

— HELPING THE HELPER SERIES —



# Descriptions and Prescriptions

A Biblical Perspective on Psychiatric Diagnoses & Medications

MICHAEL R. EMLET

“Mike Emlet has written a balanced and much-needed book. We often fall into extreme positions and sadly end up doing damage to those who are suffering. Approaching those who suffer requires great humility, for Scripture is quite clear that we who are made in the image of God do not really even understand ourselves! I pray this book will bear the fruit of humility and compassion in God’s people.”

**Diane Langberg**, Psychologist; author of *Suffering and the Heart of God*

“Mike Emlet has written a much-needed book on psychiatric diagnosis from a biblical worldview. The paradigm of psychiatric labels being descriptive but not prescriptive is very important for biblical counselors and Christians in general. Humbly admitting we have to grow in our understanding of biological issues that interplay with spiritual struggles is right. Challenging a reductionist biological view of man is also right. It is time for the biblical counseling movement to adopt a more robust, balanced, and holistic approach to caring for those who suffer most. This book goes a long way to help us turn the corner. I highly recommend it.”

**Garrett Higbee**, Executive Director of Biblical Soul Care for Harvest Bible Chapel; founding board member of the Biblical Counseling Coalition; president of Soul Care Consulting

“In the midst of all the conflicting voices in our culture about psychiatric diagnoses and psychotropic medications, Dr. Michael Emlet has provided a helpful gift to the church. In this short book, you’ll find a clear and nuanced discussion of the wisdom of using or not using psychiatric descriptions and medications. Recognizing the uniqueness of each situation, Dr. Emlet will assist you in making the best decision for each case by furnishing a framework that isn’t the same with every person. I’m thankful for it.”

**Elyse M. Fitzpatrick**, Author of *Will Medicine Stop the Pain?*

“Mike Emlet brings up a topic at the dinner table that most people couldn’t—at least not without causing indigestion. You will find Emlet the best kind of conversationalist on a difficult topic like psychiatric medications, making distinctions clear when needed and acknowledging mystery when needed. He is a man of his time with a heart

captured by the rich vision of human life found in ancient Scripture. This book is instantly in my curriculum.”

**Jeremy Pierre**, Associate Professor of Biblical Counseling, The Southern Baptist Theological Seminary; author of *The Dynamic Heart in Daily Life: Connecting Christ to Human Experience*

“The intersection of ministry, mental health, and medicine is the Bermuda Triangle of soul care. Dr. Emlet applies his unique multidisciplinary training—physician, pastor, and, biblical counselor—to cut through mystery, myth, and, misconception. Biblical wisdom is the compass to navigate these troubled waters. *Descriptions & Prescriptions* leans into Scripture as it rejoices in appreciation for God’s gift of medical treatment and holistic pastoral care.”

**Stephen P. Greggo**, Professor of Counseling, Trinity Evangelical Divinity School; coeditor of *Counseling and Christianity: Five Approaches*

“Finally, help in resolving some of the tension felt between the practice of psychiatric labeling and biblical counseling. Counselors have needed direction on navigating the struggles of the human brain and soul, while neither dismissing labeling completely nor fully embracing hook, line, and sinker, everything taught in modern psychiatry. Mike Emlet has again given us wise counsel from the Bible, utilizing his medical background to clarify the language of labeling and the wise use of medication.”

**Rod Mays**, National Staff, Reformed University Fellowship; adjunct faculty, Reformed Theological Seminary

“As a pastor and counselor, it is hard not to be overwhelmed by the complexity of mental health struggles. Mike’s book is like a new set of glasses, bringing clarity to these complex issues. Without giving all the answers, Mike lays out perceptive pointers to help readers navigate difficult terrain. Whether you are a pastor, lay leader, parent, or a concerned friend, this book will provide you much needed wisdom.”

**Kurt Peters**, Pastor of St Matthew’s Anglican Church, Botany (Sydney); Director of Biblical Counseling Australia

“Mike has given us a balanced and reliable guide to psychiatric diagnoses and medical therapies from a biblical perspective that is well-informed by experience and science. Practical, clear, and perceptive,

it will be helpful to pastors and mental health professionals, as well as those who suffer in the ways described in the *DSM-5*. In my opinion, this is the best book in its area for years.”

**Karl B. Hood**, Lecturer in Pastoral Care, Presbyterian Theological College, Melbourne, Australia

“With a physician’s training harnessed by Scripture, Mike Emlet leads us along the tightrope of psychiatric considerations with both a poise and grace not often seen when Christians approach this topic. Both the mental health practitioner and the pastoral counselor should be pleased with this robust analysis that challenges us all to rethink our categories in favor of a gospel-centered accounting of these post-fall realities.”

**John Applegate**, Executive Director of the Philadelphia Renewal Network; psychiatrist and director of John Applegate, MD & Associates, LLC

“I recommend this book to help pastors and mature believers in the church who want to better understand the challenges of human psychological suffering from a gospel-centered perspective. Drawing on his personal experience with those who are afflicted by problems of mental health, Emlet leads us away from a reductionist approach to one that is holistic and includes both heart and body. His work gives us an excellent start in ministering to those who suffer.”

**François Turcotte**, President of Séminaire Baptiste Évangélique du Québec (SEMBEQ); elder at Église Baptiste du Plateau Mont-Royal

“The relationship between the spheres of the medical and the spiritual in pastoral care can be an extremely tricky one to navigate, especially for pastors with no medical training. That is why this clear and concise book by Mike Emlet is so important. Eschewing the simple reductionism of approaches that deny any usefulness to psychiatric medication, while also refusing to eliminate the spiritual component in many psychiatric disorders, Mike brings his medical expertise and his experience of Christian ministry to bear upon a field that will inevitably cross the path of many Christians. This is a small book but one that should be on the shelf of all those involved in pastoral care.”

**Carl R. Trueman**, Author; pastor, Cornerstone Presbyterian Church, Ambler, PA

“Any book that has ‘A Biblical Perspective on Psychiatric Diagnoses and Medications’ in its subtitle is going to be huge, complex, impractical, and highly controversial. Right? Wrong! Mike Emlet has managed to write a short, accessible, and immensely practical book on this vital subject. And he’s done it in such a sensible, balanced, and biblical way that the book will promote peace and unity rather than debate and division. Here is help for the helpers and for the helpless.

**David Murray**, Professor of Old Testament and Practical Theology at Puritan Reformed Theological Seminary; pastor of Grand Rapids Free Reformed Church; author of *Reset: Living a Grace-Paced Life in a Burnout Culture*

“In *Descriptions and Prescriptions: A Biblical Perspective on Psychiatric Diagnoses and Medications*, Michael R. Emlet makes accessible for the lay Christian otherwise technical information about the symptoms and treatments of psychiatric disorders. He presents these issues within a biblical anthropology and seeks to help move Christians beyond a generalized fear of psychiatric illnesses and treatments to a ‘third way’ between solely spiritualizing or over-medicalizing these illnesses.”

**Kathryn Greene-McCreight**, Author of *Darkness Is My Only Companion: A Christian Response to Mental Illness*

“As a Christian, have you ever wondered how to think about psychiatric labels and medications? Dr. Michael Emlet has provided a thoughtful, balanced, biblical approach to diagnoses and medications in this book. I’m planning to buy copies and give this out to many of our members.”

**Deepak Reju**, Pastor of Biblical Counseling and Family Ministry, Capitol Hill Baptist Church, Washington, DC; author of *The Pastor and Counseling* and *She’s Got the Wrong Guy*

“Because our culture increasingly describes problems in terms of psychiatric diagnoses and increasingly seeks solutions through psychoactive medications, this is a vital book for our times. We all need to think more carefully about the labels we are using and the drugs we are taking. This will become a go-to book for Christians wanting a balanced, biblical, and compassionate view of the descriptions and prescriptions that psychiatrists use.”

**Steve Midgley**, Executive Director, Biblical Counseling UK

DESCRIPTIONS AND  
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A BIBLICAL PERSPECTIVE  
ON PSYCHIATRIC DIAGNOSES  
AND MEDICATIONS

Michael R. Emlet



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*To those I know  
who have struggled with mental illness  
but have endeavored not to be defined by it*





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# Introduction

## THE GOLDILOCKS PRINCIPLE

**W**hat do you think when someone you know is diagnosed with a psychiatric disorder? Or has started to take a psychoactive medication? Do you say to yourself, “Finally, he is getting the help he really needs!” Or do you feel skeptical about either the diagnosis or the solution (or both), and wonder if what the person really needs is simply to trust in Jesus more?

It doesn't take too many conversations in the church to realize that there are widely divergent views regarding the diagnosis and treatment of mental health issues. Like many, you may find yourself falling into one of two camps. Let me call this the Goldilocks Principle. What do I mean?

You may be one who is “too cold” toward psychiatric diagnoses. You're highly suspicious of using these labels. You believe that they are secular understandings of the person that compete with biblical categories and solutions. At best you don't think they're helpful, and at worst you believe they are harmful and dehumanizing.

Or perhaps you are “too warm” toward psychiatric diagnoses. You may embrace them as nearly all-encompassing explanations

of the person's struggle. You may gravitate toward medical solutions and diminish the relevance of the biblical story for these particular problems. But is there a third way, a balance between these two extreme tendencies?

Similarly, you may be "too cold" toward psychoactive medications. You're extremely wary of ever using them. If you're honest, you believe that Christians really wouldn't have to take psychiatric medication if their faith were robust enough. And what about those side effects—why risk it?

Or you may be among those who are "too warm" toward psychoactive medications. If a Christian has no problem using Tylenol for a headache, why shouldn't she use an antidepressant when she is depressed? And about those side effects—they are invariably worth the benefit. But is there a third way, a balance between these two extreme tendencies?

One goal of this short book is to help you move from either extreme—too cold or too hot—toward a view of psychiatric diagnoses and medications that is hopefully "just right." Perhaps you *don't* tend toward one of these extremes but you are looking for the biblical and scientific framework that allows you to maintain that third-way position. That's exactly what I hope this material will do. I want to take seriously what help psychiatric categories and medications provide but also recognize their limitations.

There is no doubt that many people suffer greatly with emotions and patterns of thinking that bring grave hardship to them and to their loved ones. The pressing issue is how best to know and understand their struggles. And then, having understood, how best to provide compassionate and wise help. After all, we are called to "bear one another's burdens and so fulfill the law of Christ" (Galatians 6:2). Psychiatric diagnostic classification and psychoactive medications provide a way to understand and help those who are burdened in particular ways. This book assesses

the limitations and benefits of understanding and helping people using that lens.

I am writing this resource primarily for helpers in the church—pastors, counselors, elders, deacons, youth workers, men’s and women’s ministry coordinators, small group leaders, and other wise people who may not have a formal title or ministry job description but are actively engaged as intentional friends in one-another ministry. You are on the front lines of pastoral care and, no doubt, you have cared for and will continue to minister to people who struggle with mental anguish, who are diagnosed with psychiatric disorders, and who may be using or have questions about psychoactive medications.

If you are suffering with some form of mental illness and have received a diagnosis, I want to make certain that you don’t hear any evaluation I provide of the psychiatric diagnostic system as a critique of your personal experience. For some of you, receiving a diagnosis illuminated your struggle and brought much-needed treatment. For others of you, a diagnosis may not have served you as well or was associated with unhelpful treatment. Please hear me when I say that my goal is to more fully humanize your struggle by pointing out what psychiatric diagnoses tell us—and don’t tell us—about people. God says that you are “fearfully and wonderfully made” (Psalm 139:14) and I take that interpretive lens on your life seriously.

You will notice that I have many footnotes. While I don’t want to be overly technical, I think it is important with a subject this complex to support my assertions and to discuss nuances when there is a need. However, I also want this material to be useful and bear fruit in real life ministry situations; it should not simply exist as a reference work. So feel free to skip the footnotes as you’re reading if it helps to maintain the flow of the argument. You can come back to the notes later if you’re interested in a greater level of detail.

This resource is in no way meant to be a comprehensive guide to helping those diagnosed with a mental illness, nor will it discuss the multifaceted approaches that exist for helping those who are suffering in this way. I simply want to provide a foundational biblical framework for understanding psychiatric diagnoses (Part 1) and the use of psychoactive medications (Part 2). Ultimately, I want this book to help you to think wisely and compassionately about these struggles so that you are just a bit more equipped for this important work of burden-bearing and counseling.

# Part 1: Understanding Psychiatric Diagnoses





# Chapter 1

## DIAGNOSIS IS UNAVOIDABLE

Everybody “makes” diagnoses. Everybody. Interpreting—or diagnosing—our experiences is unavoidable. Part of being human is classifying, organizing, and interpreting our world. This is an echo of God’s “organizing” speech, as he created something meaningful out of chaos (Genesis 1). As God created, he named day and night, heavens, earth, and the seas. Then he allowed Adam to name the creatures that filled the days and nights, the heavens, earth, and seas. God’s image bearers were to “rule over” the earth in his stead and under his authority (Genesis 1:28). Before the fall this was done in dependence upon God. But after the fall, apart from God’s grace, we function as autonomous interpreters and organizers of our world, without reference to God.

When it comes to some classification schemes, the stakes are not very high because they are not tied to the way we understand human beings—for example, it’s not that critical when we classify music into genres of rock, punk, classical, jazz, country, and R & B. Other classification systems get closer to our identity, such as those marking out race and ethnicity. Still other classifications get even closer to our fundamental nature as image bearers and worshipers

of God: sinner, sufferer, victim, oppressor, addict, adulterer, etc. The psychiatric classification system used by mental health professionals in the United States is one such important schema. How we understand one another is critical. Error here means misunderstanding at best and personal catastrophe at worst.

Psychiatrist Peter Kramer rightly noted, “How we see a person is a function of the categories we recognize—of our own private diagnostic system.”<sup>1</sup> For example, let’s say that after meeting a person for the first time you “diagnose” that person as “odd” or perhaps less charitably as a “self-oriented, insensitive jerk.” What if you found out later that this person had been diagnosed with “autism spectrum disorder”? Do you modify your view of the person and his actions in light of this alternate diagnostic scheme? Perhaps in some ways yes, and others, no. But either way, you see how the nature of “the diagnosis” suggests a particular view of the person and possible responses to that person.

We want our classification schemes to match the nature of reality. That is, we want to use valid categories. No one wants to be misdiagnosed, whether using biblical language or secular language. We want the words and categories we use to mean something, to be revelatory about the way things really are.

Consider this list of diagnostic categories: Alzheimer’s disease, bipolar disorder, alcohol withdrawal, pedophilic disorder, attention-deficit/hyperactivity disorder, obsessive-compulsive disorder, antisocial personality disorder, autism spectrum disorder, and borderline personality disorder. They all represent diagnoses found in psychiatry’s standard reference text—*The Diagnostic and Statistical Manual of Mental Disorders*, better known as the *DSM*.<sup>2</sup>

In light of what I’ve said so far, it’s appropriate to raise multiple questions: How do we understand the nature of psychiatric

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1. Peter D. Kramer, *Listening to Prozac* (New York: Penguin Books, 1997), 68.

2. *The Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> Edition [DSM-5] (Arlington, VA: American Psychiatric Association, 2013).

diagnoses? What do these diagnoses mean? Are they all equally valid? How much information do they truly provide about the person? Is it wise for Christians to use these secular categories, and, if so, how? How should they shape the way we minister to persons who come to us with such diagnoses? Do we need to become “bilingual”? That is, do we need to become fluent in using *DSM* categories as well as biblical ones if we want to be truly helpful to others? Are psychiatric diagnostic categories antithetical to and in competition with biblical categories? Parallel to biblical categories? Overlapping with biblical categories in some way?

These questions are important, particularly in our time and place. The language of psychiatric diagnosis is not only known within the mental health world but is commonly used within the general population as well. Terms such as OCD, PTSD, and ADHD are part of our culture in formal and informal ways. So we can't afford to keep our heads in the sand with a dismissive and isolationist posture. Nor can we afford simply to accept the entire psychiatric diagnostic enterprise at face value. We need a balanced, biblically (and scientifically!) informed approach that is neither too warmly embracing nor too coldly dismissive. Striking this balance is important. This is not just an academic discussion within the walls of training institutions for pastors, counselors, psychiatrists, and other physicians. Consider what potentially happens as you move toward the extremes I mentioned in the introduction.

Let's say you are “too warm” toward psychiatric diagnoses. What might that look like in practice if a person recently diagnosed with bipolar disorder came to your church or small group? It might mean emphasizing medical care to the exclusion of pastoral care because physicians (psychiatrists) are understood as the experts here. It could lead to overlooking broader biblical categories and themes for understanding and helping the person, including identifying and addressing issues of suffering, shame, guilt, sin, and responsibility. Bottom line: You will point to incomplete

solutions. You will miss ministry opportunities. Your approach to the person is truncated.

What if you are “too cold” toward psychiatric diagnoses? What could that stance look like in practice with a person diagnosed with bipolar disorder? You may have a skeptical, anti-psychiatry posture that is off-putting to the person and inhibits building a relationship. You will be more likely to see his problems only as sin—as something he does—rather than as suffering or weakness he has to face. You may ignore potentially helpful physical components to the person’s total care, including medication. Bottom line: You will point to incomplete solutions. You will miss ministry opportunities. Your approach to the person is truncated.

Do you see how high the stakes are? I want us to move away from these two tendencies and toward a wiser middle ground. To do that, we need to examine the nature of psychiatric diagnoses more carefully.

The ultimate goal here is neither to vilify nor vindicate the psychiatric diagnostic system but to *help* those who struggle with disordered thoughts, emotions, and behaviors. To the extent that using psychiatric terminology helps with that goal, we must be open to that help. To the extent that using psychiatric terminology hinders that goal, we must offer wise and gracious critique. In both cases a gospel-centered approach full of rich biblical counsel must remain foundational to the way we minister.

In Part I of this book we will examine how psychiatric problems are diagnosed. We’ll then see that the current system of diagnosis is a relatively recent phenomenon as we consider a brief history of twentieth-century psychiatry. These reflections will set us up to understand both the limitations and the potential benefits of psychiatric diagnoses in the context of ministry.