

## Chapter Ten:

# Suffering, Panic, Bipolar Disorder, and Schizophrenia

## Panic Attacks

Panic attacks are periods of intense fear that arise suddenly in times when there is no significant danger present. They generally begin abruptly, reach a peak within ten minutes, and subside over the next several hours. The panic itself is not voluntary. Telling people to calm down or to get over it will not help. Of course they want to calm down and get over it, but the response of panic is physiological and beyond immediate conscious control. The heartbeat speeds up. Often there is dizziness or lightheadedness and a sense that they have to leave the room and get some air.

A friend who struggles with this problem described it this way: “I feel trapped in myself. I feel trapped in despair and gloom, and all I can do is beg for the pain to stop. I don’t think a person can really understand this pain until they have experienced it themselves. People around me don’t know how to respond when I feel this way—looks of pity, confusion, and annoyance don’t help. I have learned to hide this pain—to pretend that I’m fine when I’m not.”

Panic attacks are often closely connected to depression. A person becomes depressed, the emotional pain is overwhelming, and a feeling of panic results from the fear that there may never be relief. With every moment that passes, the hope of ever feeling better grows dimmer and dimmer until it is snuffed out altogether. The person feels doomed to unbearable suffering. But the problem is so crippling that there is a sense that “I *must* get better—I *have* to. I can’t go on like this!”

## Counseling someone who suffers from panic attacks

As with other kinds of suffering, begin with genuine compassion and comfort (see chapter three). Do not rebuke the person for feeling panic and fear. Reassure him with comforting, soothing, calming words from Scripture. And most important, confidently assure the person that you know some biblical principles that *will* help. Offer hope.

If the person struggles with depression, that is a good place to begin (see chapter eight). The biblical solutions to depression will also be helpful for panic attacks. And there hope of the possibility of recovery from depression can also help.

Explore also how the person is thinking about stress and anxiety in general. Make sure the counselee understands the biblical principles regarding anxiety (see chapter nine).

The friend I quoted above recovered from her panic problem, and I asked her what it was that helped her. She said primarily the knowledge that it is all right to suffer. “The panic comes from fear that I will not be able to feel better. There is comfort in the fact that I don’t have to feel better. I can carry out my calling even while I’m suffering.”

She listed six more things that have been helpful to her:

1. I now realize that I’m walking through life and each thought is a step. I can walk away from fear and panic with each successive thought.
2. I am working on thinking on things above. When I suffer, I ask myself if I really believe in eternity.
3. God is sanctifying me, making me the woman He wants me to be. He is faithful. He has my best interests at heart. He truly is my Good Shepherd, leading me to peace. **“Though he slay me, yet will I hope in him” (Job 13:15).**
4. I now am aware that God gives us exactly the amount of pain and pleasure He decides. He will determine all of my suffering, all of my pain—and all of my pleasure. I will not have this power.
5. I am convicted about contentment. To refuse to be satisfied with what God has for me is covetousness and discontent.
6. I have been challenged to see what my idol is.

Then she wrote, “I am tired. Whenever I hear that He breaks us to make us new, I feel I’ve been broken enough. But I do have a peace in my heart that good times are ahead after the present struggle. I feel optimistic.” This was added a few days later: “P.S. God is so quickly healing me of these struggles. I felt renewed even by writing this down.” The last words in her note were, “It is over. I am free of the medications, and I am joyful and optimistic.”

## Bipolar Disorder

The term “bipolar disorder” is the new term for the old label “manic-depressive.” It is used to describe a person who has major mood swings from extreme depressed moods to extremely elevated moods. The psychological term for the elevated mood is “mania” or “manic episode.” And according to the DSM IV, a manic episode is “a distinct period of abnormally and persistently elevated, expansive or irritable mood, lasting at least 1 week.”<sup>1</sup> And in order for it to be diagnosed as a manic episode that elevated mood must have 3 of the following components (four if the mood is only irritable):

- 1) inflated self-esteem or grandiosity
- 2) decreased need for sleep
- 3) more talkative than usual or pressure to keep talking
- 4) racing thoughts
- 5) distractibility
- 6) increase in goal-directed activity or psychomotor agitation
- 7) excessive involvement in pleasurable activities that have a high potential for painful consequences

In recent years they have developed names to describe people who have emotional ups and downs that aren’t that severe – like bipolar II, or hypomania. That way pretty much anyone who ever has emotional swings can be diagnosed with a mental disease and the psychologists can bill insurance companies.

## How to Counsel a “Manic/Depressive” Person

The depression aspect is no different from any other depression, and so it can be handled the same way (see chapter 8). The focus of this section, then, will be on counseling the “mania.”

What causes mania? The answer to that question depends on whether you are talking about manic *feelings* or manic *behavior*. Manic *feelings* can be caused by a number of medical or spiritual problems or they may be side effects of certain drugs. Manic *behavior*, on the other hand, has only one cause: the will. Feelings may make certain temptations more difficult to resist, but all decisions are still made by the will. Neither chemicals nor feelings can make a person choose to sin, to act foolishly, or to do anything else.

King Saul suffered from a textbook case of bipolar.<sup>2</sup> His life was characterized by impulsiveness (1 Sam. 13:9-14, 20:30-33), poor judgment (1 Sam. 14), refusal to listen to counsel (1 Sam. 14), irresponsible behavior (1 Sam. 15), temper tantrums (1 Sam. 20:30-33), extreme mood swings (1 Sam. 15:24), rapid cycling (“now I’m not going to kill David; now I am”) (1 Sam. 19:6,10), and paranoia (1 Sam. 17:18), and it ended in suicide (1 Sam. 31:4). And God held Saul responsible for all these things. God diagnosed Saul’s problem in 1 Samuel 15:23 with one word: “rebellion.” Sinful actions are always under the control of a person’s will. For help with the manic feelings the counselee should see a medical doctor, as these feelings can arise from various physiological problems. They can also be caused by spiritual problems (see below). The behavior, on the other hand, is always a spiritual issue. No medical problem can cause sinful behavior.

Very often those who have been influenced by psychology have the attitude that says, “As long as I feel this way I have no ability to control my actions.” Help the counselee learn not to be governed by his feelings. God does provide us with the strength to resist the impulses of our feelings.

### *Use Biblical Terms*

As usual, the psychological labels are unhelpful. The list of symptoms in the DSM IV is a mix of problems that are

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<sup>1</sup> <http://www.mental-health-today.com/bp/man.htm>

<sup>2</sup> I am indebted to Dr. Charles Hodges for these observations about Saul.

better addressed individually. I will take them one at a time.

### ***Inflated self-esteem or grandiosity***

The biblical terms for this are *pride* and *selfishness*. Pride is an inflated sense of self-importance, and selfishness is an inward focus that places one's own immediate desires above the needs of others – or a preoccupation with self without consideration of others.

In some cases mania may be an attempt to escape depression. A person is depressed, and more than anything he longs to feel better. All his attention is focused inward. He is desperate to feel good. Then his emotions change and he does begin to feel better. Those good feelings then become the focus of all his energy. He tries to make those good feelings as strong and long-lasting as possible because he so greatly fears sinking back into depression. The mood has changed, but the root problem (self-centeredness) remains.

Self-centeredness expresses itself differently when moods are depressed or elevated. When the mood is low it becomes self-pity (“poor me”). When the mood is high it becomes abandonment to the impulses of the flesh (“I MUST have this thing I desire”).

The solution to pride is humility, and the solution to selfishness is love.

### **Philippians 2:3 Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves.**

Philippians 2:1-11 is a good chapter to study for learning humility, because it's all about how Jesus set the example of humility. Another important key to humility is to turn attention to God. It is impossible to feel any sense of self-importance while beholding the glory of God. Urge the counselee to pursue the 5:1 rule (five thoughts about God for every one thought about self or one's circumstances).

While humility will solve the problem of pride, love will solve the problem of selfishness. A good chapter for learning to love others is 1 Corinthians 13. Love for others is not Christian love unless it is love that grows out of love for God. Teach the counselee how to love God, and how to love others as an expression of love for God. At this point it may be helpful to go through the Loving God sermon series, with a particular focus on parts 9 and 11, which are about loving others.<sup>3</sup>

### ***Talkative***

Being overly talkative is a byproduct of pride and selfishness. Talking too much is a symptom of a heart that believes, “What I have to say is more important than what anyone else has to say.” The solution to this is humility, love for others, and self-control. Take the counselee through the many proverbs on the tongue.

### ***Decreased need for sleep and increase in goal-directed activity***

Decreased need for sleep and increased energy to work are not a mental disease; they are blessings from God. When a person feels fully rested after only a few hours of sleep, and he is full of energy and motivation, urge him to use those extra hours in some useful kingdom work.

### ***Racing thoughts and distractibility***

Inability to focus one's thoughts can be debilitating. When the mind flits from one thought to the next to the next, it prevents the person from being able to pray or to think through a difficult matter that requires concentrated thought. Self-control in the thought life is the most difficult kind of self-control. It is essential, however, for the Christian life.

Very often the counselee will think that controlling his thoughts is impossible. It is crucial that he understand that if he is a believer, self-control of the thought life is possible. It is part of the “all things” that are possible through Christ who strengthens us (Php.4:13). If the counselee does not understand that this kind of self-control is possible for him, he will quickly give up when his mind starts racing.

Help the counselee work toward thinking about one thing at a time. If it's time to be thinking about a certain decision that needs to be made, keep the focus on that decision. When other thoughts invade the mind, urge the counselee to jot a one or two word reminder down on a piece of paper so he can remember to think about it later, then return to thinking about the matter at hand. Sometimes it is hard to set aside thoughts that come up because they are important and need to be considered and not forgotten. So the mind is trying to remember to hold that thought. Once it is written on paper, the mind can let go of it and focus.

When the mind is racing, that is a good time for prayer. The psalmists speak of pouring out their hearts to God

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<sup>3</sup> [http://foodforyoursoul.net/ffys\\_v2/?page\\_id=37&series=1](http://foodforyoursoul.net/ffys_v2/?page_id=37&series=1)

(Ps.62:8). Pouring out one's heart is a special kind of prayer that is not always possible. Many times the heart is dry and empty, and there aren't many thoughts or feelings. But when the mind is flooded with thoughts and feelings, that is a good time to pour it all out before God in prayer.

### *Excessive involvement in pleasurable activities that have a high potential for painful consequences*

This is the aspect that causes the most obvious harm in the lives of people who struggle with this problem. During "manic" episodes the person becomes extremely impulsive. It is similar in some ways to drunkenness. The person becomes loud, obnoxious, uninhibited, and reckless. Often there is such irrational optimism that they make poor decisions typified by hasty commitments, foolish investments, spending sprees, sexual sins, etc.

And even though the mood is elevated, it is dominated by a self-centered focus so quite often there is a great deal of irritability. When anyone attempts to restrain the person's impulsivity, or even interrupts his incessant talking, he is easily angered.

This is because what seems to be optimism is really pride. The person becomes wise in his own eyes, and does not have a posture of learning from others. Once again, learning humility is a key to overcoming this problem. Particularly helpful are the proverbs about being wise in one's own eyes.<sup>4</sup>

## **Lithium**

Psychiatrists treat mania by administering near-toxic levels of lithium. There are only trace amounts of lithium in the body naturally, and it serves no known function. The prescription for treating mania is hundreds of times the amount normally in the body—between 500 mg and 2000 mg every day. For lithium to work, the levels must be far above normal. For most people anything above 1.5 mEq/L is toxic (causing speech impairment and confusion), but anything below 1.2 mEq/L has no effect on manic symptoms.

There is no question that high doses of lithium do tend to help people with mania, but the reason is unknown. What is known, however, is that lithium has numerous negative side effects, which commonly include weight gain, mental impairment, memory problems, muscle aches and twitches, weakness, lethargy, and thirst. Consistent with its toxic effects on the nervous system, lithium causes a tremor in 30 to 50 percent of patients even at therapeutic levels. Tremors can be a warning sign of impending serious toxicity of the brain. EEG studies indicate an abnormal slowing of brain waves in a significant portion of patients routinely treated with lithium. For this reason, 43 percent of patients stop taking their lithium.<sup>5</sup>

## **Schizophrenia**

Many think of schizophrenia as a "split personality," but technically, the term is much broader. It encompasses all types of insanity—delusions, voices, catatonic behavior, grossly disorganized behavior, hallucinations, etc. Schizophrenia is a term that simply refers to a departure from reality.

To this point we have mostly been examining problems that, for the most part, everyone struggles with to some extent. In one sense, the same could be said about schizophrenia. If insanity is being detached from reality, we are all somewhat insane. All of us believe some things that do not correspond with reality, and we all behave in ways that do not correspond to what we know to be true.

As with all the problems covered in this book, schizophrenia is manifested in varying degrees. To the extent that a person can understand, he needs to be taught biblical principles. If he accepts them, they will help.

Even people with extreme mental deficiency often understand right and wrong. According to their level of understanding, they are responsible for doing what is right. It may be that even an extremely schizophrenic person understands more than we might guess.

Suppose you go to counsel someone's child, and when you arrive he is huddled in the corner, banging his head against the wall or engaging in some other disturbingly bizarre behavior. One possibility is that it is not just a mental

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<sup>4</sup> Pr.3:7, 26:5,12, 28:11, Isa. 5:21.

<sup>5</sup> [http://www.sntp.net/drugs/lithium\\_breggin.htm](http://www.sntp.net/drugs/lithium_breggin.htm)

disorder, but a demon. If you suspect that, you can pray, “Lord, you know whether there is a demon at work here. If there is, please cast it out. If this person’s condition is related to a sin, please grant repentance. If it is simply some type of illness, please bring healing.”

Explain to the child that you have something that can help him. Let him know that you can tell him what the Word of God says to do, and that if he listens and does what God says to do, he can be better. But if he does not, he will probably be taken to a mental institution and give you some very unpleasant drugs. If he is capable of listening and responding, perhaps he will. If not, then you have not done anything to make the situation worse.

The causes of insanity are many. Some are, no doubt, physical. Others are spiritual. Just as poor treatment of the heart or lungs can destroy those organs, so a pattern of wrong thinking and feeling can destroy the mind to some degree. And just as a bad lung or heart can be restored and healed; perhaps the same is true of a damaged mind. Nebuchadnezzar recovered from insanity (Daniel 4). We do not know whether God did that by a miracle or by providence, but it may well be that if a person is insane as a result of a hard heart against God, and he softens his heart, his mind can be restored.

Do not assume that insanity is caused by sin. It never hurts, however, to urge a mentally ill person—or any person, for that matter—to develop a more responsive, soft heart toward God.

