variety of biological causes of mood or mind dysfunction: medication side effects, drug abuse, neurological disorders including those related to aging, metabolic and endocrinological abnormalities, cardiovascular problems, and others. It is important to be aware of these possibilities and not presume all difficulties are psychological, moral, or spiritual in origin. It is best to be cautious, referring to a competent physician whenever there is reasonable suspicion of a medical problem. Ed Welch lists characteristics that raise the likelihood of a

⁵ The annual turning of seasons and the amount of sunlight a person can have a marked impact on some persons with recurrent mood problems. For example, Major depressive episodes peak in the spring and in the fall. Suicides follow this same pattern. This may be because during the spring and fall, light conditions are changing most rapidly, probably negatively affecting people with sensitive biological clocks and resulting in precipitous moods. On the other hand, Manic episodes tend to peak in the summer.

biological origin for mood problems:

1. The counselee is over 40 years old, and
2. There is no previous history of mood disorder, and
3. There have been no recent traumas, stressors, or major changes in lifestyle. Or,
4. She is taking medication.⁶

Since most counselors and pastors are not specialists in the body, it is important to develop relationships with physicians in a variety of specialties, especially a primary care physician and a psychiatrist, preferably Christian. Of course, physicians vary in diagnostic skill, style of prescribing medicines, attentiveness and availability to the counselee and counselor, and spiritual sensitivity, but finding competent, wise, and caring physicians to work with can make a big difference.

It is often difficult, and sometimes impossible, to sort out exactly what comes from the body and what comes from the soul, what is biological and what is spiritual or mental. Further complicating this constant interaction of body and soul are recent findings about the effects of life experiences upon not just the functioning but also the structure of the brain (neuroplasticity), especially through powerful childhood experiences when the brain is developing rapidly, but also by means of psychological trauma or habitual behavior such as addiction. Brain and experience constantly interact and influence one another. Both the brain and our past experiences play a significant role in our spiritual or mental health.

What is still controversial in the mental health field is the precise role that the brain plays in mental disorders. Older theories that mental disorders, like depression or anxiety, result from simple neurochemical imbalances have been replaced by much more sophisticated theories that posit the problem in impaired cell plasticity and signal processing within and among the brain's approximately 100 billion neurons. What is more clear, although also not fully understood or specified, is that there is a significant degree of heritability for some disorders, especially the more severe mental disorders such as schizophrenia, bipolar disorder, and autism. Of course, that we genetically inherit particular weaknesses and strengths is not in itself a very controversial assertion.

⁶ WELCH, Ed. *Blame it on the brain? Distinguishing chemical imbalances, brain disorders and disobedience*. Phillipsburg: P & R, 1998. p. 127.

4. WHAT IS A MENTAL DISORDER?

Specifying what is and is not a mental disorder has long been and is still a matter of debate among mental health professionals. There are radical anti-psychiatry and libertarian critics who oppose the very concept of mental disorder because it may be (and has been, for example, in China and the former Soviet Union) used to wield political control. Others are concerned that to call something a mental disorder eliminates human responsibility. Some criticize the concept because of its tendency to de-humanize patients and pathologize their identity.

Another common concern, among academics in particular, is that the concept of mental disorder lacks scientific and medical validity. Joel Paris, in his book *The intelligent clinician's guide to the DSM 5* wrote, "Psychiatry has to put off science-based definitions of mental disorders to a future time when it knows more".⁸ Another rather surprising recent critique of the most recent version of the American Psychiatric Association's diagnostic manual came from Tom Insel, Director of the National Institutes of Mental Health, claiming that the new manual was seriously flawed because it was not based on any objective laboratory measures.⁹

In spite of the medical and scientific sound of the term "mental disorder", its definition and validation has defied experts and lacks a resounding consensus. Perhaps this is what we should expect as we try to nail down what is going on at the intersection of the brain (which is the most complex arrangement of matter in the known natural world) and the supernatural mind or soul (wherein we are created in the image and likeness of God).

With so much quibbling and concern, is it legitimate to conceptualize people in this fashion: is this concept helpful or redeemable? What follows are a few answers that can help us negotiate this slippery slope.

Let's start by leveling the playing field, on God's terms. Ec 9.3 says "Surely the hearts

⁷ Currently, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth edition* (DSM-5), defines mental disorder as follows: A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above (2013, p. 20).

⁸ PARIS, Joel. *The intelligent clinician's guide to the DSM-5*. New York: Oxford, 2013. p. xvi.

⁹ INSEL, Tom. *Transforming diagnosis*. Available in: <http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml>. Dated 29 Apr. 2013. Accessed 2 Sept. 2013.

of the children of man are full of evil, and madness (“insanity” in some translations) is in their hearts while they live”. I remember the first “insane” person I met. I was ten years old, and spent the day with my father on one of his construction sites, the Arizona state mental hospital, where he had befriended one of the patients. I was immediately struck by how weird he was - his strange mannerisms and clothing, especially the 10 watches on his right arm. I thought, okay, so this is insanity, clinical craziness. And yet, when we think about it further, who is more disordered: that man with the watches, or the man who leaves his wife and kids for his 25 year-old secretary. Our moral and spiritual insanities are surely more malignant than the man with paranoid schizophrenia or the woman with bipolar disorder.

God is an equal opportunity diagnostician: He declares everybody (and soul) insane. We all have mental problems. In one, very biblical, sense we can say “yes” to the observations of psychologists and psychiatrists that people are disordered. There is something wrong with all of us and in every part of our being. On God’s terms and outside of His grace, we are pervasively disordered: our minds are darkened, our emotions run wild, our motives self-serving, our desires evil, and our choices are all too often absolutely insane. From this perspective we might choose to rehabilitate the concept instead of rejecting it altogether. How would a biblical psychology that reckons with the pervasive effects of sin upon both the natural body and the supernatural soul define *mental disorder*?

Our understanding of the Fall and the massive effects of sin lead us to expect disease and disorder in every aspect of our lives. From our perspective, all pathology, including psychopathology, is a result of the effects of sin upon the human body and soul. The DSM-5 is at one level an impressive list of these effects, categorizing, defining, and describing problems that people struggle with.

The list of mental disorders in the DSM-5 is a detailed description of the primary symptoms that characterize people with particular mental, behavioral, and emotional difficulties. For persons that are trained in diagnosis and careful about the process it provides one reliable way to categorize and communicate about the types of problems a person is struggling with. It can be helpful in drawing attention to the different types of problems that people deal with and in delineating typical challenges inherent within these disorders. It can be one component in understanding a person and their problems.

And yet, how to understand the cause of these disorders is still up for debate. It is important to remember that most of the diagnoses in the DSM-5 are only descriptions,

and not explanations that aim to specify the root cause of the problem. They are diagnoses like hypertension or hypoglycemia, which merely describe symptoms but do not explicate their cause.

Furthermore, that which makes us distinctively human, our spiritual and moral facets, is neglected by secular definitions of mental order, disorder, and reordering. Thus, the secular concept of mental disorder is not a thorough description of, nor does it provide an explanation for people's problems. A more thorough biblical psychology must factor God (and subsequently the moral and spiritual valence of each symptom) back into the equation if we are interested in a diagnosis that is consistent with our worldview.¹⁰

Finally, regardless of your opinions about the concept of mental disorder, it is the lingua franca in most of the western world. It is worthwhile for us to be familiar with the primary diagnostic categories in the DSM-5, for it is the language of physicians and mental health professionals and therefore of many church members and counselees.

5. DIFFERENTIATING BETWEEN MEDICAL, MENTAL AND MORAL/ SPIRITUAL PROBLEMS

At this point there are no commonly accepted medical or psychological tests to detect the brain dysfunction that may play a significant role in some mental disorders. Even though genetics research does indicate a significant biological component in some mental disorders, these findings do not tell us the precise cause of particular disorders. Furthermore, even when there is reason to suspect that there may be significant brain dysfunction, such a recognition would not negate the moral or spiritual challenges that person might be facing, since we are always both biological and spiritual beings. Ed Welch helpfully observes, "Psychiatric problems are always spiritual problems and sometimes physical problems".¹¹

It is reasonable and biblical to acknowledge biological conditions as real and sometimes very powerful influences in what people do, think, or feel. Of course, to recognize that something is influential is not equivalent to asserting that it is determinative. Situational factors, such as a disordered brain or an abusive or traumatic environment, can be powerful life influences and yet still not bear the burden of

¹⁰ Cathy Wiseman's booklet, *Borderline personality: a scriptural perspective* (Phillipsburg, NJ: P & R, 2012), is a good example of this type of work. See also my lecture on bipolar disorder: <http://www.ccef.org/product-download/walking-alongside-person-diagnosed-bipolar> (accessed 14 Sept. 2013) and Ed Welch's article on bipolar disorder: Basics about Bipolar, *Journal of biblical counseling*, v. 25, n. 3.

¹¹ WELCH, 1998, p. 106-107.

explanation for a person's life. Such a recognition actually retains the dignity of every person, since each one is designed as an image or likeness of God. Superficial, deterministic explanations dehumanize people, rendering them as automatons rather than persons with the dignity and honor ascribed to us in the eighth Psalm.

Help for people with mental disorders should be comprehensive, going "as far as the curse is found", thus reckoning with disorder in both soul and body. Jeremy Pierre points out that,

We should not approach human problems with the false dichotomy: Is this problem spiritual or physical? Rather we should consider how the physical is affecting the spiritual, and vice-versa. Thinking in this vein prevents the counselor from concluding that a problem is physical while ignoring spiritual influences, and vice-versa...We must not mix up addressing sin's effects with addressing sin itself.¹²

And yet there are times when we must make some measure of differentiation between what is broken and what is wrong. Doing so is not always simple, and not always the most important place to start, but sometimes God's glory and Christian love mean we must try to sort these things out. Scripture, careful observation and conversation can help us distinguish between disease and sin in many instances. The following questions can help in this process:

1. Does the Bible explicitly address this particular problem? Does this issue belong more on the spectrum of righteous vs. sinful, or on a spectrum of strength vs. weakness?
2. Does this problem seem to occur independent of environmental, relational, and spiritual contingencies? Does the problem begin or persist regardless of their particular situation?

For example, a person diagnosed with Bipolar Disorder may experience unpredictable periods of mania wherein they stay awake all night, they talk rapidly and excessively, their thoughts race, and they develop delusions or hallucinations. These symptoms are not explicitly moral matters, as much as they are a component of manic mood dysregulation. Short of medication, reducing stimulation, and keeping the person safe there is not much that can be done about these symptoms. On the other hand, they may also spend inordinate amounts of money unwisely, drive recklessly, and become sexually promiscuous. Even though Bipolar Disorder may be biologically driven, these symptoms are moral matters and therefore the person should be warned against such

¹² PIERRE, Jeremy. *Psychiatric medication and the image of God*. Available in: <<http://biblicalcounselingcoalition.org/blogs/2012/10/10/psychiatric-medication-and-the-image-of-god/>>. Dated 10 Oct. 2012. Accessed 2 Sept. 2013.

sinful excesses, encouraged to repent and receive forgiveness, and connected to friends and family that can help them keep their mania from leading them into sin.

Another example would be a person diagnosed with anxiety disorder who worries about their health, money, and the approval of others. These would be important topics for discussion in counseling, examining their difficulty trusting God's provision and love for them, and areas in which they can learn to turn more consistently away from anxiety toward a greater confidence in God's sovereign grace. On the other hand, the same person may suffer panic attacks which are unbidden, that strike for no apparent reason even though they may be growing in their trust in and obedience to Christ. Practical advice about managing panic attacks (reminding themselves that this is only a panic attack, that it won't last long, and that even though they can't immediately control what is going on in their body, they can still trust Christ with their hearts) along with how to suffer with and toward Christ are the more appropriate forms of counsel in this instance. Paul's reminder in 2Co 4.16 may fit here, "So we do not lose heart. Though our outer self is wasting away, our inner self is being renewed day by day".

6. THE MEDICATION QUESTION

In thinking about the potential role of medication, a good starting point is to avoid the extremes where there tends to be lots of strong opinions but very little fair-minded, thoughtful, and biblical reflection.

One extreme, on the far left end of the spectrum, essentially says, "Blame it on the brain. Pass the medicine, please". Recently, following a new wave of research on the adolescent brain, a major conservative denomination seminary professor wrote, "Teens do think differently and *the true source of their behavior is their brain*. This helps explain why your teen can be hugging you one minute and screaming, 'I hate you' the next" (italics mine). According to Jesus, however, it is "out of the abundance of the heart his mouth speaks". The brain may be sick or diseased, but the Bible says that our hearts are the source of our actions, words, thoughts, intentions, beliefs, attitudes, desires, and delights.¹³ Our bodies certainly affect us - and yet the Bible says it is our hearts that are the source of our lives.

The other extreme to be avoided regarding medication is at the far right end of the spectrum. It says something like this, "Thou shalt not take Prozac". It is essentially

¹³ Proverbs 4.23, Mt 12.34, Mark 7.21-23, Luke 6.45.

a legalism, an imposition of a personal opinion as if it is a divine command. Proverbs 30:6 warns, “Do not add to his words, lest he rebuke you and you be found a liar”. Since all creation is infected with sin, including our bodies and brains, it is reasonable and biblical to acknowledge the possibility that some problems may to some extent be rooted in or significantly affected by a diseased or dysfunctioning body.

So, how shall we approach medication? As is often the case in life and medicine when there is limited clarity on the precise cause of the problem or the cure, the medication question is a wisdom question.¹⁴ Should this or that person take medicine? The best first answer is “I don’t know”. Part of the reason for such an answer is that most of the time, unless you are a trained and licensed physician, the medication question is not yours to answer. The answer belongs to the person first, and the physician second. When asked about your opinion, a good second answer is, “Let’s talk about it, think about it, pray about it, and ask that God would grant you wisdom. Maybe I can help as you think about this”.

In addition, there may be times when you want to consider medication as a part of somebody’s care. Let me suggest some basic guidelines to help determine when it is appropriate to refer someone for an evaluation for medication.

- A starting point is that psychotropic medication should be considered when non-medication approaches (competent biblical counseling, consistent effort to change, and prayer) have not resulted in the remission of significant symptoms.

- And, these symptoms (anxiety, depression, acute and intense suffering, hallucinations or delusions, obsessions or compulsions) are impairing their capacity to function and fulfill their primary roles and responsibilities, i.e. as parent, spouse, or student, or in their vocation.

- Or, symptoms are so severe that they cannot cognitively process (attend, focus, and concentrate upon, understand and interact rationally with) biblical truth.

- Or, symptoms are so severe that the functioning of the body is significantly impaired (sleep, appetite, severe fatigue).

- Or, the counselee is dangerous to self or others (suicidal, homicidal, imminent risk of harm to self or others).

- Or, when symptoms result from organic/medical causes (I.e., dementia, autism, Parkinson’s disease) and safer non-medication approaches have not resulted in sufficient symptom remission.

¹⁴ WELCH, Ed. *Depression: a stubborn darkness*. Greensboro: New Growth Press, 2004. p. 215.

Biblical counselors realize that their role is to seek wisdom and provide guidance, consult with competent and caring physicians, and not to prescribe or discontinue medicine. There are many mysteries and variables that surround the medication question, so it is important to be careful with our personal opinions about psychotropic medication.

Sensible psychotropic medication can be one of God's common graces, mediated by science and doctors and technology, helpfully reducing symptoms and suffering. It can be helpful, to varying degrees depending on the patient and the prescriber. Medicine can facilitate cognitive, emotional, and behavioral change - which is good, but can't change the human heart - which is better. Psychotropic medications are not salvific, or even curative of the disorders whose symptoms they may alleviate. When medications are working they are functioning much like aspirin or insulin - helpfully reducing symptoms but not dealing with their spiritual or biological sources.

Standing before our Holy and Loving God, every one of us is in desperate need of a cure. And because of the power and wisdom and love of God in Jesus, there is one. Robert Jones attitude regarding medication for depression should be applied broadly, "Depressed people need Jesus and his gospel provisions, whatever the cause of their depression and whether or not they take medication".¹⁵ Biblical counseling brings very good news: The Lord, Jesus Christ assumed a full human nature, in order (someday) to redeem all of human nature, bodies and souls. The incarnation and resurrection of Christ is God's promise of full and final redemption, not only of our souls but also of whatever may be broken in our bodies or brains.

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¹⁵ Unpublished manuscript.

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