

SESSION 11: EMOTIONAL AND BEHAVIORAL ISSUES, PART 1

ORGANIC, METABOLIC, AND CHEMICAL ISSUES

Biblical counselors realize that there are complex interactions between the mental, emotional, physical, and spiritual aspects of humankind. What impacts one aspect of our being has an impact on the other aspects of our being.

On the physiological side, we are aware that brain tumors, neurochemical imbalance, hypothyroidism, neurotoxicity, poor nutrition, bad gut health, hypoglycemia, fatigue, pain, and a host of other organic problems have an impact on the thinking processes and emotional states of human beings.

Biblical counselors do not believe, let alone suggest, that all mental and emotional problems are solely the result of sinful thinking or behavior. There are very real physical and neurobiological difficulties that create conditions where the inherent fallenness of mankind becomes unmanageable for the person seeking help.

Organic, metabolic, and chemical issues are the context of a person's troubles and may be a significant contributing factor, yet they are generally not the root cause.

Knowing and being prepared for this is a critical part of being properly equipped to offer effective Biblical counseling, especially in light of the near 79 million people in America taking some form or other of psychiatric drugs. Asking questions about the person's last medical exam and current medications can provide a "first filter" when identifying counseling needs.

These questions need to be included because a person's medical condition and medications they are taking can be key factors in understanding not only the troubles plaguing them, but also what might be driving their inability to overcome them.

Signs & Symptoms

There are a number of medical crises that can manifest in exactly the same ways as what psychologists and psychiatrists label "mental illness."

If we take those words back and use them properly, we will see that there are true organic problems that need to be treated medically, not psychologically and not with psychotropic drugs.

Some of the most distinguishable medical crises that may be encountered in a counseling situation that create the same symptomology as what psychologists term "mental illness" are

- Hypoxia (low blood oxygen);
- meningitis/encephalitis;
- subarachnoid hemorrhage (bleeding in the space surrounding the brain);
- brain tumor;
- adverse effects of medications;
- cardio-pulmonary diseases;
- renal dysfunction;
- progressive neurological diseases (Multiple sclerosis, Huntington's chorea and Alzheimer's);
- Delirium Tremens (rapid onset of confusion usually caused by withdrawal from alcohol);
- Many forms of encephalopathy (broad term for disease or dysfunction inside or outside the brain that causes disruption of cognitive functions)

What impact to these medical crises have on the counselee and how they present when they are in front of you?

We can borrow a broad-category term of the world of psychology to give us a baseline: psychosis. This sounds like a severe and scary term, but that isn't necessarily so.

Psychosis refers to an impairment that effects the mind that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions, or grossly disorganized thinking.

The term psychosis is very broad and can mean anything from relatively commonplace abnormal experiences to the complex and catatonic expressions

of schizophrenia, which is characterized by abnormal social behavior and failure to understand what is real.

As we can see, while these terms have become part of every-day parlance, they are often misunderstood, misused, and misapplied.

Anxiety/Nervousness

Suspect medical causes for anxiety in those who suddenly develop nervousness which disrupts their normal activity: (**Note:** The word “syndrome” denotes a group of symptoms that consistently occur together or a condition characterized by a set of associated symptoms):

1. A multitude of organic brain syndromes, including these neurological illnesses (representing 25% of medical causes of anxiety syndromes)
 - Cerebral vascular insufficiency/transient ischemic attacks (TIAs).
 - Anxiety states and personality changes following traumatic brain injuries (TBI)
 - Infections of the central nervous system
 - Degenerative disorders
 - Toxic Disorders
 - Lead Intoxication
 - Mercury intoxication: from mercury contaminated fish, dental fillings, vaccinations
 - Manganese intoxication: from industrial exposure
 - Organophosphate insecticides (similar to nerve gas)
 - Partial complex seizures
2. Endocrine disorders (25% of medical causes of anxiety symptoms)
 - Hyperthyroidism
 - Adrenal hyperfunction (Cushing's syndrome)
 - Hypoglycemia (decreased blood glucose)
 - Menopausal and premenstrual syndromes

3. Cardiopulmonary disorders: Often with shortness of breath, rapid breathing, chest pain.
 6. Angina
 7. Pulmonary embolus
 8. Arrhythmias (irregularities of heart beat)
 9. Chronic obstructive pulmonary disease (COPD)
 10. Mitral valve prolapses
4. Pheochromocytoma (epinephrine secreting tumors)

Medications as a Cause of Anxiety/Nervousness

1. Non-psychotropic drugs
 - Sympathomimetics found in nonprescription cold and allergy medications: epinephrine, norepinephrine, isoproterenol, levodopa, dopamine hydrochloride, dobutamine, terbutaline sulfate, ephedrine, pseudo-ephedrine
 - Xanthene derivatives (coffee, colas, over-the-counter pain remedies): aminophylline, theophylline, caffeine
 - Anti-inflammatory agents
 - Thyroid preparations
 - Insulin (hypoglycemic reaction)
 - Corticosteroids
 - Others: nicotine, caffeine, monosodium glutamate (MSG)
 - Withdrawal from caffeine and/or nicotine
2. Psychotropic drugs
 - Antidepressants; SSRIs, tricyclics, Ritalin and other psychostimulant drugs (for treatment of "ADHD")
 - Tranquilizing drugs: antipsychotics (akathisia may present as anxiety); "mood-stabilizers"
 - Anti-cholinergic medications; sedating antihistamines (found in over-the-counter sleep preparations); anti-Parkinson agents.

3. Licit and illicit drugs can cause anxiety and severe insomnia while taking them or while withdrawing from them
 - Caffeine/Nicotine/Alcohol intoxication or withdrawal
 - Stimulants, cocaine, amphetamines, etc.

Depression/Despondency

Many varieties of expression: "Major" depression: deep and/or long-lasting depression (either single episode or recurrent); "Dysthymia" (mild and/or brief episodes of depression); adjustment reaction with depressed mood; and bereavement.

Medical Conditions That Can Present as Depression/Despondency

1. Depressive conditions can be caused by viral illnesses: influenza, infectious mononucleosis, viral hepatitis, viral pneumonia, and viral encephalitis
2. Cancer of all types
3. Cardiopulmonary disease, especially with hypoxia
4. Sleep apnea: should be suspected in a patient with sleep disturbance and daytime somnolence
5. Endocrine Diseases
 - Hypothyroidism
 - Hyperthyroidism or thyrotoxicosis
 - Adrenal hypofunction (Addison's Disease) or hyperfunction (Cushing's Disease)
 - Hyperparathyroidism
 - Post-partum, post-menopausal, and premenstrual status
6. Collagen-Vascular Diseases: Systemic lupus erythematosus (SLE); Scleroderma; Dermatomyositis
7. Central Nervous System Diseases
 - Multiple Sclerosis

- Brain tumors, hemorrhages and other intracranial masses
- Complex partial seizures
- Strokes, especially affecting left side of brain (right side of body)

Prescribed Medications Can Cause Depression/Despondency

In one study of family practice patients, 43% of patients diagnosed as depressed were taking medications that can cause depression. In fact, less than one-third of those taking antidepressants are helped, and fully one-third experience deeper depression—some to the point of suicidality. Medications that can cause depression/despondency:

1. All antihypertensive medications
2. Digitalis as well as many other cardiac drugs
3. All drugs for hyperacidity
4. NSAIDs (non-steroidal anti-inflammatory drugs)
5. Antidepressants and antipsychotic medications can cause permanent Parkinsonian, dyskinesia or akinesia (inhibition of spontaneity) that can both feel and look like true depression
6. All anxiolytics/tranquilizers, “mood stabilizers” and sedative hypnotics can cause depression
7. Steroids (prednisone and cortisone)

REMOVING EXCUSES

While physiological problems can explain certain behaviors, they ought not be used to excuse sinful attitudes, actions, or responses. While medical crises can be a powerful catalyst for sinful thinking and behavior we need to understand that God's mandates to not behave sinfully do not come with a codicil, “Unless you have a physiological problem.”

We provide help and comfort as we can, yet we must still keep the accountability for godliness part of our 1 Thessalonians 5:14 approach to counseling and discipling. We are all accountable to be Christlike *in spite* of problems, not only in the absence of them.

PMS & POSTPARTUM DEPRESSION

The overwhelming hormonal changes that impact many women during the days leading up to the start of their menstruation are sometimes intensified soon after a woman has delivered a child. Because of the similarities in symptomology and description, it makes sense to address them together.

Dr. Robert D. Smith is an M.D. who provided the following thoughts on premenstrual syndrome at a Biblical counseling conference in 1990¹:

"PMS is called a syndrome because it is a collection of various symptoms. These are experienced by women during a period of normal bodily changes.

PMS is not a disease because it involves no specific organic problem or malfunction. It is called premenstrual because the symptoms occur within the two-week period prior to the onset of menstruation...It is the period during which the body increases production of progesterone.

Symptoms cease with the onset of menstruation. In fact, if symptoms continue beyond the first or second day of menstruation, by standard definition it cannot be called PMS. Thus, painful menstruation is not one of the symptoms accepted for the definition.

One amazing aspect of this condition is that over one hundred fifty different symptoms are acceptable to fulfill the criteria for PMS diagnosis. To my knowledge no other human physical condition, syndrome or disease comes even close to having that many symptoms. Probably no listing of these 150 could be considered complete. Although the diagnosis does not require the presence of all 150, any of them is acceptable if the other criteria are met."

He went on to share this: "The number and severity of these symptoms is claimed to be so severe that the woman is unable to function normally; she believes she is unable to handle her normal responsibilities:

"There were times when I had the weirdest reactions to things. I would slap my three-month-old across the face because he wet his diapers. If the

¹ His thoughts were later included in an article entitled, *Premenstrual Syndrome and the Biblical Counselor* in the *Journal of Biblical Counseling*, 1990.

toaster went on the blink, I'd try to tear out the wires. Once my husband wore a shirt I didn't like, and I ripped it right off his back.

A few months after my third baby was born I started to feel terribly tense and anxious. From time to time a fear would come over me and I would not know where I was. Or I'd burst into tears for no reason and try to hide myself from my children. On some days I'd treat my husband lovingly. On others, I'd fly off the handle for no reason at all.

I got very hungry at times, and I would put the children in the car to get chocolate bars. On those days I could not cope. I was frightened. I wanted to scream. A part of me always fought those feelings because of my children."

The first thing we need to keep in mind is the statement we opened with today: *"Biblical counselors realize that there are complex interactions between the mental, emotional, physical, and spiritual aspects of humankind. What impacts one aspect of our being has an impact on the other aspects of our being."*

There are a host of subjective and a handful of objective symptoms the woman is experiencing with both PMS and what is termed "postpartum depression."

Subjective feelings or symptoms are determined only by the person experiencing them; they are not like blood pressure or sugar in the blood stream, which can be measured and tested by various methods to determine if a disorder is present. Objective symptoms can be observed and measured by someone other than the woman experiencing them. The subjective ones can only be described by her with no way for them to be observed or measured by anyone else.

The question remains: Do the changes occurring in a woman's body produce the various subjective feelings (symptoms) she experiences? Dr. Smith tells us:

"Many tests have been run to find direct correlations, but none have been found. This has been especially true of PMS. Other than the fact that there are definite changes occurring in her body, no direct correlation between those changes and the more than one hundred fifty symptoms used to describe this condition has been found. She does have definite physical

changes, but to say those changes cause all the feelings has not been proven.”²

Dr. Smith continues:

“Some women do not think a man can provide any help since he cannot understand what she is experiencing with PMS. This is the same as saying I am unable to help a heart attack patient since I have not experienced a heart attack. If you had a heart attack with severe chest pain and were taken by ambulance to the local emergency room, would you refuse help from the physician if he had never had a heart attack?

Of course not. You would welcome his help because of his knowledge, not because he personally had experienced your condition. No physician or counselor can experience all the problems of those he desires to help. God’s Word tells us that Christ had been tempted in every way, yet He didn’t sin. Apparently, He had been tempted so as to be able to sympathize with all our weaknesses.

Even though He was not a woman, He could, and still can, sympathize with women and their menstrual cycles. So too a man, unable to experience PMS, by the use of God’s Word can help women who experience this syndrome.

In the end, it is God’s Word that helps, not the counselor’s experience, understanding, or sympathy.”³

Women experiencing the physical symptoms of PMS also experience varying kinds and degrees of emotions. This hold true for women experiencing postpartum recovery as well.

The power of these emotions is often the root of the problems. In fact, almost everyone we counsel with interpersonal troubles will be found to have allowed their emotions in the driver’s seat and wound up in the ditch, so to speak.

Keep this very important truth in mind and teach it to those you counsel: While emotions are *real*, they are NOT the *truth*: Feelings change; facts do not. Our

² Ibid.

³ Ibid.

emotions are transient—they are undependable, unreliable, inconsistent, and they change from one moment to another, often rapidly.

Emotions are like a ringing telephone: they demand immediate attention. And, because we “feel” them, they are difficult—even impossible, it seems sometimes—to ignore.

The truth, on the other hand, has no emotional content; it simply shows up and is *the truth*. The truth plays no favorites and it picks on no one. It is simply the truth.

Making decisions based on our emotions is like allowing a drunk to get behind the wheel of a school bus—the bus will be all over the road and it isn’t going to turn out well for anyone. Emotions can have a “seat on the bus,” just not the driver’s seat.

The #1 antidote for living life based on the emotions we feel (often rooted in lies and half-truths) is to remind ourselves as often as we need to: “Feelings are real; they just aren’t the truth. ‘This’ is what I **feel**, but ‘this’ is what’s **true**.”

In spite of how we feel, we are not allowed by God to be ungodly in our attitudes toward or treatment of others.

In the context of counseling a woman whose intense emotional response to the cascading hormones and painful physical symptoms of PMS have driven her to irritation, resentment, anger, bitterness, criticalness, entitlement, or just being difficult to live with in general, we must remember that these are sin responses to her situation, they are not caused by her situation.

Again, there are no studies that have shown that the physical symptoms of PMS stand in any causal relation to the subjective emotional struggles many women describe.

Key Passages:

1 Corinthians 10:13 “No trial has overtaken you that is not faced by others. And God is faithful: He will not let you be tried beyond what you are able to bear, but with the trial will also provide a way out so that you may be able to endure it.”

Psalms 50:15 “Pray to me when you are in trouble! I will deliver you, and you will honor me!”

Psalms 55:16-17 “As for me, I will call out to God, and the Lord will deliver me. During the evening, morning, and noontime I will lament and moan, and He will hear me.”

Psalms 91:14-16 “The Lord says, ‘Because he is devoted to me, I will deliver him; I will protect him because he is loyal to me. When he calls out to me, I will answer him. I will be with him when he is in trouble; I will rescue him and bring him honor. I will satisfy him with long life, and will let him see my salvation.’”

2 Corinthians 12:9-10 “But he said to me, ‘My grace is enough for you, for my power is made perfect in weakness.’ So then, I will boast most gladly about my weaknesses, so that the power of Christ may reside in me. Therefore I am content with weaknesses, with insults, with troubles, with persecutions and difficulties for the sake of Christ, for whenever I am weak, then I am strong.”

Philippians 4:13 “I am able to do all things [that He requires of me] through the one who strengthens me.”

2 Corinthians 5:2, 9 (5:1-10) “For in this earthly house we groan, because we desire to put on our heavenly dwelling... So then whether we are alive or away, we make it our ambition to please him.”

Battling PMS is to be tackled the same as with any other trouble or difficulty in life: God is our refuge and our hope, our strength and our comforter (Psalms). We are called to freedom (John 8:31-21, 36; Galatians 5:1-2) and obedience (John 14:15, 21, 23) in Christ.

In the counseling and discipling setting, we are to “warn the rebellious, encourage the fearful, strengthen the weak, and be patient towards all.” (1 Thessalonians 5:14)

ANXIETY, DEPRESSION & SUICIDALITY

ANXIETY

It is important to remember that our emotions often have more of a driving effect in our lives than logic and reason because we *feel* them, but we don't feel *truth*.

One of the most intense and debilitating emotional combinations a person can experience is one commonly called “Anxiety.”

Some folks wake up in the morning so anxious that they start hyperventilating before they even get out of bed. Others seem to do okay for a time, and then are suddenly overwhelmed by an anxiety that grows into a full-fledged “panic attack.” And others fall somewhere along a broad spectrum that we can simply call “anxiousness.”

One of the most troubling aspects of this is that anxiety is not well understood, so it is hard to beat. When we see it for what it is, from a Biblical and balanced perspective, we can understand what causes it and keeps it going. This makes it a whole lot easier to beat and become unbound and free from.

Here are three Anchor Points to keep in mind about anxiety (we’ll add another in a moment):

1. **Anxiety is unfocused fearfulness based on an unreal, imaginary, and/or intangible threat.**
2. **Anxiety is fearfulness over potentialities, not realities.**
3. **Anxiety prophecies a future *that never happens!***

Consider this scenario: Imagine you are walking down the street and a fast-moving car coming toward you jumps the curb and starts rushing straight at you. The fear you feel is authentic, and is based on a real and tangible threat. Your fight-or-flight mechanisms fire up and, hopefully, you get out of the way and are safe.

Now imagine the same scenario, only, this time, the fast-moving car does *not* jump the curb, does *not* come speeding toward you, and puts you in *no danger*.

If you start to feel afraid that it *might* happen, that it *could* happen, and fantasize about all the danger that that would put you in, this is unfounded fear without a tangible threat, which quickly becomes fearfulness and results in anxiety.

The result is that, not only are you believing and trusting a lie (maybe even petitioning God to help you in a situation that is unreal and that does not exist), you are robbing yourself of the mental and emotional ability to solve the *real* problems you face.

The Brain and the Body as “Co-conspirators”

When confronted by danger, there are survival mechanisms God has hard-wired into our brains that kick into action. When a person is exposed to a threat, real or perceived, a signal is sent to the *amygdala* (pronounced, “uh-mig-duh-luh”).

The amygdala sends signals to the adrenal gland, which in turn releases epinephrine (also known as adrenaline) and *cortisol*. This starts an avalanche of processes that *rapidly* merge into a symphony of chemical, neurological, mental, and physical responses and processes that focus all of our being on fighting the foe or fleeing the danger.

On the emotional side of things, the *fear* that is felt provides the *emotional will* for us to survive. When the threat is tangible and real, these processes enable us to survive the very real threat we are faced with. When the threat is *intangible* and *not real*, that energy and emotion need an outlet.

Since an *anticipated* problem causes all of the same brain responses, physical reactions, and emotional distress experienced when a *real* problem exists, one *anticipated/potential* problem piling on top of other *anticipated/potential* problems is a superhighway to an ever-increasing, ever-growing fearfulness—and can even lead to the dreaded “anxiety attack.”

Taking Thoughts (and Emotions) Captive

In **2 Corinthians 10:3-5**, Paul provides great encouragement to everyone who feels faced by enormous battles too big to win. One of the encouragements he provides is that we (the redeemed) don’t engage in battle the way the world (the unredeemed) does battle, and the weapons we have available are not weapons of this earth.

When we add a Scripture or Scriptural principle for saturating on to the physical interruption techniques above, we rapidly get back to reality and back in control.

If we don’t do this, our imaginations can easily concoct multiple and varied *potential* scenarios, all of which are as unreal as the one that triggered the initial reaction.

The emotional distress related to worry piled upon worry, and anxiety piled upon anxiety, renders us mentally and emotionally *incapable* of effectively dealing with

the legitimate problems that we face daily in our lives. Our entire focus becomes the anxiety we feel and how to get relief from it, even if only for a moment.

That is *not* how God intended for us to live. In fact, there is an enormous promise for us in **2 Timothy 1:7**: “For God has not given us a spirit of fearfulness, but a spirit of power and of love, and of a sound mind.”

The way to understand this and apply it is to begin with the “not” statement the verse opens with: “God has not given us a spirit of fearfulness.” To be “fearful” means to be “full of fear,” which means to be driven by, gripped with, and focused on indefinable imagined dangers.

Think of having a “spirit of fearfulness” as being like someone running frantically around, looking for water to put out fires that are not burning (this is the fourth **Anchor Point**). You end up pouring enormous amounts of emotional, mental, physical, and even spiritual energy into things that are imagined and not real. Exhausting, right? Seen that way, it sounds silly, doesn't it?

There is something else going on that you need to understand that is even deeper than that. In all of this anxiety, you are trying to be your own savior, your own sovereign, the one who manages and directs all of your affairs and all of your outcomes. This shows that one or more of the planks in your “Ladder-Bridge of Faith” is either defective or missing.

Put off that anxiety: God has not given you a spirit of fearfulness, “but of power, love, and a sound mind.” Trust Him; saturate on who He is and what that means about what you fear.

That's right, instead of the driving force of your life being fearfulness, the driving force of your life as an adopted child of the Most High is actually the Holy Spirit.

In Him there is no fear, no doubt, no uncertainty, no powerlessness, and no confusion. He is *in* you (Ephesians 1:13-14). He knows your every thought *and* your every need. Even when you don't know how or what to pray, He intercedes between you and your Heavenly Father (Romans 8:26-27).

There are several places in Scripture where we are told, “Do not be anxious,” but we are not left alone with the “don't” that we need to put off. God makes sure we have the “put on” we need to replace that with.

God is the same, whether in the Old Testament or the New Testament, and there are several key verses that tell us this about Him and why we have no cause for fearfulness or anxiety. We've looked at some of them from the perspective of our worth. Now we want to see them from the perspective of there being no cause for us to be anxious.

One of the most significant places we see this is a section we have already looked at: Matthew 6:25-35. In this portion of the Sermon on the Mount, Jesus begins with this statement: *"Therefore I tell you, do not worry about your life, what you will eat or drink, or about your body, what you will wear."* Throughout the rest of this part of Christ's discourse, He fleshes out why being anxious is unnecessary.

Another place of encouragement is in Isaiah 41:10, in the heart of a section where God is encouraging His people as they look at impending disaster. He says, *"Don't be afraid, for I am with you! Don't be frightened, for I am your God! I strengthen you—yes, I help you—yes, I uphold you with my saving right hand!"*

Later on, the Apostle Peter incorporates this theme when he gives us another succinct "put off/put on" about anxiety in 1 Peter 5:6-7 where he says, *"And God will exalt you in due time, if you humble yourselves under His mighty hand by casting all your anxieties on Him because He cares for you."* Here we see an indication that one of the reasons we hold on to our anxiety is because we doubt God, thinking we have to handle it all ourselves.

Paul does an excellent job of giving us perhaps the most succinct "put off/put on" prescription in Philippians 4:6-7: *"Do not be anxious about anything. **Instead**, in every situation, through prayer and petition with thanksgiving, tell your requests to God. And the peace of God that surpasses all understanding will guard your hearts and minds in Christ Jesus."* (Emphasis added.)

Anxiousness can and needs to be evicted from our lives. There is no real merit to it. It does us no good, and it is rooted in our belief in things that are not real. God has promised throughout His Word that He knows and will supply for our every need. Even when times are dark, He has gone before us, prepared the way, and is with us every step of the way (Deuteronomy 31:8); however, anxiety tries to convince us that isn't true.

DEPRESSION & SUICIDALITY

Depression is often rooted in a deep sense of loss—actual, potential, or perceived. Depression is more than a state of melancholy experienced in the aftermath of a loss or in the face of a problem that seems likely to overwhelm a person's ability to cope. Depression is a lasting sadness that hijacks everyday thoughts and functions.

The sufferer keeps looking to themselves for solutions, and sometimes in the most convoluted ways. They need help and either don't feel worthy of asking for help, don't feel worthy of the help that might be offered, don't believe God or anyone else really cares to help them because it's them, and a cavalcade of other self-blaming messages that culminate in an internalized bitterness.

Simply put, depression is deep-seated, long-term unforgiveness that is directed inward, causing the depressed person to believe that they are the problem and that there is little hope of the melancholy and helplessness they feel getting better.

The pain of depression can be suffocating—overwhelmingly so. And, depression can devolve to the point where the sufferer contemplates suicide across a broad spectrum of possibility.

Many people admit that they have had thoughts of suicide, of “ending it all,” when they were depressed. The longer and more intense the depression, the more the likelihood of suicidal ideation.

The Role of Theology

Our working definition of theology has been: **“The emotional and intellectual ideas about God and man, justified or not, that determine our choices and our actions.”**

As this applies to suicide, as real as extreme psychological [mind/soul/emotions] pain, interpersonal alienation, helplessness, and hopelessness are, they are always going to be interpreted through the matrix of our applied theology.

Because suicide is a sinful choice rooted in the depravity and false beliefs of a sinful heart, it *cannot* be reduced simply to the psychological elements.

We need to see beneath the veil of tragedy and understand the heart that slipped its moorings and drifted away from the One who grants the believer His peace and rest.

Suicide—A Multi-Causal Event

There is no single cause to suicidal ideation or action. The same elements that drive suicide are common to many depressed people. While these may be experienced in a more intense or prolonged way by those who are suicidal, not all who suffer so contemplate suicide.

The most important thing to keep in mind is that these factors themselves cause nothing, they are simply elements that contribute to suicidal ideation and action. The ultimate cause of suicide is the condition of the person's heart and their relationship with Jesus Christ.

Worldview

The strongest underlying worldview of those who contemplate suicide is that God cannot and will not bring the relief the person believes they so desperately need.

Close behind that worldview is that the person contemplating suicide has to find their own solution without any help from anyone else.

Thinking

While the specifics of suicidal thinking differ from person to person, there are several common basic elements:

- A level of intense “soul pain” or a problem they believe escapes their ability to endure or to solve.
- A feeling of hopelessness in facing their soul pain or problem that is overpowering and despairing and that is woven together with a desperate helplessness.
- A conviction that they cannot endure the soul pain, and that they are entitled to relief any way they can find it.
- An intense sense of being abandoned, alone, and isolated from those who ought to care and provide help.

- A belief that those others who ought to care and provide support either cannot, will not, or no longer ought (because of the suicider's own blameworthiness) to extend nurture, care, or support.
- A pattern of saturation on the notion that escaping the soul pain or the problem can only be accomplished by their death at their own hand.
- The soul pain and its relief become the overwhelming focus of the suicider's life: "I just want the pain to go away" is an oft-heard refrain from a suicidal person.

Situational Motivations

The suicidal person is hopeless when they consider their ability to effect change in the circumstances that caused their soul pain.

When the nature or scope of the soul pain associated with the significant loss or significant potential loss reaches the point where there only appear to be two choices—continue or die—and continuing becomes unimaginable, suicidal ideation, planning, and completion usually follow.⁴

The person's perception has become so distorted that they develop a kind of "tunnel vision": possible solutions (mostly) disappear and the person's thinking becomes absolutist; i.e., if they behave in a particular way or if certain things happen, that behavior or those events will irrevocably result in a predetermined outcome and that, if they don't choose a particular course of action or those certain events don't happen, then something terrible will happen. It also is an "all or nothing" frame of thinking, like, "Because I got this wrong, I can't do anything right."

Their perception of significant events or significant people in their life create an internal logic that impels the suicidal person's mind and heart to believe that their only viable answer is to fully complete suicide. Some of the most common:

- Loss or change in an important relationship
 - Death of loved one, accompanied by unresolving grief

⁴ Studies of suicidal people often describe such distortions, e.g., A. Beck, A. Weissman, and M. Kovacs, "Alcoholism, hopelessness and suicidal behavior," *Journal of Studies on Alcohol*, 37(1), 1976; E. S. Shneidman, *Definition of Suicide* (New York: John Wiley and Sons, 1985)

- Separation or divorce
- Abandonment, real or perceived
- Avoid or end perceived pain
 - “Emotional” or physical
- Escape an intolerable situation
 - Abusive/oppressive relationship
 - Public shame and/or humiliation, actual or potential
 - Looming catastrophe (i.e., loss of job, loss of limb, loss of relationship, long term/terminal illness and/or treatment, incarceration, etc.)
- Gain attention
 - They feel marginalized, disregarded, ignored; of little or no account to others, either someone specifically or people in general.
- Manipulate or punish others
 - Haven’t gotten their own way to the point that suicide becomes the most “logical” method of emotionally coercing others to surrender to their will.
- Become a martyr
 - Willing to take their own life to “prove a point.”

All through the Scriptures we see examples of the self-destructive power of self-focus in the face of deep soul pain or overwhelming trouble.

We see it from Elijah in the aftermath of his defeat of the priests of Ba'al; we see it in King Saul when he faces capture by the Philistines; Job mentions it several times; both Jeremiah and Jonah cried out their preference for death over life, and David’s battles with depression and anxiety are described in over forty of the Psalms!

Walking someone through the prayer and petition of David in Psalm 51 can be a powerful antidote to these intense and destructive emotions because it brings the focus back to the nature and character of God, our one true hope.

SUBSTANCE ABUSE, DISORDERED EATING, AND LIFE DOMINATING SIN

The habitual abuse of AOD (Alcohol and Other Drugs) is called “addiction” by the world. When we get right down to the heart of the matter, however, what we see from a Biblical perspective is what the Bible calls “idolatry.”

This can be applied to drugs, alcohol, food, shopping, gambling, pornography, and any other substance or behavior a person looks to for relief and saving instead of to God. These things are turned to first and most when the person faces stress, depressing circumstances, fearfulness, or seeks to avoid dealing with the pains of their past.

THE BIBLICAL COUNSELING PARADIGM

Addiction

A disease is a diagnosable condition with a physical cause. Used this way, addictions do not fit the definition. Instead of saying that addictions are *like* a disease, more people are simply saying that addictions *are* diseases.

The basic cycle of addiction is there is a **desire** that the **mind** seeks to satisfy, and the **body** is the vehicle through which that satisfaction is achieved. The **emotions** are the driving force for the **mind** to satisfy the **desires of the heart**.

Dr. Edward Welch describes idolatry as “anything on which we set our affections and indulge as an excessive and sinful attachment. Therefore, the idols that we can see – such as a bottle – are certainly not the whole problem. Idolatry includes anything we worship: the lust for pleasure, respect, love, power, control, or freedom from pain. ... The problem is not the idolatrous substance; it is the false worship of the heart.”⁵

Dr. Welch shows the important connection between addiction and idolatry. Addictive substances, thoughts, and activities “promise” you benefits that they do not deliver. They are false gods (While the “promise” is not by the substance or the behavior, the depth of wishful-thinking that underlies the choice to employ these devices holds a vicarious promise for the “user.”).

The problem does not begin with the bottle of beer, the marijuana joint or the pornographic picture. The problem started in our heart where we sought a source

⁵ Welch, Dr. Edward, *Addictions: A Banquet in the Grave*, pg. 49

for pleasure or a solution to a problem such as our need for love, power, control, or freedom from pain.

So the addiction started with false worship in our heart. It was idolatry.

In Scripture, God has much to say on the matter. He spoke eloquently to Ezekiel and through the Apostle Paul about it. In fact, throughout Church history, God has spoken through His leaders and warned His people about the dangers and sinfulness of idolatry—even accusing the Children of Israel of adultery because of their idolatry (Ezekiel 6:9) And, in the sixteenth century, John Calvin described man’s heart as “**a perpetual factory of idols.**”⁶

Fallen man continuously seeks sinful solutions to his problems and relentlessly fabricates idols that promise to lead him out of the darkness of his current situations, whatever they may be.

In that sense, many of us have worshipped drugs, alcohol, sexual pleasure, people, power, and money as the solution to some problem in our lives. Yet, the greatest idol in a person’s life is *them*.

All addictions focus on providing some perceived benefit that you believe you need or deserve or simply crave. Addiction is all about self. Addicts of all makes and models routinely sacrifice the concerns of others in order to indulge themselves.

Addiction involves a descent of five steps:

1. Addiction is **bondage**. Addicts are enslaved to one or a combination of three things:
 - a. Substances – alcohol, marijuana, cocaine, tobacco, etc.
 - b. Activities – gambling, watching pornographic movies, looking at pornographic pictures.
 - c. Illicit sexuality, via pornography, in-person physical contact, voyeurism, etc.
2. These addictive substances, activities or thoughts become the center of our lives. They occupy your first thoughts in the morning. They consume your money. They are the source of pleasure. Your life begins to revolve around them.

⁶ John Calvin, *Institutes of the Christian Religion*, I.XI.8

3. Then we become so deceived in our addiction that we begin defending our actions against the truth. You may have said, "I'm not addicted, I can quit anytime I want!" "Nobody has actually seen me snorting coke so no one really knows that I'm doing it". "What's the big deal? Everybody has a drink or two after work." "Sex with different women is normal. They do it on TV all the time!"
4. Even bad consequences don't bring us to a point of repentance. Losing your job, having your wife leave you or getting arrested doesn't motivate you to change your ways. You may have felt sorry for your actions, but you lacked the inner conviction to change.
5. The result is that you fall further and further away from God. You may have given up on your relationship with Jesus. Satan draws you further into his trap and attempts to close the door behind you. Thank the Lord that Jesus Christ didn't give up on you.

In **I Corinthians 10:6-14**, Paul sites four examples of failure that occurred during the wilderness period after the Israelites were delivered from Egypt. He uses the examples there as a warning to believers to guard themselves against the same sins of the heart. And it all starts with lust.

"Lust is a fast-burning, all-consuming emotional bondage that robs us of peace, stability, and intimacy. It fractures our relationship with God and it pushes us away from those we want to be closest to. Simply defined, lust is the intense desire to satisfy God-given needs in an ungodly manner and/or to an ungodly degree. God created us with the need to eat, to sleep, to be in relationship, to feel loved, to have intimate sexual union with another person, and the list goes on and on. It is natural for us to seek to satisfy these needs. Difficulties arise when we seek to satisfy these needs in ways not in keeping with God's will.⁷

The last thing that Paul says is the most important one for us to remember, "Therefore, my beloved, flee from idolatry." This is the clear and best solution to the problems Paul listed in the previous verses.

The Biblical Counseling Foundation's *Self-Confrontation: A Manual for In-Depth Biblical Discipleship* has this to say about addiction:

⁷ Truth in Love Biblical Counseling, "Restore", supplemental materials for *Unbound*.

When you willingly or unknowingly are under the control of any power other than God's Holy Spirit (e.g. drugs, alcohol, sex, another person, your peer group, a false religion, a self-centered habit such as gossip or laziness, or a self-oriented desire for power, food or wealth) you are in bondage to sin. However, God has broken the power of sin through the Lord Jesus Christ, and you can overcome sinful habits by depending on His strength and being obedient to His Word.⁸

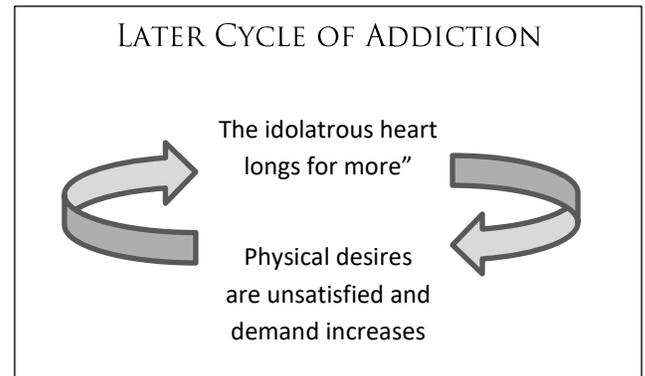
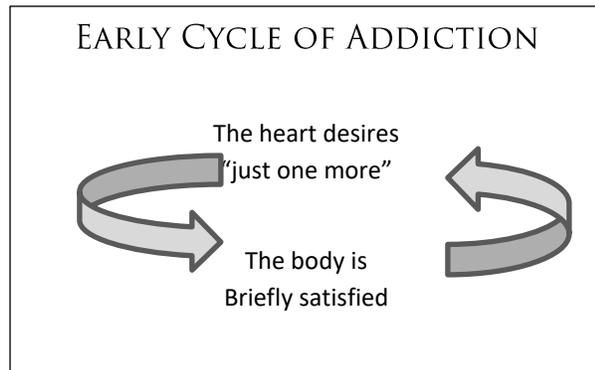
In one part of this manual, Mr. Broger provides a guide to help determine if someone is entertaining life-dominating sins. If they examine their heart and find that there are thoughts or actions that can be described by more than a few of the following statements, then there are addictions/life-dominating sins patterns present:

1. You practice this sin even though you have tried repeatedly to stop.
2. You practice this sin and blame others or circumstances for your failure to stop.
3. You deny that what you are doing is sin.
4. You convince yourself that you are not enslaved to this sin and "can stop at any time" even though you continue in this sin.
5. You convince yourself that this sin has no power over you since you do not commit this sin as much as you once did.
6. You repeat the sin even though any pleasure or satisfaction to yourself is short-lived, while the harm to yourself and others is considerable and long term.
7. You seek to hide your sin.
8. You revile or slander the very people who are seeking to restore you to the Lord and others.
9. You continue in this sin although you know that it is not edifying to do so.
10. You still commit this sin although you know that it obscures the testimony of Jesus Christ in your life and is a stumbling block to others.
11. You continue in this sin despite the knowledge that God's Word tells you to stop sinning and that God's provisions are sufficient to release you from this bondage.

⁸ Broger, John C., *Self-Confrontation: A Manual for In-Depth Biblical Discipleship*

12. You repeatedly commit this sin while knowing that this does not please the Lord nor bring glory to God.

13. You continue in this sin even though you realize that your deeds (thoughts, words and actions) do not conform to the character of Christ.



Biblical Paradigm—Addictive Process

1. Pride/Entitlement
2. Rebellion
3. Idolatry
4. Adultery
5. Bondage
6. Self-condemnation

Biblical Paradigm—Freedom Process

1. Capture thoughts
2. Confession/Repentance
3. Walk in forgiveness
4. Hold on to God's peace
5. Focus on righteousness
6. Saturate your mind
7. Be accountable
8. Walk in obedience:
 - a. Flee opportunity to sin
 - b. Remain vigilant
 - c. Keep fighting