

TO MEDICATE
OR
NOT TO MEDICATE

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Summit on Mental Health and the
Mission of the Church

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Thinking
Christianly
about the
Role of
Medication
in the
Counseling
Process

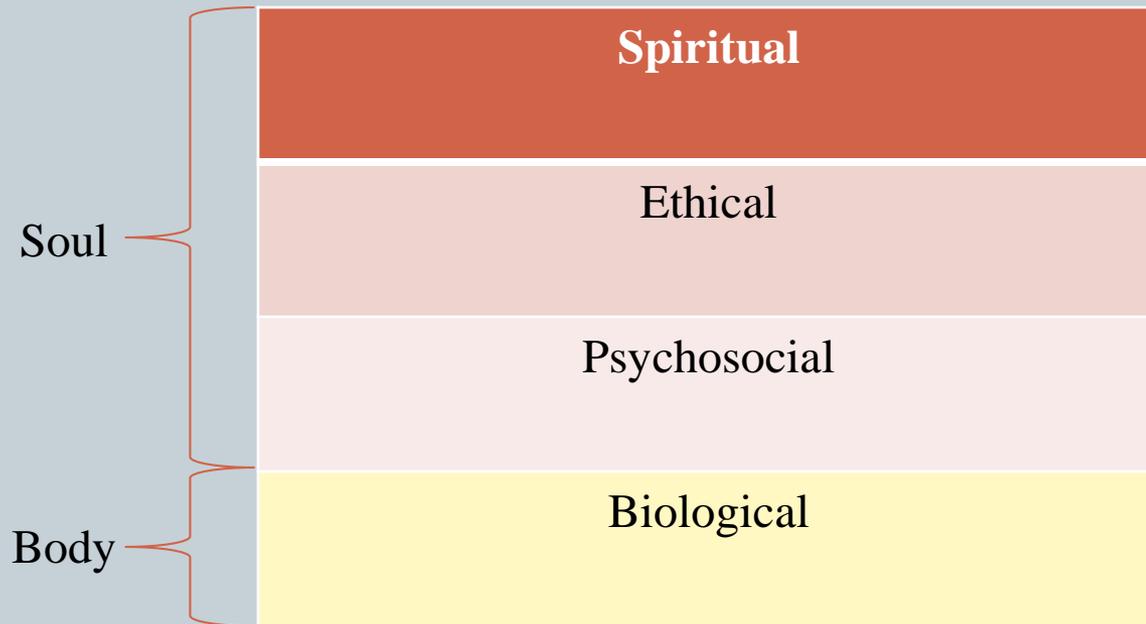
THE GOODNESS OF MEDICATION

- “Every good and perfect gift comes from above from the Father of lights.” (Ja 1:17)
- Medication is one of those good gifts, a fruit of what theologians have called “common grace,” that makes science and the arts and culture possible
- Therefore Christians are free to use all that “God has created to be received with thanksgiving by those who believe and know the truth. For everything created by God is good, and nothing is to be rejected if it is received with thanksgiving, for it is made holy by the word of God and prayer” (1Ti 4:3-5)

CONTEMPORARY USE OF PSYCHOTROPIC MEDICATION

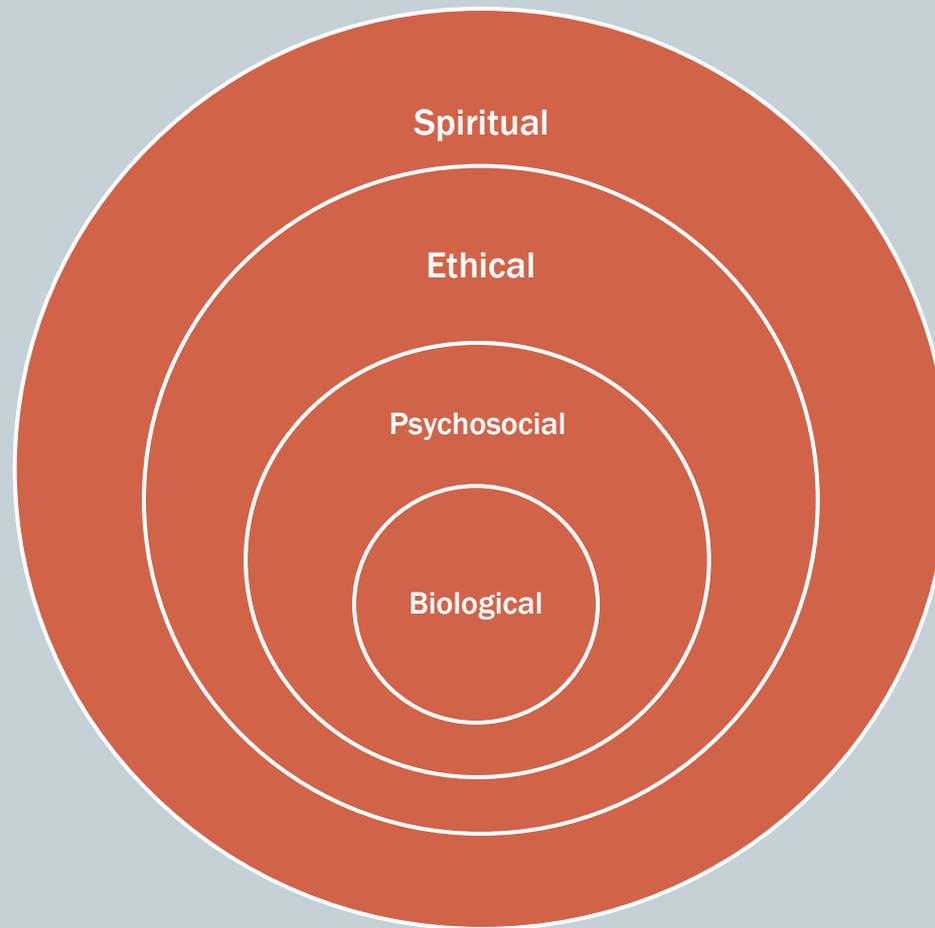
- Medication is the primary treatment for psychological problems in America, including depression and anxiety
 - Problem: Depression and anxiety can also be effectively treated by psychotherapy and counseling, and often *more* effectively
- When Americans have a mental health crisis, they have historically gone to their pastor or to their family physician
 - Problem: the Bible explicitly addresses only everyday soul-problems and family physicians are generalists, so neither know very much about severe psychiatric/psychological problems
- Medical doctors are trained to treat the problems medically
 - Even most psychiatrists are given little teaching/training in psychotherapy and its benefits vis-à-vis psychopharmacology

FOUR DIMENSIONS OF HUMAN NATURE



Work at the highest levels possible
And the lowest levels necessary

FOUR DIMENSIONS OF HUMAN BEINGS



OUR TENDENCY IS TO WANT SIMPLE, DICHOTOMOUS ANSWERS

- Yes or no; Good or bad; godly or secular

So psychotropic medication tends to be used w/out question or rejected

- The problem in such an enormously complex area as medication use is

it all depends

Many factors have to be taken into account when working with the human brain/soul in light of our God's design plan for us and his agenda in creating us

A CHRISTIAN MODEL OF THE GOALS OF HUMAN DEVELOPMENT

- To glorify the triune God

How do humans glorify the triune God?

- By resembling God, individually and communally, esp. in virtue and holiness
- By relying on Christ for everything

- To flourish according to God's design plan

How do humans flourish?

- By knowing and loving God supremely, and others and themselves appropriately
- By fulfilling their created nature and realizing their gifts
- Both are accomplished by becoming unique personal agents-in-communion in good relation with God, self, and others

WHAT IS A HUMAN PERSONAL AGENT?

■ Human personal agents

- Think, plan, have goal, make decisions, and carry them out in actions
- Feel, value, evaluate, love and hate
- Are responsible for their actions
- Actively participate in their own development and that of others
- Are able to do good and evil

■ *Christian* personal agents

- Are actively receptive of God's grace to do good
- Worship God, love him, and live in gratitude to him

Christians should promote the greatest flourishing of human beings possible

PROBLEMS OF MEDICATION USE WITH PERSONAL AGENTS

- Medication intervenes at the lowest dimension of human nature. It therefore does little to enhance personal agency and contemplation, and therefore does not *explicitly* advance the glory of God, in contrast with Christian psychotherapy/counseling (p/c) which can do both
- Attributions
 - Beliefs about what causes something to happen
 - When medication resolves emotional problems the person may form an impersonal attribution
- Exposure therapy requires personal agency to down-regulate anxiety or pain, whereas benzodiazepines and opioids give quick, mechanical relief that can hinder one's personal agency to address the problem and can lead to dependency and addiction

PART 4:

TX FOR PSYCHOPATHOLOGY

- Monotherapy
 - Psychopharmacology alone
 - Psychotherapy or counseling alone
 - Christ-centered p/c brings Christ centrally into the therapeutic process
- Combined Therapy
 - Split therapy: Each done by different people
 - Integrated therapy: Each done by the same person

When combined therapy is necessary, integrated therapy is obviously best, but psychiatrists or nurse practitioners who can do both well are extremely hard to find!

BENEFITS AND LIMITATIONS OF PSYCHOPHARMACOLOGY

Benefits

- Remarkable impact on some disorders
- Sometimes it is the best Tx (e.g., for florid symptoms of psychosis)
- Relatively cost-effective, depending on the disorder
- Can treat biopsychological symptoms that interfere with psychotherapy and Christian healing

BENEFITS AND LIMITATIONS OF PSYCHOPHARMACOLOGY

Limitations

- It only treats the underlying biological conditions of the psychological symptoms and does not resolve the actual biological or psychological cause (unlike an antibiotic).
- No difference between drug and placebo in 50% of trials with antidepressants and anxiolytics
- Possibility of life-long use—when not necessary
- Medication may discourage use of psychotherapy and spiritual interventions or compromise their effectiveness
- Medical Tx rarely addresses how sin may be contributing to the problem or how Christ heals the soul

BENEFITS AND LIMITATIONS OF PSYCHOTHERAPY AND COUNSELING

Benefits

- May lead to actual structural brain change by developing new neural networks and pathways, reorganizing present neural networks and circuits, and promoting more adaptive intercommunication between all neural networks
- Utilizes higher-level strategies and techniques, thereby promoting greater realization of personal agency and glory
- Can bring Christ into the therapy process and utilize salvation resources with Christian counselees (e.g., prayer, meditation, guided imagery with Christ, divine forgiveness, union with Christ, communion with God)

BENEFITS AND LIMITATIONS OF PSYCHOTHERAPY AND COUNSELING

Limitations

- Compared to psychopharmacology, much more costly and time-intensive
- High quality therapists may not be available, and if available, they are the most expensive
- Compliance with homework and self-care can be difficult
- Skilled psychotherapists who do Christ-centered therapy are relatively rare
- Therefore contemporary psychotherapy rarely addresses ethical and spiritual problems

SO WHAT SHOULD BE USED?

- Research has found the relative benefits of psychopharmacology and psychotherapy/counseling depend on the disorder (but much more research needs to be done) (see Beitman, et al, 2003). For example,
 - **Schizophrenia and related disorders**
Medication is required, in conjunction with supportive therapies, CBT, skill training, contingency-based training, and family therapy
 - **Bipolar disorder**
Medication required, in conjunction with psychoeducation, family therapy, interpersonal therapy, and CBT
 - **Depressive disorders**
Monotherapies were superior to control groups, and combined Tx was even more effective with non-situational, endogenous depressions

SO WHAT SHOULD BE USED?

■ Anxiety Disorders

■ Panic disorder

Psychotherapy is generally preferred for long-term progress; though benzodiazepines are helpful in acute phase.

■ GAD

CBT therapy and medication are each effective.

■ Social anxiety

CBT and combined Tx were more effective than medication alone.

■ OCD

Behavior therapy and medication are both effective. Some studies have found combined therapy to be superior.

Problem with anxiety disorders: Fast-acting, anti-anxiety drugs, when used at will, are generally contra-indicated for Tx of anxiety disorders, outside the acute phase, because they compromise exposure therapy through negative reinforcement, and undermine sense of personal agency (Barlow, et al, 2011)

SO WHAT SHOULD BE USED?

- **Substance abuse**

Monotherapies are both effective. Some studies have shown combined Tx to be effective.

- **Bulimia nervosa**

CBT and combined Tx were more effective than medication alone.

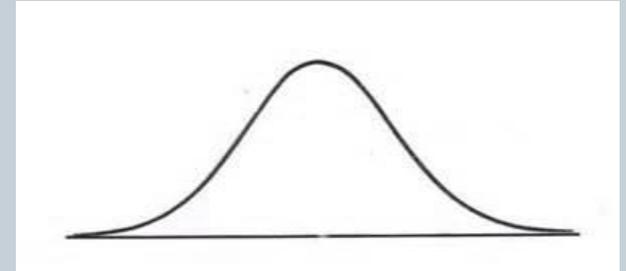
SO WHAT SHOULD BE USED?

- Other factors to consider
 - Cost of daily medication vs. regular psychotherapy
 - Availability of therapy resources in the community
 - God gets glory when we utilize any of his goodness. However, working directly with Christ in therapy gives God the most *explicit* glory
 - Promoting personal agency through psychotherapy/counseling advances the realization of God's creation design for humans and so manifests more glory than a mechanistic solution like medication
 - Severity of disordered functioning

SO WHAT SHOULD BE USED?

- Severity of disordered functioning
(GAF score; PDM)

Imagine a continuum of disordered functioning



- Severe

Psychotic symptoms, unable to focus, intense psychomotor agitation or retardation, unresponsive, causing harm to self or others

Requires medication, if available

- Moderate

Symptoms interfering with life, but not with significant disruption of life functioning

May or may not benefit from medication. It depends.

- Mild

Able to function in life (with others, vocation) relatively well

Does not require medication

SO WHAT SHOULD BE USED?

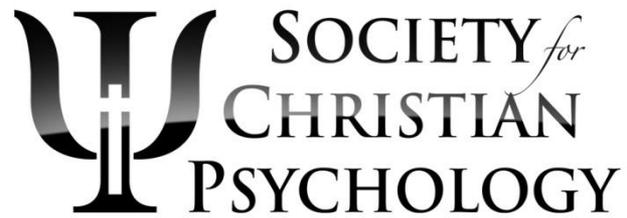
Main question to ask regarding *moderate* level of disordered functioning:

Is medication needed to enhance agency and strengths and compliance with therapeutic and contemplative activity

MAJOR CONCLUSIONS

- The triune God is involved in everything, incl. body and soul functioning, the giver of the benefits of meds and therapy
- We work with people who are personal agents, not with disorders
- Psychopharmacology is required for a some disorders
- Yet, all things being equal, psychotherapy alone is generally to be preferred over psychopharmacology alone, because the former promotes greater personal agency
 - And when psychopharmacology is called for, it should generally be used in conjunction with some kind of psychotherapy, specifically Christ-centered psychotherapy when working with Christians
- We should generally recommend eventually weaning off psychotropic medication, except for those with moderate to severe psychopathology who may be unable to benefit from more psychotherapy,

THANK YOU!



REFERENCES

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