

## **Counseling the Psychologized and Medicalized**

What do you do with a counselee (or a friend, a fellow believer, or a patient) who is complaining of bad feelings or too many drugs and has a psychological label?

A fundamental issue of daily living is functioning as a God-pleaser rather than as a self-pleaser. Every person except Christ was born a self pleaser by virtue of membership in Satan's family and kingdom. Only a radical change within - regeneration - and without - a family and kingdom transfer into God's family - so constitutes a person as a new creature. with membership in God's family and kingdom. Only the believer is able to function as a God pleaser.

The change from a self pleaser to a God pleaser is in actuality, a two-fold change that theologians call salvation **and** sanctification. Both result in a radical paradigm shift in the whole person - thoughts, desires, and actions. Only the believer has been changed from a self pleaser to a God pleaser: completely in principle (he has a new heart with its capacity to please God) and partially in practice (he still sins via self-pleasing). The believer hasn't arrived.

For any believer, but especially for the "psychologized" one (he carries a psychological label and has been indoctrinated into the psychological mindset), functioning as a God-pleaser requires biblically-controlled thinking and wanting. All types of people, especially those psychologized, come to you with:

- An identity given to themselves or given to them by someone else
- A worldview/perspective on life, self, God, others, and circumstances
- Motivation to believe and live out of their identity
- An action plan: they spend time and energy pursuing their goal based on their mindset.

The issue: how will you help the "psychologized" - "medicalized" friend, counselee, or patient?

### **I. Facts**

A. Most people don't realize or have simply accepted that they are "psychologized" – "medicalized." They have gone to the doctor and searched the Internet.

B. To be "psychologized" – "medicalized" means that:

1. Psychology and medicine offer reasons for why a person feels and behaves the way he does based on non-biblical anthropology and a wrong view of science.
2. The person is given a "diagnosis" and a treatment plan.
3. The person believes the lie and lives before God by offering psychologies' rationale (there is not a single psychology) for motivation and meaning of life.

C. The psychologies (250 or more) are ever-present and compete with God's wisdom.

D. "Psychologized" – "medicalized" counselees differ little from other counselees.

1. They don't think correctly about life (God's providence), self, others, and God.

2. They fail to appreciate, acknowledge, and act upon:

- a. Who God is and what he says and deserves.
- b. What they are in Christ and the cost as well as the privileges of that union.
- c. The resources that God has provided for every believer: union with Christ, the indwelling HS, fellow believers, and the Bible.

3. They process and interpret life *sensually*: through the grid of non-saving faith, feelings, experience, and unaided human reason,

4. Rather than *suprasensually*: through the grid of a saving, intelligent, growing faith based on biblical truth and what God would have them do:

**\*Proverbs 4:18-19:** *The path of the righteous is like the first gleam of dawn shining ever brighter till the full light of day. But the way of the wicked is like deep darkness; they do not know what makes them stumble.*

**\*Proverbs 13:15.** *Good understanding wins favor, but the way of the wicked - unfaithful -transgressor- is hard*

E. They are not wise people:

1. They don't fear the Lord (fear of the Lord is the beginning of wisdom: Proverbs 1:7; 8:13; 9:10).

2. What is *fear of the Lord*? It is the dominating awareness that:

- a. God is.
- b. You are not God.
- c. God is ever-present - he is our environment, he sees everything, and he has something to say about you: your thoughts, desires, and actions.
- d. God has given His Word and enabling grace to live as one of His.
- e. God is a Being to be feared, awed, and revered:

1) For the unbeliever, God is Judge, Creator, and Lawgiver

2) For the believer, God is Redeemer, Savior, Lawkeeper, and Father.

f. All of life is theological and lived *Coram Deo* - before the face of the omnipresent God. That fact alone should impact how you live, breathe, and move 24/7.

3. There are blessings and curses for choices made as you live in or out of proper relationship to God: Proverbs 13:15; Galatians 6:7-9.

F. Life starts and ends with God.

1. The believer is designed to become more like Christ (Eph 1:4).

2. In doing so, the believer is wise and is able to live satisfied and contented (Matthew 11:28-30; Ephesians 5:15-18).

G. The issues for the “psychologized” – “medicalized” believer are the same as for any other counselee:

1. Mind renewal: Romans 12:1-2; Ephesians 4:22-24; Colossians 3:8-10; 1 Corinthians 2:16; 2 Corinthians 10:3-5; 1 P 1:13
2. Desire renewal: John 4:31-34; Ps 40:6-8;
3. Fruit bearing: Galatians 5:22-23; 1 Timothy 6:11; 2 Timothy 2:24-25.
4. Biblical hope renewal to replace the "I can't" mindset (1 C 10:13).

## II. Where do you start? You start at the beginning.

A. Since life is relational, you get to know the person – he has realities that you as a counselor, friends, and physician need to know. Questions to ask:

1. Who are you?
2. What is going on in your life?
3. Tell me about the “diagnostic” label: its basis (how the physician arrived at the label), what the label means to you, and how the label influences your life?
4. What led to the diagnosis (“label getting”) and to treatment including medications?
5. What are you trying to accomplish with your behavior (that led to the label) and by going to the doctor and taking the medications?

B. Facts for the counselor and physician to know and to convey to the counselee and patient:

1. Behavior has a purpose and reflects your heart and functional relationship with God.
2. People do things for a reason. They live out of an identity.
3. Wanting, thinking, doing and feelings are interrelated. They are inner and outer man issues.
4. The Bible addresses the whole person: inner and outer man.

C. There is “baggage with language”:

1. As the counselee/patient speaks, listen for psychological terms and unpack them
2. Have him define and explain the terms.
3. The same approach applies to “clichés,” anything “fuzzy” to the counselor, and repetitive statements.
  - a. He may be confused or ignorant regarding language.
  - b. “What do you mean by that term?” is an excellent question.
  - c. How does that term/label describe him and his reaction in terms of wanting, thinking, and doing?
  - d. Bring God and His truth into the picture as soon as you can by asking:

- 1) How would God in his Word have you think and respond?
- 2) What do you think the Bible says about your beliefs and behavior?
- 3) Is your thinking and wanting acceptable to God and on what basis?

### **III. What happens to the counselee when he sees the doctor, enters psychotherapy, and takes medications?**

A. In general and too often, he gets what he wants – better feelings, he is “stroked” – given unconditional positive regard.

1. Victim-hood is magnified
2. Personal responsibility negated.

B. Actually, his egocentric approach to life and people is reinforced: he focuses on himself.

C. He becomes a better idolater – Pharisee. He is given and develops unbiblical checkpoints.

D. His wrong goal and standard for life is never questioned.

E. Medications: take him to Ps 18:1-2; 46:1-2 for his reaction.

F. He continues to be imprisoned and may enjoy the discomfort or be ignorant of another way. Proverbs 5:21-22; 26:11

### **IV. What does the counselor/physician do?**

A. Reason with counselee: John 8:31-36; Isaiah 1:10-20. The counselor’s goal is:

1. To determine the counselee’s purpose (the why) for doing and thinking what he does including coming to counseling and especially biblical counseling.
2. To give the counselee a way to understand and interpret God and himself in the context of his feelings, behavior, life, and his situation and his label.

B. Focus on motivation: what is influencing him, driving him in terms of the thoughts and desires? What triggers certain feelings and actions?

C. Wants and fears are the flip side of each other: “I want relief - I don’t want misery.”

D. Practical suggestions:

1. Determine the context or situation in which he feels and does. What is going on around him?
2. Determine how he is reacting in terms of thinking and wanting.
3. Determine motivation: what does he want at the moment.
4. Determine where pleasing God is at the moment of the behavior that led to the label.
5. Find out Who is his God and the impact of his relationship with Him.
6. Help find God's truth for him in his situation.

- a. What does God say about the counselee in general and in particular?
- b. What are God's promises for him now?
- c. What does the counselee need to think and do in order to please God now?
- d. Why should the counselee please God?
- e. What reasons does he have for pleasing and not God at the moment?

E. What sins, in terms of thinking, desiring, and acting, does he need to confess?

F. What biblical thinking, desires, and actions does he need to put on?

G. Give hope: the real God will change and grow him but not apart from his efforts (Philippians 2:12-13).

- 1. God has saved him **from** God for Himself, **from** himself, **from** Satan's kingdom, and **from** imprisonment as a self pleaser, misery in this life, and hell.
- 2. God saved him **to** a new life in Christ as a God pleaser (2 Corinthians 5:9-17).

**V. Present the gospel of Jesus Christ that fits him in his situation: 2 Timothy 3:14-17**

- A. God's truth takes apart the counselee in his world
- B. Determine what truth he needs first and most.
- C. God's truth puts him back together in God's world.

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