

# A Biblical Perspective on Psychoactive Medications<sup>1</sup>

Michael R. Emlet, M.Div., M.D.

Faculty and Counselor, Christian Counseling and Educational Foundation (CCEF)  
Glenside, PA

Theology for Counseling and Pastoral Care Section, ETS 2017

“Madness: Evangelical Pastoral Care in the Age of Psychiatry”

Thursday, November 16, 2017

## Introduction

I’m acutely aware as I begin this topic, “A Biblical Perspective on Psychoactive Medications,” you may be thinking, “Well, this will be a very short talk indeed.” Where does Scripture talk about such things? I have yet to find a Bible concordance that lists, “Prozac, Uses Of.” What is there to say, really? Isn’t this a topic on which we should simply take our cues from the scientific research? There is no doubt we must be aware of the basic contours of psychiatric research regarding the efficacy and use of psychoactive medications, particularly if we meet with troubled people regularly or train those who do. Understanding both the benefits and risks of medication use is important even if we are not the prescribers of such medications. But reviewing this scientific data is a talk in itself (or more likely, multiple talks)—and that’s not my task today.

As Christians who believe that all of life falls under the lordship of Jesus Christ and the authority of His Word, we want to ask, how does Scripture give us a lens for viewing the use or non-use of psychoactive medications for struggling people? It doesn’t take too many conversations in the church to realize there exists a wide spectrum of opinions on this issue. At one end of the spectrum I have heard, “Why *shouldn’t* we use psychoactive medications for all mental health struggles? If we take ibuprofen for a headache why not Zoloft for depression?” At the other end of the spectrum I have heard, “Psychoactive medications are a dangerous form of mind control and Christians should avoid them. Faith in Christ should be enough.” Both ends of the spectrum reflect certain biblical-theological presuppositions, whether acknowledged or not. Of course, many in the church have a much more nuanced, if pragmatic view but still may not be able to articulate the biblical-theological underpinnings for their position.

In light of the need for just such a clear articulation, we ask again, *how* does Scripture speak to these issues? In what way does Scripture inform our perspective on matters of psychiatric medications?

---

<sup>1</sup> This talk is adapted from Michael R. Emlet, *Descriptions and Prescriptions: A Biblical Perspective on Psychiatric Diagnoses and Medications* (Greensboro, NC: New Growth Press, 2017). An earlier version of this material appeared in “Listening to Prozac . . . And to the Scriptures: A Primer on Psychoactive Medications” *The Journal of Biblical Counseling* 26, no. 1 (2012): 11-22.

I *could* look at the places in Scripture where attention to the body is explicitly mentioned as a focus of “treatment”: those passages might include 1 Kings 19 (where God prescribed sleep, food, and water for the exhausted and demoralized Elijah) and 1 Timothy 5:23 (where Paul urged Timothy to take some wine for his stomach ailment). But I think we would agree that this medically oriented proof-texting approach will not be adequate for the task at hand nor for the wise counsel that is needed for those who are struggling.

Instead, I want to explore several broader Scriptural themes that provide a lens that may be used to view the issue of psychoactive medications. Scripture gives us complementary perspectives that when taken together, provide a wise framework for understanding the place of psychotropic medications. Let’s now look at four perspectives.

### **Biblical Perspectives**

*(1) It is a kingdom agenda to relieve our suffering and it is a kingdom agenda to redeem us (transform us) through suffering.*

When the kingdom comes in Jesus Christ, you see God’s heart with regard to suffering in two ways. First, it is God’s design to relieve the suffering that arose as a result of the fall. Consider how Mark 1 describes the activities of Jesus’ ministry: teaching, exorcisms, healing those with various diseases, prayer, and cleansing a leper. Peter put it this way to Cornelius:

“God anointed Jesus of Nazareth with the Holy Spirit and with power. He went about doing good and healing all who were oppressed by the devil, for God was with him.” (Acts 10:38)

Clearly a mark of the in-breaking kingdom is the relief of suffering. As the Christmas hymn “Joy to the World” reminds us, Jesus “comes to make his blessings known far as the curse is found.” Relief of suffering is a good and necessary thing. This in fact is where history is going; in the new heavens and earth there will be no crying or pain (Revelation 21:4). So when we seek to bring relief from suffering now, we are keeping in step with God’s plan of redemption. As the Puritan Jeremiah Burroughs said, contentment is “not opposed to all lawful seeking for help in different circumstances, nor endeavoring simply to be delivered out of present afflictions by the use of lawful means.”<sup>2</sup> I believe medications can certainly be one of those lawful means. There is nothing inherently wrong with seeking relief from present suffering.

---

<sup>2</sup> Jeremiah Burroughs, *The Rare Jewel of Christian Contentment* (Carlisle: The Banner of Truth Trust, 1964), 22.

Still, you see a second strand of teaching in the New Testament: God's design to redeem the experience of suffering for believers because of their union with Jesus, the Suffering Servant. Paul calls this "participation in [Jesus'] sufferings" (Philippians 3:10, NIV). By virtue of our being in Christ, God is at work in the midst of our suffering, conforming us to the image of Christ. This is the very gateway to experiencing his resurrection power and glory. This is an important New Testament perspective and one that is found in several passages:

[T]hat I may know him and the power of his resurrection, and may share his sufferings, becoming like him in his death, that by any means possible I may attain the resurrection from the dead. (Philippians 3:10-11)

The Spirit himself bears witness with our spirit that we are children of God, and if children, then heirs—heirs of God and fellow heirs with Christ, provided we suffer with him in order that we may also be glorified with him. (Romans 8:16-17)

Beloved, do not be surprised at the fiery trial when it comes upon you to test you, as though something strange were happening to you. But rejoice insofar as you share Christ's sufferings, that you may also rejoice and be glad when his glory is revealed. (1 Peter 4:12-13)

Now I rejoice in my sufferings for your sake, and in my flesh I am filling up what is lacking in Christ's afflictions for the sake of his body, that is, the church. (Colossians 1:24)

For we do not want you to be unaware, brothers, of the affliction we experienced in Asia. For we were so utterly burdened beyond our strength that we despaired of life itself. Indeed, we felt that we had received the sentence of death. But that was to make us rely not on ourselves but on God who raises the dead. (2 Corinthians 1:8-9)

But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me. For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities. For when I am weak, then I am strong. (2 Corinthians 12:9-10)<sup>3</sup>

Former seminary professor Richard B. Gaffin, Jr., sums up these passages this way:

It is so natural for us to associate suffering only with the delay of Christ's second coming and to view suffering only in the light of what we do not yet have in Christ; but when this happens, we have lost sight of the critical fact

---

<sup>3</sup> Other passages include Romans 8:16-25, 2 Corinthians 4, James 1:2-4.

that in the New Testament, Christian suffering is always seen within the context of the coming of the kingdom of God in power and as a manifestation of the resurrection life of Jesus.<sup>4</sup>

In other words, God is at work redemptively in the midst of our sufferings by virtue of our being united with the One whose suffering ultimately led to resurrection and glory.

So, while relieving suffering is a kingdom priority, seeking mere relief without a vision for God's transforming agenda in the midst of suffering may short-circuit all that God wants to do in the person's life. Another way of saying this is that we should be glad for symptom relief but simultaneously look for the variegated fruit of the Spirit: perseverance in the midst of suffering, deeper trust in the Father's love, more settled hope, love for fellow strugglers, gratitude, and more.

(2) *Medications are gifts of God's common grace and medications can be used idolatrously.*

I believe it is right to view the development of psychoactive medications as a good gift from God, a common grace empowerment of the ruling and stewarding function he gave to humanity at creation (Genesis 1:26-28). At its best, scientific discovery explores God's world in all its astounding complexity and seeks to alleviate some of the misery we experience as fallen creatures in a fallen world. As such, we should receive medications gratefully and humbly, but not forgetting the One who has given the necessary gifting and wisdom to scientists and physicians to discover such remedies. Ultimately God alone upholds all things with his righteous right hand (Isaiah 41:10).

Sadly, however, I have met people who, rather than viewing medication as simply one component of a full-orbed God-centered body-soul treatment approach, view it in nearly salvific terms. By definition, this is idolatry: attributing ultimate power and help to something other than our triune God. If a counselee believes that the only thing that *really* matters is fine-tuning the dose of his Paxil, and finds discussion of spiritual things superfluous or irrelevant, that's a problem.

How a person responds when the medication works—or doesn't work—reveals his basic posture before God. Thanksgiving and a more fervent seeking after God in the wake of medication success say one thing; a lack of gratitude and a comfort-driven forgetfulness of God say another. A commitment to trust God's faithfulness and goodness in the wake of medication failure says one thing; a bitter, complaining distrust of his ways says another.

---

<sup>4</sup> Richard B. Gaffin, Jr., "The Usefulness of the Cross," *Westminster Theological Journal* 41, no. 2 (1979): 229-246.

So, we receive the gift but look principally to the Giver in gratitude. Whether a medication “works” or not, do we recognize that God is always working on behalf of His people through or in spite of these interventions?

*(3) A person can have wrong motives for wanting to take medication and a person can have wrong motives for not wanting to take medication.*

Scripture highlights that the motives behind any decision or action are worthy of examination. Paul says in 1 Corinthians 10:31 at the conclusion of his discussion of what to do about meat sacrificed to idols, “So, whether you eat or drink, or whatever you do, do all to the glory of God.”<sup>5</sup> Often, the most important issue in the use of medications is the underlying attitude of the person to whom you are ministering. Is she oriented in her thinking toward God or not? As we are seeing, it’s not that psychoactive medications in themselves are *either* “good” or “bad.” Rather, how a person views and handles this potential treatment may be the more important dynamic to address.

For example, I’ve had counselees who want a referral for medication immediately without really wanting to examine their desires, fears, thoughts, choices, and lifestyle as people who live before the face of God. I remember meeting once with a young man who had a recent history of anxiety associated with public speaking. Some of the things he said pointed to underlying tendencies toward people pleasing and a fear of failure—much to work with from a gospel perspective! But he was not interested in counseling. He was not interested in a gospel perspective on his struggle. Rather, he had made an appointment for the sole purpose of obtaining my recommendation for a provider who could prescribe an anti-anxiety medication to bring him immediate relief. A second questionable motive for wanting to take medication involves caving in to the pressures of others. Family and friends may push for medications due to their own discomfort in seeing the suffering of their loved one. Sometimes the pressure reflects a selfish desire to have their loved one back to normal so that life would be easier for *them*.

But I’ve also had counselees who resist the recommendation to consider the use of medications for problematic reasons. Resistance to medication can be an issue of pride and self-sufficiency: “I should be strong enough without medication.” Or the more spiritualized version: “I should be able, by trusting God more, to do this without medication.” Another reason could be fear of disapproval and judgment by others: “What would people think?” Yet another concern is shame: “There’s something seriously wrong with me if I have to take this medication.” And so, they refuse to consider a treatment approach that might bring improvement to their suffering.

---

<sup>5</sup> Other passages that speak to the importance of motives include Proverbs 16:2, 1 Corinthians 4:1-5, 1 Corinthians 13, and James 4:1-4.

A technology—in this case, medication—cannot be evaluated or understood in a vacuum. Our attitudes and beliefs about medication matter, as I mentioned earlier when speaking about the potential to invest too much of our hope in the promise offered by pharmaceutical products. The motive of the person considering medication is an important factor within a biblical framework.

Despite some who struggle with these aberrant motives, many people sincerely want to grow in Christ in the midst of their mental suffering and simply wonder about the pros and cons of medication. Could it help? What are the potential side effects? These thoughtful persons remain open to starting—or not starting—medication, which is a wise posture before the Lord.

*(4) Using medications may make it more difficult to address moral-spiritual issues in a person's life and not using medications may make it more difficult to address moral-spiritual issues.*

Scripture treats us as unified beings, having both somatic and spiritual constitutive elements.<sup>6</sup> We exist as body-spirit creatures. We are simultaneously body and soul. There's never a time we're not spiritually engaged. And there's never a time we are not bodily engaged. This means that attention to both physical and spiritual aspects of our personhood is mandatory in pastoral ministry. It is profoundly dehumanizing to ignore the "heart," our moral-spiritual disposition and the responsibilities that go with it; and it is profoundly dehumanizing to ignore the body and the strengths and weaknesses that go with it.

Given that we are fully integrated, body and spirit (heart) creatures, it is not surprising that bodily strength or weakness impacts us spiritually and vice versa. I'll focus here on the impact of our bodily constitution on our spiritual lives.

Here's a simple example. Let's say that for various reasons outside your control you have had poor sleep for the last week. You're exhausted; you find it difficult to concentrate. You also find that you are more prone to grumbling and impatience. You see life through a grey lens. And then you get two great nights of sleep in a row. Suddenly, your world is sunnier. You have a new vitality, both physically and spiritually. Patience and kindness require far less effort. What just happened? A physical "treatment"—sleep!—impacted your spiritual life. The heart issues of grumbling and irritation have become less prominent. That's not necessarily a bad thing; we *are* called to be wise stewards of our bodies. Getting a good night's sleep is important. But in a time of "plenty" (sleep-wise), we shouldn't forget our sinful tendencies toward anger and complaining that were revealed in our weakness. Being tired does not give us license to treat others poorly. At the

---

<sup>6</sup> For an extensive treatment of biblical anthropology, see John Cooper, *Body, Soul, and Life Everlasting: Biblical Anthropology and the Monism-Dualism Debate* (Grand Rapids: Eerdmans, 2000). For a briefer summary, see Michael R. Emlet, "Understanding the Influences on the Human Heart" *The Journal of Biblical Counseling* 20, no. 2 (2002):47-52.

same time, we don't "invite" greater bodily stress so as to provoke and test our own hearts, as if we arrange the conditions for optimal spiritual growth. This is our *Father's* business, "mingling toil with peace and rest."<sup>7</sup> Once again, we don't *choose* suffering as though pain in and of itself is noble.

How does this relate to the use of psychotropic medications? Improving someone's symptoms (of anxiety, for example) doesn't necessarily address the underlying fears and desires that may be present. Might one feel better? Yes. Again, this may not be a bad thing in itself—remember the earlier comment by Jeremiah Burroughs about seeking relief. But if that relief comes, does the person retain the zeal to address the spiritual struggles underlying the anxiety now that those tendencies are less visible in day-to-day life? If perfectionism, a quest for material success, and a dread of failure underlie a person's anxiety in a new job, is she willing to tackle those bent desires first and foremost? And is there a commitment to address the situational factors that contribute to her experience of anxiety? For example, if her anxiety is associated with unrealistic demands at work, is she willing to address this situation with her boss? In my experience, more mature believers do indeed remember what they saw in the mirror and continue to take their soul to task in thought, word, and deed (James 1:23-25) even if they do use medication. They do recognize the importance of assessing and changing contextual factors, on or off medication. But I have also had people who, after improvement in their symptoms with medication use, assume that no further work is required.

Conversely, there are situations, albeit more extreme, when a failure to use medication may make it more difficult to address a person's spiritual life. I counseled a young woman in a demanding graduate program who presented with insomnia, depression, severe anxiety, and suicidal thoughts. While her suicidal thoughts rapidly waned simply by airing them with me and another friend, her other struggles did not. She could affirm intellectually the promises of God, but it was like her soul was coated in Teflon; the truths of Scripture seemed to slide right off. While this disconnect is true for all of us to some degree, it seemed particularly prominent for her.

After several meetings, I saw how much her ongoing exhaustion from the insomnia was part of a vicious cycle. On the one hand, you could say that her insomnia, which was anxiety-driven, was a fruit of her fear and unbelief; as such, it should be the primary target of ministry. On the other hand, you could say that her bodily exhaustion was making it much more difficult for her to respond in a faith-filled way. *Both* are appropriate avenues for ministry. In the end, I thought that seeing a physician for a short-term course of sleeping medication might be beneficial to break the negative cycle she was in. In fact, that was the case. As she slept better, it wasn't as if her problems magically melted away; she still struggled with anxiety. But she was able to internalize spiritual realities and truly begin to

---

<sup>7</sup>Carolina Sandell Berg, "Day by Day and with Each Passing Moment," Hymn #676, *Trinity Hymnal* (Atlanta: Great Commission Publications, 1990).

engage with God, addressing issues of perfectionism, legalism, and fear of man, which were root causes of her anxiety and despair.

Think of it this way: Using medication in select situations may be analogous to calming the surface waters to allow for deep-sea exploration. You can't have a diving expedition if there is a gale on the surface of the water. Situations in which such "calming" might be helpful include (but are not necessarily limited to) the hallucinations and delusions of psychosis (whether associated with schizophrenia or mania) and severe or unremitting anxiety or depression, particularly if associated with suicidal thoughts and plans. Of course, not all cases are this clear-cut in their need for additional wise medical input.

Can taking a medication actually assist in sanctification? Yes, in the same way that adequate sleep can assist in sanctification! It's not that you can buy holiness in a pill, but using medication in certain situations *may* help bodily conditions that allow for a greater spiritual flourishing.

### **Putting it all Together**

What have we seen? Biblically we have noticed that gospel-centered ministry targets both the bodily and moral-spiritual aspects of life, and that both relief of suffering and perseverance in the midst of suffering are consistent with God's design. We also noted the interdependence of body and spirit. Given these biblical perspectives (and again, with awareness of the scientific witness), what should our practice in counseling and pastoral ministry be with regard to psychoactive medications?

I hope you have seen that there is not a clear-cut "right" or "wrong" answer. There is no universal "rule" that we can apply to all people at all times. There is no simple algorithm. Rather, the use of these medications is a *wisdom* issue, to be addressed individually with those we counsel. There will always be a mix of pros and cons, costs and benefits to carefully consider. We must ask, "What seems wisest for this particular person with these particular struggles at this particular time?" Most often, addressing the person's suffering takes place without the use of medication. Yet, in some cases, after asking that question, we will lean toward more directly addressing potential bodily causes and correlates of the person's struggle by recommending an evaluation to consider the use of medication.

Often enough, people come to me already on medications; the choice to start or not start them is a non-issue. This is generally because their primary care physician has prescribed such a medication, but they may have already seen a psychiatrist as well. But usually, even on medication, struggling people have realized that psychotropic drugs do not solve all their problems. They still need help to reconcile conflict, or to walk in faith not fear, or to address any of the multitudes of other problems that bring people to counseling. There's plenty to discuss apart from

talking about the utility or non-utility of their medication. Whether on medications or off, the goal is always to help a person grow in love for God and for neighbor.

Let me illustrate with an orthopedic analogy. I liken the use of medications to the use of crutches, and I don't mean that in a pejorative sense. A person can experience many different injuries to the legs that don't require a set of crutches. He may have visible pain; he may have a limp initially, but the problem is self-limited with forms of treatment other than the support of crutches. Here I might think of milder experiences of depression, anxiety, and OCD, for example, where medication (like the crutches) might not be needed.

Others require crutches to assist them after experiencing a more significant injury or surgery. They use them for a season while their bodies recover. Here I might envision a fairly severe postpartum depression or severe panic attacks treated by a briefer course of medication. Still others have a more significant disability and may need to use crutches for an extended time or perhaps for life, if the disability is permanent. Here I think of problems such as schizophrenia and bipolar disorder, where the disordered brain is having a stronger influence on the expression of mental health than other contributing factors, and therefore long-term use of medication seems warranted.

Then, there are times when someone may be relying too much on his crutches and it actually impedes progress. I experienced this as a teenager when I broke my ankle. After the cast was removed I was told to bear weight "as tolerated." But I didn't tolerate it very well! I continued to use my crutches for an extended time because putting weight on my ankle caused pain. At my follow-up visit, my orthopedist told me to throw away the crutches and learn to bear weight, despite the pain. It was hard work, but I learned again to walk without the aid of crutches. The bottom line is that all musculoskeletal problems are different and it takes wisdom to know when the additional support of crutches is necessary and, if so, for how long. The same is true of psychoactive medication.

The analogy is imperfect, of course. It's easier to determine if someone can walk unaided or not. It's far more challenging to assess what a person can or can't do in the midst of emotional suffering. We see through a glass darkly. But we can be sure that whether medication is part of the total ministry approach or not, God sovereignly acts, and "is able to do far more abundantly than all that we ask or think, according to the power at work within us" (Ephesians 3:20). He *will* accomplish the redemption that he has begun in us.

## **Conclusion**

Scripture provides multiple perspectives to consider when assessing the role of psychoactive medications for those struggling with mental health issues. Not surprisingly, the Bible leads us on a path of wisdom that would neither exalt nor

disregard psychotropic drugs. Medication can be an appropriate and even necessary part of someone's care, depending on the specific nature of a person's struggle.

But even if we do view medication as a potential piece in a comprehensive ministry approach, we always seek to bring the riches of Christ's redemption to bear upon people's lives. Sinners will always need mercy, grace, forgiveness, and supernatural power to love God and neighbor. Sufferers will always need comfort, hope, and the will to persevere. Ultimately, *these* blessings are found not in a pill bottle . . . but in the person of Jesus Christ.