PSYCHIATRIC DISORDERS

A biblical approach to understanding complex problems

with David Powlison, Edward T. Welch, and Michael Emlet

Psychiatric Disorders—*A biblical approach to understanding complex problems*

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The Christian Counseling & Educational Foundation (CCEF) is a non-profit ministry founded in 1968. CCEF exists to restore Christ to counseling and counseling to the church by thinking biblically about the issues of living in order to equip the church to meet counseling-related needs. We accomplish this mission through our teaching, writing, and counseling ministries. To learn more about CCEF, visit us at www.ccef.org.

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Getting Started

This Workbook can be used for both individual and group study. An individual will use this workbook along with the videos to gain an in-depth understanding of the topic. There are endnotes throughout the workbook which provide many helps to the learner, including recommendations for additional resources. Each lesson's Activities and Study Questions will provide the individual student with meaningful ways to interact with and apply the material.

A group can use the material in two different ways.

For an in-depth study, both leader and participants will purchase and use the Workbook. Participants will have the time and interest (study and reflection outside the group) for this level of study. Groups can set aside one week per lesson. This will require a meeting time of at least 90 minutes to watch the video and work through the activities and questions. Or groups can set aside two weeks per lesson which will require a meeting time of only 60 minutes per week. One week you will watch a video and the next week reflect on the prior week's lesson.

Alternatively, for an introductory study, the group leader can purchase and use the Workbook as preparation for facilitating group discussion in a small group setting or Sunday School class. The group leader will provide participants with copies of the Diagrams and Group Handouts. In this setting, we recommend selecting a few study questions or activities that can be discussed in your allotted time-frame that meet the particular interests of the group. This approach will require 90 minutes for the first lesson and only 60 minutes for each subsequent lesson.

About This Topic

There are no pat answers or quick fixes for the kind of brokenness that psychiatric disorders describe. People who have been labeled with disorders like OCD, PTSD, Bipolar Disorder, ADHD, and Borderline Personality Disorder are faced with real struggles and a complexity of personal and interpersonal problems. So what do these diagnostic labels mean for strugglers and for those who want to help them? How should we understand the use of medication in the care of psychiatric problems from a biblical perspective? Is there any help to be found in the various secular counseling approaches? What goes into restoring and rebuilding a life? These are important questions, because a person struggling with all-consuming and complex problems needs wise help.

Ministry, when it's with someone like you, seems relatively easy: know yourself and you can know others. But what about those who are not like us? Not only are there personality differences among people but also brain and behavioral differences. People struggling with complex problems hurt deeply, feel socially isolated, and are often misunderstood. What does it look like to enter into the world of someone who has been labeled with a psychiatric disorder? What are the unique and complex experiences of this person? Learning how to move toward those different from us with the love of Jesus will not only unite us, it gives us a true understanding of our "sameness" in Christ.

Biblical counseling must offer help that wisely handles this complexity of need. Helpers must have a feel for the slow processes of change, be willing to live within uncertainties, and yet keep our bearings. We must combine indestructible hope with realistic expectations. So how do we biblically and lovingly engage those who are struggling?

This study will help guide you through a more meaningful understanding of people who have complex problems and how to offer biblical help.

Making Sense of Complex Problems
David Powlison

BEFORE YOU BEGIN

Watch a commercial advertisement for an anti-depressant. Commercials for anti-depressants can be found by searching on YouTube®. As you watch, think about what the commercial promises and consider any unspoken messages you can identify. After watching, reflect on the following questions.

1. What conclusions do you draw from this video about drug effectiveness?
2. How does the commercial make you feel?
3. Do you relate to the struggler?
4. Based on the message of the commercial, do you believe this drug is the solution to the struggle?

INTRODUCTION

A Christian vision for counseling recognizes that there is something about the nature of worship in the vertical dimension and actually loving people in the horizontal that is the truest and only sanity of which human beings are capable.

The goal of this curriculum is to move from studying a topic to embracing a calling: that we would wisely love people who live complex lives.

THREE POINTS OF CONTACT BETWEEN PSYCHATRIY AND CHRISTIANITY[1]

Point 1: Understanding and helping

> Christianity and Psychiatry are both pre-occupied with the same two extremely important questions: How do we understand troubled people? How do we help troubled people? The first is a question of explanation and the second is a question of efficacy. How do we understand people enough so that we can move toward them and help with their problems?

Point 2: Living in the same world

> We all live within the same world and deal with the same complexity of need. Isaiah 61:1–2 in a profound way captures that need. This passage speaks about every human being, including those who struggle with complex problems. The Christian response to complex problems should never be a reductionism. There are no quick fixes or pat answers for these profound problems and needs. The Christian answer is going to be as complex as the real God working in the real world.[2]

Point 3: Personal stories matter

> Christianity and Psychiatry are both interested in personal stories. Consider the heartbreaking story of Marion. Her story captures two fundamental things: the world is not kind and who we are is not kind. The Christian faith must answer the questions raised by personal stories like Marion's. How do we meet her cry of need and pain?

UPSTREAM AND DOWNSTREAM PSYCHIATRY[3]

Consider this metaphor as you seek to approach and engage with Psychiatry: upstream the air is pure and the water is clean, downstream the water is dirty and people are desperate for answers and help. This metaphor is helpful in understanding some huge differences between upstream psychiatry and downstream psychiatry.

Tendencies of Downstream Psychiatry[4]

- DSM categories name real things.
- The cause of complex problems is understood as having a genetic and biochemical basis.
- Psychiatric medications actually cure disorders.
- Sick people are qualitatively different than normal people.
- Mental health personnel are the go-to professionals that have the knowledge, the answers, and the explanations for complex problems. The legitimacy for treatment belongs exclusively to that world, and by implication the church has no significant role.

Thoughtfulness of Upstream Psychiatry

- There is an admirable humility.
- Cautious assertions and an absence of big claims about what can be known.
- Realism about both partial achievements and real limits.
- A thoughtful internal self-criticism; the willingness to reflect on strengths, weaknesses, and possible problems.

Examples of Upstream Thought[5]

The human mind cannot be reduced merely to biology.

> *The more we learn about the mind the more we realize that we can never reduce human thought, feeling, or behavior to a bio-chemical reaction. Our knowledge of biology by no means rules out the significance of psychological factors, nor our knowledge of genetics rule out the significance of environmental factors.*[6]
>
> *Armand Nicholi, MD*
> *Harvard Psychiatrist*

There is a range of human emotion and struggle that is considered normal.

> *Mental illnesses occur on a continuum, with no clear natural boundary between non-disorder and disorder… The real problem afflicting our field is the problem of distinguishing between the normal range of human emotions and what we should consider to be a disorder.*[7]
>
> *Richard McNally, PhD*
> *Harvard Experimental Psychopathologist*

There is no radical cleavage between normal people and sick people.

> *The therapist may approach the patient merely as a case, whose character structures and defenses must be assessed in order to attach the appropriate diagnostic label. Or he may look beyond the patient's pathology to see a fellow human being with unique characteristics and with the same hopes, fears, aspirations, feelings, and perhaps (except for differences in degree) same conflicts as his own.*[8]
>
> *Armand Nicholi, MD*
> *Harvard Psychiatrist*

Humans need meaning and relationship.

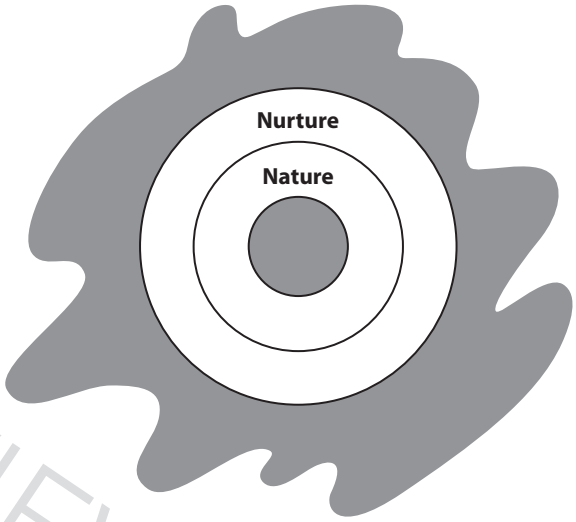
> *We psychiatrists have been given an impossible task. Our medications are sometimes able to alleviate symptoms, though they often come with side effects. But we cannot give people what they really need. People need meaning and relationship.*[9]
>
> *Steven E. Hyman, MD*
> *Former Director of National Institute of Mental Health (NIMH)*

NESTED CIRCLES[10]

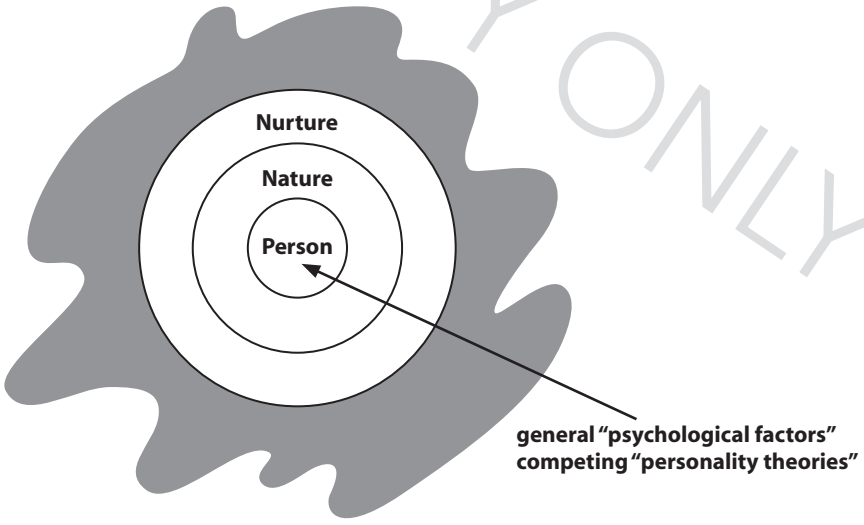
Consider the following diagrams as they are introduced. The first three are critiques of the limited view the world (and the church) has about the person. The final diagram showcases a Christian understanding.

> *If anything has been gleaned from the origins of these maladies in two decades of work, it is that the genetics of psychiatric disorders are terribly complex. No individual gene for a psychiatric disorder has been found and none likely will ever be… Psychiatric troubles are incredibly complicated and poorly understood and involve an intricate, infinite, dialectical dance between experience and biology.*[11]
>
> *Charles Barber, MFA*
> *Yale Psychiatry Professor*

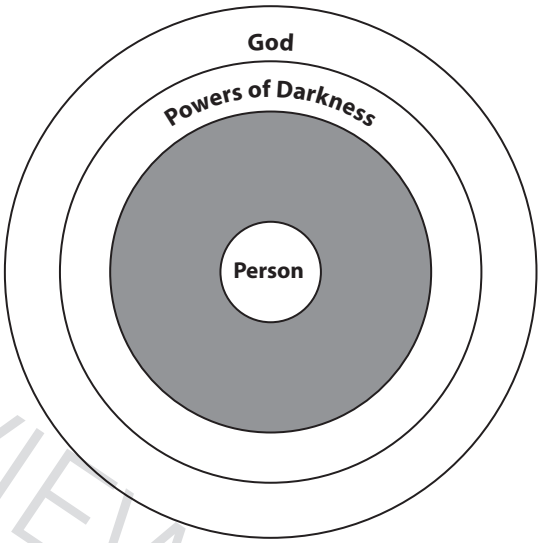
The bio-medical approach understands the interplay between the body and social surroundings, but misses the person.



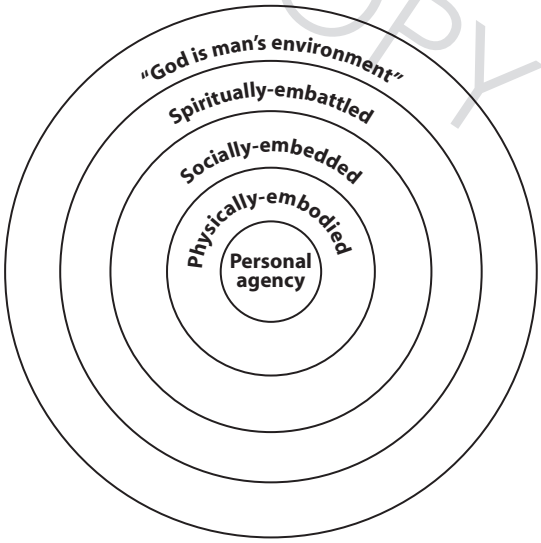
In Psychiatry there will be assertions of general psychological factors, expectancies and patterns of desire, but it will be non-specific. In contrast, biblical Christian faith has a profound engagement with the person and understands that life is mediated through the brain, through the heart, and through who you are as a person.



When it comes to addressing the problems of life and their consequences, the Church tends to focus on moralism, pietism or animism as the means to solve a person's complex problems. The human being is envisioned as a *soul on the mountaintop with spiritual issues going on*.



The Christian gaze is able to develop a picture that recognizes and considers the whole person. We live in a personal and interpersonal universe, and human beings are God-relational beings.



- Every human being lives in God's world.
- Human beings are spiritually embattled.
- Human beings are socially embedded.
- Human beings are physically embodied.
- And at the center is a robust sense of personal agency. We are always persons; the person never reduces in response to other forces impinging upon it. And there is a complexity that is involved in all things that are "human" because each aspect of existence is always working in every person at every moment.

MAKE MODEST CLAIMS

Think carefully, what will we claim as Christians? Will we claim to have the complete answer and explanation? Will we claim to offer the guaranteed way to fix all that has gone wrong? The answer: Absolutely not.

This topic gazes right into the brokenness of the universe, the very things for which the Son of God entered into ministry: to bind up the broken-hearted and to open the eyes of the blind. This topic speaks to the depth of human need, and no one has ownership over the complete answer and the guaranteed cure. But as Christians we make modest claims.[12]

- The Christian view has a rich identification with the person who is troubled and a clear sense of what care will involve.

- The Christian view is able to say something of essential importance about the human heart that is always true.

- The Christian view can say something of essential importance about how the heart interacts with life experience—whether it's physical experience, social experience, suffering, trauma, betrayal, disease, sickness—we can say something that matters and is always relevant.

In making modest claims, what can we do? If downstream psychiatry is over-promise and under-deliver, then our attitude in engaging these problems should be under-promise and over-deliver. We can promise what is realistic: we have something to say that matters and is relevant. And we know that the Christian faith over-delivers into the most broken and troubled lives.

THREE WAYS TO HELP

We can always bring three things into any life: steady human kindness, clarity and relevance as you speak about the mercies of God in Christ, and the sanity of prayer.

REFLECTION ACTIVITY

Revisit the same commercial you watched in the BEFORE YOU BEGIN activity. Watch the commercial again and reflect on the following questions.[13]

How has your impression changed?

Do you notice any "downstream" thinking previously missed?

STUDY QUESTIONS

The following study questions are divided into three sections. Section 1 questions are introductory and allow for an opportunity to reflect on the lecture. Section 2 questions focus on the content of the lecture. Section 3 questions help you apply the material you have learned. Feel free to select a couple questions from each section for your reflection. If you have the time, answer each question.

Section 1: Introduction Questions

David Powlison says in this lesson, "*The Christian answer to psychiatric disorders is going to be as complex as the working of the real God in the real world—the world that he has chosen to step into and to go to work in, rolling up his sleeves and working with these problems, exactly as they are.*"

1. As you reflect on this statement, how does it impact your attitude toward people who may have a psychiatric disorder?

2. How did your background (pastor, professional or clinical counselor, biblical counselor, or student) influence you as you watched this lesson?

3. Do you believe Christianity has a substantial message that can help people with complex problems? Or are you skeptical about Christianity's ability to help someone like Marion?

The goal of this lesson is to move you from studying a topic to embracing a calling. David Powlison says, *"We make sense of something so we can do something, so we might love well and love wisely."*

1. What is your first reaction to this challenge? Does the call to love well and wisely feel even more difficult because of the content of this study, because of the person you would need to reach out to?

2. Brainstorm about what information you would need to know and the questions you would need answered in order to grow in your ability to love well and wisely.

When it comes to the question of psychiatric disorders and how to understand them, most of us live in the 'downstream' world—both in our exposure to and in our understanding of complex problems.

1. What do you hear in your environment about psychiatric disorders? What words do you hear used to describe people and their problems?

2. What effect does this 'downstream world' have on your conversations and your descriptions of problems (both your own and other people's)?

Section 2: Interacting with the Material

Consider the three points of contact between Christianity and Psychiatry that were introduced in this lesson. First, both are pre-occupied with the same questions of life. Second, we all live in the same world and deal with the same complexity of need. Third, personal stories matter.

1. Where are you on the scale between "very receptive" and "completely dismissive" of believing there are points of contact between Christianity and the psychiatric community? What makes it easier or harder for you to accept that Christianity shares some of the same interests and concerns with the psychiatric community?

2. What other points of similarity and difference have you experienced or heard of between these two communities?

Think about the five general tendencies in 'downstream' psychiatric thinking outlined in this video: 1) the DSM categories name real things, 2) the causes of problems are understood as genetic and biochemical, 3) medications cure disorders, 4) sick people are qualitatively different than normal people, and 5) mental health professionals have the exclusive knowledge, answers and explanations for complex problems.

1. Discuss the implications of assuming that these statements are true without question. Why is it important to wrestle with these statements when you are helping someone who has been diagnosed with a psychiatric disorder?

2. Is it legitimate for the church to try and help people with complex problems? What do the Scriptures tell us about the transformative role the church has in broken lives?

3. How would you summarize the conflicting messages inherent in upstream and downstream psychiatry?

Section 3: Application Questions

David tells a heartbreaking story about a young woman named Marion. He concludes by saying that the Christian faith *"addresses human questions and human issues, and we all come to the table with stories like this one."*

1. As you think about some of your personal or ministry experiences, what have been the challenges and the joys of engaging with someone that you believe is struggling with a complex problem?

2. Why is it important to remember that the Christian faith addresses the questions and issues that every person faces? How may this approach lead to different conversations and answers for a person who has received secular help before?

3. What have been your primary concerns and goals when you engage a person who struggles with a complex and life-dominating problem? How does the extremity of their everyday life situation affect the way you engage them?

At the beginning of this lesson, David asks the questions, *"Why should we care? Why get involved? Why do anything?"* At the end of this lesson he asks another, *"What should Christians claim to be able to do for someone who struggles with a complex problem?"*

1. How would you answer these questions? What should your motives be, and what can you hope to accomplish in the life of someone struggling with a complex problem?

2. Do you have any wisdom to share with the group based on your own life experiences? What have you learned by watching and engaging with this lesson?

Revisit the Nested Circles diagram and think about the deep need of people who struggle with psychiatric disorders. Consider how this picture of the person as a whole being provides you with a richer understanding of a person.

1. How does this diagram incorporate the truths that are expressed in the upstream psychiatric community and still move you toward the Christian gaze on the matter of psychiatric disorders?

2. How does the divide between theory and practice in the psychiatric community that David describes affect your receptivity to their work? Are you willing to incorporate their observations into your thinking if they prove helpful for understanding and helping a person who suffers with a psychiatric disorder?

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[1] In his article, "A Discussion Among Clergy: Pastoral Counseling Talks with Secular Psychology," Edward T. Welch engages the points of contact between Christianity and Psychology and offers a case to consider the Christian model. This resource is especially helpful for counselors and pastors *(Journal of Biblical Counseling 13:2)*.

[2] Reflect on this more later. Read Luke 4:16-22. Can you find justification in this passage for accepting the point that *"brokenness and need characterize the reality of every one of our lives, and by extension the life of every single person we will ever deal with"*?

[3] For a more detailed analysis of the views presented in this video, reference David Powlison's article, "Modern Therapies and the Church's Faith." This article discusses the historical development of the professions (psychiatrist, psychologist, social worker) and distinguishes between them (*Journal of Biblical Counseling* 15:1).

[4] Reflect on this more later. Most of us live in the "downstream" world. What do you hear downstream? Fundamentally, how do you describe people's problems, what language do you use?

[5] Reflect on this more later. Think about a recent advertisement for a drug to treat depression or anxiety. How do the messages found in these television commercials compare to the statements quoted by Armand Nicholi?

[6] Armand M. Nicholi, "Introduction," in *The Harvard Guide to Psychiatry, Third Edition,* Armand M. Nicholi, Editor, p. 3. Cambridge, MA: Belknap Press of Harvard University Press (1999).

[7] Richard J. McNally, *What is Mental Illness?,* pp. 13-14. Cambridge, MA: Belknap Press of Harvard University Press (2011).

[8] Armand M. Nicholi, "The Therapist-Patient Relationship," in *The Harvard Guide to Psychiatry, Third Edition*, Armand M. Nicholi, Editor. Cambridge, MA: Belknap Press of Harvard University Press (1999).

[9] This is a summary of an interview with Steven E. Hyman which aired in the late 1990's on a National Public Radio (NPR) show entitled "The State of Psychiatry in America Today."

[10] For a more detailed presentation of the Nested Circles diagram, reference Michael R. Emlet's article, "Understanding the Influences on the Human Heart" (*Journal of Biblical Counseling* 20:2).

[11] Charles Barber, "The Brain: A Mindless Obsession" (The Wilson Quarterly: Winter, 2008).

[12] If you are interested in an in-depth study on how people change (including people with complex problems), we encourage you to take the introductory course, Dynamics of Biblical Change. In this course David Powlison presents a biblical model for counseling and shares how the Christian view has a rich identification with the troubled person. Students explore a biblical view of transformation and learn first-hand how God invades the particular struggles in their lives through self-counseling projects and group interaction.

[13] A note for group leaders: In Edward T. Welch's article, "Review of Prozac Backlash by Joseph Glenmullen" (*Journal of Biblical Counseling* 19:1), he engages the downstream and upstream metaphor presented in this video. In it he also discusses the claims pharmaceutical companies make about psychiatric medications. This article can be used as a help for leaders facilitating group discussions.