

Psychotropic Drugs and Biblical Counseling¹

Disclaimer: The purpose of this session is not to make you an expert in medications. As time passes, studies are conducted, and medical knowledge advances, the specifics of medications will change. The purpose of this session is to increase your awareness of the scope and seriousness of medications as they are today.

“Painful feelings are meant to motivate us to change. When medicine masks painful feelings, there is no motivation to learn to deal with them in a more godly way. And when the medicine is discontinued, the painful feelings will return.”

Laura Hendrickson, *Will Medicine Stop the Pain?* (book)

Drugs That Improve Feelings

- ◆ All the medicines that we will discuss in this group improve feelings without changing the counselee’s basic response to his/her circumstances.
- ◆ Therefore, these medicines produce a mood that doesn’t match the counselee’s real-life situation.
- ◆ This group includes drugs that induce relaxation and antidepressants.
- ◆ Drugs that induce relaxation.
- ◇ Medicine for serious pain

¹ The general format of this session is from a seminar produced by Laura Hendrickson, MD. Dr. Laura Hendrickson went home to be with her Lord on February 24, 2014. She was trained as medical doctor and board-certified psychiatrist, and spent her life ministering as a biblical counselor, author, speaker, and consultant through Gospel Balm Ministries. Other references have also been utilized in the production of this session.

- Oxycontin, Percocet, Vicodin, Norco.
- Given to those who have physical pain (often with co-existing emotional pain).
 - Because pain and depression co-occur.
 - Because pain feels worse when depressed.
- Pain medicines work by decreasing awareness of pain in the brain—they block the transmission of pain messages to the brain.
- This produces relaxation as an indirect response.
- The opiate can also produce drowsiness and confusion, which can trigger or worsen depression and anxiety.
- The relaxing effect of pain medicine is very pleasant and some find it very difficult to resist.
- So addiction can result.
- The heart is deceitful (Jeremiah 17:9).
- Encourage your counselees take pain medicines for the shortest possible time and to discuss this with their prescribers. No one sets out to become dependent on drugs, but all are susceptible to it.

◇ Muscle relaxants

◇ Alcohol and street drugs

- The street drugs referred to here are opiates (e.g., heroine, fentanyl), not stimulants (e.g., cocaine).

- Have similar effects as pain meds.
- Produce less pain relief and more relaxation.
- Even more addiction danger.
- Can produce confusion, anxiety, depression—especially when the effect wears off.

◇ Tranquilizers

- Used to reduce anxiety and induce sleep.
- They were developed by drug companies to produce relaxation without the “high” feeling that pain meds, alcohol, and street drugs produce.
- Were first believed not create dependency, but in time it was found that they created a physical dependency.
 - These include Valium, Xanax, Ativan.
- There are sleeping pills that were not supposed to be habit-forming. This was later proved to be untrue.
 - These include Lunesta, Ambien, and Sonata.

◆ Antidepressants

- ◇ These drugs do not produce relaxation; they actually produce mild stimulation.
- ◇ Selective Serotonin Reuptake Inhibitors (SSRIs) and Norepinephrine-Serotonin Reuptake Inhibitors (NSRIs).

- These medicines are prescribed to counselees with anxiety and/or depression.
 - Also were believed not to be habit-forming at first, but we now know that they are.
 - These include Zoloft, Paxil, Prozac, Celexa, Cymbalta and a host of others with their generics.
- ◇ Alter chemicals in the brain to relieve the feeling of depression or anxiety.
 - ◇ They change feelings, but do not change the circumstances that provoked the feelings nor the counselee's responses to life stresses that may predispose them to depression.
 - ◇ This allows a counselee to ignore circumstances or responses that may need to change.
 - ◇ Deadening the pain without changing the situation and responses does not solve the counselee's problem.
 - ◇ Pros and cons.
- ◆ ADD/ADHD medications (e.g., Ritalin, Adderall, Dexedrine, Focalin, Concerta).
 - ◇ Does ADD/ADHD exist?
 - ◇ Appropriate usage?

Drugs That Clear Confused Thinking

- ◆ Antipsychotic medicines
 - ◇ Thorazine, Mellaril, Haldol, Risperdal, Zyprexa, Abilify, Seroquel.
- ◆ What is Psychosis?

- ◇ Psychosis is diagnosed when a person sees or hears things that aren't real, and believes "crazy" things.
- ◇ Psychotic symptoms can be faked, but psychotic symptoms are generally symptoms of a real disease of the brain.
- ◇ This means that there is something physically wrong with the psychotic person's brain.
- Diseases that may present with psychotic symptoms.
 - ◇ Schizophrenia and true bipolar disorder.
 - True bipolar disorder is an excited psychotic state (termed "bipolar disorder, type I"). A person with mood swings without psychosis does NOT have true bipolar disorder (termed "bipolar disorder, type II").
 - ◇ Alzheimer's disease and other dementias.
 - ◇ Traumatic Brain Injury.
 - ◇ And a host of medical conditions and medicines that change the brain's health temporarily so that hallucinations occur. Doctors call this delirium.
 - For example, high fever, lack of sleep, liver failure, kidney failure, etc.
- Effects of antipsychotic drugs.
 - ◇ These medicines are given to people with psychosis, and also to those with uncontrolled behavior, to restrain them.
 - Because antipsychotics restrain behavior and emotions, they have been nicknamed "chemical straitjackets."

- ◇ Interestingly, although these drugs can clear the thinking of people with psychosis, they can cloud the thinking of those who are not psychotic.
 - This may relax a nonpsychotic person, making him feel better, but at the cost of blunting emotions.

- ◆ Mood stabilizing medicines.
 - ◇ Lithium, anti-epilepsy drugs.
 - ◇ For psychosis with unstable emotions.
 - ◇ Often used today for those with mood swings.
 - ◇ These drugs calm those who have psychosis with unstable emotions, restoring normal eating and sleeping pattern, and decreasing excitation.
 - ◇ This can be literally lifesaving in a true manic psychosis.
 - ◇ Mood stabilizing drugs can have serious negative effects upon those who do not have a true manic psychosis.

“Antipsychotic medicines can be literally lifesaving in cases of true psychosis . . . , but they can have serious negative effects in those who are not psychotic.”

Laura Hendrickson, *Will Medicine Stop the Pain?* (podcast)

Understanding Drug Dependence and Withdrawal

- ◆ **Tolerance, Dependence, and Addiction**
 - ◇ Many people think drug addiction, dependence, and tolerance are pretty much the same thing, but there are distinct differences.
 - ◇ **Tolerance** happens when a person no longer responds to a drug in the way they did at first. So, it takes a higher dose of the drug to achieve the same effect as when the person first used it.

- ◇ **Dependence** means that when a person stops using a drug, their body goes through “withdrawal”: a group of physical and mental symptoms that can range from mild to life-threatening.
 - *Withdrawal* - the unpleasant physical reaction that occurs when a person abruptly stops taking a medicine after their body has become accustomed to receiving it.
- ◇ If a person keeps using a drug and can’t stop, despite negative consequences from using the drug, they have an **addiction**.

- ◆ How dependence develops:
 - ◇ When the environment around body cells changes, the body will attempt to compensate for the change.
 - ◇ The body seeks to maintain homeostasis—maintaining a relative level of optimum function in varying circumstances.
 - For example: medicine that slows the heartbeat will cause the heart to compensate by pumping more blood with each beat.
 - ◇ Medicine that changes the chemical environment of the brain will cause the brain to decrease production of its own chemicals, grow new connections between brain cells, or even cause other connections to die back.
 - ◇ Over time, the changed environment becomes the “new norm” for the body.
 - ◇ Medications can lose effectiveness over time because the body has learned to compensate in the new chemical environment.

- ◆ Withdrawal symptoms are the body responding to what it perceives as an abnormal event, because it now sees the medications’ presence as normal and their removal as abnormal.

- ◆ Withdrawal will continue until the body adjusts to the new normal. While this is the case with chemical dependencies, some medications can cause long-term injury to the brain.

“Drug companies like to refer to withdrawal . . . as “discontinuation syndrome” when it occurs on a psychiatric medicine. They prefer the term “habituation” to dependence.

But physiologically, this is the same process whether it occurs on heroin or an antidepressant. Generally speaking, the symptoms that occur in withdrawal will be the same symptoms that prompted taking the drug in the first place.”

Laura Hendrickson, *Will Medicine Stop the Pain?* (podcast)

- ◆ Helping a Counselee Stop Taking Meds
 - ◇ It is essential to understand that your counselee very likely will develop withdrawal symptoms if he stops medicines abruptly.
 - ◇ Medicines often need to be withdrawn very slowly, especially for counselees who are anxious.
- ◆ Advise your counselees to withdraw from their meds **only under a doctor’s supervision.**

Understanding “Poop-Out” and “Therapeutic Tail Chasing”

- ◆ Poop-Out (Laura Hendrickson’s term for tolerance)
 - ◇ Refers to the loss of effectiveness that occurs over time for most who take antidepressants.
 - ◇ This phenomenon occurs because they have become physically tolerant to their medicine.
 - ◇ The tolerance results in needing more medicine to produce the same effect.
 - ◇ Also results in second (and third) antidepressants being added on over time.

- ◇ Side effects increase as dosage and number of medicines increase because of poop-out.
- ◇ This is often the case with those who've been on medications for years.
- ◆ Therapeutic Tail Chasing (a term coined by Laura Hendrickson)
 - ◇ Occurs when side effects from medicine, or poop-out, produce new symptoms.
 - ◇ A second diagnosis may be given to explain the apparent setback.
 - ◇ Typically, new medicines (with their own side effects!) are added.
 - ◇ It is not unusual for those who have been under psychiatric treatment for several years to have several diagnoses and to be taking a number of medicines for what might have started as a simple problem.
- ◆ Unmasking "Underlying Bipolar Disorder"
 - ◇ Manic-like reactions are common side effects of antidepressant treatment, because they are chemically related to other stimulants like cocaine and methamphetamines.
 - ◇ Those who develop mood swings on antidepressants are commonly diagnosed with bipolar disorder, type II (mood swings without psychosis) and placed on mood stabilizing agents.
 - ◇ When this occurs, the patient is told that the antidepressant "unmasked" their "underlying disease" of bipolar disorder, type II.

"When people take so much cocaine that they have manic-like reactions and end up in an emergency room, they are diagnosed with cocaine toxicity. When people have manic-like reactions to steroids, they are diagnosed with steroid toxicity. Yet when people have the same types of reactions to antidepressants, they are diagnosed with so-called 'underlying bipolar disorder'."

Joseph Glenmullen, MD, *Prozac Backlash*

◆ Which Psychotropic Drugs Can Produce Dependence?

- ◇ Stimulants (like Ritalin, cocaine, and methamphetamine).
- ◇ Antidepressants (which are chemically related to stimulants).
- ◇ Tranquilizers and sleeping pills.

Understanding Antidepressant-Related Violence and Suicide

◆ Serious Danger - FDA Black Box Warning

- ◇ The FDA added warnings to antidepressant labeling regarding children in January 2005, warning that children can become violent.
 - Most children and teens who have committed school shootings were on antidepressants. (The same is true of most of the adults who committed acts of mass murder in the last 20+ years.)
 - ◇ An FDA advisory added the same warnings for adults under age 25 in January 2007.
 - ◇ There have been numerous clinical reports of increased aggression and suicide in adults as well as children on antidepressants over the years.
- ◆ Probably linked to side-effects of:
- ◇ Insomnia
 - ◇ Anxiety and panic attacks
 - ◇ Akathisia (intolerable feeling of internal restlessness)
 - ◇ Mania
 - ◇ Irritability
 - ◇ Paranoia and psychosis

“Those experiencing these highly unpleasant symptoms, if they don’t know they are caused by their medicines, often conclude that they are going insane. The accompanying impulsivity greatly increases the risk that the sufferer will take action on the feeling by becoming violent to themselves or others.”

Anthony Healy, MD, *Let Them Eat Prozac*

- ◆ The purpose of this information is not to discourage the use of antidepressants under all circumstances. Rather, is it to be aware of the potential side-effects so that you can be prepared to respond should any of them occur in someone’s life.

Side Effects of Psychotropic Drugs

- ◆ **Tranquilizers and Sleeping Pills**
 - ◇ High addictive potential.
 - ◇ Can cause the same kind of liver disease that heavy drinking produces at high enough doses.
 - ◇ Commonly produce mental confusion and drowsiness.
 - ◇ Paradoxically, the mental confusion can result in increased ANXIETY.
 - ◇ Memory problems, slow reaction time like alcohol produces, DEPRESSION.
 - ◇ Weakness, dizziness, problems with coordination, unsteadiness with increased likelihood of falls and injuries.
- ◆ **Stimulants and Antidepressants**
 - ◇ Dependence and withdrawal.
 - ◇ ANXIETY and panic attacks.
 - ◇ Seizures.
 - ◇ MANIA.
 - ◇ PSYCHOSIS.

- ◇ Tics (including Tourette Syndrome).
- ◇ Nervousness, insomnia, irritability, aggression.

◆ Stimulants

- ◇ Stunt growth of children.
- ◇ Increased heart rate.
- ◇ Increased blood pressure.
- ◇ Heart and liver failure.
- ◇ Sudden death from heart arrhythmia or stroke.

◆ Antidepressants

- ◇ Extrapyrarnidal symptoms (EPS)—the incidence is much lower than the antipsychotics.
 - Akathisia (agonizing inner restlessness).
 - Dyskinesia (involuntary body movements).
 - Dystonia (involuntary muscle spasms).
 - Drug-induced Parkinson's disease.
 - Tardive Dyskinesia (potentially permanent abnormal body movements).
- ◇ Poor appetite at beginning of treatment, followed by weight gain of 20 pounds or more.
- ◇ Loss of sexual drive is very common.
- ◇ BIRTH DEFECTS in children born to mothers on antidepressants.
- ◇ WITHDRAWAL in newborns of mothers on antidepressants (this means that they are born dependent upon the medicine).

◆ Antipsychotics

- ◇ There are two groups of antipsychotic drugs, the older ones (like Haldol) which are rarely used anymore, and the new ones (like Zyprexa).
 - ◇ The older medicines had a very high rate of EPS and Tardive Dyskinesia (the movement disorders just described).
 - ◇ The newer medicines are much less likely to cause these side effects.
 - ◇ Uncontrolled and potentially massive weight gain over time.
 - ◇ Increased risk of diabetes and heart disease.
 - ◇ Neuroleptic Malignant Syndrome (a potentially life-threatening complication).
 - ◇ Seizures.
 - ◇ Low blood pressure, fainting, sleepiness.
 - ◇ Liver damage.
 - ◇ Changes to the menstrual cycle.
 - ◇ Potentially dangerous inability to tolerate hot weather.
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- ◆ Mood-Stabilizers
 - ◇ Two main types: Lithium and Anticonvulsants.
 - ◇ Lithium side effects.
 - Extrapiramidal Syndrome
 - Shaking, confusion, mental slowing, memory problems.
 - Kidney failure.
 - Heart trouble.
 - Liver disease.
 - Hair loss, weight gain, acne.
 - Life-threatening lithium toxicity.

- ◇ Anticonvulsants are medicines used to treat epilepsy and psychosis.
 - Life threatening liver disease and pancreatitis.
 - Low blood platelet levels.
 - Tegretol can cause bone marrow depression.
 - Lamictal is linked to 2 potentially fatal diseases.
 - Depakote can produce birth defects.
 - Nausea, sleepiness, dizziness, weakness.

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