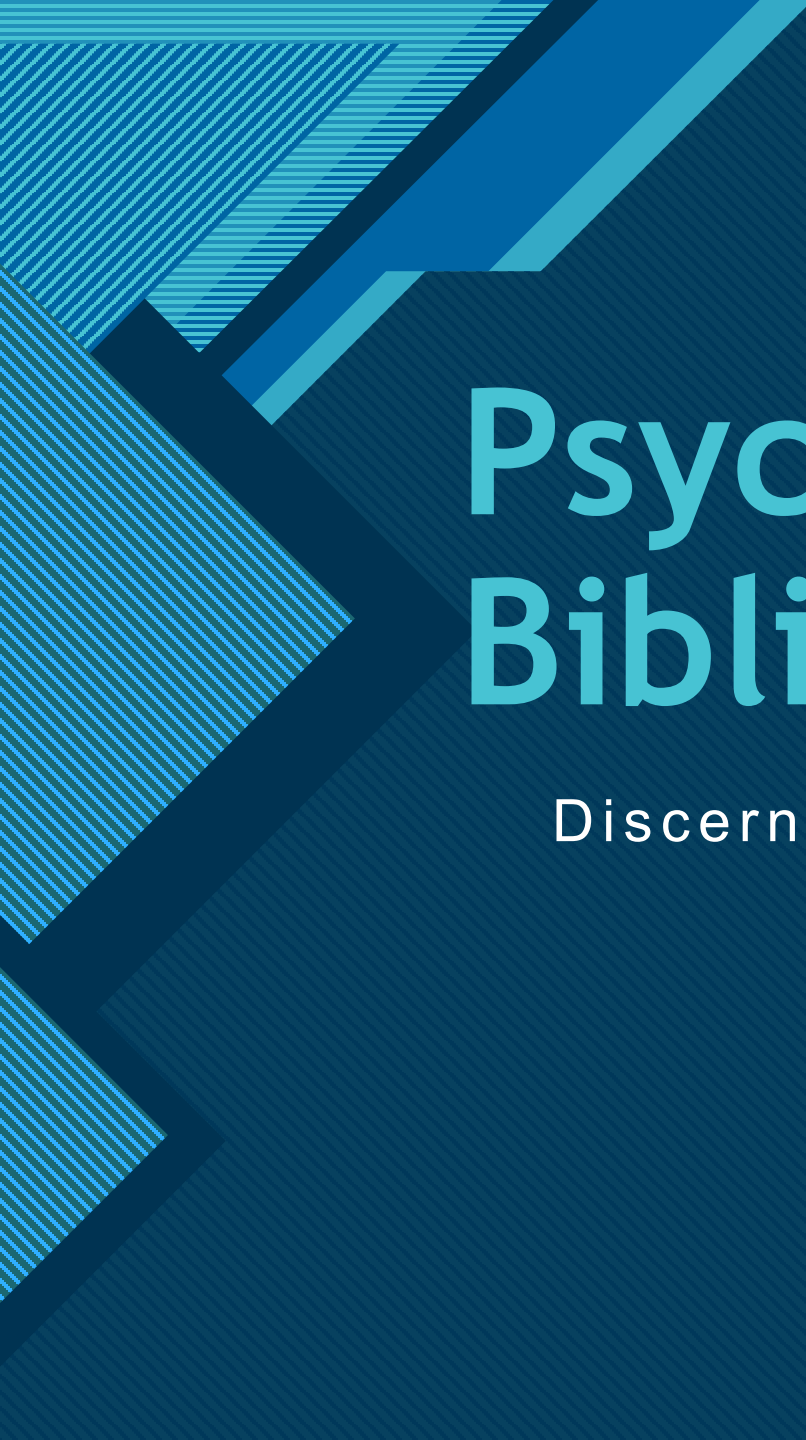




Psychotropic Drugs and Biblical Counseling

Discerning Myth from Reality in Biblical Counseling

The Need for Compassion and Humility

- Compassion and humility are not optional virtues but foundational to effective care.
- Medications can produce emotional responses that seem out of character.
- The challenge intensifies because impaired impulse control resulting from medication can be difficult to detect. Counselors should avoid reading too much into emotional responses, since either their current struggle or the medications themselves may be the root cause.

The Need for Compassion and Humility

- Counselors must remember that they themselves are not immune to sin and can fall into it as easily as anyone else; keeping this in mind prevents becoming self-righteous or condescending toward those struggling (Gal 6:1).
- Approaching medication decisions with genuine humility about the limits of counseling knowledge, combined with compassion for the counselee's complex struggle, creates the relational foundation necessary for meaningful help.

2 Timothy 2:24 —The Lord's bond-servant must not be quarrelsome, but be kind to all, able to teach, patient when wronged

Medical Diagnosis vs. Psychiatric Diagnosis

- Matthew 10:16 “Behold, I send you out as sheep in the midst of wolves; so be shrewd as serpents and innocent as doves.”
- Medical diagnoses rest on demonstrable physical evidence, while psychiatric diagnoses typically lack this foundation. When physicians suspect a disease, they perform scientific tests like blood work and imaging to confirm or rule out the diagnosis, basing their conclusion on demonstrable evidence about both the cause and nature of the problem.

Medical Diagnosis vs. Psychiatric Diagnosis

- Psychiatric diagnosis operates fundamentally differently. In psychology, a person receives a diagnosis based on having certain feelings, thoughts, or behaviors for a prescribed period—even though the cause remains unproven and typically cannot be verified through scientific methods.
- The absence of identifiable pathology means psychiatric labels describe observable behavioral patterns rather than proven disease mechanisms, fundamentally separating them from medical diagnoses grounded in biological reality.

DSM5 - The Diagnostic & Statistical Manual for Mental Disorders - Fifth Edition

- History of the “psychiatrist’s bible.”
 - 1st edition – 106 diagnoses; DSM-5: well over 400 diagnoses.
- DSM III (3rd edition) - 1980
 - Change to a medical model.
 - Introduction of SSRIs (Prozac).
- Is there help in the DSM5 for biblical counselors?

Chemical Imbalance Theory (Definition and History)

- The underlying premise held that behavioral and emotional symptoms of many so-called “mental illnesses” arose from an imbalance among norepinephrine, dopamine, and serotonin in the brain.
- The chemical imbalance theory emerged as a dominant framework for understanding mood disorders beginning in the early 1980s, proposing that emotional disturbances stem from neurochemical dysfunction.

Chemical Imbalance Theory (Definition and History)

- The history of the DSM changed to a disease-centered model with the 3rd edition (DSM-III). There are two principles that are put forth in this model: One suggests that drugs act on the underlying causes of a disease or condition, such as schizophrenia. The other suggests that drugs act on the pathology responsible for producing certain sets of psychiatric symptoms.
 - Antipsychotics – thought to act specifically on the pathology underlying psychosis.
 - Antidepressants – thought to act on the pathology of depression.
 - Anxiolytics – thought to act on the pathological bases of anxiety.
 - Antimanic drugs – thought to act on the pathology of mania.
 - Hypnotics – deemed to work on the mechanism of abnormal sleep.
- This model was imported from general medicine.

Chemical Imbalance Theory (Definition and History)

- The theory gained widespread acceptance through pharmaceutical marketing. Manufacturers of selective serotonin reuptake inhibitors (SSRIs) like Prozac and Zoloft made the chemical imbalance concept central to decade-long educational campaigns.
- The chemical imbalance theory ultimately represents a hypothesis that shaped psychiatric treatment for decades despite lacking the empirical foundation necessary to support its central claims.

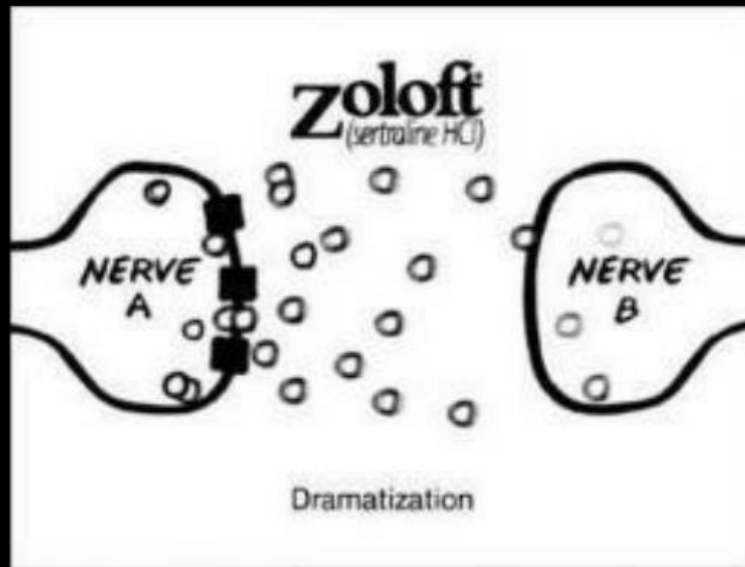
Chemical Imbalance Theory (Definition and History)



Chemical Imbalance Theory (Definition and History)

Example: “Chemical Imbalance”

- Ad: “Zoloft works to correct this imbalance.”



Chemical Imbalance Theory (Definition and History)

- A major 2022 review by Joanna Moncrieff and colleagues, published in *Molecular Psychiatry*, examined the evidence connecting serotonin and depression. The authors concluded that the research did not support the widely promoted explanation that depression is caused by low serotonin concentrations or activity. See “The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment.”
- “My thesis in this book is that the disease-centered model of drug action has been adopted, and recently widely publicized, not because the evidence for it is compelling, but because it helped promote the interests of certain powerful social groups, namely the psychiatric profession, the pharmaceutical industry and the modern state. At the writing of this book in 2009, Moncrieff concludes that the case (chemical imbalance theory) was made so successfully “deluding most of society for over half a century.” – Joanna Moncrieff

Chemical Imbalance Theory (Implications with current Psychiatry)

- No diagnostic test can reliably identify a chemical imbalance, and even if one existed, it couldn't determine whether the imbalance caused depression or resulted from it.
- The practical consequence of this shift is important: while chemical-based antidepressant and anti-anxiety medications can alleviate symptoms in some cases, the mechanisms remain unclear.

Insider Comments on the Chemical Imbalance Theory

- Whitaker reveals that other societies have begun to alter their use of psychiatric medication and are now reporting much improved outcomes. He details the rise of psychotropic drugs in this book: *“Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America”* by Robert Whitaker.
- KOLs – Academic psychiatrists who are paid by drug companies to serve as consultants, on advisory boards, as speakers—who in essence acted as salesmen for their enterprise. “The pharmaceutical companies, in their internal memos, accurately call these psychiatrists “key opinion leaders” or KOLs for short.” (e.g., 2.8 million as a speaker to psychiatrists (Dept chair and psychiatrist) - Whitaker

Insider Comments on the Chemical Imbalance Theory

- Allen Frances, M.D., previous chairman of the committee for the DSM-5, speaks out on how the DSM-V has normalized behavior and reveals how Big Pharma has played a huge role in expanding diagnoses, with drugs on the ready to be used for treatment. *“Saving Normal: An Insider’s Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma and the Medicalization of Ordinary Life”*; by Allen Frances, M.D.
- “Hiding behind the term ‘discontinuation syndrome,’ the industry has repeatedly denied that today’s antidepressants cause withdrawal reactions.” – *The Antidepressant Solution: A Step-by-Step Guide to Safely Overcoming Antidepressant Withdrawal, Dependence, and “Addiction”* by Joseph Glenmullen, M.D.

Insider Comments on the Chemical Imbalance Theory

- “If cocaine were discovered today and promoted as a new antidepressant, it would likely be marketed as a serotonin, noradrenalin, and dopamine reuptake inhibitor, or SNDRI. Since this is a mouthful, cocaine would probably be promoted as a “super neurotransmitter” reuptake inhibitor, because it boosts all three ‘feel-good’ chemicals in the brain.” - Glenmullen
- Other ACBC approved books include: *Toxic Psychiatry* by Peter Breggin, M.D.; *Psychology as Religion: The Cult of Self-Worship*, 2nd edition by Paul C. Vitz, professor of psychology; *The Book of Woe: The DSM and the Unmaking of Psychiatry*: by Gary Greenberg, psychotherapist; *Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants with Safe Effective Alternatives* by Joseph Glenmullen; *The Rise and Fall of the Age of Psychopharmacology* by Edward Shorter, M.D.; *The Chemical Imbalance Delusion* by Daniel R. Berger, II.

Psychotropic Drug Information

- Mechanism of action is uncertain – see above.
- Scientific evidence has consistently revealed that levels of neurochemicals—though they cannot be measured reliably and objectively—do not cause the mental, emotional, and behavioral problems that many psychiatrists and psychopharmacologists insist that they do. The “science” produced by Big Pharma is regularly scientism) and not valid, objective fact.
- “In the world of modern psychiatry, claims can become truth, hopes can become achievements, and propaganda is taken as science. Nowhere is this more obvious than in psychiatric pretensions concerning the genetics, biology, and physical treatment of depression and mania (bipolar). As we also found in regard to neuroleptics and so-call schizophrenia, biopsychiatric research is based too often on distortions, incomplete information, and sometimes outright fraud – at the expense of reason and science.” – Peter Breggin in Toxic Psychiatry

Do antidepressants work?

- What do you mean by work? The question of whether antidepressants “work” hinges entirely on what you mean by the term. Antidepressants can produce noticeable improvements in how people feel, sometimes dramatically reducing depressive symptoms. That’s the straightforward sense in which they function.
- But this surface-level effectiveness obscures deeper complications. Researchers don’t understand why these medications help—the brain’s complexity and our limited knowledge of its mechanics make the mechanism unclear.
- A 2002 analysis found that in the majority of drug company trials, placebo pills performed as well as or better than actual antidepressants.

Do antidepressants work?

- This doesn't mean medications are useless, but it complicates claims about their superiority. Research suggests medication may not be more helpful than counseling, and even in severe depression, evidence doesn't consistently demonstrate medication's advantage over secular counseling.
- Additionally, antidepressants often lose effectiveness over time, and withdrawal can be difficult to distinguish from returning depression. So “working” for one person at one moment doesn't guarantee sustained benefit.
- The honest answer: antidepressants work for symptom relief in some people, sometimes—but the mechanism remains mysterious.

Counselors and Medications

- Materialism, also known as physicalism or monism, is a philosophical view that believes that humans are composed solely of physical matter. Materialists argue that there is only one entity—the brain—and reject the existence of a separate soul or spirit. They consider consciousness to be merely a state of atoms and neurons in the brain. Broadly, materialism contends that physical matter is the only reality, with everything that exists being a manifestation of the material rather than mind. This view is reductionistic, reducing human experience to electrochemical processes, such that complex emotions like “I love you” are equated to neuronal activity.
- “Acts 17:11 —Now these were more noble-minded than those in Thessalonica, for they received the word with great eagerness, examining the Scriptures daily to see whether these things were so.
1 Thessalonians 5:21 — But examine everything carefully; hold fast to that which is good. See also Gal 5:16, 22-23.

Counselors and Medications

- While it appears that secularists reject the soul and the moral/spiritual nature, in actuality, they attempt to reduce those realities of mankind to physiological explanations.
- Untangle the use of psychologized labels.
- The fundamental principle is to focus on the person, not the medication. Counselors are always working with the individual, not “counseling the drug,” even when medication significantly affects the counselee.
- Gathering information about all medications—not just psychotropic ones—matters, since seizure medications, blood pressure drugs, steroids, and hormone therapies can produce side effects like anxiety or depression.

Counselors and Medications

- Counselors may research medication effects to better understand what counselees experience, and when appropriate, suggest they discuss potential medication-related issues with their physician.
- Critically, counselors must never direct someone to discontinue medication, as many mental health drugs require gradual tapering. When counselees show progress, it's appropriate to recommend they consult their physician about medication in light of improvement. Biblical counselors neither prescribe nor de-prescribe, and should not attempt medical practice, referring medical concerns to competent professionals.
- The counselor should use biblical terminology as he understands the issue.

Counselors and Medications

- Use the narratives of Scripture that speak to the heart issue:
 - Moses – anxiety and fear (Exodus 3-4)
 - Elijah – overwhelming sadness and hopelessness (1 Kings 19).
 - Psalmist – grief (Psalm 13, 42, 43, 73, and many others)
 - The desolate and abased ones – humiliation and fear (Isa 54).
- The sufficiency of Scripture is the backbone of biblical counseling.

Psychotropic Drug Info / Nomenclature

- Paul helps us address competing counseling theories / worldviews in Col. 2:4:

Wake up! Pay attention! Danger! These things are empty deceptions (designed to trick or entice through a pleasant illusion). Paul expresses it this way, “according to the tradition of men, according to the elementary principles of the world RATHER THAN according to Christ.”

2 Corinthians 1:4— who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God.

Additional Counseling Resources

- *The Christian Counselor's Medical Desk Reference*, Charles D. Hodges Jr, ed.,
- *Depression: Looking Up from the Stubborn Darkness*, Edward T. Welch.
- *The Gospel for Disordered Lives: An Introduction to Christ-Centered Biblical Counseling*, Robert D. Jones, Kristin L. Kellen, and Rob Green.
- *Good Mood, Bad Mood: Help and Hope for Depression and Bipolar Disorder*, Charles D. Hodges and M. D. Charles D. Hodges Jr.
- *MacArthur Pastor's Library on Counseling*, John F. MacArthur Jr.
- *Curing the Heart*, Howard Eyrich.
- "Modern Therapies and the Church's Faith," *The Journal of Biblical Counseling*, Number 1, Fall 1996 15 (1996), David Powlison.



Thank You

Questions?