

The Biblical View of Illness and Physical Problems

I. Introduction: The Bible is not a medical textbook or a textbook on the treatment of physical problems. However, it does deal with everything that a believer needs for life and godliness (2 Timothy 3:15-17; 2 Peter 1:3-4). It is all a believer needs to properly address, respond to, and use physical problems.

A. How is that possible?

1. Man is God's image: he was created a real, relational, rational, revelational, religious, and responsible initially being in perfect sync with God relationally - God's desires, thoughts, and commands were Adam's standard for life. Lawkeeping was not a burden.
2. Post-fall, every person lives as a rational, responsible being in or out of proper relationship to God. He is either:
 - a. God's child and son (and a wise man) fundamentally functioning as a God pleaser/worshiper
 - b. Or God's enemy (a fool) functioning as a self pleaser - self worshipper.
3. Therefore, all of life is theological, and everyone is a theologian.
4. No area of life is neutral or lived in a vacuum.
5. Each person will live as a good or bad theologian - to please God or please self.

B. The Bible, which is God's powerful, purposeful self revelation, is the believer's owner's manual provided and preserved by God. The Bible is authoritative when it speaks about man's body and its care. Among other truths for the believer, the Bible teaches that:

1. God designed your body, saved you and your body. He entrusted your body to you (1 Corinthians 6:12-20).
2. You are not your own. You have a new Master – the Lord Jesus Christ is your Boss (Romans 10:9).
3. God's ownership means that you are obligated (duty) and privileged (joyful devotion) to care for your body as a good steward: Romans 12:1-2; 2 C 5:9.
4. Stewardship is a universal life principle that includes ownership, God's expectations, your responsibility, and God's accounting.
5. A steward is a person who has been entrusted with something that belongs to another in order to take care of it; he is expected to give an account of his efforts: 1 C 4:2.
6. The question for every believer is whether he will function as a good or bad theologian-steward.
7. Applying biblical principles to the whole person is the best thing a believer can do for his health (Proverbs 3:5-8).

II. Summary points:

- A. Life is relational.
- B. It is lived in or out proper relationship to God.
- C. Functionally, every person is either a God pleaser/worshipper or self pleaser/worshiper.
- D. The Bible is the believer's owner's manual for life; it is God's gift.
- E. While it is not a medical textbook, what it says about health/disease is authoritative.
- F. God designed, saved, and entrusted your body.
- G. You are not your own – Jesus is now Master/Boss.
- H. You are a steward-theologian – good or bad.

Section One: The Origin of Misery, Pain, and Physical Problems: Medicine's Perspective

I. **Definition:** Definitions make all the difference.

- A. You may hear these terms: *disease, illness, sickness, and condition.*
- B. Each one carries a different connotation although physicians tend to be “lumpers.”
- C. We must remember the *noetic* effect of sin: the effects of sin on thought and thinking.

1. Unsaved sinful man (and too often, the believer) thinks and desires as a rebel - contrary to God and His Word
2. Man's thoughts and ways are not God's thoughts and ways: Isaiah 55:8.
3. As a consequence, there is observational distortions of nature/things around you; being, purpose, and meaning of life; and man, his problems, and solutions to them.
4. These distortions are:
 - a. Descriptive, definitional, and directional
 - b. Evident in both the hard sciences (such as physics, biology, chemistry) and more so in the soft/social sciences (such as psychology, sociology).

II. **Disease:**

A. Webster defines disease as:

1. “Any departure from health; it is illness in general, an impairment of the normal.”
2. "A particular destructive process in an organism with a specific cause and characteristic symptoms and signs.”

B. Dorland (medical dictionary) defines disease as “any deviation from or interruption of the internal structure or function of any body part, organ, or system that is manifested by a characteristic set of symptoms and signs and whose etiology, pathology, and prognosis may be known or unknown.”

C. Both of the above definitions imply, if not indicate, that disease is a primary disorder of various pathophysiological mechanisms of the body. There are objective findings on which to base the diagnosis.

D. History: after the discovery of disease in animals and humans was attributed to specific organisms (R **Koch** and L **Pasteur** – anthrax and tuberculosis, respectively), the Medical Model and Germ Theory of disease were born (late 1800s and early 1900s).

1. Subsequently, the Medical Model for disease took center stage in contrast to supernaturalism (prevalent in the Roman church) and Greek thinking.
2. Rationalism, empiricism, and so-called "evidence-based medicine" are now purported to characterize modern scientific medicine.

E. Disease has been defined as a physical problem that is measurable in some manner by physical examination, laboratory studies including blood tests and biopsy reports, and/or radiographic studies.

1. Not so today.
2. Often the medical world doesn't have a good definition of disease.

III. **Illness**, a relatively new term medically, is defined more loosely as an “unhealthy condition.” The medical jargon used often for this is “*symptom expression*” or “*symptom complex*.”

- A. The word "illness" usually indicates a move into the realm of “not normal” based on “symptom expression” which is subjective.
- B. This means that often a diagnosis is based on the patient's self report - subjectivity - and not necessarily because of the presence of pathological changes.

IV. The state of things today

A. What is considered “normal” and “healthy” is blurry. There is a push to diagnose earlier in hopes of prevention.

1. Blood tests, criteria for a disease, and MRI results
2. What is the role of various tests and procedures?

B. If medicine terms “disease” or “illness” as impairment or deviation of the “normal,” a standard for normal and healthy is required.

C. When subjectivity is that standard, science is blurred or is non-existent and symptoms and their “control” take center stage.

V. **Mental illness**: the *pseudo-science* of psychiatry deals with thoughts, feelings, and behavior – all subjective, and categorizes “mental illness” as “disease” based on this subjectivity.

A. One assumption is that the Medical Model applies to those behaviors termed *mental illness*.

B. Anatomy is important. The brain (soma - body) is physical and material, and the heart/mind is non-material, non-physical. They are not the same.

1. Emotions and the mind are immaterial and can't be "broken."
2. That which is immaterial is not broken.
3. How do you address the immaterial, non-physical, spiritual aspect of man?
4. Do you function solely as a body mechanic or a spiritual mechanic?
5. Is your approach to dichotomize man's duplexity?

C. The *noetic effect* of sin is important when interpreting facts and man.

1. Man is the whole person, a duplex being, and an image bearer of God.
2. His thinking, wanting, and behavior and resultant feelings are linked.
3. Because of it, the unbeliever, and the believer who uses an unbiblical paradigm to interpret life, will distort:

- a. The description or observation of the person and problem
- b. The resultant definition or conclusion regarding the problem
- c. The diagnosis of the problem
- d. The solution for the problem
- e. Examples

D. It appears that in the present culture the diagnosis of and solution for so-called mental illness is not to be challenged or the data/facts reinterpreted through the grid of biblical truth. .

VI. When **subjectivity** rules for any diagnosis:

- A. Improvement of the condition will be couched in subjective terms: "I feel better."
- B. Subjectivity as the standard for diagnosis and therapeutic success or failure is taking place in traditional medicine as well.

VII. It is important and helpful, even mandatory, to distinguish between signs and symptoms.

A. Anatomy of the nervous system:

1. Central nervous system: brain and spinal cord
2. Peripheral nervous system: anterior horn cell, nerve root, peripheral nerves
3. Autonomic nervous system: sympathetic and parasympathetic

B. **Signs** (objective) and **symptoms** (subjective): they are not the same.

1. An explanation for both signs and symptoms include abnormalities in genes, biology, molecules, biochemistry, neurotransmitters, etc. These, in part or the whole, are considered responsible for problem.
2. Ultimately, the Creator God and the indwelling HS will have to be encountered.
3. God's power and presence are too often denied or considered in an improper way by both patient and physician.

C. Sign: objective: can be measured and quantified by other than self report: feverishness (symptom) vs. fever (sign)

D. Symptom: subjective: the amount and degree of a symptom rests solely on the person's report.

E. The concept of something wrong **in** the body and **with** the body

1. In the body: a rapid heart rate is a sign of either a normally working heart, perhaps influenced by fear, anger, or hard work, **or** disease within the body such as anemia – in that case, the increased heart indicates a normally-working heart responding to a pathological condition.
2. With the body: the person's rapid heart rate or chest pain, if due to heart disease indicates that the sign (and symptom - if the person complains of shortness of breath) is due to something wrong with the body such as coronary artery disease.

VIII. Theories of disease:

A. **Medical Model (MM)**: It is presumed that the body is sick and that symptoms, as well as signs and behavior, are caused by an abnormality in some organ or tissue causing malfunction of the body (molecular model of disease). This would include "mental illness."

1. Under the MM, disease is diagnosed when discoverable abnormalities are present by some objective testing; symptoms and signs are explained on the basis of these abnormalities.
2. A person's thoughts, beliefs, and desires are not considered in the diagnosis and are thought to be independent of the diagnosis and management of the patient. There is a mind-body dualism. .
3. A therapeutic rationale is developed as a result.
4. The MM has been quite successful in the diagnosis and management of certain diseases especially those that are acute. In those cases the focus is usually on a single, acute medical problem: e.g.: streptococcal pharyngitis (strep throat), appendicitis, pneumonia, or lung cancer.
5. There is no room for God in this model. In fact, the model developed as a reaction against the mysticism and superstition prevalent in the medieval age.

B. **Biopsychosocial Model (BPS)**: Since the early 1990's, medicine has moved toward the more inclusive BPS model of disease and patient care, emphasizing the role and importance of biology, "psychological" factors, and "environmental" factors on health and bodily function.

1. Various factors are considered determinants of the condition and include genes, biology, and outside pressure.
2. These factors "do" it to a pre-programmed person so that he feels and acts a certain way; nature..
 - a. "Biological" refers to a person's genetic make up (genes) and biochemistry: nature
 - b. "Psychological" has to do with one's "psyche":
 - 1) It refers to a person's "mind" but ALSO how he *feels* and his *deep* (Freudian term) inner self.

2) “Psychological disease” and “mental illness” are claimed to indicate that something is wrong with the brain. The brain and mind are considered synonymous.

3. “Social” (or environmental): nurture – the term is used in relation to pressure outside the person "causing" something within a person.

a. The person’s response is observable and is attributed to that which is outside the person.

b. The individual is not considered to be a responsible responder but a victim and reactor to that which is outside of him and inside - his own body.

c. Descriptive terms have been developed that include “situational” or spiritual depression,” post-traumatic stress, bipolar, and social anxiety.

4. There is a compartmentalization of the person leading to the development of “experts” in various fields that "take care" of the person. Each carves out their own “area” of the person and his care assuming that his area is a determining influence on the production of physical problems and must be addressed by them. This sets in motion a non-biblical compartmentalized/ holistic treatment program.

C. Biopsychosocial spiritual Model (BPSS): The model adds a “spiritual” dimension to the presumed cause of symptoms, conditions, and disease.

1. The proponents of this model suggest that at the very least, spiritual variables (however defined) are fundamental determinants of “psychological” variables which in turn are determinants of physical and social factors which lead to “disease” (symptoms).

2. The major thought is that all these factors play a role in producing or aggravating disease.

3. Proponents cite the failure to address a patient’s “spiritual needs” as being linked to patient dissatisfaction and “poor” clinical outcomes (however defined) despite advances in technology and treatment modalities.

4. “Spiritual” needs are defined as a need to make sense of, give purpose to, and ascribe meaning to illness/life; as a desire to acknowledge and cope with the notion of death/dying; and as a desire to feel in control, be connected, and cared for.

5. In this model, the standard for spirituality is never Scripture.

6. The term “spirituality” is used in the context of a person’s “connectedness” with self, others, a higher being, or the universe. It is a user-friendly word that includes all religions.

IX. Summary:

A. Even though only the MM seeks to demonstrate a causal physical abnormality, all three models claim that symptoms originate from some alleged physical defect.

1. However, an explanatory pathological abnormality can not be found in many cases especially "mental illness;" if present, it can't readily explain the person's symptoms. Example
2. Diagnosis and therapy are based on the presence of symptoms, behavior, and the desire for relief rather than finding and correcting a proven, objective malfunction of the body.
3. In the BPS and BPSS models, as part of an overall treatment plan, attention is given to each alleged "compartment" of the person and by a different expert - the physician for the biological, the psychiatrist/psychologist for the "psychological," the pastor for the spiritual, and social worker/psychologist for the "social."
4. Proponents of the BPS and BPSS models reason that since man is the sum of the parts and no one person can adequately address all the problem areas, man must be "cut up." Attention must be comprehensive and "expert."

B. Critique: Each of the models excludes God, His judgment, His grace, and His providence. They are theologically incorrect.

1. The MM originally attempted to give an accurate description of an observed phenomenon. It did, and does so, in many instances.
2. Today, it is used to explain any and all behavior even though no pathological findings are demonstrated.
 - a. It paints man as physical only, thereby rejecting man as a whole person, a duplex being, and image bearer of God.
 - b. It opens the "door" for the use of medications – drugs.
3. The MM champions science **as if** the God of science and science are opposed and **as if** "the natural" and "the supernatural" have no connection.
4. The BPS and the BPSS are attempts to fill "in the gap" left by the MM. They emphasize a person's inner-man activity (*not their term!*), and they move further down the path of wrong theology and its application.

Section Two. The origin of pain, misery, and physical problems: God's perspective

I. The basic reason for all disease is **God's judgment** as a result of Adam's first sin.

A. **Specific passages: Romans 5:12-14; 8:20-22; Ezekiel 18:4,20; Genesis 5:** he lived...then he died - except Enoch - v.21-24.

1. The concept of federal headship: Adam was man's representative. He was judged guilty as were all his descendants by ordinary generation.
2. Biblically speaking, the effect of the curse includes all physical problems: misery, pain, illness, old age, and death.
3. This truth must be personalized. Not all physical problems are the direct result of personal sin.
4. Unbelievers often have little physical problems and believers may have a tremendous number of them.
5. The first mention of pain is in Gen 3:15-17 after sin and God's judgment.

B. God's curse and man's representative relationship to Adam

1. When Adam sinned his first sin in the Garden each individual sinned because each person was in Adam. Each died physically and spiritually: guilty and condemned.
2. General principles include:
 - a. Universality: everyone has sinned in Adam and personally. As a result there is misery including bodies that are deteriorating: Romans 6:23; 2 C 4:16-18.
 - b. Separation: includes spiritual (from God) and physical (at death body and soul are separated): Romans 5:12-14; 1 Corinthians 15:21-22.
 - c. Responsibility: the soul that sins bears the responsibility: Ezekiel 18.
 - d. Sowing/reaping: there are consequences for choices: Genesis 2:17; 3:15; Gal 6:7-9.
 - e. Judgment brings fear of death: Hebrews 2:14,15; 9:27.

C. There may or may not be a direct causal relationship between a person's particular physical problem and a particular sin.

1. No one will outrun the effect of God's curse on sin in his lifetime especially the believer (John 16:33; Acts 14:22; 2 T 3:12; 1 P 2:19-29; 4:13-14; 5:10)
2. God has given the blessing of health to a greater degree and of longer duration to some whether believer or not.
3. Good health most often comes as result of rightly applying biblical principles: Proverbs 3:5-8.
 - a. Good health may be the result of good stewardship. Often it is.
 - b. It is always a blessing to both saved and unsaved.
 - c. It carries a vertical (to God) and horizontal (to man) responsibility.

4. Victory:

- a. Comes **in** the problem via correct thinking and wanting.
- b. Comes **through** the person actively aligning himself with God's good purpose and responding in a God-honoring manner.
- c. Has many facets. It may include relief, a greater vertical and eternal focus, a humble trust in God, learning and giving God's comfort, ministering to others, and a different view of the sting of death and the cost of its removal.
- d. Is learning and practicing the "**tarry**" principle: Ps 34:8; 46:10.

D. Sovereignty of God

1. Ultimately all things occurring in this world come from the sovereign hand of God – God's providence.

- a. God uses *secondary* causes to achieve His purpose including a failing body and a person's response to it.
- b. Physical problems: Isaiah 45:7-8; Proverbs 16:33; 21:1; Job; 1 Chronicles 29:12; 1 Corinthians 10:13.

2. Yet God is not the author of sin: He is ever-present, big, good, and purposeful:

- a. He is faithful: 1 Corinthians 10:13.
- b. He is trustworthy.
- c. He won't exceed the believer's ability to respond biblically in any situation. .

3. He is the Giver of every perfect gift (James 1:2-4,13,17). The ultimate, perfect gift is:

- a. Jesus Christ, the crucified and risen Savior: resurrection life - Rom 6:9-10;
- b. The HS Who applies Christ's work;
- c. The inscripturated, infallible, and authoritative Word which rightly interprets every fact, all of human experience, and all of history;
- d. A relationship with God in Christ;
- e. Saving and sanctifying grace: 2 Corinthians 8:9; 9:8;
- f. God's providence which is the context (including physical problems) for growth in Christlikeness.

E. Progressive sanctification:

1. The Christian is to function as a Christian **oyster**.

- a. He uses irritations and unpleasantness to make the pearl of Christlikeness.
- b. He operates under the principle of gain through and in pain.
- c. He recognizes the principle as one lesson of the cross (Hebrews 12:1-3).

2. The HS' presence enables the believer to use hard (and "easy") times to become more like Christ, which is every believer's goal/purpose in/for life.
3. The believer is not to be controlled by the desire for relief and its pursuit.
4. He will be controlled by what God intends for him: growth in Christlikeness: 2 Corinthians 4:16-18; 12:7-10.

F. Here are theological questions that deserve good theological answers:

1. How can something (*my condition* vs. *cross*) so bad be good?
2. How can God be both good and powerful when "bad" things happen – *to me*?
3. Why me and why now?
4. Why so there much pain and misery?
5. Should man try to eradicate disease if God is sovereign?
6. Where does my stewardship fit in?

E. Response to one's physical problem is a response to God and His providence.

1. Since God is ever-present, He is **in** the problem making and keeping promises.
2. Since He is in control/power, He is **at** work in the problem according to His plan.
3. Since He is purposeful, he **is** working that which is good now. Everything that happens in His world is intentional.
 - a. God's intent: His glory and the good of the believer: Genesis 50:19-21; Romans 8:28-29
 - b. His purpose is accomplished by and through His provisions, one of which is the believer using unpleasantness to develop more of the character of Christ.
 - c. In that way, God brings good out of evil.

F. Specific passages in re: to a person's physical problems and sin:

1. Jesus, Job, John 9, Luke 13:1-5, 2 Corinthians 12:6-10: these passages teach that there may be a direct particular sin-physical condition correlation.
2. James 5:14-16 leaves the question open that there may be sin-engendered illness.
3. 1 Corinthians 11:28-32; Psalm 32/38; Exodus 15:26; Deut 28:26,60-62; 7:15; 2 Samuel 12:13-15 show a direct causal relationship to body problems and personal sin.
4. 1 Kings 18/19: these passages picture Elijah as a "poor steward" - he was busy doing God's work. His physical condition influence his spiritual condition.

Section Three. Reasons for and Specific Expressions of God's Curse on Sin re: Illness and Physical Conditions

I. **Providentially**, God brings physical problems for any number of reasons in a particular person or group of people with or without a direct parallel between personal sin and the condition.

A. Fallen man's body is included in God's curse on sin. The sinner's body:

1. Is deteriorating. Aging is a euphemism for the effect of the curse.
2. Can be affected with a specific disease such as RA, cancer, and diabetes.
3. Can be affected as a result of a person's sin **or** the result of being sinned against.
4. Is affected by his sinful response to God's providence.

B. God's explanation for unpleasantness as given in Scripture:

1. To **chasten** (educative discipline): Exodus 15:26; Deuteronomy 28:58-60; 2 Samuel 12:13-15; 1 Corinthians 11:30.
>There is a **physical price** to pay for covenant breaking.
2. To **teach**: Isaiah 38:15-20; Ps 119:65-73; Heb 12:5-11; 1 C 11:23-30:
>There is always a **blessing** from responding to illness/physical problems in a God-honoring manner.
3. To produce **repentance**: Numbers 21:5-7; 1 Corinthians 5:4-5.
 - a. Physical problems should **encourage** the believer to make a personal, spiritual inventory.
 - b. The purpose is not a means for healing but as means of sanctification.
 - c. Repentance is not morbid introspection.
 - d. Apply the "tarry" and "taste" principle
 - e. Physical problems and suffering are illustrations of the spiritual truth that man is a helpless, miserable being. They point to the spiritual reality that man needs "health" - God's way from the inside out.
4. To **prevent** sin: 2 Corinthians 12:6-10: sin is a horrible offense against God.
>In God's economy, if only one sinner existed (it was you) with only one sin, the cross is still necessary – Adam's one sin.
5. To **transform** by functioning as a Christian oyster: Deut 8:1-4; 1 Peter 1:6-8/Romans 5:1-5/James 1:2-4; Romans 8:28-29; Gen 50:19-21; Philippians 4:13.
6. To **testify** re: God and His glory: John 9; Romans 9:22-23; Job, cross (Romans 3:21-26).

II. **Some physical problems are directly related to sin**

A. In **general**, symptoms develop because:

1. The human body is not flawless - it is cursed. It will never be symptom-free this side of heaven.
2. There will always be symptoms without discoverable causes.
3. Medical technology is limited.
- 4 Actual tissue damage (disease) produces abnormal bodily function.
5. Of man's spiritual-physiological "disconnect." Since man is a duplex being, unbiblical wanting and thinking can produce or aggravate physical problems.

a. Several Psalms and Proverbs emphasize the duplexity of man:

- Psalm 32/38
- Proverbs 3:5-8
- Proverbs 12:18, 25
- Proverbs 14:30
- Proverbs 15:4, 13, 15, 30
- Proverbs 16:24
- Proverbs 17:22

b. Examples to illustrate man's duplexity: phone call from IRS; bear; "butterflies;" secretary home/work.

B. There may be sin in the life of the person that causes **or** contributes to the physical problem. Illness may be:

1. A result of a particular sin in the individual's life: James 5:14-16.
2. The "natural" consequence of sin: Proverbs 10:24-25,26-27; 13:15; Ps 16:4; 32:10; Galatians 6:7-9.

- a. The "sowing and reaping" principle: e.g.: smoking and COPD/lung cancer
- b. Concern (what people think and do) yields choices which yields consequences and sometimes physical symptoms

C. Biblically speaking, the presence of symptoms and the link between the inner and outer man is spiritual-physiological in contrast to psychosomatic (or somatoform)

1. The latter is a term that the culture uses to define and explain symptoms.
2. The symptoms are "real" but nothing wrong is discovered with the body.
3. The DSM defines a **psychosomatic disorder** (or psychophysiologic) as one in which the physical symptoms are caused or exacerbated by *psychological* factors, as in migraine headaches, lower back pain, or irritable bowel syndrome.
4. Man was created a physical and sensual being.
 - a. Physiological changes occur in the body as a result of thinking and wanting.
 - b. Warning:

1). Medically, it is reported that “chronic pain” does produce physiological changes specifically the nervous system.

2). Medically unresolved:

a) Do physical changes occur in the body due to wrong responses to life (God's providence) in terms of unbiblical wanting and thinking?

b) Does CBT and mediation produce brain changes? *Soc Cogn Affect Neurosci*. Published online April 24, 2013. [Abstract](#)

c) Does a proper biblical response to life (God's providence) produce physical changes in the body?

5. Inner-man activity of wanting and thinking has outer-man effects of feeling and doing.

a. A person’s evaluation of and response to circumstances produce physiological changes in the body which results in symptoms (and perhaps signs):

1) Pre-situation thinking/wanting/responding → situation → response in terms of thinking, wanting, and behavior → physiological changes (including neurotransmitters and other chemicals) → signs and symptoms

2) Pre-situation thinking/wanting/responding → situation → unbiblical thinking and wanting → unbiblical response → bad feelings → decreased function.

b. God's creational design - man is a duplex being and whole person.

c. There is unity of inner man/outer man.

d. There is a relationship between the whole-person activities of wanting, thinking, and doing. These activities occur in both the IM and OM.

e. The secularist, and maybe the Christian, does not give God credit or honor for His design of man but uses it for his own gain.

f. The use of such modalities as CBT, positive thinking, "mindfulness therapy," and yoga deny the fact of God's design of man.

III. The principle of gain through loss: physical problems are intended to be beneficial for the believer.

A. In any situation:

1. The believer is always to be vertically oriented.

a. To God: His presence, providence, and design

b. To his relationship in Christ, the HS, and the Word of God

2. It is so easy to be temporally and “now” oriented.

3. In the situation, the believer is to:

- a. Think vertically and eternally: Heb 12:1-3
- b. Recall the bad news - God's curse - and the good news - the cross and its effects.
- c. Recall the effect of the curse - Christ's life and death reversed the curse, incompletely realized in this life and completely in heaven
- d. Remember and act upon God's purpose: the situation is God's instrument and the believer's tool to become more like Christ.
- e. Remind himself of his identity, resources, responsibility, and privileges as a child of God.

4. Man's role: **Philippians 2:12-13**

B. The principle of gain through loss:

1. What is considered bad by the culture is intended for good by God. The good is defined in Romans 8:28-29 and 2 C 3:18 as Christlikeness.
2. It is to be used by the believer (Romans 1:16-17; 1 Corinthians 1:18ff; 2 Corinthians 12:7-10; Romans 8:28-29).
3. One of the lessons of the **cross: gain through loss when rightly responded to.**
4. Physical problems are one of God's instruments/classrooms to teach this truth.

C. Points to ponder:

1. Pain did not occur until after the fall. It was not essential or necessary for life in the Garden.
2. Was the body *capable* of "experiencing"/feeling pain pre-fall?
3. Is the body *capable* of pain in heaven and in hell?
4. Was pain designed by God and if so for what good?
5. What is the significance of such terms as *emotional pain* and *physical pain*?
6. Was the cross designed by God for good?
7. Pain, and the cross, in and of themselves, are bad – both are a result of sin and God's curse. Sin is bad.
8. Pain and disease remind the believer of God's wrath/curse - his justice, but also redemption: John 11.
9. The physical, including disease, always has a spiritual reference.

D. God's purpose for all of life: Ps 115:3;135:6.

1. God's purpose is to bring glory and honor to Himself: He does this by saving a people for Himself and growing each one in Christlikeness.
2. Consider His basic template for all of life:
 - a. God's design in eternity past (Eph 1:4) is to be holy and blameless in Christ.
 - b. The believer does this by pleasing God (2 C 5:9).
 - c. Which he does by becoming more like Christ in thoughts, desires, and actions (Romans 8:28-29; 2 C 3:18);

- d. Which he does by *putting off* the whole-person activity of self pleasing thoughts, desires, and actions AND *putting on* Christ-like and HS directed thinking, wanting, and doing (Eph 4:22-24; Col 3:8-10);
- e. Growth in grace and knowledge of our Lord Jesus Christ (2 P 3:18).

3. God's is active and working in His world (Genesis 1:1-2; John 5:25-29)

- a. All of history, including every event in an individual's life, is working toward the end of glorifying God: John 9:1-3; 11:4; Philippians 1:20; Matthew 5:16; 1 Corinthians 6:19-20; 1 Peter 2:9-10.
- b. The individual is not to be passive in God's plan.
- c. Rather he functions as a Christian oyster (2 Corinthians 5:9).

4. Physical problems:

- a. They are the result of sin – but not necessarily personal sin.
- b. Physical problems and suffering don't bring God glory.
- c. But God has a purpose in bringing the problem: He uses it and the individual's response to it to advance His plan including growing the believer.
- d. It is the believer's response to God's providential ordering of His world and what God does with that response that glorifies Him.
- e. The believer is responsible for his response: 1 Peter 1:13; 1 Corinthians 10:13.

5. **Bottom line:** help each person determine what is most important: getting well and relief or glorifying God by pleasing Him?

D. A major question that must be answered God's way: how does that which is "**bad**" - physical problems - produce benefit?

1. Illness itself doesn't. In the illness, God is glorified when the illness "makes" a person more like Christ: Romans 8:28-29,35-37; 2 Corinthians 3:18.

2. How does **it** do that?

- a. It doesn't!
- b. Physical problems are the result of God's curse on sin and are "neutral." They have no power in themselves.
- c. The problems are the context for the believer to evidence what is in his heart and the significance of his relationship with Christ – at a given moment.
- d. The believer's focus/perspective on what God is doing in and with the situation directly affects his response.
- e. God uses the believer's response to accomplish His purpose.

3. The illness doesn't make a person more like Christ anymore than death on the cross alone brought salvation.

4. Salvation came to believers because of the Prefect, Sinless Crucified One Who used the cross as an instrument of death to please His Father and save humanly unlovely and unlovable people for Himself.

5. Physical problems are the stage on which a person's inner person is exposed. "How?"

a. The person may complain and grumble at his "lot in life" (God's control) or he embraces and uses what he doesn't like to grow

b. The latter response occurs because the person considers the unpleasantness as:

- 1) A tool to use - not to get rid of.
- 2) A blessing, not a burden.
- 3) A gift, to be grateful for.
- 4) An adventure, not to dread.

b. As a grumbler, he reacts as if God made a mistake. In his grumbling, he attacks God demanding that God should treat him better than He treated His Son.

7. Here are a few ways in which the person **uses** what he doesn't like to grow:

a. Instead of *sensual living* and *feeling-directed behavior*, he practices *suprasensual living*

b. He filters, interprets, and assesses *life* through the cross and biblical principles which spring from and brings about a proper vertical reference.

c. As a result:

1) He changes from a "now" view of life) to an eternal perspective via *suprasensual living*: he views life via **saving** faith: John 4:31-34; 2 C 5:7-15; Colossians 3:1-3; Ps 73

a) *Sensual living* is defined by the senses unaided by biblical truth. It focuses on the visible, physical, personal, external, and temporal guided by the principles of "what is in it for me," pleasure, and "I deserve."

b) *Suprasensual living* is defined by a heart changed and directed by the HS. It focuses on pleasing God rather than self using biblical principles. .

2) He learns to trust a sovereign God and views God's control as good and wise especially when his body hurts and when the culture's wisdom says serve yourself and get relief.

3) He functions as a responsible person to the degree that he can when feeling bad - all of grace: Phil 4:13.

4) He thanks God's for His goodness in and out of trouble (1 Thessalonians 5:18; Ephesians 5:20).

8. The mindset of the believer is in stark contrast to the culture's mantras of health, relief, better "quality of life," and feeling better. Even believers are tempted to use God to get what he wants – relief and even a new body this side of heaven: 1 Corinthians 1:18-30.

E. **Other ways** that illness is beneficial:

1. It is a reminder of the frailty and shortness of life, man's finitude, the effects of sin and God's righteous judgment, and the cross:

>James 4:13-17; Job 7:9; Ps 31:15; 39:5; 102:11; 1 Peter 2:24 (Isaiah 40:6-8); 4:19.

2. It demonstrates a person's character: hard times (pressures), more often than easy ones, often reveals a person's character and his view of God.

a. Illness and one's response shows personal goals and the impact of his relationship to God in Christ. 1 Peter 2:19-23; 4:19.

b. It is the context to prove the genuineness of one's faith.

1) The words using for testing/approving in the NT and OT indicate that God requires every believer's faith to be refined and the dross removed.

2) He does that in and by hard times but also by good times (Proverbs 30:8-9).

3) The OT word *nasah* (Genesis 22:1; Deut 8:2; Exodus 16:4; 17:2,7; Judges 2:22; 3:1,4; 2 Chronicles 32:31)

4) The NT word *dokimazo* (Romans 5:4; 1 Peter 1:7; James 1:3,12)

c. It demonstrates a person's singleness of purpose or its lack:

1) Everyone lives out of his heart: Proverbs 4:23; Matthew 12:33-36; 15:8,16-20; Mark 7:17-23; Luke 6:43-45.

2) God calls for covenantal loyalty, allegiance, and devotion: Matthew 5:3,8

3) Consider the metaphors of a sponge and a pitcher.

4) Consider these passages: Job 1:8-11, 12-22; 2:3-6,9-10; 40:2-5; 42:1-6.

3. It is to increase one's **ministry** and may change its direction – it is never to decrease it:

a. Job 2:10: to his wife

b. Jesus on the cross: Luke 23:34; 23:39-43; John 19:25-26; 19:27; and to believers.

c. Paul to his people: Philippians 1:12-18; 2 Corinthians 1:3-4; 4:1; 12:7-10; 1 Timothy 1:12-16

4. It motivates a person to develop a different mindset regarding what is valuable.

- a. Too often the believer measures value with the same measuring stick that the culture does (“now” theology) and “happiness” theology (based on happenings) via sensual living.
- b. The Bible teaches that a relationship with God through Christ guaranteed by His resurrection and His session at the right hand of the Father, and the indwelling HS is the best thing this side of heaven. Illness should bring home the reality of these facts . As a result, faces turn to God and to heaven.
- c. Physical problems can be “I don’t like” situations and the biblical principles for responding to them are no different than any other pressure, trouble, and “heat” of life - God's providence.
- d. An illness rightly viewed helps the believer develop and apply God’s definition of "what is valuable":
 - Matthew 13:44;
 - John 16:20-22;
 - Romans 8:15-18;
 - 2 Corinthians 4:16-18;
 - James 1:2-4; 1 Peter 1:6-7; Romans 5:1-5.

Section four: Counseling those with physical illnesses: basic counseling methodology

I. You don't need to have a physician's knowledge of the condition or personal experience with the condition to help the person:

- A. Why? It is the Comforter that is the key: 2 Corinthians 1:3-4; Hebrews 4:15.
- B. Christ is the Comforter: Your job is to give his comfort his way. Therefore, make sure you know his comfort and how you received it.
- C. Begin by gathering data from the counselee/patient/person including:

1. How the patient views his condition (his identity) and how he is responding to it
2. Everybody lives out of an identity as a whole person:
 - a. His wanting (man's "functional motivation" system – his wanter: **FMS**)
 - b. His thinking (man's "functional belief" system: **FBS**)
 - c. His doing (that behavior which flows from his wanting/thinking and he hopes will procure for him his goal.

3. Behavior reflects the person's heart and his view of his relationship with Christ - its cost and its blessing.

C. Every person labels/identifies himself (or accepts the label given to him), has an agenda, and pursues it based on his FMS and FBS.

D. After determining that he is a believer, discern:

1. What the problem is.
2. How it is a problem.
3. His response to it and the results.
4. His understanding of God's solutions.

II. The counselor's response to the patient and his illness

- A. The counselor is to bring (provide) biblical truth to the situation with the goal of helping the counselee address and respond to the condition from a biblical perspective resulting in a God-honoring response.
- B. No matter the trouble, biblical truth - principles don't change. The Comforter doesn't change even though experiences and problems are many and varied.
- C. Application of biblical truth will require change on the counselee's part (his FMS and FBS) and on the counselor's part who must be convinced of victory – not relief - for the counselee.

1. For victory, there will be a change in the person's thinking and desires about self, God, His Word, others, and life including physical problems. There will be a change in activity.
2. Victory's foundation is the sufficiency, superiority, and supremacy of God's Word (John 8:31-36 – truth sets you free. How/ It is knowing and applying it).

3. Focus: is it to get relief or please God?

D. “Accept” the diagnosis. You are not his physician even if you are a physician.

E. However, if there is “legitimate” concern regarding what the counselee is telling you, then clarification from an MD may be needed.

1. Clarify:

a. Is the condition diagnosed on the basis of subjectivity or objective and physical abnormalities.

b. Did the counselee hear the doctor correctly? Many don’t hear or understand what was said – remember that doctors maybe short on information.

2. There are many ways for the counselee to obtain clarification.

3. The counselor's is NOT to prove or disprove the diagnosis.

4. The counselor is not to recommend alternative treatment.

F. Your goal is to turn his attention from the pain, discomfort, and poor function to what God intends to do through it: growth in Christlikeness as a Christian oyster: *beauty out of ashes*: Isaiah 61:1-3/Luke 4:18-22. You do that by:

1. Focusing on truth: God in His word doesn’t promise relief or cure but victory.

2. Bring God’s intentionality and goodness into the counselee’s thinking by focusing on Gen 50:19-21 and Romans 8:28-29 and **asking**:

a. Where is God in your thinking?

b. Why would God “allow” - ordain that you have this?

c. Has God made a mistake?

d. How have you responded to God’s providence - His “no” re: relief or cure?

3. God intends for the counselee to use this for God’s glory and the believer’s benefit which is growth in Christlikeness

a. Explain the “why” (to become more like Christ) and the “how” (being a good theologian-steward).

b. The counselee is to have a more effective ministry through it.

G. Encourage the counselee in doing a spiritual inventory and demonstrate how the counselee is to be a good theologian-steward:

1. Use examples: couch potato, road runner, pain and gain

2. Help him:

a. Determine if there is unconfessed sin, bitterness, resentment, and/or grudge holding against God or others.

b. Get busy using the condition rather than simply praying for God to “use” it.

- c. Change his focus from “why” to “how” to use what he doesn’t like to grow and change
- d. Minister (2 C 1:3-4): as one comforted, he is to be a comforter. His ministry has not been stopped. It has been moved in another direction.
- e. Act upon the fact that God’s grace is available and sufficient: 2 Corinthians 9:8; 12:9. Job did and so can the person: Job 1:1-2:10; 40:2-5; 42:1-6.
- f. Understand that living this side of heaven guarantees that no one will be free of symptoms.
- g. Believe and act on the truth that God intends for him to have victory - this is what is valuable about hard times - victory, not relief. Victory is what glorifies God.
- h. If the illness is terminal, anticipate the glories of heaven: Rev 21:1-4; 22:1-5.
 - 1) The sting of death which is the law, sin, judgment, and slavery has been removed: Hebrews 9:27; 1 John 4:17-18; 1 C 15:54-57; Hebrews 2:14-18.
 - 2) Family time: God is his Father and Jesus is his brother: Hebrews 2:17-18.
 - 3) Death is God’s vehicle to bring the person to Him.

3. Encourage him in the fact that a new body is coming – Rev 21:1-6

III. Remember the **basic facts** about any condition, and help the counselee/patient to function as a **learner**.

A. Help him distinguish between *subjective* and *objective* and the use of terms such as: “I can’t” vs. “I won’t” because of bad feelings.

B. Help him understand:

1. The function and results of tests:

- a. Tests are done in many cases to rule out specific conditions.
- b. Often many tests are done but the person is unaware of the results.

2. The function of terms such as *disease*, *illness*, and *syndrome*.

- a. Their use may have benefits (e.g.: clearing the air diagnostically).
- b. This may have disadvantages.

- 1) It gives an air of certainty.
- 2) Often treatment is based on the diagnosis and what the medical culture believes is producing symptoms.
- 3) The diagnosis may foster "Relief is what I deserve."

3. Patients may do “better” on medications.

- a. Prescribing drugs is something that a physician can do easily and quickly.
- b. It often gives immediate results, and seemingly is based on science.

C. Knowing the cause or “tell me what I have doctor” (what caused me to hurt vs. what caused me to have cancer or RA):

1. Many patients want “to know” in the hopes hope of relief or "certainty.”
2. Help determine the basis for the diagnosis – how was the condition diagnosed?
3. Knowing the cause may be satisfying for the patient:
 - a. It can bring “closure” to the issue in terms of treatment, in what he will tell his family and others, in what he may gain, and/or in how he “feels” about himself.
 - b. It may relieve uncertainty, doubt, fear, and worry. But you must ask him **how**.
 - c. Knowing “how” may not make any difference to the physician: e.g.: active RA is RA that requires treatment irrespective of symptoms. .
 - d. A diagnosis can be used for eliminating personal responsibility.

IV. Basic principles for the counselor or friend:

A. Remember IMAP: everyone has an identity, a motive for doing and not doing, an agenda, and pursuit of the agenda.

B. Don’t maximize or minimize a person’s symptoms.

C. Help him focus on his responsibility:

1. As a new creature in Christ and having whatever physical problem he has.
2. He is to respond in a God-honoring manner growing in Christlikeness.

D. Gather much data in order to understand his thinking and motivation.

E. Gain involvement and give much hope: How? help him trust a big, good, wise, purposeful God through:

1. Reading, understanding, believing, submitting to, and applying God’s word,
2. Basing expectations on God's promises as recorded in Scripture (Romans 15:4,13).

F. Review biblical reasons for illness:

1. Physical problems are a result of God’s curse on sin.
2. It may be solely God-engendered (His providence) for any number of reasons.
3. It may be sin-engendered: (personal sin).
4. Illness has a benefit rightly understood and biblically responded to:
 - a. It is to the glory/honor God
 - b. It reminds one of the fragility of life.
 - c. It is to be used for character building - Christlikeness
 - d. It can change and enhance one's ministry but never stops it.

e. It helps the believer to discern and focus what is valuable: relief vs. pleasing God thereby becoming more like Christ.

5. There is a spiritual-physiological connection: inner-outer man duplexity links inner-man activity with outer-man effects.

G. Gather data re: the person's lifestyle:

1. What, if any, restrictions has the physician or the condition placed on the person?
2. Does the counselee agree or disagree with those restrictions? What is his response to them and why?
3. How has he responded to the illness and the restrictions?
4. How has his thinking and response added to or helped the problem?
5. Does the medical profession have any genuine help and if so what is it?
6. Determine his functional capacity given his condition and the physician's restrictions.
7. Have him complete his assigned responsibilities no matter his feelings.
8. Determine via a list what aggravates the condition and what makes it better.

H. Gather data re: the person's thinking and attitude:

1. What is the person's mindset/view regarding his condition, himself, others, and God?
2. Help him acknowledge the difficulty - unpleasantness in light of God's purpose.
3. Is he looking at the *gain* or the *pain* and if so for what reasons?
4. Does he view his situation as a blessing or burden, a curse or adventure? What are the reasons?
5. How is he responding to the unpleasantness? Does he expect better treatment than Jesus?
6. How is he responding to his family and friends?
7. What type of responder is he: a "road runner" (*learned drivenness*: goes until he drops) or a "couch potato" (*learned helplessness*: pity parties)?

I. Gather data re: the counsel and the response of **relatives/friends**: helpful or not?

1. What counsel is he receiving from them? How has he responded?
2. How do they respond to him, the condition, and the restrictions?
3. Is the response of the family a blessing or a hindrance?

V. **Homework**: based on biblical principles that the person needs in order to grow/change.

A. Have him address, answer, and ponder:

1. The "*why-of-God's providence*" in general and in particular using Ephesians 1:4; Romans 8:28-29; 2 Corinthians 5:9; and Deut 29:29

2. God's "no" and his response to it

- B. Review biblical stewardship principles: the what and why (motivation) of it.
- C. Review his understanding and application of the physician's instructions.
- D. Help him sort out responsibilities: his, the doctor's, and God's.
- E. Help eliminate confusion on the counselee's part.
- F. Think in whole-person terms: stewardship of thinking, wanting, and doing, and general principles for good health.
- G. Daily, record in what ways, as a **whole person**, he has applied biblical principles in re: to his response to his condition (God's providence) and the results:

- 1. Thinking: *mind renewal*: 2 Corinthians 10:5; Ephesians 4:23; Philippians 4:8 and Matthew 7:21-27.
- 2. Wanting: *desire renewal*: Ps 37:4; 40:6-8; 51:16; 73:25; 147:10-11; Jeremiah 9:23-24
- 3. Action: *behavioral renewal*: An instrument (him and the situation) in God's hands: 2 C 5:14, 15, 17-20; Romans 8:28-29

H. Service: how is he using his problem to serve others?

- 1. Comfort (2 C 1:3-4): how has he been comforted and how is he functioning as a comfortee?
- 2. Rejoice (2 C 12:7-10): not in the pain but the gain – does he fervently desire the gain?
- 3. Thanksgiving (Ephesians 5:20/1 Thessalonians 5:18): for the results.

VI. Summary regarding biblical principles to help sick people have victory in their illness.

A. Define victory:

- 1. It is being controlled by biblical principles rather than wants and desire for relief and the agony of the condition.
- 2. It means pleasing God rather than seeking relief.
- 3. It is using the condition to put self to death and become more like Christ.
Romans 8:35-39; 1 Cor 15:54-57; Phil 4:11-13

B. Biblically-controlled thoughts and desires: think and desire biblically about all aspects of the condition: 1 Corinthians 2:16; 2 Corinthians 10:5; Philippians 4:8.

- 1. Take a "pizza-pie" look at all aspect of a person's life: physical, social, home, church, spiritual, and work.
- 2. Recall the frailty and finiteness of this life: Ps 39:4-6; 90:11-12
- 3. Recall the relationship of the physical to other aspects of his life as well as the inner-outer man connection.
- 4. Recall the relationship of the person to other people: is he a taker or a giver?

C. Remember and act on the 6 P's of God:

1. **Presence:** God is in the problem: Hebrews 13:5-6.
2. **Power:** He is up to something: Everything is under the control of a sovereign God: Proverbs 21:1; Dan 2:21;4:35; 1 Chronicles 29:12; Matthew 10:29.
3. **Promises:** God is up to something for you now and eternally: Deut 4:31. There are 4 promises of hope in 1 Corinthians 10:13 and one in Philippians 4:13.
4. **Plan:** God was in the problem in eternity past and remains now: Ephesians 1:4.
5. **Purpose:** God is up to something good - now: Genesis 50:19-21; Romans 8:28-29; 1 Peter 2:19-23;4:19.
6. **Provision:** God provides a relationship with His Son, the indwelling HS, the Bible, and His saving and enabling grace in order for the person to respond in a godly fashion thereby functioning as a Christian oyster.

D. Remember:

1 Corinthians 6:19-20
 2 Corinthians 9:8; 12:9-10
 Philippians 2:12-13; 4:13
 Galatians 2:20.

Section five. Why should a believer go to the physician?

I. The believer seeks medical care to please God thereby functioning as a good theologian-steward.

II. Because all of life is theological and everyone is a theologian, every man is a steward. And since theology matters, the issue is: which kind of theologian-steward are you?

A. What is the basis for the statement: “life is theological and theology matters”? It is that all men live in relation to God, properly or improperly, whether acknowledged or not.

1. God is man’s **environment**. This is an inescapable fact. God is not limited by space – He is present everywhere. Therefore, there is no escaping God (1 Kings 8:27; Acts 7:48-49; 17:27-28; Ps 139:7-10; Isaiah 66:1; Jeremiah 23:23-24). Does the person consider God's presence a burden or blessing?

2. As the image of God, man is:

a. A **real**, historical being, created in relationship to God as dependent being with a covenant keeping capacity.

b. In the Garden, Adam was a revelation receiver, interpreter (understand), and implementer (apply). Man continues to be a **revelational being**

c Man continues to be a **relational being**: to God (vertical) and others (horizontal). In the Garden, God gave man information (verbal revelation and created reality) on how best to live in that relationship. Today it is no different because God provides His truth in the Bible.

d. Man is a **religious being** – he is a worshipper by nature.

e. Man is an ethically **responsible** being.

f. Man is a **rational**, thinking being.

3. Man is a **sensual** being: he interprets facts in via the senses.

4. Man is a **faith-based** being: saving or non-saving faith. Man filters facts and their interpretation through reason, experience, and or feelings or via the Bible.

5. At creation, pre-fall, man was entirely dependent on God. Man owed God.

6. In the Garden, God entered into **covenant** with man; man was given a covenant-keeping responsibility and was entirely dependent on God.

7. Man is a morally and ethically responsible being because God the Creator so designed him - God Himself is a morally responsible Being.

8. God’s creation and His creatures are His and they are obligated to Him post-fall (Psalm 24:1-2; 29; 33:6-11; 50:7-11; 89:5-18; 93; 95:3-5; 104).

a. Man is a debtor even before sin - he owed God.

b. Lawkeeping was not a burden prior to sin (see 1 John 5:3).

B. In the Garden and before the Fall, Adam and Eve were in perfect relationship to God (and to each other). They knew Him as Creator, Judge, and as their Friend: Genesis 2:15-17.

1. Unconverted man continues to know God as Creator and Judge.
2. Converted man knows God as Father, Redeemer, and Friend.
3. God saves in the context of relationships.
 - a. His people were chosen in Christ before the foundation of the world (Ephesians 1:4).
 - b. His people grow in that relationship as they become more like Christ - this is the process of sanctification (Romans 8:28-29; 2 Corinthians 3:18; Philippians 2:3-5).

C. Therefore, all of life, from beginning (creation) to end (man's destiny which is heaven or hell) and all in between (either growing in the likeness of Christ or the likeness of Satan) is theological.

II. Reasons for going to the MD

- A. The **goal** of every believer is to be - to function - as a good theologian.
- B. One of the **keys** for doing so is acknowledging and acting upon the truth that every believer is to be a good theologian-steward.

1. Every one is a steward. The question is which kind: good or bad?
2. Stewardship is a theological issue because every one is a theologian and lives in or out of relationship to God. One's body is not his own: 1 Corinthians 6:12-20.
3. Everyone must give an account of all entrusted to him including his body
4. Functioning as a good theologian-steward honors God and is beneficial for the believer.
5. Stewardship means taking care of that which God has entrusted to you (Matthew 25:14-30; Luke 16:1-13; 19:11-27). It is a God-given who person activity and a blessing with responsibility and accountability.
6. Seeking medical care is for the purpose of pleasing God (2 Corinthians 5:9) as a good steward of His temple rather than relief or getting well.

C. There are at least six characteristics of biblical stewardship:

1. God owns everything; you own nothing – your “ownership” is relative to God's absolute ownership. This is an ownership issue (1 Chronicles 29:10-20; Haggai 2:7-8; 1 Cor 6:19-20).
2. You do possess. God entrusts to you everything you have, including your body. You are a “trustee.” This is a responsibility issue for you (1 Corinthians 4:2-5; Psalm 139:13-16).
3. God enables you to use, and even increase, what He entrusts to you. This is a user issue (Deuteronomy 8:16-18)
4. God expects a return on what He has given. This is an expectation issue (Matthew 25:14-30; Luke 19:11-27).

5. You must give an account of your care of your body and it may be today. This is an accounting issue (Luke 12:16-21; 2 Cor 5:10).

6. The issue is good or bad stewardship: there are consequences for either. This is a result issue (Matthew 25:24-27; Luke 19:24).

D. Man is a duplex being and a whole person.

1. One's thoughts/attitudes, desires, and actions (both inner and outer-man activities) affect the body (outer man) and outer-man functioning influences the inner man.

2. Man lives out of his heart: Proverbs 4::23; Matthew 15/Mark 7; Luke 6:43-45.

3. This truth is expressed as: You feel what you feel because you do what you do; you do what you do because you think what you think and you think what you think because you want what you want.

4. Biblical stewardship involves taking care of both the inner man and outer man.

a. The inner man will influence outer man function: Genesis 4; Ps 32/38.

b. The outer man influences inner man function: Christ, Paul (2 Corinthians 12:7-10), Job (1:13-22; 2:9-10), Elijah (1 Kings 18-19).

E. Man is not a person with a body problem: he is a whole person.

1. Man is body/material but he isn't only body.

2. He is spirit/immaterial but man isn't only immaterial.

3. He is a duplex being and a whole person. .

III. Summary: a believer can always be a good steward of his body whether his desired results occur.

A. Good stewardship of the body is the best thing one can do while on this earth and most often results in improved health.

B. However, improved health is to be a byproduct of good stewardship and it should not be the believer's primary focus (Matthew 6:33).

C. Pleasing God is the primary reason for being a good theologian-steward.

IV. Corollary truths:

A. **Death** is separation:

1. Physical death is the separation of body and spirit.

2. Spiritual death is the separation of the inner person from God.

3. Eternal death is the whole person (body and spirit) separated from God.

B. **Life** is union:

1. Physical life is the union of the body and spirit.

2. Spiritual life is the inner person united to God.
3. Eternal life is the whole person united with God.

Section six: Putting it all together

I. Prevailing theories of disease and the cause of symptoms

A. **Medical Model (MM):** It is based on the thought that there is a physical, anatomic reason for symptoms and behavior.

1. It is assumed that the body is “sick” even if no anatomical abnormality is found.
2. Francis Crick’s discovery of DNA: man is *molecules in motion* added to this concept.

B. **Biopsychosocial Model (BPS):** This model assumes that man’s physical complaints are the result of “psychological” factors (I call “handling life” issues) which have been determined by his genes (nature) and environmental (nurture) factors.

C. **Biopsychosocialspiritual Model (BPSS):** This model adds a “spiritual” dimension to the presumed cause of symptoms but defines spirituality using non-biblical standards.

II. Summary and critique:

A. All three models posit that symptoms and behavior originate from some physical defect even if it can’t be proved.

B. Therapy is directed at removing symptoms and changing behavior by changing feelings.

C. The models compartmentalize man

1. In MM, man is body only.
2. In the BPS and BPSS, man is *chotomized* into several portions.
3. Treatment is directed at each of these compartments by "experts": physician, social worker/ psychologist/psychiatrist, and minister.

III. The culture’s view of man’s “anatomy” contrasts that given in God’s Word:

A. Thinking is both an inner person (heart) and outer person (brain) activity.

B. The brain is part of the body (*soma*); there is no biblical term for brain in the original languages.

C. Man’s moral compass is not located in the material – brain - but in the inner man.

D. The inner man is where the Holy Spirit dwells and operates.

E. God and His grace, not medications, “change” the whole person.

IV. Spiritual-physiological:

A. There are various types of *heat of life*: other terms include pressure, problems in life, trials/tribulations, “stress”: all are actually God's providence

B. These include:

1. One's own sin and its consequence: Gal 6:7-9; Proverbs 13:15
2. Being sinned against
3. Physical problems
4. Poverty (hard times); riches (good times): Deut 8; Proverbs 30:7-9
5. Conflicting voices of counsel
6. General life hardships

C. Romans 8:28-29, 35-37: address the issues of being, determinism, destiny, and purpose.

1. These issues are always to be at the forefront of every believer.
2. Their essence is highlighted by answers to the following questions:
 - a. What is man - nature, nurture, or a combination or neither?
 - b. What is his origin and purpose?
 - c. Why do things happen?
 - d. As you consider "all things," where is God and His providence in your thoughts and desires?

D. Victory can best be gained by answering the question: how can "things" outside of a person "produce" - "cause" certain feelings and behaviors?

1. They can't. The situation is "neutral."
2. Everyone is a whole person and a moral responder.
3. His whole person response includes thoughts, desires, and actions the root in the heart.
4. The person's response may be part or all of his body problems - get to his thinking and wanting.
5. Being controlled and being influenced are entirely different concepts.
6. Scheme:

Pressure/problem → cognitively: evaluation/interpretation according to one's own logic and senses leading to a perspective → reaction that includes bodily and physiological changes that can be measured: e.g.: fear: "panic attack"/stage fright and butterflies; the bear and IRS

Pressure/problem → unbiblical response (thoughts/desires) → bad feelings → wrong action/function of pleasing self → continued bad feelings

Pressure/problem → biblical response (thoughts/desires) → right action/function of pleasing God → feelings (not desires) may or may not change

7. Secular therapeutic options, such as "stress management," cognitive behavioral therapy, and medications, are egocentric focusing on relief via changing the person's feelings and behavior.

8. Personal responsibility: one can't completely change what is outside of him but he is responsible for his thinking and motivation and therefore his response.

E. If the goal is to get rid of bad feelings and/or to function better (often termed a better "quality of life"), where will the physician **and** patient focus?

1. Rather than focusing on the person's wanting and thinking and God's Word, the focus will be on relieving feelings and behavior.
2. Medications don't change thinking or wanting directly:
 - a. They can change feelings.
 - b. The person may act "better" because he feels better.
 - c. The brain is not man's moral compass.

F. Everyone functions out of/responds to pressure (hard or good times):

1. Out of a Functional Motivational System (**FMS** -his wants) and a Functional Belief System (**FBS** – his thoughts/logic): man is a whole person.
2. Life includes choice: Gal 5:16-18. The decision can be boiled down to:
 - a. What I want vs. what pleases God: desires, wants, demands
 - b. What I think is right vs. what God in His word says is right: logic/reason.

G. Thinking God's thoughts (biblically-controlled thinking); desiring what God desires (biblically-controlled wanting); and saving-faith based reasoning honors God and is best for the believer's health. As a result, God-honoring actions follow.

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