

SESSION 12: EMOTIONAL AND BEHAVIORAL ISSUES, PART 2

ADD/ADHD

“Folly is bound up in the heart of a child...” Proverbs 22:15a ¹

As we have discussed and agreed, discipling and Biblical counseling must begin and end with the Word of God to authentically be what we proclaim them to be. Those engaged in these disciplines must be diligent in returning to the Scriptures to see what God has to say about all matters of life and faith (2 Peter 1:3-4). We must seek to understand rebellious and sinful man—both pre-Rebellion and post-Rebellion—from the perspective of the Creator.

I am deeply indebted to my friend and colleague, Dr. Daniel Berger, who has done extensive research on the phenomenon known as Attention Deficit Hyperactivity Disorder (ADHD). His book *The Truth about ADHD* is one I cannot recommend enough.

“I myself once believed that a child’s maladaptive behavior constituted a valid disease that required medical attention. But after thoroughly studying the claims asserted by the psychological party line about alleged Attention Deficit Hyperactivity Disorder (ADHD) and recognizing the absence of any biological or empirical evidence to validate the idea, I accepted the clear evidence and concluded years ago that ADHD is not a disease that children contract or inherit. Rather, ADHD is a label children acquire from people who have learned to interpret a kid’s bad behavior from the medical model. In short, ADHD is a construct, not a reality.”²

If we understand that a construct is a paradigm, an ideology, or a philosophy that attempts to explain something that is not actual in the physical sense, but is a reality that needs to be understood and explained, we begin to see the need for

¹ The term “fool” as used in the Old Testament refers to a person characterized by moral folly. Fools lack understanding (Proverbs 10:21), do not store up knowledge (Proverbs 10:14), fail to attain wisdom (Proverbs 24:7), and refuse correction (Proverbs 15:5; 27:22). They are arrogant (Proverbs 26:5), talk loosely (Proverbs 14:3) and are combative (Proverbs 20:3). They might have mental intelligence, but they are morally foolish. In sum, they are stubborn and “thick-brained”. *JH Greenstone; Proverbs, pg. 6*

² Daniel R. Berger II, *The Truth About ADHD, 2nd Edition* (Taylors: Alethia International Publications, 2017) Forward

a construct that is rooted in objective truth, not subjective moralizing based on ever shifting parameters.

“Since was ask not for perfection [in ADHD theory], but utility [the greatest good for the greatest number], we seek to build a ship that can be floated and tested and revised, enabling us to build an even better ship that can be floated, tested, revised, and so on. Theories, like all accumulated information, are Darwinian in nature, evolving as their conceptual feet are held to the empirical fires of experimentation, falsifiability, and revision.”³

According to the DSM 5, page 59, the ADHD child

“...often fails to give close attention to details or makes careless mistakes in schoolwork, work, or during activities,” and “often does not seem to listen when spoken to directly.”

Biblically, children naturally need instruction, supervision, guidance, and help from parents to accomplish tasks until right motivation, right values, self-control, and maturity are cultivated (Ephesians 6:4; Colossians 3:21). This is NOT “abnormal,” as the DSM describes⁴, but is actually VERY normal for the naturally fallen heart of a child.

More often than not, these behaviors are considered to qualify as a “disorder” if it makes life significantly uncomfortable or difficult for the *adults* in a child's life. This is when medication to “manage” symptoms [sin-driven behaviors] is seen as the solution—not for the child, but *for the caregivers or teachers!*

However:

“But in 2009, findings were published from a well-controlled study that had been going on for more than a decade, and the results were very clear. The study randomly assigned almost 600 children with attention problems to four treatment conditions. Some received medication alone, some cognitive-behavior therapy alone, some medication plus therapy, and some were in a community-care control group that received no systematic treatment. At first this study suggested that medication, or medication plus therapy, produced the best results. However, after three years, these effects had faded, and by eight years there was no evidence that medication produced any academic or behavioral benefits.”⁵

³ Russell Barkley, *ADHD and The Nature of Self-Control* (New York: Guilford, 2005) 361

⁴ *DSM-5*, 61: “Signs of the disorder [ADHD] may be minimal or absent when the individual is receiving frequent rewards for appropriate behavior, is under close supervision...”

⁵ L. Alan Sroufe, *Ritalin Gone Wrong*, *The New York Times* article, January 28, 2012

Scripture is replete with descriptive language about fools and their folly, sluggards and slothfulness—Proverbs, especially. The opening verse for our session today tells us that foolishness is an inherent aspect of everyone's makeup, from childhood onward.

When we look at how foolishness and slothfulness are lived out, we see some interesting parallels between what Scripture describes as the noetic effects of sin and what the world describes as ADD/ADHD.

In discussing ADD and ADHD, the church has very much surrendered the defining and treatment of these “disorders” to the atheistic Darwinism of psychology. But how does God's Word address dealing with behavioral and attention problems in children?

Biblical Discipline & Discipleship

Today's psychiatrists—grounded in an anthropology that is diametrically opposed to the anthropology of Scripture—proclaim themselves to be experts in defining, categorizing, and managing both human nature and the human mind, yet they also admit that defining “normal” is difficult, if not impossible. Added to that is the reality that these definitions and prescribed solutions are ongoingly fluid. These facts notwithstanding, they still insist that their definitions of abnormalities and disorders as laid out in the *DSM* are the standard of measure.

Interestingly enough, the definitions in Scripture of godly and ungodly attitudes and behaviors has never changed, and neither has God's prescription for addressing these matters:

2 Timothy 3:16-17 *Every scripture is God-breathed and useful for teaching, for reproof, for correction, and for training in righteousness, that the person dedicated to God may be capable and equipped for every good work.*

Deuteronomy 6:4-9 *Listen, Israel: The Lord is our God, the Lord is one! You must love the Lord your God with your whole mind, your whole being, and all your strength. These words I am commanding you today must be kept in mind, 7 and you must teach them to your children and speak of them as you sit in your house, as you walk along the road, as you lie down, and as you get up. You should tie them as a reminder on your forearm and fasten*

them as symbols on your forehead. Inscribe them on the doorframes of your houses and gates.

Proverbs 13:1a *A wise son accepts his father's discipline...*

Disciplining children “in the discipline and instruction of the Lord” (Ephesians 6:4) includes not only teaching them and modeling for them, but providing godly discipline for them as well.

Is it a greater challenge with some children than with others? Most assuredly. Do they need medication and Cognitive Behavioral Therapy to bring their behaviors under control and make them easier to “deal with?” Only if you believe the false claims of the very “mental health professionals” who admit that all eighteen of the behavioral symptoms outlined in the *DSM* fall well within the range of normalcy for human behavior.⁶

So, the question becomes, “Do we faithfully follow—no matter how difficult—the admonitions and instructions of the Word of God for discipling and discipling children to nurture their hearts toward a saving knowledge of Jesus Christ and fruitful obedience to His Word, or do we follow the ever-shifting definitions and prescriptions of those who do not know and follow Christ to address the fragility and depravity of developing children?”

PTD or ADHD?

In a recent article in the PsychCentral newsletter is an article by Robyn Brickel, (MA, LMFT) entitled, *Is it Really ADHD or is it Trauma?*⁷

The gist of the article is this:

“While ADHD is a very real executive functioning brain issue that affects 7.2% of adolescents globally (according to CHADD [Children and Adults with Attention-Deficit/Hyperactivity Disorder])—there is major problem with this situation. All too often, nobody takes into account the other likely diagnosis: Trauma. Children are over-diagnosed with ADHD without ever fully evaluating for a trauma connection—and I want this approach to end.”

⁶ Allen Frances (retired head of Psychiatry at Duke University Medical Center), “Most Active Kids Don't Have ADHD,” *Psychology Today*, March 11, 2014

⁷ <https://pro.psychcentral.com/is-it-really-adhd-or-is-it-trauma/0020678.html>

The list of common ADHD symptoms is the same list of symptoms as for a child who has experienced trauma.

- Impulsivity
- Lack of focus or concentration
- Hyperactivity
- Racing thoughts
- Emotional-overwhelm
- Reactivity

The primary reason this is so important is that, instead of millions of children receiving the counseling and healing help they need to recover from the effects of the trauma they have experienced, they are being medicated for a “medical” condition they do not have.

It is encouraging to see that the world is beginning to “catch up” to what God has been telling us all along. Perhaps some of “these little ones” will be snatched back from the clutches of “empty philosophies.”

PTD/PTSD/CPTSD

One of the most intense and debilitating whole-person dilemmas a person can experience is PTSD and its complicated cousin, CPTSD. It really does develop into a Humpty-Dumpty-esque story where a great trauma has invaded a person's life, shattering their world, their assumptions, their sense of safety, even their sense of good and their ability to find balance and make sense of the world.

PTSD and CPTSD are little understood by society in general and often even less by those who suffer from them. What's even sadder is that, with the estimated 8-million men, women, and children personally impacted by these debilitators, as well as the multiple millions of friends and family members close to them, the world—including the church—understands almost nothing about this epidemic. Those charged with soul-care (pastors and counselors), have even less of an understanding.

Trauma, by definition, is the result of exposure to an inescapably stressful event that overwhelms a person's coping mechanisms. Survivors of dynamic traumas

experience powerful forces impacting them on every level; mind, heart, brain, and body. Trauma survivors need to be provided with emotional and spiritual “Intensive Care” if they are to experience foundational and ongoing healing.

Definitions

PTD: Post Traumatic Distress

The ongoing or recurring interrelated, interwoven emotional and mental reactions to the stress of a traumatic event in a person’s life. This will often cause corresponding physical stress responses to develop as a result. Duration is usually less than three months.

PTSD: Post Traumatic Stress Disorder (*Trauma I*)

PTSD is a label used to quantify a spectrum of after-reactions to trauma, usually denoting long-term, intense, and “triggered” reactions to said past event or situation. Picks up at the three-month mark of PTD if symptoms continue or begin after three months.

CPTSD: Complex PTSD (*Trauma II*)

Develops as a result of either 1) long-term, sustained, or repeated traumas; or, 2) multiple trauma events that combine and compound, often with a complexity of differing yet powerful triggers.)

So, what distinguishes PTSD and CPTSD from other biodynamic problems that people in our world face each day?

Re-experiencing the mental, emotional, and physical dynamics of the traumatic event(s) as if they are happening in that moment through vivid intrusive memories, flashbacks, and nightmares/night terrors;

This brings physiological and emotional **Arousal** that intensifies the fear, caution, and guardedness of the event(s);

Avoidance by actively pushing away the memories and doing all they can to avoid situations that remind them of the emotions they experienced during the event. This often includes **numbing**, a process by which a person chooses to not feel anything at all because feeling nothing is preferable to having to deal with all of the emotional pain and turmoil of the trauma event.

We are interpreters by nature...constantly interpreting our life based on how we have interpreted life. When a person experiences trauma and it remains unresolved, the brain, the body, the mind, and the emotions “remember” that event and it then becomes super-imposed on the interpretive matrix that we see life and the world through.

What Causes It?

As I mentioned, when the severe impact of a traumatic event goes unresolved, the brain, body, mind, and emotions continue to try to categorize and “file away” the hodgepodge of thoughts, reactions, and feelings that collided when the traumatic event took place.

Caring for hurting individuals and pointing them toward God's best solutions is part and parcel of the Christian life. For anyone engaged in soul-care, crisis and trauma counseling is a critical aspect of ministry.

Crises arise in the life of everyone—it is not only known to us by way of human experience, it was foretold to us by God as part of His “Judgment Oracle” to Adam and Eve in Genesis 3.

While not all crises result in trauma, all traumas are a result of and/or result in crisis.

A crisis occurs when the situation a person faces is difficult, upsetting, disturbing, distressing, or cause for fear/fearfulness.

Crisis can be good for us: struggle develops strength and character. Crisis causes every weak thing a person is leaning on to fail, to fall away—leaving God and His best as the only viable alternative. Yet a crisis can become overwhelming to a person, and it is at that point that they often suffer trauma.

Others, however, arise in **exceptional circumstances**. Their effect and long-term impact can be significant—even lifelong. Included in these are a variety of traumas.

Trauma care experts describe ten categories of events (the “Terrible Ten”) as particularly difficult for people to handle:

1. Death or suicide of a family member, friend, or colleague
2. Death at workplace (in military and emergency services, a “Line of Duty Death”)

3. Serious workplace or Line of Duty injury
4. Disaster or multi-casualty incident
5. Police shooting, accidental killing or wounding of an innocent person
6. Events with an extreme threat to participants
7. Significant events involving harm or potential harm to children
8. Prolonged experiences of suffering, especially involving a loss
9. Events in which victims are relatives
10. Events with excessive media interest

When it comes to PTSD and CPTSD, we are talking about **core injury** because it strikes at the very core of who we are as human beings. In many cases, the moral fiber of a person is sent into shock right along with every other aspect of who they are.

The damage never completely goes away, but its effects can be powerfully neutralized with being in a safe environment and safe relationships, proper care and rest, saturation with the Word of God and worship, and Biblically sound and gentle guidance.

In soul-care, what the world calls “psychological trauma” is a type of damage to the mind and soul that occurs as a result of an event that is severely disturbing and distressing.

From a Biblical perspective, all traumas are the result of some significant violation of God's created order that hurts or harms part of God's creation. There are times when the impact is so overwhelming that, without help, order cannot be brought out of the resulting chaos and the person is locked into trying to create order and understanding without the tools and the skill-set to carry it out. They're stuck!

Who Gets It?

PTSD can occur at any age, including childhood. Women are more likely to develop PTSD than men, and there is some evidence that susceptibility to the condition may run in families, likely as a result of secondary trauma experienced by those in relationships with PTSD sufferers.

This includes war veterans and survivors of physical and sexual assault, abuse, accidents, disasters, and many other serious events.

Not everyone with PTSD has been through a dangerous event. Some people get PTSD after a friend or family member experiences danger or is harmed. The sudden, unexpected death of a loved one can also cause PTSD, depending on the cause and method of loss along with the person's level of crisis resiliency.

Why do some people get PTSD and other people do not?

Many factors play a part in whether a person will get PTSD. Some of these are risk factors that make a person more likely to get PTSD. Other factors, called resilience factors, can help reduce the risk of the condition. Some of these risk and resilience factors are present before the trauma and others become important during and after a traumatic event.

Risk factors for PTSD include:

- Living through dangerous events and traumas
- Having a history of trauma
- Getting seriously hurt
- Seeing people seriously hurt or killed
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home.

Resilience factors that may reduce the risk of PTSD include:

- Debriefing soon after the event (within 24-48 hours is best)
- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Feeling good about one's own actions in the face of danger
- Having a coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fearfulness.

As Biblical counselors and ministry leaders, we are called to serve those who face significant life-changing events, even long after they have occurred. For the PTSD sufferer, those events haven't stopped occurring in very significant ways.

So, how do we help them break free of the cycle? How do we help them live in the current reality and not in the trauma and loss of the past?

Romans 12:2: "Do not conform to the world to this present age, **BUT be transformed** (metamorphoo) by the **renewing of your mind** so that you may test and approve what is the will of God—what is good and well-pleasing and perfect."

We need to employ the Biblical principle of "put off/put on" (Ephesians 4:22-24)

1. We do this first by taking our thoughts captive and bringing them into surrender to the truth;
2. Then we break the old patterns and replace them with new ones: "put off/put on."

We've already seen how easy it is for us to remember best what we are most emotionally connected to. When dealing with trauma, there is legitimate emotional content to the things we have experienced. To deny the truth of what happened and the effect on us is to live a lie—and THAT is not something that is welcome in God's kingdom nor is it part of His prescription for our life.

Every breakdown in our life is rooted in one or both of these two things:

1. Lack of a firm grasp on some aspect of God's nature and character
2. Lack of a solid confidence in some aspect of God's nature and character.

SURVIVORS OF ABUSE & OPPRESSION

UNDERSTANDING AND HELPING SURVIVORS

The dynamics of abuse within families and in individual lives are pernicious and decidedly destructive. They are an evil and malignant prutrification that wounds the heart and mangles the human soul.

There are differences in how abuse impacts adults and children, with special trauma symptom development in adults who were abused as children and who have received little or no restorative help.

Abuse removes natural boundaries between persons, denies basic needs for safety and security, creates confusion and anxiety, and generally belies God's created order and plan.

God's original design and original created order is that every human being be in safe, caring, loving, nurturing relationships; first with our biological parents, then our nuclear family, then our extended family, and ever-expanding circles of relationship. The closer in to the center of this that God's design is breached—for whatever reason—the deeper the impact on the heart and soul of the one on the receiving end.

Since we bond with God and with other human beings on a soul level, the longer the desecration of God's design goes on, the deeper and more significant the wounding of one's heart and the battering of one's soul. When this is perpetrated intentionally, the devastation is immeasurable: hearts are crushed; souls are mangled.

We can think of abuse in very general terms this way:

Abuse and neglect are forms of interpersonal victimization of one person by (at least) another person that violates God's created order and transcendent moral code.

Child victimization often does not fall into clear-cut, prosecutable categories, so it is often under understood, under reported, and gravely unaddressed. In fact, even when it is clearly fitting for the maltreatment of a child to be categorized as a crime, these crimes are frequently not prosecuted and are more often handled by social-control agencies instead of by the police and criminal courts.

When these children grow into adulthood, they have often miscategorized what has happened to them and they lack the ability to clearly articulate the effects. Learning to properly categorize what has happened, who is responsible, the effects it has had, what they have done as a result, and what God's remedy is for it all is the greatest service we can provide these broken souls.

Key Points:

1. The oppression, misuse, or abuse of one individual by another is **never** okay with God. (Psalm 11:5; Proverbs 6:16-19)
2. **All abuse is harmful; all abuse is evil.**
3. Abuse is **NEVER** the fault of the abused!

Definitions:

- Secular View
- Biblical View

Abuse - Secular View

Any act or series of acts of commission or omission by a person of superior power or position that results in harm, potential for harm, or threat of harm to a vulnerable person.

Abuse - Biblical View

The selfish and intentional oppression or misuse of another, including denial of basic justices and needs.

God speaks specifically against oppression and oppressors **84 times** in Scripture—the same as He does against immorality (22 times), adultery (34 times), and divorce (28 times) **combined**.

1. Jesus Himself said that He came to set the oppressed free (Luke 4:18).
2. God requires His undershepherds to aid and protect the vulnerable and to confront those who are abusive and oppressive (Proverbs 24:11-12; Isaiah 1:17; Isaiah 58:5-6; Jeremiah 22:3; Jeremiah 22:15-17; 1 Timothy 5:20; Titus 3:10-22).
3. God condemns and declares righteous judgment on those who oppress and abuse (Isaiah 3:11-13; Isaiah 10:1-3; Isaiah 49:25-26; Ezekiel 18; Joel 3:19)
4. God condemns abusive leaders and commends servant-leadership (Ezekiel 34: 2, 5, 7-10, 12; Mark 10: 42-45; 1 Peter 5:2-3)

Survivor vs. Victim

Victims and survivors are much the same other than in how they see themselves or how others see them.

- Victims are ones who have suffered abuse and still suffer as if the abuse is active and ongoing.
- Survivors are those who have suffered abuse and have gained a healthy distance from what happened.

Biblical Principles:

1. Humans, being created in the image of God, have an inherent worth and dignity that no one can take from us (Genesis 1:26-28).
2. Being created in the image of God, we are also inherently relational beings (Genesis 1:26).
3. Humans were created as gendered beings. They were expressly blessed by God to be fruitful and multiply and to exercise dominion over the earth (Genesis 1:26-28).
4. The inherent relational nature of humankind is expressed in a variety of contexts including family, marriage, work, and — for Christians — the Body of Christ (Hebrews 10:24-25; 1 Corinthians 12:14).
5. All abuse mars and mangles the *imago Dei* in the victim and often instills a deep sense of toxic shame.
6. Sexual abuse “rewires” the victims’ view of themselves, God’s intent for sexual intimacy, and their ability to process life in healthy and normal ways.
7. Early sexualization of a child is a very real form of sexual abuse. It creates gross confusion and a traumatic sense of loss.
8. Survivors of neglect/abandonment often manifest the same symptomatic attitudes and behaviors as abuse survivors.
9. Abuse and neglect both deny the basic healthy protections a person needs to be well and safe.

Definitions:

Abuse is usually categorized in six main ways:

1. Physical Abuse
2. Sexual Abuse/Exploitation
3. Verbal/Emotional Abuse
4. Spiritual Abuse
5. Domestic Oppression and Violence
6. Neglect/Abandonment

There are many permutations of these categories, and they will often overlap in a person's life. **All abuse is harmful; all abuse is evil.**

To the Biblical counselor falls the responsibility of guiding the survivor through the morass of trauma, lies, and resulting behaviors that have brought further harm to their life.

A solid grasp of God's original design, His view on abuse, and His healing truth are absolutely necessary if the counseling experience is to be successful. It is more than a matter of bringing comfort—it is a matter of teaching them to know and walk in the truth.

Survivors establish and maintain a variety of defense mechanisms and protective measures in an attempt to avoid the pain of the past and shield themselves from further hurt. The greatest problem with this is that they very often are seeing current people and relationships through the lens of the past not in the current timeframe.

Always remember that you are engaged in redemptive relationships with the people you are counseling.

Courageous listening is something that we discuss often, and it is most relevant when counseling survivors of abuse, particularly adult survivors of childhood abuse.

Courageous Listening: Being willing to be changed by what you hear. Leaning into and allowing yourself to be drawn into their narrative to encourage authentic “sharing” instead of simply “reporting.”

There are a few things to keep at the forefront as we better understand abuse survivors as trauma survivors:

1. What happened to them is NOT their fault
2. What was done to them is NOT okay with God
3. As hard as it might seem to believe, they are believed and accepted RIGHT NOW
4. God’s intent is always to bring redemption out of abuse—He did so with the cross, and He will do so with the abuse our counselees have experienced.
5. The lies they have come to believe and the damage that has been done as a result of what has happened and what they have done with that can be replaced with life and truth. As you (or another qualified person) walk alongside them, teaching them to pray and saturate with the truth of God’s Word.

This will help us help them in

1. Telling their story
2. Believing it happened
3. Believing the abuse was NOT their fault
4. Sorting through the guilt and shame that surround the abuse
5. Dealing with and processing their anger
6. Understanding how the abuse has affected their lives
7. Grieving their losses
8. Identifying, repenting of, and walking in forgiveness for the sin responses they have had stemming from the abuse

Key Points to Visit Often

- “We are not adding anything to your life in this work we are doing together, but we are opening the door to rooms that contain trash that you may not realize is there and that you don’t want there.”
- “We won’t live there or relive the trauma or pain that those rooms contain, but we are shining God’s light and truth on it so that the enemy will leave.”
- “He hates the light because it minimizes his power and control. When we shine the bright light of God’s truth on these matters, we allow Christ’s victory to be your victory.”
- “Your mind is already spending time on your memories. We are not going to force any memory to the forefront: we will, however, trust and allow the Holy Spirit to bring to mind what He knows it is time to deal with.”
- “The Holy Spirit is your Counselor and Comforter as we go through this together. You have the perfect partner for your journey down this path out of the woods you seem lost in.”

STEPS TO HEALING⁸

Step 1: Establish Safety (Psalm 4:8; Psalm 12:5; Psalm 23) Being unsafe can be real or imagined. When people believe themselves to be unsafe, self-preservation and self-protection are their first priority. The first step to healing is for the person to be safe and to experience a sense of being safe.

Assuring that basic personal and physical needs are being met are an important part of “Establishing Safety.” This would include stable and safe living environment, restorative help for substance abuse, adequate food and clothing, and the like.

To the degree that these are identified and met, the survivor will experience increasing levels of stability and safety.

Then we can help them identify their most pressing emotional/soul needs, including grief/loss, depression, fear/anxiety, anger, and shame. Offering support in finding how the counselee can get these needs addressed and

⁸ *Counseling Survivors of Abuse* Module, Vancouver Bible Institute.

helping them in connecting with effective advocacy is also an essential part of “Establishing Safety”.

Step 2: Choose to Face the Truth and Feel (John 18:37; John 14:6; John 1:14) The counselee must decide that, now that they are safe, it is time to face reality truthfully and walk through the pain instead denying the truth and numbing the pain.

Step 3: Honestly Tell and **Feel** the Story (Ephesians 4:25; John 8:32; Galatians 6:2) This is the most difficult and demanding part of the healing process. The deeply troubled, especially abuse survivors, have often become quite adept at living a vision of life and not the reality of life. This is a multi-faceted and multi-layered process.

Step 4: Identify the Lies and Reclaim God's Design (Romans 12:2; Ephesians 2:10; Psalm 139:13-14) Survivors have had an enormous amount of false-guilt and its attendant toxic shame messages foisted upon them for a very long time. They have come to believe those lies; the lies, not God's truth, run their life. The key is to help them discover, learn, and saturate their minds and hearts with God's truth about Him, them, their worth, His love and purpose for them, and that their history is not their destiny.

Step 5: Repent of Deadness and Denial (Jeremiah 17:5-8; John 6:68; Colossians 1:13-14) Taking one's own safety and peace into one's own hands is the most natural thing for us to do — especially when we have suffered at the hands of another. The greatest difficulty with this is that it places us in the position of trying to exercise sovereign control of our lives instead of God — which is idolatry. Nowhere does God's Word tell us that we will not suffer, nor does it tell us we are entitled to not experience pain. Survivors don't involve God in the process of healing and protection — they have taken into their own hands.

Step 6: Mourn the Loss and Dare to Hope (Lamentations 3:21-23; Nehemiah 9; Psalm 72:13; Psalm 103:2-4, 13) Survivors have experienced a great deal of loss; not only of what was, but of what might have been. Instead of a healthy parent-child relationship, they were treated like a punching bag or worse. Instead of being allowed to blossom in the natural talents God had instilled in them, they were belittled or tormented for how they were made. Guiding them to understand and hold to the reality that what “was” is not what “is” puts the past in perspective and further equips them to live in today's reality. At this stage of

healing, the counselee will be experiencing new-found hope for their life and their future.

Step 7: Be Comforted and Become a Comforter (Genesis 50:20; 2 Corinthians 1:3-4; Galatians 6:1-2) The healing and comfort we have received is not simply for our benefit alone: it is intended by God to be used of Him to bring comfort, hope, and healing to others who have been tormented and harmed as we have been tormented and harmed. Having experienced the healing grace of the Gospel ourselves, it is then for us to be available to God for Him to utilize that in the lives of others whom He loves as much as He does us.

The Importance of Loving, Reparative Relationships

The first natural bonding process between child and mother takes place in infancy, involving feeding and physical contact that form the basis of the infant's development of trust. The baby cries in distress, the mother comforts. Therefore, all true bonding has elements of trauma, pain, difficulty, or uncertainty followed by gratification and/or relief. All true bonding involves an ordeal followed by success in the.....expressions of love or rescue by another. ⁹

Bonding experiences take place in all kinds of situations, beginning with the mother-child bond. In these loving bonding routines, pain is followed by comfort and sustenance. In infant and childhood bonding, the child has physical and emotional needs that are met through milk, food, touch, and eye contact, all of which the child learns to associate closely with love. In unhealthy bonding routines pain is followed by negative outcomes.

Since the bonding cycle has been severely disrupted for these children, it must be repaired in corrective emotional interactions, experienced over and over again. These new, comforting interactions occur within relationships known as *reparative relationships* – secure and stable nurturing relationships that are established and maintained within the healing community of the survivor.

As you begin a caring relationship with a traumatized survivor, it will take them time to trust in the truth that, on any given day, you (or their abuser) will not come into their life (again) and hurt them. Most survivors stay on relational alert long after their abuse has stopped. The supportive relationship you initiate must be

⁹ Phyllis Kilbourn and Marjorie McDermid, *Sexually Exploited Children: Working to Protect and Heal*

consistent and follow the survivor's development so that they can learn to trust again, sometimes for the first time ever.

CONCLUDING THOUGHTS

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. We can never predict when something in a conversation can activate the raw emotions still surrounding an unresolved issue in a person's life.

We need to be prepared to see ourselves as instrument's in the Redeemer's hands, not as the saviors or the fixers of people or their problems.

Remember: We are Ambassadors of the Kingdom.

As Ambassadors, we live out:

The *message* of the King.

The *methods* of the King.

The *character* of the King.

The *purpose* of the King.¹⁰

His agenda, His purposes, His truth, and His love are what we live out in the counseling/discipling relationship. We are agents of His grace and truth. We speak the truth in love, and we surrender the outcomes to Him.

Our philosophy of ministry, then, is:

“Therefore encourage one another and build up each other, just as you are in fact doing... And we urge you, brothers and sisters, admonish the undisciplined, comfort the discouraged, help the weak, be patient toward all.” *1 Thessalonians 5:11, 14*

¹⁰ *Introduction to Biblical Counseling, Week 5*

