

Biblical Solutions for Life Issues

Topic 38 – Parenting: ADHD and Mental Illness Labels

Randy Thompson
Valley Bible Church
www.valleybible.net

Review

In our study of parenting we have looked at the foundations, purpose, and goal of parenting. We then looked at parenting roles or the lifestyle of parenting. We then looked at instructing and disciplining children. Finally we touched on dealing with the difficult situation of the loss of someone with diminished capacity (baby in the womb, infant, young child, or those with extremely diminished congenital mental capacities).

Today we will look at Attention-Deficit/Hyperactivity Disorder (ADHD). First we must lay a foundation of mental illness and mental illness labeling.

Remember, there are three questions that psychology seeks to answer regarding mankind: “Who is man?”, “What is wrong with him?”, and “How do we fix him?” The Bible has very different answers to these questions than secular psychology.

Who is man?

Psychology – Man is an evolved animal born morally neutral; governed by instincts.

Bible – Man is a created being in the image of God for the purpose of glorifying God.

What is wrong with man?

Psychology – Environmental factors and experiences (family, religion, trauma, etc.) have influenced man to cause psychological problems. Man is not at fault, he is not responsible.

Bible – Man is sinner by nature and choice; he is responsible for his own sin and responses to experiences.

How do you fix man?

Psychology – Man is fixed by medication designed to attack behavior and/or re-education and changing of emotions and thinking by self-actualization, improving self-worth, eliminating self-defeating outlooks on life, etc.

Bible – Man requires freedom from the penalty and power of sin through salvation in Jesus Christ; then growth (progressive sanctification) through the Holy Spirit and Word of God.

Randy’s Disclaimer

I am not a medical doctor. I have no medical training beyond basic first aid and CPR. No one should independently change the course of medical treatment based on what I share today. No one should start taking unprescribed medication, stop taking prescribed medication, or alter the dosage of prescribed medication based on what I say today. You should always talk to the medical doctor who prescribed any medication before changing the course of treatment.

Mental Illness

There are many people who are very good at extending judgment to those struggling with difficult behavioral, emotional, and cognitive issues. Instead, it is important that we become very good at extending compassion and grace to those dear souls.

Life is difficult and experience tells us that diverse people in diverse life situations with diverse life experiences can struggle with behavioral, emotional, and cognitive difficulties. But, what do we call this? The world’s name for this struggle is mental illness.

The National Alliance on Mental Illness (NAMI) calls mental illness "... a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning" (from nami.org). The key phrase in this definition is "medical condition". The prevailing thought in the medical community is that people struggling with behavioral, emotional, or cognitive difficulties are sick. This is based on a medical model of these struggles.

When someone has the flu, a test can show a viral infection which can then be treated in a medical way. When someone has an infection, a test can show a bacterial infection which can then be treated with antibiotics. When someone has elevated blood sugar levels, a test can show this and a treatment can be prescribed to treat diabetes. When someone has cancer, there is a pathology showing that a disease is present which must be treated in a medical way.

There are diseases for which pathology does not yet exist, but the presence of the disease is not based on presuppositions or theory. An example is migraine headaches.

The problem with calling behavioral, emotional, and cognitive struggles an "illness" is that there are no tests that show a pathology. Mental illness is a theory based on presuppositions and a medical model of mental illness. Viewing these difficulties in a purely medical way is one end of a spectrum.

The other end of the spectrum can be found with people who reject any medical causes for behavioral, emotional, or cognitive struggles. They believe that the cause for any of these struggles is always sin.

So the two extremes are viewing behavioral, emotional, or cognitive struggles purely medical or purely spiritual (sin). The truth is somewhere in the middle.

Issues Influencing Behavior, Emotions, and Thinking

Scripture tells us that the body and mind are connected. Look at what David says of how his body felt because of ignoring the conviction of sin.

¹How blessed is he whose transgression is forgiven, Whose sin is covered! ²How blessed is the man to whom the LORD does not impute iniquity, And in whose spirit there is no deceit! ³**When I kept silent about my sin, my body wasted away Through my groaning all day long. ⁴For day and night Your hand was heavy upon me; My vitality was drained away as with the fever heat of summer.** Selah. ⁵I acknowledged my sin to You, And my iniquity I did not hide; I said, "I will confess my transgressions to the LORD"; And You forgave the guilt of my sin. Psa 32:1-5

¹O LORD, rebuke me not in Your wrath, And chasten me not in Your burning anger. ²**For Your arrows have sunk deep into me, And Your hand has pressed down on me. ³There is no soundness in my flesh because of Your indignation; There is no health in my bones because of my sin. ⁴For my iniquities are gone over my head; As a heavy burden they weigh too much for me. ⁵My wounds grow foul and fester Because of my folly. ... ¹⁸For I confess my iniquity; I am full of anxiety because of my sin.** Psa 38:1-5, 18

Dr. Charles Hodges in his book "Good Mood Bad Mood" notes that how people think, feel, and act can shape their brain (see chapter 8). Psychological research into Obsessive Compulsive Disorder (OCD) looked at brain scans of people diagnosed with OCD before and after they were treated with talk therapy. After they had learned to change their thinking and behavior, their brain scans changed towards normal. This demonstrates that how we choose to think and behave influences how our brain works; not the other way around, necessarily.

There are also cases in which physiological diseases influence behavior, emotions, and thinking. In other words, behavioral, emotional, and cognitive issues are symptoms of physiological diseases. Some examples can be found in “Good Mood Bad Mood” Appendix B. Hodges’ evaluation of medical conditions affecting mood is focused on depression, but it is instructive to demonstrate that medical conditions can affect behavior, emotions, or thinking. Hodges breaks the medical issues into groupings:

- Metabolic and endocrine diseases (e.g. thyroid and pituitary diseases)
- Infectious diseases (e.g. TB, Mono, HIV, and influenza)
- Neurological diseases (e.g. Alzheimer’s, MS, Parkinson’s, tumors, strokes, or TBIs)
- General diseases (e.g. cancer, lupus or other auto-immune diseases, sleep deprivation, diet)
- Medication (individually or interactions) and drugs

Note: In some cases, people suffer from psychosis (a loss of contact with reality) or are psychotic. This is characterized for example by hallucinations and delusions. It is important to note that those people who are suffering from psychosis (after physiological or pharmacological causes are ruled out) are most likely suffering from a true mental illness where pathology exists, but for which medicine does not yet have the ability to detect. These diseases are Schizophrenia and Bipolar I (manic-depression).

Who or What is Culpable?

The question then arises, if there can be physiological influences to behavior, emotions, or thinking, then are people responsible for the sin they commit?

The answer to this question lies in the question, “What is the source of a person’s sin?” Sin comes from the heart.

⁹“The heart is more deceitful than all else And is desperately sick; Who can understand it? ¹⁰“I, the Lord, search the heart, I test the mind, Even to give to each man according to his ways, According to the results of his deeds. Jer 17:9-10

²⁰And He was saying, "That which proceeds out of the man, that is what defiles the man. ²¹"For from within, out **of the heart of men, proceed** the evil thoughts, fornications, thefts, murders, adulteries, ²²deeds of coveting *and* wickedness, *as well as* deceit, sensuality, envy, slander, pride *and* foolishness. ²³"All these evil things proceed from within and defile the man." Mark 7:20-23

The heart, the essence of each person, is corrupted by sin. We are hopelessly lost and not able to do anything by ourselves that can make us right before God. We are not able to choose or do anything that is acceptable to God apart from His grace. The Scriptures describe each person as a sinner (Rom 3:23); having a wicked heart (Jer 17:9); not seeking God (Rom 3:10-12); separated from God (Isa 59:2); a slave of sin (Rom 6:15-23); dead in trespasses and sins, walking according to the ways of Satan, a child of wrath (Eph 2:1-3); father is the devil (John 8:44); blinded by Satan (2 Cor 4:3); under the domain (authority; house) of darkness (Col 1:13); under the power of Satan (1 John 5:19); and under the wrath of God (John 3:36).

Having a physiological condition that influences someone to sin does not absolve people of responsibility for their sin.

A good axiom is: “Never call anything a disease that the Bible calls sin. Never call anything sin the Bible does not clearly identify as sin.” (Charles Hodges during a lecture on bipolar disorder during the 2013 NANC annual conference)

Psychotropic Medication

The first thing to consider when discussing the use of psychotropic drugs is to understand the purpose of the medication. When we think of medicine we normally think of a drug that attacks the cause of a disease in the body in order to cure a person (e.g. antibiotics attacking an infection or chemotherapy attacking cancer). Medicine can also be used to supplement what the body can no longer manufacture on its own (e.g. insulin or thyroid hormones or male/female hormones).

There is no cure for psychological disorders. The purpose of psychotropic medication is to help regulate behavior, emotions, and thinking. Psychotropic medication is also not replacing something that the body can no longer manufacture on its own since there is no pathology related to most psychological disorders to determine what is missing.

The decision to use psychotropic drugs to modulate behavior, emotions, and thinking is a wisdom issue. (For cases of psychosis such as Schizophrenia or Bipolar I or physical safety, psychotropic drugs used by prescription from a qualified medical doctor are often required.) The same criteria should be used to determine the use of these drugs as is used to determine partaking in any non-moral activity (an activity not commanded nor prohibited in Scripture). See Topic 18 for a detailed discussion on making decisions in non-moral areas. Some questions to ask oneself:

1. Will the decision glorify God? (1 Cor 10:31)
2. Will the decision cause a hindrance to the Gospel? (1 Cor 9:12)
3. Does the desire for the thing overshadow your desire for God? (Matt 6:33)
4. Is the decision spiritually profitable? (1 Cor 10:23-24)
5. Will the decision bring bondage (master me)? (1 Cor 6:12)
6. Will the decision allow sin to be easily accomplished? (Rom 13:14)
7. Will the decision defile God's temple? (1 Cor 6:19-20)
8. Will the decision violate my conscience? (Rom 14:22-23)
9. Is the decision worth imitating? (1 Cor 11:1)
10. Does the decision fit the Phil 4:8 pattern?
11. Will the decision cause my brother or sister to stumble? (Rom 14:21; 1 Cor 8:13)
12. Will the decision build up or tear down? (Rom 15:1-2; 14:19)

Note: No one should independently change the course of medical treatment without consultation with the prescribing physician. No one should start taking unprescribed medication, stop taking prescribed medication, or alter the dosage of prescribed medication without consultation with the prescribing physician. You should talk to the medical doctor who prescribed the medication before changing the course of treatment.

Psychological Disorder Diagnosis

Pathology related to psychological disorders does not exist. Tests do not exist to determine what is wrong in the body. Psychological disorders are diagnosed based on observed behavior. The diagnostic criteria is documented in the "American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders" or DSM for short. It is currently on its fifth revision. The publishing dates for the DSM are: DSM-I (1952), DSM-II (1968), DSM-II 7th printing (1974), DSM-III (1980), DSM-III-R (1987), DSM-IV (1994), DSM-IV-TR (2000), DSM-5 (2013).

You can do your own research on the history and reasons for revisions of the DSM, but for our study today it is important to note that the use of the DSM to diagnose mental disorders is based on observed behavior.

Commonly Diagnosed Disorders in Children

There are many DSM disorders that can be diagnosed in childhood. Some of the most common are:

- Oppositional Defiant Disorder (ODD) – A frequent and persistent pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness.
- Disruptive Mood Dysregulation Disorder (new to the DSM-V) – Chronic, severe persistent irritability or angry mood between frequent temper tantrums.
- Attention-Deficit/Hyperactivity Disorder (ADHD) – A persistent pattern of inattention (wandering off task, lacking persistence, having difficulty sustaining focus, and being disorganized not due to defiance or lack of comprehension) and/or hyperactivity-impulsivity (excessive motor activity when it is not appropriate, or excessive fidgeting, tapping, or talkativeness and/or hasty actions that occur in the moment without forethought and that have high potential for harm to the individual) that interferes with functioning or development.

As an example of the DSM diagnostic criteria which focuses on behavior, we will look at ADHD. Remember, our desire is to “never call anything a disease that the Bible calls sin.”

It is also important to remember that every child is uniquely created by God, each with his/her strengths and weaknesses. God-honoring parenting requires that parents consider their children’s understanding and abilities when applying biblical instruction. It takes time, energy, and creativity to parent in a God honoring way.

The label of ADHD often provides an excuse for sinful behavior. Blame is shifted from the child and parents to a disorder. The biblical explanation for much of the diagnostic criteria is disobedience (not doing what he is told), laziness or irresponsibility, self-centeredness (considering himself more important than others), or lacking self-control and self-discipline.

Along with teaching the child that his behaviors are sin, parents should develop structure in the child’s life, clearly explain and enforce rules, ensure a balanced diet, and possibly minimize extraneous stimulus.

According to the DSM-V, inattention in children is diagnosed by at least six of the following behaviors:

- He does not pay close attention to detail and makes mistakes in his work.
- He has a hard time keeping focused on the task at hand.
- He is easily distracted from work or play.
- He does not listen when he is spoken to.
- He does not follow through on work he is given to do.
- He has a hard time organizing his work.
- He avoids work that requires sustained mental attention.
- He loses things that he needs for his work.
- He forgets what he's supposed to be doing.

Children’s hyperactivity-impulsivity is diagnosed by at least six of the following behaviors:

- He fidgets in his chair.
- He often gets out of his seat when he is required to remain seated.
- He is restless (runs about and climbs when he should be still).
- He does not play quietly.
- He is "busy", always doing something.
- He does not wait for the teacher to quit talking before blurting' out his answer.
- He has a hard time waiting for his turn.
- He talks when he should listen (interrupts other's conversations and activities).

Concluding Thoughts

Believers must be careful to never call anything a disease that the Bible calls sin and to never call anything sin the Bible does not clearly identify as sin. Christians should also be careful to not label people with psychological labels. Labeling sin as disease offers no hope and could tend to influence God's children to avoid responsibility for their sin.

Real Life Scenarios

Yoursel#1: Several months ago your mother passed away. She was your best friend and confidant and you have been down ever since. You had a doctor appointment last week and mentioned this to your doctor and he recommended an antidepressant. What might be your thought process as you think through taking the medication?

Someone Else #1: Your friend at church confides in you that she has been down recently. She is embarrassed because she knows she should not be depressed. There has not been any recent loss in her life that might explain her sadness. What might you share with your friend? What might you suggest for her next step?

Someone Else #2: Your friend's child is out of control at home and school. Your friend is at her wits end and is thinking of putting the child on medication. In thinking about bringing Biblical care to your hurting friend, what is the first thing you need to know? What is the next thing you might share with him/her?

Biblical Solutions for Life Issues

Topic 38 – Parenting: ADHD and Mental Illness Labels – Additional Study

Consider each of the diagnostic criteria for ADHD and look up related passages of Scripture.

Inattention:

- He does not pay close attention to detail and makes mistakes in his work.
- He has a hard time keeping focused on the task at hand.
- He is easily distracted from work or play.
- He does not listen when he is spoken to.
- He does not follow through on work he is given to do.
- He has a hard time organizing his work.
- He avoids work that requires sustained mental attention.
- He loses things that he needs for his work.
- He forgets what he's supposed to be doing.

Hyperactivity-impulsivity:

- He fidgets in his chair.
- He often gets out of his seat when he is required to remain seated.
- He is restless (runs about and climbs when he should be still).
- He does not play quietly.
- He is "busy", always doing something.
- He does not wait for the teacher to quit talking before blurting' out his answer.
- He has a hard time waiting for his turn.
- He talks when he should listen (interrupts other's conversations and activities).