

Medications

Medications: Good or Bad?¹

Psychotropic drugs (medications taken for psychological problems) are a huge factor in our culture today. A large percentage of the general population either is on them now or has been recently.

This is an important topic for several reasons:

- Most people believe that if a problem seems to be helped by medication, then it must be a biological problem rather than a spiritual issue.
- Psychotropic drugs cause people a lot of problems, and doctors often fail to warn their patients about these problems.
- There is confusion over whether it is wrong to take these medications, and there are questions about whether taking them is a sign of spiritual weakness.

I have found two things to be true of everyone I have ever talked to who is on psychotropic drugs: (1) The person has full confidence that the medications are helping, and (2) the person's goal is to get off the medications.

People are sure the drugs help, yet no one likes being on them. That should tell us something. Anyone who is considering these medications should know up front that being on them is unpleasant, and getting off of them is often extremely difficult.

I do not believe it is sin or spiritual weakness to be on a medication for a psychological problem. I have never told a person to stop taking a medication, and unless you are the person's doctor, you shouldn't either. If you think someone should make it a goal to get off a particular drug, urge the person to talk to his doctor about it. If the doctor will not help him do that, urge the person to find a new doctor. But don't ever tell a person to simply stop taking it.

Whenever you counsel someone who is on medication, do not make getting off medication the goal of the counseling. For most people, getting off of medication is secondary. Unless that is accompanied by some significant changes in their thought life, whatever problem drove them to seek medication in the first place will simply reappear.

Problems with psychotropic drugs

From what I can tell, it is almost always a bad idea to begin taking psychotropic medications.

Someone will wonder, But if I have a chemical imbalance, what's wrong with taking something to even it out?

Nothing, but it is not known whether these medications accomplish that. The theories about how these medications work are just that—theories. It is all conjecture that is not verifiable with our present knowledge. When there is a true chemical imbalance in the

body that can be verified, it is not called a chemical imbalance. It is called by the name of the chemical.

Low thyroid is an imbalance, but it's not called a "chemical imbalance." It's called hypothyroidism. Low potassium is called hypokalemia. High blood sugar is called hyperglycemia.

But depression is not called "hyposeritoninism" because the theory about serotonin is merely speculation. (See pp. 14849 for a discussion of the chemical imbalance theory with respect to depression.) The theory behind SSRIs (selective serotonin reuptake inhibitors, the most common type of antidepressants) is that when a person is depressed, *perhaps* the reason is that serotonin is having trouble getting across the synapses in the brain, and *perhaps* the SSRI will help it get across.

But we have no way of finding out if that is true; it's just a guess. That is why, if you look at the insert folded up inside a package of Prozac, you will see that it says, "Action is *presumed* to be linked to reuptake" (emphasis added). For lithium it just says "unknown." Check the insert in any one of the other prescription psychotropic drugs and it will say something similar.

In a psychopathology textbook used for second-year medical students, the authors state, "psychiatry is the only medical specialty that ... treats disorders without clearly known causes" (Maxmen and Ward, *Essential Psychopathology and Its Treatment*, 1995, p. 57).²

The only things we know for sure about these drugs are (1) they do something to the brain and (2) they affect the way a person feels. It seems to me we should be extremely cautious about taking anything that affects the brain in an unknown way.

But if they make me feel better, doesn't that mean they are having a beneficial effect?

Not at all. Millions of people will testify that alcohol, cocaine, or heroin make them feel better. Just because you may feel better when taking a drug does not mean you have a disease which is being cured by that drug.

How do they make me feel better?

A number of things are happening that could explain why a person feels better, even though nothing is being done to solve the root problem.

1. The drugs seem to deaden the intensity of the emotions—kind of like numbing the nerves in your hand. Taking an antidepressant does not cause a person to immediately start feeling refreshed, energetic, happy, and full of motivation; instead, usually a few weeks pass before the person may seem to be slightly less depressed.
2. In many cases taking an antidepressant has a side effect of causing nervousness. So a sedative will then be prescribed for relaxation. Because of the calming effect of the sedative, the person thinks he's feeling better.
3. Antidepressants typically require a couple of weeks to take effect. So if something happens during those two weeks that gives him an emotional boost, he will tend to interpret it as being related to the drug. It is normal to have emotional ups and downs over a period of weeks, and if a person has begun taking a medication, the natural "ups" will be attributed to the drug rather than to the countless other factors that may have caused them.
4. The placebo effect.

The placebo effect is extraordinarily powerful. Carey Hardy is a retired pharmacist who used to give people placebos. A doctor would call him and say, "I'm sending this person over with a prescription. I can't find anything wrong, but he is complaining of back pain, so give him a placebo." The pharmacist would get a bunch of sugar pills and put them in a bottle marked "Reniphin, for severe pain," and it worked! The guy would come back on the day his prescription ran out and say, "I've got to have some more—now!"

Pharmacists no longer do that, but it is still done in hospital research. Doubleblind crossover studies show that placebos have worked well for a variety of ailments:

- severe pain (35 percent of those studied said a placebo had the same effect as an injection of morphine)
- stomach ulcers (the placebo was found to be 50 percent to 75 percent effective in stopping the bleeding, even though there was no active ingredient)
- incontinence (74 percent of the people with this problem improved with a placebo)
- arthritis
- high blood pressure (85 percent of those affected experienced a significant drop in blood pressure with a placebo).

It was found that a placebo worked better with the following:

- an enthusiastic doctor
- white lab coat
- hospital machines in the room
- capsules rather than tablets
- bad taste
- exact dosages
- warning labels³

Placebos work because of the mind. If they have that kind of effect on physical problems, imagine the effect they can have on mental problems.

These drugs help people feel better for a number of reasons. I do not believe, however, that drugs have ever cured anyone of problems such as depression, bipolar disorder, or anxiety. At best they mitigate symptoms.

Suppose I have a problem with dwelling on the pain in my life. If something happens that hurts, instead of shrugging it off and moving on, I dwell on it, fixate on it, think obsessively about it ... until my emotions are so depleted that I cannot regain equilibrium, and I become depressed.

When suffering from depression I continue to do the same thing and go into a downward spiral. Then I take an antidepressant drug. Will that cure me of my wrong attitude toward suffering? No.

Those drugs are like painkillers for the emotions. Prozac might deaden some of the emotional pain and take some of the edge off a person's suffering, but it cannot do anything to alleviate what is causing the suffering.

The nerves in your body have an important function. When something is harming you, your brain needs to know so you can take action to put an end to the harm. Emotions are like the nerves of your spirit.

So if I am walking across the street barefoot in the summer, and the skin on my feet begins to burn, those nerve endings let my brain know that damage is being done. God

knows that my brain will ignore most things, so He developed a certain kind of signal that I cannot ignore—pain.

And sure enough, when I feel severe pain on my feet I immediately stop whatever I am doing and get off the hot pavement to prevent further damage.

The emotions function in a similar way. When something is wrong, the result may be emotional pain. Simply taking a pill to deaden that sensation of pain so that I can keep going about my daily life as I have been is like taking morphine to help me make it across the street.

Treating depression or anxiety or distraction with drugs is like taking care of a red warning light on the dashboard of your car by disconnecting it. That may serve some purpose temporarily while you drive to a service station, but it does not fix the problem.

Imagine an emergency room where morphine was always prescribed, no matter what problem a patient presented. That is pretty much the way psychiatrists work. Someone comes in complaining of emotional pain, and they prescribe something to deaden that pain. Most psychiatrists have no clue about spiritual realities.

For example, a woman in our church mentioned to her doctor that she was getting ready to go on a trip and was not looking forward to being with the people she was going to be staying with. Her doctor suggested that she take tranquilizers! There was no concern or even awareness that the ability to deal with unpleasant social situations is a spiritual issue.

I am not against deadening pain in principle, but if that is all a person does, then he is ignoring the signals from his emotional pain. I *am* strongly against medication if it is used instead of addressing the problem.

Regarding the effectiveness of placebos: The results of the studies described earlier in this chapter are fascinating. I believe placebos work because God designed our minds so that our attitudes have great influence over our bodies.

When you are sure something will work, it tends to work much better. This concept highlights the importance of being fully convinced of the sufficiency of Scripture. The more persuaded you are of that, the greater effect it will tend to have.

Don't misunderstand—I am not saying, in regard to Scripture, "It is all in your head." I am not saying that the power of God's Word is dependent upon the level of your faith. The Word of God is living and active, and it has divine power to demolish strongholds. But the way you experience that power can vary according to your attitude. Aspirin has properties that can deaden pain. But if I take an aspirin and am absolutely sure it will cure my headache, it will tend to be more effective than if I doubt it will work.

The sad reality is that many Christians place more confidence in a psychiatrist's medical degree and specialized training than in the Word of God.

Side effects

Most people on antidepressant medications want to get off of them because of the side effects. Unfortunately, it is common for doctors to understate the side effects.

Psychotropic drugs are a big business. That is why more and more companies are developing various drugs and now even advertising them directly to consumers through television commercials.

They are marketed to doctors the same way any retail product is. A representative from the company comes in and gives a sales pitch. A doctor who wants to know the negative

effects or other drawbacks has to research those on his own. With the newer medications, many of those effects are still unknown.

But as time goes by, more and more is coming to light about the negative effects of these drugs—especially antidepressants. Most people who begin taking an antidepressant end up on four or five drugs to alleviate the side effects of the antidepressant.

The antidepressant causes insomnia, so a sedative is prescribed, then when it is hard to get up in the morning, something is prescribed for that, and on it goes. Pretty soon a person needs drugs for all the basic functions of life. That is not how God designed us to live.

When a person is using prescription drugs to calm down, wake up, go to work, relax, improve the appetite, etc., it is difficult to see the difference between him and the alcoholic who uses just one drug to do all those things.

Ephesians 5:18 tells us, “Do not get drunk with wine ... but be filled with the Spirit.” I believe the point of this verse is that we should not look to chemicals to provide what we should be getting from the Holy Spirit.

Take the matter of joy, for example, in the context of Ephesians 5. If you want more joy and are considering the possibility of taking antidepressants, ask yourself: “Is there any real difference between what I’m thinking of doing and the guy who says, ‘I just seem to handle life better after I’ve had a few beers?’”

In many cases the cure is worse than the disease. I talked to one woman who was on medication for anorexia, and the side effects of that medicine required another medicine, and so on until finally they put her on one medicine that had as a side effect suppression of appetite! Likewise, I talked to a doctor who told me that most cases of bipolar disorder are *caused by* antidepressants.

These drugs also have side effects that are not controlled by other drugs, so the person simply has to live with them.

Side effects of SSRIs, the type of antidepressants most often prescribed, are nausea, insomnia, anxiety, diarrhea, headache, drowsiness, loss of appetite, and sexual difficulties. For cyclic antidepressants, add to the list dry mouth, constipation, difficulty with urination, blood pressure problems, nervousness, irritability, palpitation, rapid heartbeat, tremors, sweating, weight gain, indigestion, swelling, stiffness, slowness, restlessness, rash, etc.

Suppose you are dealing with someone who is depressed (in most cases, depressed because of an inability to handle suffering properly), and you give him or her a drug with those side effects. Add the fact that a person often does not feel good while taking an antidepressant, along with the increased financial burden of paying for it, plus being told, “This is how it is going to be for the rest of your life.” That’s enough to make anyone depressed! In view of all these things should it come as any surprise that the longterm success rate of psychologybased counseling is abysmal?

And all this is to say nothing about the longterm side effects, many of which are still unknown. Ed Welch tells about a man experiencing periodic confusion and intellectual decline who was treated with medication and diagnosed with Alzheimer’s disease at age 52. His situation had deteriorated to the point that he was put in a nursing home, where he stayed for nine years. After almost a decade, when he was 61, the family’s resources were depleted, so his wife took him out of the hospital and discontinued his medications. After going through withdrawal symptoms he improved dramatically and went on to teach college math.⁴

On top of all the side effects is the problem of withdrawal. Getting off of some medications can be agony. That is another major factor to keep in mind when considering psychotropic drugs. Typical withdrawal symptoms include dizziness, lightheadedness, irritability, fatigue, nausea, etc.

Addiction

The addictive nature of these drugs should not be minimized. Many of them are very addictive. (As mentioned in chapter 5, on addiction, anything that affects the way a person feels tends to be addictive.)

There are only two types of drugs that if stopped cold turkey can cause death. One is alcohol. The other is a class of drugs called benzodiazepines (Xanax, Librium, Valium, etc.), which are given for anxiety and are highly addictive. The fact that a person with a medical degree authorizes taking them seems to legitimize it, but the reality is, according to one psychiatrist I spoke with, taking anti-anxiety drugs is essentially the same as having a couple shots of Scotch each day.

As we found in chapter 6, any kind of addiction is sin. We are not to be mastered or controlled by anything (1 Cor. 6:12, 2 Pet. 2:19). Part of the fruit of the Spirit is self-control, so if I become addicted to anything, it is sin. The fact that the person who gave me the drug had a lab coat on makes no difference. Whether it be from a pusher on the street or from someone with a degree, we must be very slow to accept anything that will likely become an addiction.

ADD and ADHD

I recently asked a psychologist which of the commonly prescribed psychotropic drugs is creating the worst problem with addiction, and her response surprised me: “Ritalin—by far.” It surprised me, because we were in the middle of a debate, and she was coming from a worldly, secular perspective. But even she admitted the problems with Ritalin, a drug commonly given to children diagnosed with attention deficit disorder (ADD) or attention deficit and hyperactivity disorder (ADHD).

She said, first of all, it is a stimulant. It is speed. The notion that Ritalin is effective only for people with ADD has been proved false. The effects of Ritalin are experienced by anyone who takes it. Taking Ritalin or another stimulant does make it easier to concentrate. We could all focus better if we were on speed. But even the world is starting to recognize that it is not healthy to use drugs for such purposes.

This psychologist said there are some extreme, rare cases in which taking Ritalin might be beneficial for a limited time, but any doctor who prescribes it just because someone comes in and says “My child can’t focus” is, in her opinion, highly unethical.

In a conference sponsored by the National Institutes of Health (NIH) in November 1998, the panel of experts concluded: “There are no data to indicate that ADHD is due to a brain malfunction.” On page 2 of their report they went on to state that the same can be said for “most psychiatric disorders, including disabling diseases such as schizophrenia.”⁵

Those in the world of psychiatry are generally not very open to conclusions like that, since their livelihood depends on people needing psychotropic drugs. But some of the more conscientious counselors in that field are beginning to admit to the fact that these drugs often do more harm than good, and are beginning to favor other approaches ahead of drugs—especially for ADD and ADHD.

I spoke to a friend whose doctor diagnosed his children with ADHD, and instead of Ritalin, prescribed a trampoline. He said, "Have them jump on the trampoline for ten minutes before going to school." It worked! I tried the same "treatment" for my son and also had good results. Others have seen significant improvement through modifications in diet—giving the child protein in the morning instead of cereal.

If you counsel someone with a child who is doing poorly in school, urge him to be very slow to start his child on a drug. Our children face enough struggles without becoming subject to addiction and chemical dependence by their own parents.

Even if other remedies do not seem to work, we need to ask ourselves, "How important is academic excellence in the third grade in comparison with spiritual issues, anyway?" Many Christians put far too great an emphasis on performance in school, even though performance in school—especially elementary school—has not been shown to be related to success in life. Personally, I would rather have my son get Ds in school than put him on psychotropic medication. In fact, it seems to me that God designed young children, especially boys, to be "hyperactive."

Whatever a person believes about ADD, one thing is certain—any sinful behavior comes from the child's heart, not from a brain disorder. If a child is disrespectful, lazy, disobedient, or undisciplined, those are spiritual problems and should not be overlooked simply because the world diagnoses him with a mental disease.

Treating spiritual problems with chemical remedies

Some issues, it would seem, could be helped either by drugs or by the Holy Spirit. When that is the case, we should not seek from chemicals what we should be seeking from the Spirit.

In the context of discussing joyful singing, Paul urges, "Do not get drunk on wine ... but be filled with the Spirit" (Eph. 5:18). When we seek joy, we can seek it from the chemicals in wine or from the Holy Spirit. Since joy is a spiritual issue, we are to seek it from a spiritual Source, not a chemical source.

There is no promise in the Bible that the Holy Spirit will cure an infection, so there is nothing wrong with using chemical means of solving that problem. But in the areas the Bible has said the Spirit will work—that is, areas of sanctification—drugs are not the answer. If a person lacks joy, contentment, self-control, love, patience, trust, or peace, Scripture is very clear that those are spiritual issues. If he seeks those things from medication, all that will do is delay his recovery until the day he learns the true Source of spiritual growth and peace.

Is it possible that someday scientists will discover that decisions have biological rather than spiritual causes? The only way that could ever happen is if the Bible is wrong about how decisions are made. Scientists not only would have to prove that Jesus was mistaken in His teaching that sin originates in the heart, but they would also have to prove that the spirit does not exist. As long as there is a possibility that people are made up of both body and spirit, then there is a possibility that decisions are made by the spirit, not by the body.

Conclusion

Spiritual goals cannot be achieved by chemical means. In the case of a person who ... can't get along with his spouse,
has trouble accepting suffering from the hand of God,

tends to obsessively dwell on his suffering,
does not have a grateful heart,
considers feeling good to be his top priority,
does not have control over his thought life,
acts in an irresponsible way,
is a child who is disrespectful and disobedient to parents as well as teachers,
can't seem to gain joy or peace or contentment from the Lord
... there is no chemical in the world that will cure any of these things. All a chemical
can do is deaden the negative feelings associated with them so the person no longer feels
the urgency to take care of the spiritual issues that lie at the root of such problems.

Chapter Summary

I do not believe it is necessarily sin or spiritual weakness to be on a medication for a psychological problem. However, it *is* sin if any of the following are true:

- The medication is used in place of addressing spiritual issues.
- There is a higher confidence in psychiatry than in Scripture for solving spiritual problems.
- There is a lack of proper concern about addiction.

The so-called scientific theory on which use of these drugs is based is unproven and highly questionable.

Even if there are no sinful motives in taking psychotropic medication, it may be foolish for the following reasons:

- It is unknown what such medications do to the brain.
- Being on the drug reduces the urgency of addressing the real problem.
- Side effects can be more harmful than the initial problem for which the drug was prescribed.
- Addiction is generally not apparent until it is too late (a person doesn't realize what's happening until he is already addicted).
- Getting off the drug is very difficult.

Spiritual goals cannot be achieved by chemical means.

Key verse:

Ephesians 5:18

Review questions:

1. True or false? You should counsel those on psychotropic drugs to try to get off of them.
2. If drugs can possibly help a person with a problem, why not take them?
3. Explain your understanding of the statement: "Spiritual goals can not be achieved by chemical means."