The Interface of the Practice of Biblically-Based Medicine and Biblically-Based Counseling: What God Has Joined Together Let No One Separate

To facilitate an interest and expertise in the practice of biblically-based medicine and counseling, I present four case reports that address patients as counselees and patients. My aim is to stimulate and gather an interest in the practice of biblically-based medicine and counseling (PBBM and PBBC).

The case reports are those of patients with typical complaints that a family physician, internist, or rheumatological problems would see in the office. The complaints and diagnosis would follow the person into the counseling room.

The reports help explain my view of the importance and necessity of the PBBM and PBBC. These case reports will appear in an abbreviated form without my introduction in an updated publication of Doctor Robert Smith's book: T*he Christian's Counselor's Medical Desk Reference* edited by Dr. Charles Hodge with multiple contributors. Doctor Smith was a mentor and a friend. I thank God for bringing him into my life.

Truly, we live in a secularized, psychologized, and divided culture. The division is growing wider and deeper and is quite obvious. Simply look and listen. The contrast is reminiscent of the material in Augustine's book: *The City of God*.

It is considered a classic outlining the relationship between Christians and the world. In it Augustine contrasts the city of God – citizenship in God's family and kingdom – with that of city of man - in and of the world. The city of man is shaped by the love of self, even to the contempt of God, and the city of God is shaped by the love of God, even to the contempt of self.

Francis Schaefer expressed the divide in this way: "Biblical Christianity is Truth concerning total reality—and the intellectual holding of that total Truth and then living in the light of that Truth."

The players on both sides of the divide have contrasting worldviews, presuppositions, motivations, standards, and manner of thinking, wanting, and acting. Scripture pictures this contrast using a variety of terms including narrow vs. the wide road; fear of God vs. fear of man; clean and unclean, holy and unholy; and trusting in God vs. trusting in self.

We now have continuum thinking firmly in place which for many is the only absolute that matters and is allowed. Now the mainstream culture would like the world to say that they is no black or white, male or female, right or wrong, and truth or falsehood. All is one and the inner you is the highest being to be worshipped unless another person comes and knocks you off your throne.

You see this mindset and motivation in every aspect of society including churches; the world of politics, institutions of learning; science; and the practice of medicine and counseling. The face of America has been turning and the change has reached exponential proportions.

Many are inclined to say that America has never been a Christian nation. And even if it was, God played favorites choosing white males as supposed kingpins! These are theological statements par excellence. Moreover, the proponents of this anti-God rhetoric use these statements to justify their own anti-God movement and tactics. The practice of medicine is not untouched,

The purpose of this paper is not to debate the fact whether the Founders were Christians. I do reflect back on what the founding Fathers wrote including the Constitution and the Declaration of Independence. Those documents contain a morality that is biblically-based even if some of those men were not believers. America has moved away from that moral base.

The curse of sin include the noetic effect of sin (the term is derived from the Greek word *nous* meaning mind or the thinking aspect of man). Satan and the serpent attacked God through

His Word. The counsel of the serpent led to distortion, deception, and denial of truth (Romans 1:18-23). These tactics are alive and well today.

I reiterate: we are seeing these effects in every aspect of society including the practice of medicine and the practice of one-on-one discipleship in churches and counseling activities within and outside the Church. No person or institution has escaped the continued attack on truth first begun in the Garden by the serpent (Genesis 3). The question: what are believers to do?

In the area of the PBBM and PBBC, I encourage every physician and counselor to heed the Holy Spirit's warning and admonition through the prophet Isaiah (Isaiah 5:20: *Woe to those who call evil good and good evil, who put darkness for light, who put bitter for sweet and sweet for bitter*; Isaiah 8:20: *To the law and to the testimony! If they do not speak according to the word, they have no light of dawn*.)

Biblical truth always simplifies life and sets people free. Falsehood holds and keeps people in bondage. Many people want to hold others in bondage for their own gain or satisfaction. Again, we see that reality being played out in the area of politics; the practice of medicine and the practice of counseling; and the study of science.

The goal seems to rid the world of the Creator (not a Creator); once that is done, there is no Controller except you; you call the shots or someone who pushes his or her agenda. They are the only final authority but they would like you to think that YOU are!

Once there is no Creator and Controller, there is no Redeemer. You serve as your own savior and you must save yourself from everybody else because nobody else will. However, this last group posits the fact that you cannot so they will do it for you. Even that statement seems to have a biblical connotation: salvation is not of me. The distortion of truth continues.

However, true believers know that truth is personal. Truth is Jesus Christ. [1] The Word of God – the Bible – ids truth; it does simply contain truth. [2] Moreover, truth is triune: not only is the Son truth, but the Father is Truth and the Spirit is truth. [3] God's truth is the hallmark of the believer for all of life!

The Bible teaches that man is the image of God and as such is a thinking being; a religious being such that he worships; a revelational being such that he receives and gives counsel; and a working being. Man has a body; he thinks, desires, and acts in his brain (the material) and in his heart (the spiritual) because he is a duplex being – a unit. He functions according to a standard.

Based on the Bible's teaching, every person is theologian: he has a relationship with God; beliefs about God; and he lives in God's world whether denied or not. Every person is a theologian-steward and as such functions as a counselor-counselee and as a physician-patient.

These facts can be and are denied but their denial does not remove their validity. Thus, a person, a theologian and steward, is in the doctor's office and counseling room. Moreover, the person ministering to the patient-counselee – is a theologian-steward as well.

These above thoughts have been percolating in me for decades. I have written several books on the PBBM and being God's kind of patient. These were birthed because I was wrong in my early years of the practice of rheumatology.

I was an unbeliever when I decided (God had decided!) to be a doctor for the purpose of *helping* people. However, I had no idea of what *help* meant and I did not know how to define *good*.

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[1] John 1:14-18; 8:31-32; 14:6; 18:38
[2] John 17:17
[3] Deuteronomy 32:4; Psalm 31:5; Isaiah 65:16; Romans 15:8; and John 14:17; 15:26; 16:13; 1 Thessalonians 2:10, 13; 1 John 2:20, 27; 4:6; 5:6

I did not know Jesus' admonition to the rich young ruler. [4] The young ruler did not get it. He brought his own standard of good. Jesus corrected him but he did not get it. There is only one standard of good – truth! And like Pilate in John 18:37-38, Truth was standing before them and neither got it!

I had practiced medicine under false pretenses! I defined help as getting the patient better and probably out of the office. That latter issue has become more acute as the practice of medicine has changed and is changing.

I became a believer but my practice of medicine did not change much until I was introduced to biblical counseling. I concluded that I had been ministering (that is what all doctors and counselors do!) to my patients, myself, and office staff wrongly! What an eye-opener! More accurately, what a heart opener!

Early on and with no formal training, I was an unprepared representative at a church meeting that took up the issue of receiving counseling from the secular world or from the Bible or both. I did not know about Augustine's book: *The City of God*. I did not realize the major chasm between the two and the polarization involved. I did not realize how ingrained people are when it comes for determining and using truth.

I was asked by a church leader in the audience if I knew any good psychologists. Needlessly to say, I failed miserably to present God's truth. I have worked diligently not to sin in that way again. I should have asked him to define *good*. *Good* and *better* must be defined God's way. I know *better* now!

Helping a person *feel better* is a sad and dishonest substitute for truly helping the person in their situation. Growth in Christ is the key to victory. You must consider the person's degree

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[4] Matthew 19:19:16-29; Mark 10:17-30; Luke 18:18-30

of spiritual maturity and willingness to grow and change. You meet him or her where he is but you are looking to move the person into and by biblical truth.

Some may say that he or she does not have time or the expertise to do such a thing. I would gently but firmly say: whoa. You can and you must. The case reports address the subject.

Luke, in 4:18-22, writes that Jesus came to set captives free. Those in Christ are free indeed but are still held captive to wrong thinking, wrong desires, and sinful actions that follow. I think back over the time that I practiced as an unbeliever even when I became a believer. I have repented to God. I have grown in the areas of the practice of PBBM and PBBC.

There are physicians who are Christians but I fear they are like I was originally. The concept of the PBBM and the PBBC and how they interface is not on most physicians and pastors' radar screen. I hope I am wrong! These case reports are intended to encourage you and patients as we bring Truth to bear on every doctor, counselor, patient, and counselee. May God bless those desires!

CASE REPORT: RHEUMATOID ARTHRITIS

Ms. Brown [5] comes to the office for the first time. She is a thirty-five year married lady with two children. She has been in good health but now she has multiple concerns. She tells me: I am stiff for hours in the morning and I can hardly get out of bed"; "I hurt all over"; “I am fatigued – so tired”; and "I am having difficulty getting done what I need to get done." She slowly climbs onto the examining table.

She tells me she is discouraged. Her problem started about three years ago - slowly at first involving only one or two joints; the tempo has picked up in the last six months; now it will not go away. She has tried to ignore “it” but now can’t. Problems fluctuate but now her joints stay swollen longer.

She has been on a variety of medications, some over the counter and others prescribed, without improvement. She has seen commercials on television and “knows that there is something out there.” She is ready to try.

She has increasing difficulty functioning. She has a husband and two children to care for; she does not know how she can do it. She tells me she wants a diagnosis and treatment. “I need to get back to my usual self. They are so many people depending on me.”

This is a new experience for her as she asks with an anguished look: "what will happen with and without treatment, how is it going to happen, and when will it begin to happen". She tells me that pain and fatigue are constant companions intertwined with feelings that she calls fear, worry, discouragement, anger, and at times self-pity.” “I need to be there for my family.”

My examination shows that she has multiple swollen joints: the wrist, the knuckles called

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[5] The name is simply a name but the name represents a common scenario.

the MCP joints), both knees, and the feet (the MTP joints). The affected joints have warmth, reduced mobility, and function. She has no deformities and no nodules.

After completing the examination, I tell her that the working diagnosis is polysynovitis which is defined as more than four joints inflamed. I explain that the synovium is normally thin and rarely palpable in a normal joint. It is a thin layer of cells and hers is inflamed.

RA is the most common disease that causes synovitis especially in multiple joints. The goal of treatment is to stop the synovitis. This is best described to the patient as "stopping the fire from burning". She says she is beginning to understand.

She wants to know what now. I have a decision to make. I can simply keep things in “physical” realm and get after her presumed RA. Or I can take the situation as an opportunity to minister to her whole person. I chose the latter for it is part of the practice of biblically-based medicine and counseling. She said she liked my choice.

She tells me about herself. With all the baggage including her concerns she is willing to talk. Her husband would have been there but she likes to do things herself and *he has work to do it*. I am getting to know her as a person, not simply as a counselee-patient or a problem.

She tells she is a Christian and does not know why God is *allowing* this. She has so much to do and so many people depending on her. She tells me that people are praying for her. I asked her the nature of the prayer. She told me: healing. She did not know why God would not answer it. I asked her what answer she would accept. She thought a moment but did not answer.

She tells me that pain and fatigue are constant companions intertwined with feelings that she calls fear, worry, discouragement, anger in some form, and at times self-pity.

I returned to her original statements about *what ifs*. I asked her how that focus helped her. She said it did not. I explained to her that these responses are linked to worsening complaints of

pain and fatigue. They do not honor God and only aggravate the situation resulting in more complaints of pain. A closed loop develops consisting of complaints of pain, resentment and even bitterness, and more pain complains. She agreed but did not know what to do.

I asked her about stewardship – taking care of the whole person including her body – thoughts, desires, and actions or inactions. She told me she always took care of her body and that was another reason she could not understand why she had her disease.

I moved back to the diagnosis. It seemed fairly clear but I needed further studies to confirm that my initial diagnosis is correct. There are several diseases that I call "look-alike-diseases." Blood work and radiographs help distinguish these entities.

Moreover, blood work and radiographs will help assess the severity and extent of the disease. The results will help us determine the proper steps in treatment. I prescribe a treatment plan that is designed to give help quickly. We will use the time to collect the necessary blood work and do radiographs.

I asked her to take the medications and to read the papers which were hers to study and to answer the questions. I get to know more of her and she will know more of me and the issues that we are facing together. The papers inform and instruct, encourage, direct, give hope, and enable her to get victory. Hope comes and is strengthened in knowing and doing based on a proper focus and motivation. She said she liked that approach.

She returned improved. She said she is better: she had much less swelling and morning stiffness; and the reading was helpful. Hurting less was a good thing and enabled her to focus. The medication was working.

Talking with her husband helped her realize she is a go-getter. She said: *I like to have things my way.* I asked her what she and her husband would say if the children gave that answer. She said *wow*. She had not thought of it that way.

She told me she had learned what RA was and that there are many medications "out there." She said it was still *scary*. By that she meant *unknowns* and *what ifs*. She caught herself and said something to the effect: "there is that control again."

On examination she had much less synovitis. Blood work confirmed a diagnosis of RA and radiographs were normal. I explained that the low score wins! Normal radiographs meant no erosions and that bodes well. She said hurrah!

I explained to her that RA affects the synovium, a thin layer of cells in the joint. The cells are not inert playing a role in the manufacture of proteins and phagocytosis, a cleaning-up operation. Once the joint is inflamed, heat, warmth, tenderness, swelling, and painful range of motion of the joint results. This is synovitis. Treatment is designed to return the synovium toward normal which had happened in her.

She said she like the paper addressing thoughts, desires, and feelings. She realized that she had made things worse. She was ready for the next step. She would review the papers again, continue the medications, and wait for the insurance company's decision regarding which drug to take.

Explanation and Discussion

Here is a lady with a lot on her plate. She is a believer; initially she did not see how that fact fit in to her diagnosis and treatment. Later she would tell me that God did not fit in because *He had let her down*. This is heavy theology! By that she meant that she had done "everything right" but still had disease. How could that be?

The fact that she came alone may be important. The one-flesh union affects every aspect of married life. She had talked to her husband which was good. Her husband has an important role.

RA can affect the whole body not simply the joints. She returned and her disease was under control. That fact played a role in helping her to think clearly.

She grasped the truth that thinking, wanting, and pain was linked. What a person thinks and wants affects feelings. I had to be careful. She had a systemic disease; it is easy to attribute all of her symptoms to the disease process.

At the second visit, we were riding the crest of a proper diagnosis, proper treatment, and a nice therapeutic response. She was excited and rightfully so. However, we had work to do. Had she changed her approach to herself, her disease, husband, her disease, and to God? I could not be sure at this juncture. I was pleased with the treatment response. But this was a person with more than a disease. She was a child of God with the added burden of a diseased body. How was I going to help her?

She needed to learn about RA. It is the most common inflammatory arthritis, affecting approximately affecting as many as 0.5-1% of the population in North America. Women are affected more commonly than males (2.5 times higher) especially in the younger age groups. The reasons for this female preponderance are unknown. The disease can occur at any age with the peak age of onset between the 4th and 6th decades.

The cause of RA is complex involving genetic, immunological, and environmental factors. It can run in families but no single gene has been discovered as causative. Most people think the susceptibility or predisposition to the disease is inherited but not the disease itself.

The hallmark of RA is not the person's complaints but the finding of inflammation in the joint. As noted earlier, synovitis causes swelling, often redness and warmth, and limited range of motion in the joint.

RA is considered to be a disease that produces inflammation in the small joints of the hands and feet. However, any joint may be affected. The onset may be sudden (overnight in about half of patients) or gradual (occurring longer than a 24 hour period).

Further, RA can be a systemic disease. Systemic means the disease process affects the whole body. Symptoms such as feeling bad, tiredness, and fatigue can occur. Patients may report a low grade (a temperature over 101 degrees should not be attributed to RA until infection is considered and ruled out), and the "dwindles" (weight loss and loss of appetite).

A correct diagnosis is mandatory in order to institute appropriate therapy and to evaluate its effect. There are many therapeutic options either alone or in combinations. It is important that the counselee-patient understand:

- The condition: what is it and what it is not;
- His role as a counselee-patient and the concept of stewardship;
- The goal of treatment: it is to honor and please God. He may give control of and even cure of the disease.

Second, she needed to learn about herself. What was her identity? Was it: *I am a child of God who has RA* or was it *I am a RA patient*? The medical literature proclaims that so-called *psychosocial stress* can increase the risk for the development of *autoimmune disease* and aggravate existing symptoms. *Stress* is never defined. One postulate relates it to the stress-reaction: chemicals released in the body.

It is also written in the secular literature that anxiety and depression are strongly associated with higher pain severity and interference of daily activities. The two terms are defined solely based on feelings and feeling-motivated behavior. Multiple studies have reported that depression and anxiety are related to worse functioning, more complaints of pain, and decreased *coping ability.* So-called reduced *self-efficacy* (basically focusing on *I can't*) and lack of social support is reported to be associated with depression and anxiety and vice versa.

Investigators simply consider the patient as a material, physical being. Now some give reference to spirituality but they are not referring to the Holy Spirit. Rather they are referring to self-consciousness and *seeking to be at peace with self* or *within*. Self, victimhood, and serving self take center stage.

Third, there are many treatment options for RA. Also, there are means by which to determine the success or failure of therapy in terms of control of the synovitis. Sometimes control of the synovitis is rather simple, but patients still complain of pain.

You listen to the patient: if they report less swelling and often pain and morning stiffness, you assume the disease is responding. If the patient has less synovitis on examination, you assume the disease is being controlled. The results of simple blood tests (so-called acute phase reactants) may show a return to or are returning to normal. This indicates that the disease is under control.

However, the person may still complain of pain. Now what? This is one place where the practice of biblically-based counseling and medicine stands out. Practicing excellent, God-honoring rheumatology and counseling honors God and is best for the counselee-patient and the counselor-doctor.

The secular world champions the mantra: "a vicious circle of pain causing anxiety and depression, which often worsens pain perception.” They encourage a certain line of therapy.

One approach is so-called *psychological* interventions such cognitive behavioral therapy or mindfulness. The mantra is something like this: *change how people cope with chronic pain may be able to decrease a person’s anxiety and depression.* The goal is to increase a patient’s functioning and quality of life. God is not in the picture.

Fourth, how do you help the person respond to this information? Sometimes the counselee-patient attempts to dictate the course of action. If their only goal is relief they will settle on almost any therapy. Many people use any therapy including so-called complementary medications and cannabis in some form.

It is at that juncture that the counselor-physician and the counselee-patient must reevaluate who they are, where they are going, and how to get there. Knowing and applying simple biblical truths simplifies life. For instance, biblical stewardship is a must for every believer. It will have a different look for every person but there a commonalities. Going to the doctor may be good stewardship. Not going may be evidence of good or bad stewardship.

The motivation for going to the counselor or doctor is critical. If going is for solely for relief, the person is going for the wrong reason. Rather going to honor God is the proper motivation. Further, not only does pleasing God simplify life but often symptoms improve.

Man is a duplex being – inner and outer man, a unit. He thinks, desires, and acts in both his inner and outer man. Further, the Bible teaches the linkage between thoughts, desires, and actions with feelings. Moreover it does not accept labels that the culture has adopted. Neither should we. Terms such as depression and worry often called anxiety must be defined by the person; generally they are sinful responses to God and His providence.

The Bible draws this connection in many places one of which is the book of Proverbs. The believer is to guard his heart – it is the motivational center and well-spring of life (Proverbs 4:23). The inner and outer man is connected; man is a duplex unit such that the inner man influences the outer man and vice versa. This is related in part to habituation.

What you think and desire is a reflection of the inner man and influences the outer man and vice versa. Thinking, wanting, feeling, and doing are linked and are function of both the outer (especially the brain) and the inner man.

- 12:25: *An anxious heart weighs a man down, but a kind word cheers him up*. Worry is a type of thinking and wanting is and leads to a response to God's providence -control.
- 14:30: *A heart at peace gives life to the body, but envy rots the bones.* The unity of man is expressed in this text. Envy is an expression of a heart that is agitated. It involves thoughts and actions. It flows from and affects both the inner and outer man.
- 15:13: *A happy heart makes the face cheerful but heartache crushes the* spirit. Attitude includes thoughts and desires.
- 15:30: *A cheerful look brings joy to the heart and good news gives health to the bones*. That which is outside a person influences his whole person because a person thinks and desires in the heart and in the brain.
- 16:24*: Pleasant words are a honeycomb, sweet to the soul and healing to the bones*. God-honoring speech flows from the heart and not simply from the mouth; it is beneficial for the speaker and the one spoken to.
- 17:22: *A cheerful heart is good medicine, but a crushed spirit dries up the bones*. Physical health is influenced by the inner man.

These passages indicate movement: from the inner man to the outer man and vice versa. A cheerful heart (15:30; 17:22) contrasts an anxious one (12:25). Anxious heart refers to a person who is restless with a heavy spirit; he is unsettled. He considers himself a victim to God's providence that he calls *life*. A joyful heart in contrast is a settled heart trusting in God for who He is and what He brings.

There is much theology that is to be applied in caring for counselees-patients who have various diseases. First it has to be taught and learned. The question is how and by whom. The counselor-physician can begin the process. He determines what makes the person *tick*. Does he know and understand such truths as taught in Roman 5:12-14; 2 Corinthians 4:1, 16-18? How will the counselor-physician help the person apply Romans 8:28-29? [6] Biblical truth sets the counselor-physician and the patient-counselee free. It must be biblically-based, pertinent to the person in his or her problem, and applied with care.

Certainly when God's providence places a person in situations such as RA the person will respond as a God-truster or self-truster. Only Jesus responded to God's providence as a consistent God-truster. The person must remember that a response to RA is actually a response to God. Biblically-based counseling and medicine is concerned with helping the counselee-patient get victory in, and not necessarily, out of the situation. This requires much knowledge of Scripture and some of medicine.

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[6] Romans 5:12-14: *Therefore just as sin entered into the 3world through one man and death trough sin, and in this way death came to all men, because all sinned – for before the law was given, sin was in the world. But sin is not taken into account when there is no law. Nevertheless, death reigned from the time of Adam to the time of Moses, even over those who did not sin by breaking a command, as did Adam, who was a pattern of the one who was to come.* 2 Corinthians 4:1, 16-18: Therefore sin through God's mercy, we have this ministry, we do not lose heart. 4:16-18: *Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal.* Romans 8:28-29: *And we know that in all things God works for the good of those who love him who have been called according to his purpose. Foer those God foreknew, he also predestined to be conformed to the likeness of his Son that he might be the firstborn among many brothers.*

Moreover, growth in Christlikeness is a wonderful thing to behold and be part of. Help the counselee-patient know his disease and his God; know his role in responding to it and to the God of it; and know the counselor-doctor's role.

RA presents a different challenge than say Fibromyalgia. RA is chronic by its nature but it can be cured or placed in remission. Hypertension is not cured but is it treatable such that it does not pose a problem for or in the body. RA does have a variable course but every patient has their own course.

RA is part of the curse (Romans 5:12-14; 2 Corinthians 4:16-18), but the RA patient is not any more or any less deserving of the disease (see the book of Job and Jesus' words in Luke 13:1-5 and in John 9:1ff). You can't repent your way out of RA. But sinful responses aggravate the symptoms.

Counselees-patients may seek to ignore or to evaluate every symptom. They need to recall the difference between a symptom and sign. The statement: *I hurt*, is a statement of a symptom. A symptom is what a patient tells another person. Synovitis is a sign. It is objective. Signs are often reflective of active disease. A person with RA who says he hurts, needs to remember that the disease may or may not be active.

In the same venue, it is helpful for the person to know the difference between something with and in the body. In simply means the body is the place of activity and with indicates the body itself has a problem.

Several examples will help clarify this teaching point. A rapid heart rate may be felt and may be measured. Thus, a rapid heart (tachycardia) may indicate something is wrong in the body. The person may be out of shape or seen a serious accident. The problem is in the body but not with the body. The body is functioning correctly.

The person may have a rapid heart rate because of anemia. In this case, there is something wrong with the body and in the body, but there is nothing wrong with the heart. It should speed up when a person is anemic. Lastly, a person may have a tachycardia because he has an inherent rhythm problem such as atrial fibrillation. In this case the tachycardia indicates something wrong with (the heart is abnormal) and in the body.

Here is a strong statement: sinful thinking and wanting can lead to symptoms and something wrong with the body. It can lead to signs (a rapid heart rate) but it will not produce something wrong with the body such as synovitis.

In the RA patient, sinful thinking cannot generate synovitis. A person can't think his synovium to be inflamed! But wrong thinking and wanting are conducive to the person complaining of more pain. The person misinterprets these symptoms as worsening disease. His disease has not worsened. His response has produced his symptoms. These are fundamental truths for any chronic problem.

Always evaluate and help the counselee-patient evaluate their thinking and wanting. You will need a standard. Get to know the person and the Bible. Help the person get to know themselves and their God. If they are not believers, you have an opportunity to present Christ at a time when the person has no more resources. You need to use it well.

The ROLE OF BIBLICAL COUSNELING

Biblical truth always simplifies life and sets people free. This truth is the hallmark of the practice of biblically-based counseling and medicine. Several truths standout:

One: Man was created a rational-thinking being with beliefs about God and self; a religious, worshiping being; and a dependent being in relationship to the Triune God. Everyone knows God and has beliefs about him even the atheist. Therefore, all of life is theological and

everyone is a theologian. Therefore, biblical truth must be considered when addressing any problem in life.

Two: Everyone is a theologian-steward. Stewardship involves caring for and returning back to God what He has entrusted to the person. This includes the body. Biblical stewardship may or may not require seeing the physician. But, once in the office, stewardship requires filtering what is said through a biblical grid. Stewardship requires functioning as a godly patient-counselee for the sole purpose of pleasing God. When that is done, life is simplified and God is glorified. Often, symptoms improve.

Third: proper anthropology is a must. God created man a duplex, unified being. He has a body but he is not only body; he has a soul but he is not only a spiritual. Rather he is a whole person. Therefore, don't divide the person. Biblical counseling has a robust view of God and man and brings these together.

As a whole person, man thinks, desires, and acts in both the inner and outer man. The heart is the seat of man's motivational and belief centers. There is linkage between the outer and inner man. Thoughts and desires about God, self, and problems give rise to feelings including pain. Addressing thoughts and desires which occur in the outer man – the body including the brain – and the heart or inner man is fundamental to ministering to the counselee-patient.

Four: Coming alongside of the person means balancing gathering data so that you gain some understanding of the person – his thoughts, desires, and hopes – with saying *whoa*. *Whoa* is a great four-letter word that must be used correctly.

Helping the person apply biblical truth is the essence of ministering in the practice of biblically-based counseling and medicine. I have learned to be careful with biblical truth. It is not a hammer so don't use it as such.

Five: Only the practice of biblically-based counseling and medicine can lay claim to the adage: *the truth will set you free*. Sinners, both believers and unbelievers, are hurting people. They think they need many things. Such was the case with Maratha in Luke 10:38-42.

She was busy with many things instead of being focused on the one thing: hearing and applying the word of God. Rightly understood they need only two things: truth and the Triune God of truth (see footnotes 1 and 2 and the discussion).

God's truth has many facets but one underlying theme: there is victory now with its consummation in heaven (1 John 3:1-3). Becoming more like Christ starts at salvation; it continues in whatever circumstances God so chooses to place the person. Heaven is not that far away. As Paul said, he lived well so he could die well and after that is heaven (see 2 Corinthians 4:16-18 in footnote 6; Philippians 1:19-21). [7]

A WORD TO THE COUNSELOR-PHYSICIAN AND PATIENT-COUNSELEE

Counselor: You do not need to be a rheumatologist to be a blessing to patients with RA. It helps to know basics about the body and diseases. It is more important to know that man was created a unit so that thoughts, desires, and actions are linked with feelings. Change thoughts and wants and you change feelings. Pain may become less.

However, this fact can be misused and abused. For instance, the secular world goes to great links to have persons change thoughts (they don't mention desires) simply to get relief – better feelings. Knowledge of God's creational design is a gift and is to be used to honor Him. God will not be mocked (Galatians 6:7). We need to use His truth wisely.

[7] Philippians 1:19-21: *... for I know that through your prayers and the help given to me by the Holy Spirit of Jesus Christ what has happened to me will turn out for my deliverance. I eagerly expect and hope that I will in no way be ashamed but will have sufficient courage so that now as always Christ will e4xalted in my body whether by life or death. For to me to live is Christ and to die is gain.*

It helps to have a rheumatologist or physician close by. Hopefully, he would not only be a believer but one who practices biblically-based medicine. By that I mean he brings God's truth to bear on the whole person as he honors God. Many counselees-patients-physicians may reject "bringing God into the picture." There is a problem: HE IS ALREADY IN THE PICTURE!

Part of the curse is that believers still live the lie! Truth corrects falsehood! This is God's world – He is Creator, Controller, and Sustainer; every person is a dependent responsible being in relationship to Him whether acknowledged or not.

These truths are and should be a blessing to all involved. How so? Consider these points.

One: I encourage both counselor-physician and counselee-patient to listen, to learn, to love, in order to change. This linkage is seen most clearly in 1 Peter 3:7 as it relates to husbands; but the principle is applicable to every relationship.

Only the person knows his thoughts and desires. So the counselor-physician must ask. Moreover, everyone has an identity and purpose; he pursues his purpose by setting goals and an agenda. Often times the person's agenda is counter to that of God's agenda for him. As a result, there is conflict.

Two: Failing bodies are part of the curse (footnote 6: Romans 5:12-14; 2 Corinthians 4:16-18). No one outruns the curse of sin. However, usually failing bodies are not in the counselee-patient's plans. He wonders what God is doing and what he is going to do. No pill will resolve this conflict.

Three: It is easy for counselee-patient to pursue his own agenda thinking and convincing themselves that it is God's! Being wise in one's eyes is a common lifestyle for believer and

unbeliever especially when bodies are not functioning as the person would want (Proverbs 3:5-8). [8]

Often times, a person perceives himself in a tunnel so long, looking at a mountain so high, and viewing a hole as so deep that he begins to drown in feelings. The feelings are real but he is in danger of living the lie. Feelings are not the issue. Proper thinking and wanting about himself, God, and his situation is the key to victory.

Consider Job. He began well. God used Satan as His instrument to affect Job. Satan was God's instrument bring change outside of Job (Job 1:13-19). In verse 22, the author through the Holy Spirit wrote: *in all these things Job did not sin by charging God with wrong doing!*

Then a second event ensued. Satan continued his attack on God. He used Job's body as his second target. Job's deteriorating physical condition would certainly be the downfall of Job AND God. If Job failed, God would be proved a liar and a loser, someone not to be trusted! Satan was after God through Job! He used Job!

Initially Job depended on God and was willing to *wait* on God's control and trust. When God did not perform as Job thought He should, Job demanded God to explain Himself. However in the end (Job 38-42) God *whoa-ed* Job – great word *whoa*! One important truth is this: Job's sin was not the cause of his problems.

In the end, Job repented and interceded for the friends whose counsel was wrong. Job was introduced to God in a way that he had not been (Job 38:1-42:6). Job was overwhelmed with the greatness and goodness of God. Job was healed (he never asked for healing!) but only after he came to his senses and repented (Job 42:5-6). Repentance was not a gimmick to get from God.

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[8] Proverbs 3:5-8: *Trust in the Lord with all your hearts and lean not on your own understanding; in all your ways acknowledge him and he will make your paths straight. Do not be wise I your own eyes; fear the Lord and shun evil. This will bring health to your body and nourishment to your bones.*

Four: God does not promise physical healing in this life. He did not give it to Jesus or to Paul. [9] However and importantly, God does explain in a general way the reasons for hard times. These include:

- Growth in Christlikeness as a Christian oyster. The oyster uses irritation to make a pearl – Christlikeness (2 Corinthians 5:9, 14-16). Man was saved to be like the only person God was truly pleased (Matthew 3:17; 17:5); becoming like His Son pleases the Father.
- Refine and purify the believer's faith and faithfulness (Romans 5:1-5; James 1:2-4; 1 Peter 1:6-7). Many believers are unaware that the gift of saving faith must be refined. Being faithful is imitating Christ. Many don't like God's ways; from their standpoint, their faith and faithfulness is "just fine." Job found out that was not the case. God had labeled him as blameless and upright; he feared God and shunned evil (Job 1:1, 8; 2:3). Yet he was not refined until God called to Himself and his senses!

Hard times are not the key. Rather, it is the believer's use of them to become more like Christ. The Triune God and Jesus Christ never exalted hard times and the person's experience of it and in it. Suffering is a commonly used in a subjective sense.

It also refers to that which is outside of the person – his experience - which is God's providence. Some people have many difficult times by anyone's standard. However, the situation is never bigger than God. They came from Him! Moreover, they are not bigger than the believer (1 Corinthians 10:13).[10]

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[9] 2 Corinthians 1:8-10; 4:8-10; 6:23-28; 11:21-31; 12:7-10: Paul describes God's providence – what some would call *life*. He did not drown in feelings and circumstances. He viewed himself, his friends, and circumstances from God's perspective. He was a victor in them and he used them to become more like Christ.

[10] 1 Corinthians 10:13: *no temptation has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted he will also provide a way out so that you can stand up under it.* God is faithful: 1:9; 10:13. If you are in Christ, you are called and equipped to be faithful as well! True hope exudes from this truth. God knows Himself and His people.

It also refers to the person's response to God and His providence which is a theological issue. The person's thoughts, desires, and action in response are a reflection of the importance he places on his relationship with God and the way God is running His world.

The key is bringing these truths to bear on and benefit the person (see footnote 6: Romans 8:28-29; Genesis 50:15-21). We do not want to minimize or maximize the problem; but we do want maximize the God of the problem and the person's relationship with Him. This requires the Holy Spirit and His gifts of wisdom and courage, and requires the believer's communication with the triune God via prayer and a desire to become more like Christ.

Five: The counselor-physician is to help the person *come to his senses* as described by Asaph in Psalm 73:16-18 and Prodigal Son in Luke 15:17-18). What a wonderful true coming out of the darkness into the light!

The counselor-physician presents biblical truth. Biblical truth is not intended to be a club. Rather biblical truth is God's truth in written form (the Bible) that is an expression of Him! It is love in letter form delivered by a Person, Jesus Christ, and safeguarded and energized by another Person, the Holy Spirit (see footnotes 1-2).

Truth must be presented to the person that is most appropriate for him in his situation. It must be given in the context of the person's willingness to learn and his spiritual maturity. It is to be given in the context of relationships: counselor to counselee, doctor to patient, and the person to God in Christ by the Holy Spirit.

Used in this way, God is glorified and the person is strengthened in the Lord. That strengthening may be manifested by improvement in their symptoms and their disease.

Six: They are specific biblical principles that apply to all aspects of life in every situation. These include Romans 8:28-29; 2 Corinthians 5:9; and Psalm 118:24. [11] I use these together, but I have learned to be careful with the use of Romans 8:28-29. It is great passage but it must be used humbly and carefully. You are bringing the person face-to-face with the living God and often the person is not enamored with how God is running his world. They may even deny that He is!

Seven: An important to note: I have had people tell me that they appreciate the fact that they will have a glorified body in heaven. That pictures the *not yet*. For many that can be a good start. Then they follow with the statement that they were wrong in "being on God's case" for giving them the body that they have. That seems even better. But then comes *but: I can't wait until heaven. I need a new body now. How will I make it with such a bad situation*? They are ready to punch out of life.

These raise deep and serious theological issues. They require proper theological answers. The person has not experienced the joy of pleasing God by developing Christlikeness. He doesn't understand or ignores the *oyster metaphor* (2 Corinthians 5:9, 14-17). The oyster uses irritation to make a pearl. For the believer, the pearl is Christlikeness. One of the lessons of the cross is joy through grief and gain though pain. It is not the situation that is the key but the believer's response to it.

Scripture such as Romans 5:1-5; James 1:2-3; 1 Peter 1:6-7, 1 Corinthians 10:13 and 2 Corinthians 12:7-10 are important but how much Scripture and truth does one need to bring to a person for him to change? Those are wise issues. Many dig in their heels and fight God. They live the lie.

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[11] See Romans 8:28-29: footnote 6; 2 Corinthians 5:9*: So we make our goal to please him, whether at home in the body or away from it.* Psalm 118:24: *This is the day the Lord has made; let us rejoice and be glad in it*.

Most believers especially in the midst of significant body problems are not interested in "growing their faith." Many believers do not consider the gift of and use of saving faith as important. The Giver, the Triune God, does not give bad gifts. The key is the use of the gift – the person proving faithful. Growth in Christ is the way of the cross: gain through pain, joy through grief (John 16:20-22, 33). [12]

Eight: We must help people redeem their time (Ephesians 5:15-18). We must help them understand that the key is not suffering or what the person experiences. Circumstances including tough and hard times are part of God's providence designed to remove the dross so that faith is proved genuine. [13]

Dross, in the form of self-pleasing, is removed as the person responds to the situation in a God-honoring way. Thoughts and desires will change and come in line with biblical truth. Actions will follow. Life is simplified and God is glorified.

Circumstances and diseases do not change a person. They are the context for the person to grow in grace and knowledge of our Lord Jesus Christ or in self-pleasing (Galatians 5:16-18; 2 Peter 3:18). [14]These are non-negotiable truths. When they are denied, the person hurts himself and God's name and cause is harmed.

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[12] John 16:20-22: *I tell you the truth you will weep and mourn while the world rejoices. You will grieve but your grief will turn to joy. A woman giving birth to a child has pain because her time has come; but when her baby is born she forgets because the anguish because of her joy that a child is born into the world. So with you: Now is your time of grief but I will see you again and you will rejoice and no one will take away your joy*. 16:33: I *have told you these things =so that in me you may have peace. In this world, you will have trouble. But take heart! I have overcome the world.*

[13] James 1:2-4: *Consider it pure joy my brothers, whenever you face trials of many kinds, because you know that the testing of your faith develops perseverance. Perseverance must finish its work so that you may be mature and compete not lacking in anything*. 1 Peter 1:6-7: *In this you greatly rejoice, though now for a little while you may have had to suffer grief in all kinds of trials. These have come so that your faith – of greater worth than gold, which perishes – may be proved genuine and may result in the praise and glory and honor when Christ is revealed.*

[14] Galatians 5:16-18: *So I say, live by the Spirit and you will not gratify the desires of the sinful nature. For the sinful nature desires what is contrary to the Spirit and the Spirit what is contrary to the sinful nature. They are in conflict with each other, so that you do not do what you want. But if you are led by the Spirit, you are not under law*. 2 Peter 3:18: *But grow in the grace and knowledge of our Lord and Savior Jesus Christ. To him be glory now and forever.*

Nine: Help people develop a real love and admiration of and for the Triune God. Eternal life starts at salvation and continues unto heaven. [15] No matter feelings and circumstances the believer has a piece of heaven via the indwelling Holy Spirit. They have a relationship with the Triune God in Christ by the Holy Spirit. God keeps His promises. He is trustworthy! The cross proves it and the Resurrection affirms it. [16]

Therefore the person will use what he does not like for growth in Christ. Becoming more like Christ is what the believer was re-created to do. Pleasing God in the situation is one of the lessons of the cross. The believer does not rejoice because of hard times. He does rejoice in them by focusing on God's program to use them for growth in Christ.

Paul gloried in hard times – he was not a masochist (2 Corinthians 12:7-10). He coveted becoming more like Christ. He knew he had to strip himself of himself – self-dependence and self-sufficiency. This is one lesson of the cross!

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[15] John 17:3: *Now this is eternal life: that they may know you, the only true God and Jesus Christ whom you sent.* Romans 6:9-11: For we know that since Christ was raised from the dead, he cannot die again; death no longer has mastery over him. *The death he died, he died to sin once for all, but the life he lives, he lives to God. In the same way, count yourself dead to sin and alive to God in Christ Jesus*. Colossians 3:1-3: *Since, then, you have been raised with Christ, set your hearts on the things above, where Christ is seated at the right hand of God. Set your minds on the things above, not on earthly things. For you died, and your life is now hidden with Christ in God*. 1 John 3:1-3: *How great is the love that God has lavished on us, that we should be called children of God? And that is what we are! The reason the world does not know us is that it did not know him. Dear friends, now we are children of God, and what we will be has not yet been made known. But we know that that when he appears we shall be like him, for we shall see him as he is. Everyone who has this hope in him purifies himself just as he is pure.*

[16] Romans 4:25: *He was delivered over to death for our sins and was raised to life for our justification*. Romans 5:5: *And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us*. 2 Corinthians 1:20: Fo*r no matter how many promises God has made they are "Yes" in Christ. And so through him the Amen "is spoken by us to the glory of God.*

CASE REPORT: SYSTEMIC LUPUS ERYTHEMATOISIS

Ms. Brown[17] is a 24 year old single lady a recent college graduate. She began her teaching career in elementary education. She is in the office because she has developed aches and pains, fatigue, and recently a rash on her face. She saw her local physician who did blood work. She said: *I have a positive lupus test and I don't know what that means*. She says she is all new. She reports: *I am here for help*.

Ms. Brown has been an active lady. She is excited about her new job but does not think she can continue unless she gets help. She was concerned but "not too much." She wanted to get on the Internet but decided that it was not a good idea.

She goes to church and sings in the choir. She is trying to stay active but she tires so easily and her joints ache. She knows other people with Lupus and knows it "does all kind of things."

She told me that she is otherwise healthy. She usually does not go to the doctor. But now she must. She wonders what I am going to tell her. Even though she is young she is a listener.

She tells me there is much uncertainty: hard work to get in school; once in, hard work to keep up with her studies; hard work to keep her scholarship; and hard work trying to say active in church. She said: *now this*. At times her energy seems gone and she does not know where it went or how to get it back.

She reports she has always "pushed" but now it is harder. She tells me: "my parents are great and they wonder about me. The church is praying for me and my boyfriend wants to know what I have and what he can do to help."

I appreciated her honesty and said we will start at the beginning. I told her I have a series of papers that I give every new patient (and counselee). They give basic facts and principles

[17] See footnote 5

about many conditions including a group of diseases called the Connective Tissue Diseases (CTD). The papers are designed to help the person get victory in the problem. They probe the person's thinking and wanting. They introduce the reader to the beauty and value of biblical stewardship.

After reading the papers, she is to answer the questions at the end of each paper. We will review the information when she returns. I told her my usual approach was to listen; and to understand where the counselee-patient is coming from. I will do appropriate laboratory and radiographic studies; and then draw conclusions.

The papers were hers to read, to study, and to do homework: answer the questions. In that way I will know more of her and she will know more of me and the issues that we are facing together. They are geared to inform and instruct, to encourage, to direct, to give hope, and to enable her to get victory in not necessarily out of the problem. Hope comes and is strengthened in knowing and doing based on a proper focus and motivation. She said she liked that approach. That was a good start. I took that as another good sign!

I asked her if she had spoken with her pastor. She told me he prayed with me. I told her that was an excellent start and I would help her *put legs on those prayers*. She liked that as well. I told her she could bring her parents, boyfriend, and or her pastor next visit if she so desired.

I gave her a brief overview of what we may be facing. The positive "lupus" test refers to a blood test called an antinuclear antibody test (ANA). I also told her there is much information about a group of disease called CTD of which SLE is one.

I told her to read what she wants on the Internet but bring the information back with her. The diseases in the group share similar symptoms, signs, and blood tests. At this juncture I told her it was important to make a distinction between a symptom and a sign.

A symptom is a statement describing something that only the person knows. Fatigue and pain are symptoms. They may or may not that indicate something is wrong with the body. A sign is an objective finding. For instance, feverishness is a symptom and a reading on a thermometer of 102 degrees is a sign. It is verifiable by some tool.

She determined, correctly, that her rash was a sign. A sign indicates that something is wrong in and or with the body. This is another important fact. Her symptoms of fatigue and pain may indicate something with the body not just in the body. Blood work and radiographs will be helpful. She said let’s get started.

I told *whoa*: I needed to examine her! She complained of pain on palpation of her joints and she had mild puffiness over her knuckles (her MCP joints). She had a facial rash that most people would describe as a butterfly going across the bridge of the nose. She had no evidence of color changes compatible with Raynaud’s in her hands or feet.

Blood word and radiographs would be needed before we make a final diagnosis and recommend a long-term treatment plan. There was short term therapy which we should institute then. She agreed. We prayed together and I asked to pray for me. She said she would.

She returned and reported a positive response to the medications. She read the information and answered the questions. I was overjoyed for a number of reasons: she returned even though by herself; she is a young lady with a potentially serious disease; she did her homework; she told me she prayed for me; and she had improved. The swelling and rash were gone. As far as family and boyfriend, she told me everyone was busy and they trusted her but they may come next time.

I told her to put on her thinking cap because there was an abundance of information to review. The diagnosis of SLE can be quite easy in some patients. I told her blood work helps separate SLE from other CTD.

She understood that the term ANA stands for a series of antibodies, proteins that react with certain other proteins in the nucleus of cells. Thus they are called ANA. There is much misinformation about the test.

The protein itself does not cause disease. There is only one ANA that is cytotoxic (harms the body but it does not cause SLE). Also many people, especially older people, have low amounts of the antibody in their blood. A positive or negative test is not the key; it is how much and which kind. She did have a high-titer positive ANA. Thus a young woman with aches and pains, fatigue, swelling in her MPC joints, a butterfly rash coupled with two negative rheumatoid factors makes the diagnosis of SLE secure.

She had pertinent negatives: more specific ANAs were negative. She was not anemic and her white count and platelet count was normal. Most importantly, she had no kidney involvement. Her SLE seemed to be relatively mild and easily treatable. She said she did not know that was possible.

She told me she had prayed. I asked for what? She told for healing. I asked her if she read another paper I wrote and she said yes. I told her we would consider them next visit. She agreed. We prayed.

EXPLANATION AND DISCUSSION

What a great start. It was easy! The diagnosis was simple; she had only a few organs involved; she responded quickly to medications; and she was excited. SLE is considered a

chronic disease; often chronicity is marked by "good and bad days" and represents a challenge for every patient including believers.

Counselees-patients need to know – to be informed –that there are many avenues for obtaining information. Gathering information must be for the purpose of gaining knowledge and imparting wisdom - the proper use of knowledge.

I needed to teach her. I was disappointed that no one came with her. I did not push that fact but I will address it at a later time. Sometimes patients are *go-it-alone* type of people which can be an issue. Others want everybody to know. It is important to determine what drives both of those motivations.

Previously, I had given this lady a review of CTD. The term applies to a group of diseases which may have arthritis as a manifestation but they form distinct clinical syndromes. They are characterized by specific and distinct clinical and laboratory features which separate them from each other and Rheumatoid Arthritis (RA).

The term connective tissue indicates the diversity of tissue and organs potentially involved. The CTD include systemic lupus erythematous (SLE); polymyositis, scleroderma, Sjogren's syndrome, Mixed Connective Tissue Disease (MCTD), and vasculitis. These diseases share multiple organ involvement including joint involvement, chronicity and acute flares and exacerbations.

SLE is a disease usually of young women (fifteen to forty years of age) but also strikes older men (greater than sixty years of age). It involves multiple organs including the skin, the joints, the pleura (the lining of the lung), the lung itself, pericardium (the lining of the heart) and the kidney and central nervous system.

SLE is an inflammatory disease. The inflammation can affect many different body systems, including joints, skin, kidneys, blood cells, brain, heart, and lungs. That statement is true but I wonder sometimes how helpful it is. The nature of SLE is such that it can affect many or only a few organs. Routine follow-up is an example of good stewardship. The counselee-patient has to be careful not to assume that every symptom is a sign of active and progressive disease.

In addition, disease involvement is different for every patient-counselee. Too much or too little information can be a burden to a counselee-patient. The practice of biblically-based counseling and medicine includes developing the proper balance.

The counselor is usually not a physician and if he is, he may not be the counselee-patient's doctor. The counselor should have some knowledge of the physical and material including the body if he or she is going to help the counselee-patient function as God's kind of patient.

SLE has a variable presentation, course, and prognosis. A person may present solely with skin involvement (there are several types of Lupus of the skin), joint pain, and fatigue. This was the case with our patient. In a young female especially if she is black, with this lady's presentation, SLE must be considered first and excluded.

Because of the systemic nature of this disease, patients may complain of not feeling well generally; fatigue; feverishness with or without fever; total body weakness; and lassitude or exhaustion. Joint pain is the second most common manifestation and can take the form of synovitis – inflammation in the lining of the joint. Usually the person complains of multiple joints that hurt.

It was not until 1948 that a blood test (called the LE prep) for this disease was developed. Subsequently ANA testing was developed in the 1970s and now a plethora of ANAs are used routinely for screening and diagnosis. These antibodies are most often non-cytotoxic and serve as markers.

The testing is quite sensitive which has created a problem. Increased sensitivity (as previously mentioned, more frequent positive tests often of small amounts of antibody) is not uncommon in the normal especially older population. Wisdom is required for proper interpretation of any test, especially a positive ANA.

Other tests are done that relate to disease activity and disease severity. Blood tests are quite important in all the connective tissue diseases but must not be over or under-interpreted.

With the advent of these newer blood tests, much has been learned about the natural history of SLE and treatment has improved. Kidney failure and infection remain the most common causes of death but early and aggressive therapy slows down or prevents progression of the disease.

Vigilance as part of good stewardship is important. To improve long-term patient outcomes, management should aim at attaining low-disease activity or remission of disease thus minimizing symptoms and signs and preventing of organ damage; minimization of drug side-effects, and improvement in general health. Prevention of disease flares has become a milestone in the treatment of SLE.

Complete remission (defined as the absence of clinical activity and without the use of corticosteroids and immunosuppressive or immuno-modulating drugs) is infrequent, but control of the disease is quite achievable. Increasing flares of the disease signal the need for a medication change.

People with SLE may have a prolonged survival and SLE can be mild. However, disease comes in all shapes and sizes. One patient may have multiple organ systems involved. Others may have one or two systems involved but if those include the kidney or the Central Nervous System, then more aggressive therapy is needed.

Treatment includes education as we have discussed. SLE tends to wax and wane. Sometimes the patient can underdo or overdo. Moderation is a key. I urge the counselee-patient to complete the task or tasks in God's strength for His glory moment by moment.

Treatment options are many and the number of agents is growing. Medications include cortisone-like drugs which are used aggressively and early to control the disease and then tapered as the disease is controlled.

Plaquenil or hydroxychloroquine is a staple for treatment. Long-term use requires yearly eye checks. These two drugs are what I called the *old standby*. Drug treatment carries risks but SLE that is out of control carries a greater risk. Good stewardship poses no risks and is required for proper treatment.

In addition, they are the so-called immunosuppressive agents that include such drugs as Imuran, Cellcept, Cytoxan, and even Methotrexate. Newer agents are available and include biologic agents such as Rituxan and Benlysta. Many more are on the horizon.

The increasing number of medications available offers the possibility of better control of the disease. Good stewardship requires the counselee-patient to have some idea of the drugs that God in His providence has provided.

On return, our patient was informed. In God's providence, this young lady had potentially big-time disease. My job was to minister to her. How would I do that? I needed to "know my stuff. " As a Christian physician (and counselor) I needed to function as God's agent. If I had

little knowledge or much knowledge but I did not convey it to her properly, I would dishonor God.

By giving her knowledge and wisdom, she was in a better position to make wise, God-honoring decisions. Sometimes taking care of SLE is much simpler than taking care of the patient! The PBBM and PBBC means I start where the person is and build on it with God's truth.

Godly Stewardship is a biblical mandate and a key issue. I informed this young lady about several things. The immune system is God-given and before Adam's sin served as protective system.

The fall brought God's judgment. The immune system functions now as a bodyguard against invaders. A normal immune system consists of a number of groups of cells one of which is called B lymphocytes.

These cells make proteins including antibodies that help destroy and control harmful substances such as viruses, bacteria, and germs. Vaccinations including polio, measles, and mumps stimulate the immune system – the B cells - to make protective antibodies.

A normally working, immune system fights what may be called non-self. But in SLE for whatever reason the immune system is "turned on" and produces antibodies. These antibodies can combine with other proteins and damage the body in a variety of ways. In some way, normal body tissue either becomes the target or functions as an innocent bystander.

There is much information that is available for patients on SLE. Some patients what to have much information and others do not. Medical science does not have all the answers but it has more now than when SLE was initially discovered. Understanding the immune system helps the counselee-patients understand which drugs may be recommended by the physician.

Some people just want to get on with treatment. Our lady wanted some understanding of the disease process. She was thankful for having a diagnosis. Now she was faced with the task, some would call it a burden, of how to respond to this God-given situation. Many may deny that latter fact. However, a response to SLE, or any disease, is a response to God. She said she understood that fact which was a step in the right direction in helping her to be a godly patient.

What else would this lady need in order to get victory in her problem? The concept of victory is magnified only in PBBM and PBBC. It begins with the truth that the counselee-patient is a person with a problem not simply a problem.

Therefore, she is a creature made in God's image. Since she is a believer, she has a new identity – she is a child of God in His family. God is her Father, Jesus is her brother, and the Holy Spirit is her constant companion. However, those truths may seem so distant. They may seem unreal, impractical, and or irrelevant given her circumstances. How will you, counselor-physician, help this lady? How will you define help?

THE ROLE OF BIBICAL COUNSELING

Everyone is a theologian – a good or bad one – and life is theological (he has a belief about God, a relationship to Him, and the person is a covenant, dependent being). Therefore, every person faces the living God – he is living *Coram Deo*: before the face of God. God is our environment – there is no escaping God. [18] The counseling room and the physician's office are places where theology proper and anthropology must properly interface.

[18] Consider Psalm 139; Proverbs 5:21-22; Jeremiah 23:23-24; Amos 9:2-4 which focus on God's omniscience and omnipresence.

Generally, the believer does not want to be out of the presence of God. However, Scripture records both the burden of God's presence and its blessings.[19] The whole issue of growth in Christ is brought front and center when people are faced with illness. Many illnesses come simply as the result of the curse of sin (Romans 5:12-14; 2 Corinthians 4:16-18).[20] Failing bodies are a reality in God's world. Others come directly from the person's own sin or the sins of others.

Our counselee-patient did not voice any specific theological issues but she was faced with the ever-pervasive issue: how should she then live? This question and its answer takes center stage in what some theologians call God's hard providences. SLE would qualify as one of God's hard providence especially in a young lady. Only the truth will set her free. Only truth will lead her in the way of victory. The practice of biblically-based counseling and medicine are to be handmaidens that will help the person get victory in the problem, not necessarily out of it.

I define victory this way: it is being controlled by biblical principles rather than one's feelings, wants, and desires. It consists of pleasing God by applying His truth in the situation rather than following self and one's own logic divorced from biblical truth. It is manifested by using trouble as an opportunity to become more like Christ in thought, desire, and deed. The condition is the context in which the believer dies to self-pleasing and grows in pleasing God.

The concept of victory especially amid trouble is counterintuitive and certainly countercultural. But it is decidedly biblical! How will that look in the counseling room, in the office, and at home?

The counselor does not need to be a rheumatologist. But he should know basic medical facts. For instance, there is an abundance of articles that teach *the disease did it to the patient.*

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[19] See 1 Samuel 5:6 God's hand represents His presence); Psalms 32 and 38; Job 6:4; 10:3; 23:2, 16; 30:24-31; 33:7; Psalms 40:1-4; 42:1-5, 11; 43:5; 51:10, 17.
[20] See footnote 6

The culture's tendency is to blame God and His providence for so-called *emotional* and *psychological* problems of counselees-patients.

I am not speaking only of joint, skin, kidney, or lung problems. I am speaking of the person's thinking and wanting in response to God and circumstances. *The disease made me think and desire the way I am doing.*

Article after article speaks of patients "being depressed and anxious." Often, they arrive at this conclusion based on answers to questions in a two-question questionnaire. The answers reflect actions and inactions based on feelings and feeling-directed behavior.

Unwittingly or perhaps wittingly, the person's *mental problems* (actually the person's thinking and wanting in the context of God's providence) are attributed to God's providence with resultant bondage. However, biblical truth steps in and steps up debunking the idea that a person is a victim. Biblical truth helps the person see with the *eyes* of saving faith and true hope.

One basic truth for all of life is the fact that failing bodies are part of God's judgment and the curse of sin (Romans 5:12-14; 2 Corinthians 4:16-18). No one outruns the curse of sin but the degree of physical problems in any patient does not reflect their sinfulness (see below).

However failing bodies are not in the counselee's-patient's plans. When faced with disease a common response for the believer is: what God is doing? Doesn't He know better? At least the person has a vertical reference!

A logical question follows: what am I going to do. No pill or therapy will resolve the conflict. In response, it is easy for counselee-patient to pursue his own agenda thinking it is God's! Being wise in one's eyes is a common lifestyle for believer and unbeliever especially when bodies are not functioning as the person wants (Proverbs 3:5-8). [21]

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[21] See footnote 8

Often times, a person perceives himself in a tunnel that seems so long, at a mountain that appears too high to climb, and in a hole that seems so deep that he begins to drown in feelings. The feelings are real but he is in danger of living the lie: *I am my feelings and they have nothing to do with thinking and wanting about me and God.*

Consider Job. God used Satan as His instrument to afflict Job. Satan was God's instrument to bring *big-time* problems in Job's life (Job 1:13-19). Yet, in verse 22, the author through the Holy Spirit wrote: *in all these things Job did not sin by charging God with wrong doing!* Job started well! But his body was not directly affected.

Then a second round ensued. Satan was after God. He used Job's body as his target. Satan envisioned that Job's deteriorating physical condition would certainly be the downfall of Job AND God. If Job cursed God, God would be proved a liar and a loser, someone not to be trusted! Satan was after God through Job! He used Job!

Initially Job depended on God and was willing *to be still and wait* on God's control (Psalm 46:10). When God did not perform in a timely fashion as Job thought He should, Job demanded God to explain Himself. He took God to court! However, in the end (Job 38-42) God *whoa-ed* Job – great word *whoa*!

Moreover, Job's sin or sins were not the cause of his problems. In way Job was a type of Christ, although an imperfect one! Job's situation was a preview of the cross. Job and his friends did not understand the cross.

In the end, Job repented and interceded for the friends whose counsel was wrong. Job was introduced to God in a way that he had not been (Job 38:1-42:6). Job was overwhelmed with the greatness and goodness of God. He was healed but only after Job came to his senses (Job 42:5-6; see Asaph's and the Prodigal Son's conclusion in Psalm 73:21-22 and Luke 15:17-18).

God does not promise physical healing in this life. He did not give it to Jesus or to Paul (2 Corinthians 1:8-10; 4:8-10; 6:23-28; 11:21-31; 12:7-10). God explains in a general way the reasons for hard times. These include:

- Growth in Christlikeness as the Christian oyster. The oyster uses irritation to make a pearl (2 Corinthians 5:9, 14-16). Man was saved to be like the only person God was truly pleased with (Matthew 3:17; 17:5); becoming like His Son pleases the Father.
- Refine and purify the believer's faith and faithfulness (Romans 5:1-5; James 1:2-4; 1 Peter 1:6-7). Many believers are unaware that the gift of saving faith must be refined. Proving faithful is imitating Christ. Many don't like God's ways; from their standpoint, their faith and faithfulness is "just fine." Job found out that was not the case even though God had labeled him as *blameless and upright; he feared God and shunned evil* (Job 1:1, 8; 2:3).
- Hard times are not the key. It is the believer's use of them: to become more like Christ. The Triune God and Jesus Christ never exalted hard times and the person's experience.

Suffering is a commonly used term. It can refer to the person's response to God and His providence. That is a theological issue involving a person's thoughts, desires, and actions. The person's response is a reflection of the importance he places on his relationship with God and the way God is running His world.

Suffering can also refer to that which is outside of the person – his experience and God's actual providence. Some people have difficult times judged by anyone's perspective. However, these times are never bigger than God. In fact, they came from Him! Moreover, they are not bigger than the believer who is in Christ indwelt by the Holy Spirit (1 Corinthians 10:13). [22]

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[22] See footnote 10

The key is bringing these truths to bear on and benefit the person (Romans 8:28-29; Genesis 50:15-21).[23] We do not want to maximize the problem; but we do maximize the God of the problem and the person's relationship with him. This requires the Holy Spirit, wisdom, courage, and prayer.

WORDS TO THE COUNSELOR-PHYSICAN AND THE COUNSELEE-PATIENT

I encourage both counselor-physician and counselee-patient to listen, to learn, to love, in order to change. This linkage is seen most clearly in 1 Peter 3:7, but the principle is applicable to every relationship. Only the person knows his thoughts and desires. So the counselor must ask. Moreover, everyone has an identity and purpose; he pursues his purpose by setting goals and an agenda.

The diagnosis of SLE carries much baggage. Counselor-physician needs to know basic facts. Even as a physician-counselor, I am careful not overstep my bounds. The counselee-patient may not be seeing me as her physician. I minister God's truth to her in the context that God has provided.

Some people may say that their disease is *active* and *ongoing* and that is why they feel bad. They may use their disease to give in to feelings and give up on personal responsibilities and God's grace. They may use the disease as a reason to punch out of life – out of God's providence. That can't be done and the futility that ensues only worsens symptoms.

You can help the counselee-patient separate symptoms and signs and direct her back to her physician. Perhaps he will speak with you with the counselee's-patient's permission. No matter the severity of the disease biblical truth still applies. Generally, patients with SLE on dialysis face a tough life. Renal failure takes a toll on the body. Again biblical truth steps in!

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[23] See footnote 6

It is the time to review 2 Corinthians 4:1, 16-18: the believer is admonished and encouraged not to give up. In fact, he is given reasons why not to: in verse 1, there is a ministry to perform; in verses 16, there is inner-man renewal; in verse 17, the experiences of this life are short-lived when compared to eternity; and verse 18, the believer has new "eyes" – the eyes of saving faith and true hope. These spectacles enabled him to *see* beyond trouble and failing bodies to the Triune God who created him, redeemed him, sustains him, and is bringing him home to glory. Therefore, life is worth living as a God-pleaser. [24]

Help the counselee-patient agree:

- That relationships matter;
- That he follows Christ as he develops an eternal perspective (Hebrews 12:1-3); [25]
- To grow in his understanding, awe and appreciation of the greatness of God in saving and sanctifying him and therefore in becoming more like Christ (Romans 8:28-29).

Each of these truths has their own inherent ability to set the person free. You will need to help the counselee-patient apply these truths in their daily life. Convincing people from God's word that God is powerful and good; and that His control is for His glory and the benefit of His people is heavy theology especially when patients have diseased bodies. Only the Holy Spirit brings change from the inside out. But the counselor-physician is to be His instrument.

Know your theology. I am not referring simply to orthodoxy (doctrine) but orthopraxy (biblical truth applied) as well. The counselor-physician must be convinced and confident that

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[24] See footnote 6

[25] Hebrews 12:1-3: *Therefore, since we are surrounded by a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles and let us run with perseverance the race marked out for us. Let us fix our eyes on Jesus, the author and perfecter of our faith, who for the joy set before him endured the cross, scorning its shame and sat down at the right hand of God. Consider him who endured such opposition from sinful men, so that you will not grow weary and lose heart.*

every problem in and of life is theological. Every answer has some connection to God and His truth (2 Timothy 3:15-17; 2 Peter 1:3-4). [26]

Confidence in the Word and the God of the Word must breed confidence in the counselor's-physician's use of it. The counselor has an advantage. The person is seeing him or her with a narrow agenda. In the doctor's office, the physician has a limited amount of time. He must know his theology well and be able to minister it in a timely fashion. Both counselor and physician must grow theologically and in their ability to present God's truth.

Counselor-physician: get excited about God and His truth. The Bible is not a medical textbook; it was not written for that purpose. But the truth relating to the whole person – body and soul/heart – is mind-boggling and there is much truth that is untapped in terms of application to patients with various physical conditions. Never be embarrassed by God's truth. Rather cherish it by using it (Proverbs 2:1-11).

Now a word to both counselor-physician and counselee-patient: I have had people tell me that they appreciate the fact that they will have a glorified body in heaven. That pictures the *not yet*. For many that can be a good start. Then they follow with the statement that they were wrong in "being on God's case" for giving them the body that they have. That seems even better.

Now I ask them if they have repented and if they have a daily faith/hope -in -action plan in place to break the pattern of sinful wanting and thinking. Their answer is telling. So often what follows is *but*: I *can't wait until heaven. I need a new body now. How will I make it with such a bad situation?* They are ready to punch out of life. This is serious situation. It is much more common than I initially thought. It may not be verbalized outwardly but it is inwardly.

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[26] 2 Timothy 3:16-17: All Scripture is God-breathed and is useful for teaching, rebuking, correcting, and training in righteousness so that the man of God may be thoroughly equipped for every good work. 2 Peter 1:3-4: *his divine power has given us everything we need for life and godliness through our knowledge of him who called us by his own glory and goodness. Through these he has given us his very great and precious promises so that through them you may participate in the divine nature and escape the corruption of the world caused by evil desires.*

These statements raise relational and deep theological issues. I ask myself: do I know the counselee-patient? How will I minister to them? They require proper theological evaluation and answers. So I learn by asking. Often the answer is a result of number of factors. The fact that all bodies fail, some faster than others, presents a theological crisis. We need to be ready.

The above person has not experienced the joy of pleasing God by developing Christlikeness. At the very least his desire to have a non-failing body overrides his desire to please God. There are no medications that will "fix" this mindset.

Proper theology takes us back to God: who He is and what has He done and is He doing, and moves us to the person: his response to God and his situation. Biblical truth requires that the person define his view of God, himself, and his situation. His answers give the counselor-physician a place to start.

Quite often the person has not heard of, understood, or perhaps ignored the *oyster metaphor*. The oyster uses irritation to make a pearl. For the believer, the irritation is a failing body and the pearl is Christlikeness. God uses the oyster to teach His truth. The metaphor does not teach the believer to go look for irritation. It will come (Romans 5:12-14; 2 Corinthians 4:16-18)!

These passages teach that there is something far better and more valuable than relief. God is not against relief or even cure. He is against using Him to get it or railing at Him when it does not come. Rather there is something more profound and satisfying that bodily cure. It is pleasing God for His sake thus imitating Christ (John 4:31-34). [27]

[27] John 4:31-34: *Meanwhile his disciples urged him: "Rabbi, eat something." But he said to them, "I have food to eat that you know nothing about." Then his disciples said to each other, "Could someone have brought him food to eat?" "My food, "said Jesus, "is to do the will of him who sent me and finish his word."*

Too many facts may not be soothing or satisfying. If that is the case, they can't know the cross and the Christ of the cross. Such it was with Job even though he initially trusted God and His control. God did not leave him to himself. He won't any believer.

One of the lessons of the cross is joy through grief and gain though pain (see footnote 12: John 16:20-22). It is not the situation that is the key but the believer's response to it. This simple principle is well-known and experienced. The athlete who goes for and is satisfied with the "burn" felt in muscles after a vigorous, body-strengthening workout. Or consider the mother who desires pregnancy even though the pain is increasing and crescendos during labor. Why would she do such a thing? She is after the gain – the baby!

To the counselor-physician: help the person get involved in functioning as a good steward. Be willing to ask questions that help move him to being a God-honoring steward. Biblical stewardship is not a trick or ploy to get from God. Its motivation is to please God.

The person's SLE did not take God by surprised. Therefore, help the counselee-patient develop a biblical grid that helps him grow in his understanding of God in His world of saved sinners and failing bodies.

Counselee-patient: believer, God saved you with and for a purpose: it is not simply to take up space! Rather, 2 Corinthians 1:3-4 teaches a profound truth: *blessed be the God of all comfort*. You have been comforted in your salvation but also in life after salvation.

Therefore, you must be able to define God's comfort (*parakaleo*: coming outside of another) because you are to comfort others. This is a privilege and blessing but it is also heavy weight. You are to define God's comfort of you and develop a plan on how you will comfort another with the same comfort that you have received.

In that way, the true circle of life is completed (1 John 1:7-12, 19): you love as you have been loved by God who you can't see; as a result you love people whom you can see. God's love and comfort are twin pillars for victory in any situation! Everyone wins! Praise the Lord!

CASE REPORT: FIROMYALGIA (FM)

Mary, 62 year-old married, retired nurse complains of *all-over-pain* and has a diagnosis of FM and depression. [28]Pain is from head to toe especially along the spine being present for some two decades. Fatigue is a constant companion. She did not describe joint swelling or redness.

For her, "life was the pits." She knew her attitude didn't please God, but she said she had no other alternatives. Various medications were prescribed but without "better feelings." She said: "I am in a black hole: a long, dark tunnel with no way out." She was down and almost out.

She wanted to two things: a proper diagnosis and help. Pain worsened when she did too much or too little, and when her thinking and wanting focused on "doing everything like I used to." She hoped to return to her former status. As a believer, she knew God was in control *BUT*. She stopped with *but*. She did not think of any redeeming purpose in her life.

I asked her how I could help; she told me that listening was a good start and wondered if I would be any different from others. On physical examination she had important negatives. Her joint and muscle examinations were normal. She did complain of pain in so-called *trigger points.*

I completed the initial work-up by ordering radiographs and laboratory testing. I gave her some homework, a series of papers that I give every new patient. The papers review the spectrum of rheumatic diseases and help probe the person's thinking and wanting. They gently introduce the beauty and value of a biblical approach to life including her present situation.

I wanted to be a blessing to her and the way to do that was to care for her as a whole person – thoughts, desires, and actions in regard to all of life. She had never heard that before and asked if it was a new approach. No, I said. I explained to her that I was taking care of her

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[28] See footnotes 5, 17

God's way. She said she hurt but she was beginning to have hope. I gave a simple and gentle exercise program.

At her return, she still hurt *but* it was different. From the homework, she understood certain facts:

- Pain is one problem from whatever source and her response is another;
- She understood the full spectrum of rheumatic diseases;
- Her response in and to her situation and symptoms of pain and fatigue were playing a role in hurting;
- She was not a couch potato although she found herself down and seated more than she liked; she was a goer and probably a control-junkie;
- The concept of victory had never entered into her thinking until now. She wanted to know more about this victory concept.

This lady had been drowning in a tsunami of feelings but wanted true whole-person help! But whole person, I explained to her that wanting, thinking, and doing occur in the heart – the inner person, and in the brain. The whole person includes both the material – the body – and the spiritual – the heart. She said she was intrigued!

Being comprehensive and clear is wise. Her initial workup showed no inflammatory or degenerative condition. She was thankful for the completeness. As a nurse, she appreciated learning some anatomy! I reiterated the reasons for and the value of completeness, and an exercise program correctly and faithfully done.

Being more comfortable, she told me of her bitterness and anger. She had no plans for addressing them in terms of thinking, wanting, and doing-not doing. Moreover, she added that she did not know where or how to start.

She agreed to read and study Matthew 18:21-35, Mark 11:25 and Luke 7:36-50. She was to continue her present program. She had come this far and said she was willing to continue.

At follow-up, she said: “I am feeling better because I am thinking better and differently.” She said she still hurt and fatigue was still a companion but she realized she had been living by *I want* and even *I deserve*. She told me she was coming face to face with God and it was hard. I asked her what she meant. She recognized the link between pain, feelings, and thinking and wanting in relationship to God’s control. She wanted something else other than what she had.

She said she did not need the prescribed medications, but she was afraid to stop them. She had been slowly decreasing the amount of medication without side effects or other changes. I asked her to consult the person who prescribed them.

She said she would continue what she started: the exercise program and the faith/hope-in-action plan. She realized she had to change her thinking and wanting. She had a taste of what that meant; she was satisfied with the results and desired to continue.

EXPLANATION AND DISCUSSION

Many patients, even believers, have no idea of or deny the link between wanting, thinking, feelings, and doing-not doing. They function as victims. They have no idea or reject the fact that hard times are under God’s providential control and are intended to be used for His glory and the their benefit. Few Christians embrace the concept of biblical stewardship as a joy, blessing, and privilege for developing Christlikeness.

Moreover, believers often expect, and even demand God to treat them better than He did His Son. The person may not say so, but he or she functions in that way. Our lady was experiencing the reality and consequences that her approach does not honor God and worsens her situation.

It is important for the patient-counselee and doctor-counselor to understand the difference between arthritis and rheumatism. I convey this information to the patient-counselee through direct discussion and the reading material. Moreover, I listen to the patient with an *inside -out* emphasis. I begin to discuss their thinking and wanting and its role in their symptoms.

I try to determine whether the person is after relief only and at what cost. If he is a believer, I determine what role his relationship with the Triune God in Christ via the Holy Spirit is playing. If he is not, I consider the patient in their situation as an opportunity for me to help him meet the living God.

Proper knowledge is a start for helping the person. Proper use of that knowledge moves the person further along the path to victory. Knowledge puffs up but love builds up (1 Corinthians 8:1). I give the person as much information as he or she can handle and needs in order to make wise decisions regarding stewardship.

It is important for the person to understand terms. Pain with or without the complaint of loss of function are the most common symptoms related to abnormalities of the musculoskeletal system. My working classification of rheumatism includes:

- Soft tissue rheumatism (STR): the problem is related to the tissue around the joint: muscle, ligament, tendon, and or bursae. Symptoms may be localized (such as bursitis or tendonitis or generalized, perceived as “all over” such as in FM.
- Hard tissue rheumatism is another name for arthritis which distinguishes it from STR. It results from inflammation such as in Rheumatoid Arthritis (RA) or degeneration (OA) in the joint itself.

- Immunological-mediated diseases include the Connective Tissue Diseases (CTD). All of these entities share common features with STR but they differ in terms of pathology, diagnosis, and treatment.

Most patients-counselees appreciate knowing this information! Pain is the most common symptom voiced by patients with STR, arthritis, or CTD. An important fact for all to know is the difference between a symptom and a sign. A symptom is the person's description of his problem; he tells another person. It is known only by the person. It is a not sign. A sign is something seen as well as described. For example, fever is a sign; it can be measured and verified by a thermometer reading. Feverishness is a symptom – it is subjective and is not verifiable. These distinctions are important to remember.

Next I review the history of FM. Its history is interesting and in some ways typical of medicine. The first accounts of the condition is said to be in the 1850s. Patients complained of total body pain; even though no cause was found, doctors considered the condition inflammatory. The medical field coined the phrase *fibrositis* in 1940s. Various anti-inflammatory medications were used including corticosteroids, but there was no improvement.

Moreover, the term fibrositis was dropped after no inflammatory component was found via blood tests or in muscle biopsies. Later, the term *psychogenic rheumatism* was coined. The term highlighted the role of a patient's wanting and thinking on symptoms. The secular world properly noted the link and interconnection between wanting, thinking, and feelings - pain complaints; however, biblical truth regarding God, man and "life" was and is still not considered even today.

In the 1970s, researchers latched on to the discovery of problems during the sleep cycle of patients who carried the diagnosis of FM The 1990s ushered in the phrase FM and numerous diagnostic criteria have been set up over the last fifteen years.

Now a diagnosis of FM does not require a physical exam. The diagnosis is based on the subjectivity. It is based on the patient's complaints of total body (widespread) pain, fatigue, and multiple trigger point areas, so-called tender points over a wide distribution of the body. Symptoms must be of greater than three months duration; the patient is to be otherwise healthy. However, it is recognized the symptom complex knows as FM can occur in patients diagnosed with various rheumatic problems including RA.

Typically, patients say "I hurt all over." Generally, the pain complaints do not follow any specific pattern and distribution of pain; the central or axial portion of the body (neck to buttocks) is the prime location.

Consider certain facts regarding the subject of pain. Doctors divide pain using various classifications one of which is related to location and origin. The terms *nociceptive* or peripheral refer to the concept that pain signals flow through the peripheral nervous system; the term *central pain syndrome* considers that the source of pain complaints is related to changes in various aspects of central nervous system (CNS) especially the brain.

A word about central pain is in order since many people speak of it especially in relation to FM. It is a hot topic. Centralized pain is referred to as *central sensitization* and *pain amplification.* The person is said to experience *pain-hypersensitivity*. People complain of pain when no stimulus seems to be present. An increased response to a painful stimulus is called *hyperalgesia*. *Allodynia* is the complaint of pain following a stimulus that is typically not pain-producing.

Results of functional MRIs have been interpreted as showing areas of increased and *decreased connectivity* in certain parts of the brain; changes in cerebral blood flow; and even changes in the brain volume. Based on these and other findings, FM is considered a *central-pain processing problem* and therefor a *central-pain problem*; other terms include a *disorder of pain regulation*, classified under the term *central sensitization*.

The assumption is that the tissue is normal but the problem is in *pain-processing* and perhaps transmission of pain signals. It is as if the brain and the spinal cord have "turned up the volume" for whatever reason.

Interesting! But what does this mean? Are the changes on MRI the cart or the horse? Are the changes primary or secondary? What is the counselee-patient and counselor-physician do with this information?

To answer those questions consider certain features of FM. Tender or trigger points take center stage in the description and diagnosis of FM. They are a basic to the diagnosis. These are areas that upon palpation the patient complains of localized tenderness. Nearby regions are not tender and the tender areas are specific and reproducible.

There is no evidence of significant pathological changes on muscle biopsy or biochemical muscle abnormalities. Interestingly, measures of muscle function before, during, and after exercise; measurements of various metabolites and lactate production during exercise; and complaints of muscle pain following exertion are remarkably similar in women with FM and sedentary female controls.

How should we respond to these findings including statements regarding pain amplification and sensitization, sleep disturbances, and complaints of fatigue? We know from the

Bible that sleep is a gift. Too little and too much sleep can affect how you *feel*. Similarly, stewardship is a blessing, and responsibility, and includes wanting-thinking, sleep, and exercise.

So what is this problem of pain-processing? Is it simply a matter too many or too few pain signals? If there is a problem with processing pain signals, is it the cart or the horse? Medicine approaches the problem as purely material and physical. I don't know if we will know the correct pathophysiology and its explanation, but we have enough information to be able to help people please God with the body that they have!

Moreover, there are other entities that are considered to be part of so-called *central pain* syndromes including irritable bowel syndrome, tension headaches, TMJ syndrome; and pelvic-bladder syndromes, The theory and concept of an abnormality of pain-processing is here to stay and compels counselor-physician to be knowledgably in this area.

Often, the counselee-patient speaks of wants that have become demand: *I have a right to a better body*. However, relief is far removed as the circle widens: grumble-complaints, resentment, increased or decreased efforts for relief – better feelings, anger that the patient calls frustration, and more pain. Often more drugs are suggested or referral to and for "mind-changing" therapies such as cognitive therapies.

Counselee-patient responses are often attributed to the condition itself as if the person is trapped and a victim to the situation and his body. The person tells you that pain worsens with periods of *stress. B*y stress he means life events. He also says that he is *frustrated*; by that that term he means he has become resentful, bitter, and angry. The person may say that when he responds in that manner, symptoms worsen. On the other hand, the person may say symptoms are there all the time; he may relate that his complaints of pain and fatigue don't change at the time of "upset-ness," but he experiences pain "after the patient and things "calm down."

Medical research has proposed various causes for FM but no conclusive evidence exists. Moreover, patients with the diagnosis of FMs are labeled has having various *psychological* problems. In fact, the number of trigger points are said to increase with “more stress.”

The labels include so-called *depressive disorders*, *anxiety* and *anger problems*, and even *personality problems*. Moreover, the secular world has operative terms for FM such as *pain disorders*: "pain-related emotional stress, cognitive state, and the behavioral disruption of daily life". Please note that the secular world realizes that a person’s desires, thoughts, actions, and feelings are interrelated. BUT: it gives no credence to biblical truth as an explanation and that the Bible radically and beautifully addresses all of these issues noted above.

Counselees-patients often focus on particular symptoms such fatigue, nonrestorative sleep patterns, insomnia, and the above *psychological* issues. You must ask the person to define each term especially depression. Depression, fatigue, and sleep problems are basically subjective issues of thinking and wanting with resultant feelings.

Depression is actually based on bad feelings as the person’s reason to give up completely or partially as the person gives in to feelings. This response is in reality a response to God and His providence. Only a counselor-physician, who practices BBM and BBC, will think in the above terms. Depression when defined as giving in to feelings and giving up on life is a serious problem before God

What is the proper response to medical information that is not straight-forward? We know that the Bible is not a medical textbook but it addresses living victoriously in a fallen world with a failing body. Biblical truth trumps theories and feelings. Changed thinking and wanting is to be done God’s way for His glory and the patient’s benefit.

The tendency is to treat symptoms: sleep, pain, or fatigue rather than gathering data and information by asking what is going on with *you*? Rather, ministering to the whole person is critical and interrelated. Biblical truth sets counselor-physician and counselee-patient free!

No matter what you read, people's experience and the medical community agree although only tacitly and reluctantly that depression is a problem regarding control and resultant thinking and wanting. The Bible superiorly addresses all of these issues discussed.

Bad feelings may not be removed but growth in Christ is the balm and salve that gives light and life to a weary and burdened person. It takes work to bring biblical truth to bear on a person who is so often drowning in feelings. The patient is a victor in Christ. But this truth is so often denied.

An assessment of wanting and thinking throughout the day and a daily schedule of activities are important. Many patients have assumed either of two approaches: a learned helplessness in the form of a *couch potato* or a *road-runner* approach, going and going until they cannot or do not.

In the secular world, the party-line dogma for counselees-patients whose symptoms do not respond adequately to initial therapies is referral to a multidisciplinary treatment program or to a behavioral specialist for *psychological* interventions, such as cognitive behavioral therapy (CBT). By psychological interventions, they are referring to CBT which is a means of changing a person's thinking and wanting with goal of relief. Unwittingly or not, they have stepped into the Holy Spirit's domain of activity. [29]

[29] 1 Corinthians 2:16: *For who has known the mind of the Lord that he may instruct him? But we have the mind of Christ.* 2 Corinthians 10:5: *we demolish arguments and every pretension that sets i9tself up against the knowledge of God, and we take every thought captive to make it obedient to Christ.* Philippians 4:8: *Finally brothers, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable - if anything is excellent or praiseworthy*

It is claimed that a role for *psychological* therapies, particularly CBT, in the treatment of FM is well-supported by evidence from meta-analyses, individual trials, and observational studies. In addition to CBT, measures that are reported to be *helpful* (again defined simply by relief) include mindfulness-based treatments, relaxation, biofeedback, behavioral treatments, and educational interventions.

I see no reason to disconnect the idea that the person has an abnormality in the area of processing pain signals. The Bible does not! The signals themselves may be normal in quality and or quantity. They may not be the key. The counselee-patient must ask if he or she is part of the problem and if so how. I believe that is a good start!

I ask the counselee-patient if he or she has noticed a connection between wanting, thinking, and feelings-pain. I ask about situations, thinking, and wanting in which they complain of more pain. How have they responded to their condition initially and when days are *long* and *things* (actual God's providence and control) are harder than at other times. How are they responding to their problem and the God of their problem? These questions are easy and good pump primers. They help me minister to the whole person. Plus the counselee-patient knows that I am interested in him or her.

Treatment of FM is interesting. Most of the medical information tells you that treatment is relational. By that physicians are encouraged to get to know the patient. From there, treatment includes education and reassurance. You might ask: reassurance of what?

Depending on who you listen to, FM is a continuous but cyclical problem. Counselees-patients should be aware of this fact and learn how to respond to it in a God-honoring way. Moreover, for all its chronicity, FM does not lead to deformities or degeneration. You might read

that so-called chronic pain causes changes in your brain. The goal would be to avoid pain at whatever cost rather than pursue God and truth!

Moreover, changed thinking and wanting is a key therapeutic intervention. The Bible speaks clearly and loudly on this subject. Sometimes complaints of pain are connected to what the culture call *stressors*. This is a poor term because it suggests that the person is a victim to God's providence and that unpleasantness and hard times have no useful place in a person's life (Romans 8:28-29).

Mary, our patient, began to view the cross differently (1 Corinthians 1:18-31). This change was associated with a proper understanding of the connection between wanting; thinking; feeling including pain; and doing or not doing. She came to realize she was living the lie. She was demanding God to answer to her. She demanded a new body and was on God's case for His no, and for giving her the one she had now in this life! The new body awaits heaven (Revelation 21:3-4).

Initially, her response only increased her symptoms and dishonored God. She began to change as she correctly counseled herself. By using truth as her guide and not feelings and wants, she was able to please God which was more important than pleasing self. Having a pain-free body became less important.

The counselor-physician can help the person understand symptoms in terms of processing pain signals. That in itself opens up many potential areas for introducing biblical truth. The counselor-physician and the counselee-patient must ask what part they have in the problem. This concept reaches into the very heart of the person's being. It is heavy! Some don't want to go there and others don't know how.

Have the counselee-patient give attention and comment on their wanting and thinking. Often the pattern of thinking and wanting is long standing such that the person is unaware of it. Here are a number of questions to ask:

- How the person has responded to the condition initially and when days are *long* and things (actual God's providence and control) are hard?
- How are they responding <u>to</u> and <u>in</u> their problem and the God of their problem? Again these are important probing questions. Relationships do matter!
- How is her stewardship? No matter what type of body one has the person must return it back to the Lord. Good stewardship is to be blessing and privilege in this life. One foundational principle is an exercise program. There are varying opinions on which one but all agree exercise is critical to and for a better functioning body
- How about medications? It is not necessarily wrong to look into various medications but the person should be counseled to beware of what he is doing and the reasons for doing it. If the person's goal is simply to get relief he will not get it. No medication *fixes* the presumed pain-processing problem. Feelings may change but better feelings are never to be a substitute for the person moving toward his God by the Holy Spirit (2 Corinthians 12:7-10).

THE ROLE OF BIBLICAL COUNSELING

Biblical truth always simplifies life and sets people free. This truth is the essence of the practice of biblically-based counseling and medicine. Several truths standout:

One: All of life is theological and everyone is a theologian. Therefore biblical truth must be introduced when addressing any problem. The question is how.

Two: Everyone is a theologian-steward. Stewardship involves caring for and returning back to God what He has entrusted to the person and bought back for the believer. This includes the body. Stewardship requires functioning as a godly counselee-patient for the sole purpose of pleasing God. When that is done, life is simplified and God is glorified. Often, symptoms improve.

Third: God created man a duplex, unified being. He has a body, but he is not only body; he has a soul, but he is not only a spiritual being. Rather he is a whole person. As such he thinks, desires, and acts in both the inner and outer man. There is a linkage between the two. The heart is the seat of man's motivational and belief centers.

The Bible calls man to guard the heart (Proverbs 4:23). Thoughts and desires about God, self, and problems give rise to feelings including pain. Addressing thoughts and desires which occur in the outer man – the body including the brain – <u>and</u> in the heart (inner man) is fundamental when ministering to the counselee-patient.

Fourth: The person and the counselor-physician should be aware of the difference between a symptom and a sign

Five, there is a difference between something wrong <u>in</u> the body and something <u>with</u> the body. <u>With</u> the body indicates a problem with the body itself. It is not working correctly. Something wrong <u>in</u> the body may refer to the function of the body and not the body itself.

Here is a strong statement: wrong and sinful thinking and wanting can lead to symptoms and something wrong <u>with</u> the body. It can lead to signs (a rapid heart rate) but it will not produce something wrong <u>with</u> the joints such as synovitis or OA.

Sixth, gently help the counselee-patient re-label terms into biblical categories. Otherwise the person will live the lie. Words such as frustration, upset and irritated actually express sinful

ways of thinking and wanting. They are responses to God and His control which need to be addressed.

Seventh, failing bodies are part of the curse (Romans 5:12-14). God has not chosen to reverse the curse in this life. Seeking pain relief as major goal without a proper vertical reference and motivation is counterproductive and leads to futility, bondage, and more pain complaints.

A WORD for the COUNSELOR-PHYSICIAN and PATIENT - COUNSELEE

I encourage both counselor-physician and counselee-patient to listen, to learn, to love, in order to change. Only the person knows his thoughts and desires. So the counselor must ask.

Moreover, everyone has an identity (a victim or a child of God) and purpose (relief or growth in Christlikeness); he pursues his purpose by setting goals and an agenda.

Often times the person's agenda – relief - is counter to God's agenda for him – growth in Christ. As a result, there is conflict. Failing bodies are not in the counselee's-patient's plans. He begins to live the lie. He wonders what God is doing and what he is going to do. No pill will resolve the conflict.

It is easy for counselee-patient to pursue his own agenda thinking it is God's! Being wise in one's eyes is a common lifestyle for both believer and unbeliever when bodies are not functioning as the person wants (Proverbs 3:5-8). [30]

In the area of FM, relating to the person in a God-honoring way is a key to ministering to him. Listening is one step in that ministry. Listen to determine where the person is in terms of his relationship with God and the role it is playing in his life.

Presenting biblical truth is a must. Ministering truth involves presenting truth that fits the person in his situation given his degree of willingness and spiritual maturity. Relationships matter.

[30] See footnote 8

Coming alongside of the person means balancing data gathering and gaining an understanding of the person – his thoughts, desires, and hopes. Helping the person apply biblical truth is the essence of ministering in the practice of BBM and BBC. Use biblical truth well, not as a hammer.

They are specific biblical principles that apply to all aspects of life in every situation. These include Romans 8:28-29, 2 Corinthians 5:9, and Psalm 118:24.[31] Be careful with the use of Romans 8:28-29. It is a great passage but it must be used humbly and carefully. You are bringing the person face-to-face with the living God; often the person is not enamored with how God is running the world. They may even deny that He is!

Here is an important note. People tell me that they appreciate the fact that they will have a glorified body in heaven. They follow with the statement that they were wrong in "being on God's case" for their body. But then comes *but*: *I can't wait! I need a new body now. How will I make it with such a bad situation?* They are ready *to punch out of life* or even punch God!

The person has not experienced the joy of pleasing God by developing Christlikeness. He doesn't understand or ignores the *oyster metaphor*. (2 Corinthians 5:9).The oyster uses irritation to make a pearl. For the believer, the pearl is Christlikeness. One of the lessons of the cross is joy through grief and gain though pain. It is not the situation that is the key but the believer's response to and in it.

Scripture such as Romans 5:1-5; James 1:2-3; 1 Peter 1:6-7, 1 Corinthians 10:13, and 2 Corinthians 12:7-10 are important but how much Scriptural truth does a person need to change? More truth is not necessarily God's answer. Our patient changed rather quickly. Many dig in their heels and fight God. They live the lie.

[31] See footnote 11

Help people develop a real love and admiration of and for the Triune God. Teach them that eternal life starts at salvation and continues into heaven (John 17:3; Romans 6:9-11; 1 John 3:1-3).[32] No matter feelings and circumstances they have a piece of heaven in him via the indwelling Holy Spirit. Therefore, he will victoriously endure as Christ did!

Moreover, they have a relationship with the Triune God in Christ by the Holy Spirit. God keeps His promises. He is trustworthy! The cross proves it and the Resurrection affirms it (2 Corinthians 1:20; Romans 5:5). [33]

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[32] See footnote 15
[33] See footnote 16

Case Report: Chronic Fatigue Syndrome (CFS)

Ms. Brown is a 40 year old married lady who comes to the office with an array of symptoms and a diagnosis of CFS. [34] She wants to know what she has and how she can get better. She tells me that she has been healthy until. Now, she says *this has gotten me down*. *This is chronic fatigue*.

She explains further: it is not simply being tired but an overwhelming fatigue and exhaustion such that she just wants to stay in bed. She explains it this way: *It is as if I am drained of energy*. She says it is all about the feeling and being fatigued. She told me it was more than a feeling but she did not know what else.

The problem began after a nonspecific illness. It was called a virus but *I had a sore throat and some lymph nodes in my neck. I went to the doctor who gave me some medication one being an antibiotic. Blood work was normal. They said I was not anemic and my tests for such things as Hepatitis A, B, C, mononucleosis, and AIDS (HIV) were normal.*

Since that time and about four years ago fatigue has been her constant companion. Her life has changed dramatically. She said she does hurt at times, even crampy sensations in her muscles. Much of the office visit was spent with her cataloguing her symptoms. *For me,* she said *I can tell when and what.* The list of symptoms included problems focusing – *it is hard to concentrate* despite the fact that she remembered many specific details.

She told me that others talk about symptoms ebbing and flowing but hers do not. *My symptoms don't fluctuate*. She said she goes to bed fatigued and awakens fatigued. *Life is the pits most of the time. I have to focus on me or I would not get out of bed. Often I can't and so I don't*. I asked if she did in spite of the fatigue what would be the results. She was not sure because she

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[34] See footnotes 5, 17, 28

does not try! I asked her if her house was on fire could she get out. She said yes but she hopes that does not happen.

I asked her the reasons that it was hard to concentrate. She said other than focusing on the fatigue, wishing it was gone, and pacing herself, she did not know why. The sore throat, headache, and adenopathy (enlarged nodes) had not recurred. She volunteered that aches and pain just are. She said she knew she had to move and exercise but often she does not.

I asked her about "listening to her feelings"? She said yes she does because that was all she could do. She wondered if I ever had overwhelming fatigue. It was if someone was stealing her energy. She gets dizzy that worsens with moving from lying down or sitting to standing. She did not know the term orthostatic or postural hypotension (a drop in blood pressure when a person changes from a flat position to standing).

She told me sleep really did not refresh her. I asked what was the last thought and desire before falling asleep and what was the first thought and desire upon awaking. She told me: *get to sleep* and *why do I have to get up.*

She also wanted me to know that when she engaged in physical exercise she "felt" more extreme exhaustion. She noticed the same thing when she engaged in "mental activity." I asked her to give me some examples. She found it hard to pray and stay focused.

She said she reads her Bible but *not long or much*. *It takes too much energy*. She will listen to other people talk and watch them on You-tube. She thinks she would like to make video saying: *I might be able to help others*. I asked her what she would say. She said she would tell me if she came back on a return visit.

I also asked her where she would find the time and energy. She said she just would. She does "try" to do things around the house but *I can't*. Her husband does so much and he is getting tired. *It is hard for me to be intimate with him. That is a concern but I don't know what to do.*

She told me that she knows that there is much written about CFS; she is wearied looking up and reading the articles, seeing doctors, and hoping. She wants to know what she should do. I asked her how I could help.

She said she did not know except *make it go away*. I asked her how she would respond if God said no. She said she was praying but *I am in the same boat as I was – I still have my problem.* She did not answer the question. If she does return, I will address the topic.

For completeness and confidence, I examined her. Her physical examination was normal. Specifically, she had no evidence of muscle or skin changes suggesting a Connective Tissue Disease and she did not have synovitis suggesting an inflammatory disease. I asked if would read papers that I give every new patient-counselee, answer the questions, and review them when she returned; she said yes. She said she appreciated my interest and asking questions and listening for her answers.

I told her my usual approach is to listen; to learn; to understand where the patient-counselee is coming from; exam; do appropriate laboratory and radiographic studies; and draw conclusions. I told her the blood world would be just enough to make sure she did not have a common disease entity.

The papers were for her to read, to study, and to answer the questions. In that way I get to know more of her and she will know more of me and the issues that we are facing together.

Further, the papers are geared to inform and instruct, to encourage, to direct, to give hope, and to enable her to get victory in or out of the problem. Hope comes and is strengthened in

knowing and doing based on a proper focus and motivation. She said she liked that approach. That was a good start.

The papers help probe the person's thinking and wanting. They gently introduce the counselee-patient to the beauty and value of biblical stewardship and biblical thinking.

She returned alone. She said her husband had work to do. I made a note of this fact and placed it my *to-do* list for her. She told me she was still fatigued. I asked her if she was surprised and she said no. She said that after reading the papers but laboriously, she thought of something. She told me she had one focus: she had organized her life around fatigue and relief. She did not know what else to do. I was thankful for her reading, thinking, and answering the questions.

She said in reading the papers she came across the saying: thinking and wanting are linked to feelings and actions-inactions. She said it this way: *you do what you do because you think and want what you do.* She had tried Yoga but *it was too hard;* she said she was not going to a psychologist. *I am hoping that you can help me*. She did tell me that she thought she was on a better track than before. Again I was encouraged.

I gave her a general exercise program of stretching. I asked if she was willing to change her thinking about certain things. She looked at me and asked how. I told her great question. I have other papers that fit your problem that are designed to help her and others get victory in any problem. She told she had not anyone talk about victory. She was cautiously interested. I said good, gave her another homework assignment, and we prayed.

EXPLANATION AND DISCUSSION

There are multiple case definitions for CFS, and these have changed over time. Diagnostic criteria focus on the most specific features of the disease - fatigue. As with previous definitions, symptoms should be present for at least six months and have moderate, substantial,

or severe intensity at least one-half of the time. Symptoms are reported to fluctuate over time and may remit spontaneously.

In addition to fatigue, other criteria include: post-exertional malaise, unrefreshing sleep, cognitive impairment, and orthostatic-related symptoms. This latter aspect may help explain why a person would complain of dizziness upon arising from a chair or getting out of bed. The Autonomic Nervous System is not working normally and blood tends to pool in the legs.

These features give rise to definitions and labels which is standard for the field of Medicine especially when there is no diagnostic test or tests verifying a specific disorder. In other words, patients with the diagnosis of CFS have symptoms but little or no signs except what may be secondary to prolonged inactivity and deconditioning. Medicine always hopes research studies detect specificity in terms of explaining what is going on with and in the patient.

Therein is a real issue: what do labels mean and from whose perspective are we to judge their significance. The counselee-patient comes with a label, in this case CFS, and an overwhelming array of postulates, opinions, and theories in the face of the complaint of not feeling well. Many people have opinions regarding what is CFS and what to do about it. There are over one million hits when you type in CFS on your search engine!

While fatigue is a very common patient complaint noted in primary care practice, patients meeting formal case definitions of CFS are unusual (under 10-15% of those with fatigue as their major complaint). Thus, CFS represents a very small subset of those who complain of chronic fatigue. That fact is important for several reasons: the syndrome is very uncommon but the plethora of people speaking about it is extremely high. Thus everyone has a theory and remedy. Moreover, the complaint of fatigue is here to stay. Some understanding of it is important for the counselor-physician and the counselee-patient.

In addition, the focus tends to be on the person, his plight, and his solution. A godly perspective is not in the picture. Often the internet-web information becomes the counselee-patient's manual for life rather than the Bible. In the same way, for the physician-counselor, medical science (however defined) is his or her standard for carrying for people.

Such it is with conditions such as CFS. The counselor-physician has to stay focused on helping the person get victory God's way for His glory and the benefit of the person and others. That in itself is monumental and requires knowledge of proper theology and medicine. Therefore, focusing on the number and validity of symptoms and on relief is counterproductive. It is not conducive in helping the counselee-patient, believer or unbeliever, get victory in the problem.

Moreover, the issue is not whether symptoms are real or whether CFS is a disease. Take the person where he is in order to move the person to where God wants him to be! Only biblical truth correctly applied will do that (Ephesians 4:15, 25).

The unbeliever can be moved to embrace God's truth in his condition which may be God's vehicle to get his attention. The physician-counselor must be able to discern where the person is in terms of his relationship with God and its influence in his life.

It is important that the counselee-patient understand the difference between a symptom and a sign and the concept of something in the body and with the body. Fatigue and pain are symptoms. A symptom is the person's description of his problem; he tells another person. It is known only by the person. It is a not sign.

A sign is seen as well as described. For example, fever is a sign; it can be measured and verified by a thermometer reading. Feverishness is a symptom, subjective, and not verifiable. Pain and fatigue, their presence and severity, is based on the person's report.

Moreover, there is a difference between something wrong in the body and something with the body. With the body indicates a problem with the body itself. It is not working correctly. Something wrong in the body may refer to the function of the body and not the body itself.

Several examples will help clarify this teaching point. A rapid heart rate may be felt and may be measured. Thus, a rapid heart (tachycardia) may indicate something is wrong in the body. The person may be out of shape or he may be in shape and just completed a run. The problem is in the body but not with the body. The body is functioning correctly.

The person may have a rapid heart rate because of anemia. In this case, there is something wrong with the body and in the body, but there is nothing wrong with the heart. It should speed up when a person is anemic. Lastly, a person may have a tachycardia because he has an inherent rhythm problem such as atrial fibrillation. In this case the tachycardia indicates something wrong with (the heart is abnormal) and in the body.

It is important for counselor-physician and counselee-patient to have some idea of the multiple causes of fatigue. The list is legend which in itself is problematic. Much time can be spent on “finding a cause” rather than on acknowledging God’s control as good, wise, and loving. That does not mean that searching for a specific cause is bad stewardship. It does mean that the motivation for and moderation in the quest for a cause is to be God-honoring.

Causes of fatigue can be classified under two major headings. One could be termed *lifestyle*. This includes such topics as exercise (yes, no, how much, what kind); activity of any kind (couch-potato type); food (too much, too little, what kinds); sleep (too much or too little, and the type); nutrition (various diets and foodstuffs; chemicals (including various drugs, substances, and coffee); weight; and primary body problems (such as

the status of the person's thyroid, electrolytes including potassium, vitamins, glucose, and blood count looking for anemia).

A second major category that the medical profession (and the culture) uses for the problem of nonspecific symptoms such as fatigue has a number of labels including *psychological problems*; *psychological distress*; *stress* and *stressors*; and *emotional problems*.

Without a biblical reference, these terms point to circumstances, difficulties of "life," and unpleasantness as perceived by the person. The person perceives himself as a victim which reflects on God. The issue of God's goodness and power comes to the fore: God is either not good or not powerful or both. The issue of any perceived body problem is profoundly theological.

The approach described above poses its own set of problems for all people involved. How so you ask. Good question! Consider these statements from various authors:

- the various findings in terms of symptoms in the CFS group could neither be attributed to diagnosable sleep disorders nor to fibromyalgia;
- there is not a single cause of CFS, but that there may be a number of different *stressors*, physical and emotional, that could trigger the *illness* in those with a genetic predisposition;
- many controversies remain about the optimal management of CFS;
- findings suggest the possibility that there is not a single cause of CFS, but that there may be a number of different stressors, physical and emotional, that could trigger the illness in those with a genetic predisposition.

With the medical field in disarray (they would not agree!), it is time to present biblical truth to the counselee-patient. Note: it is always the right time to introduce biblical truth in the

care of patient-counselee! Counselor-physician and counselee-patient: where do you begin? One question to be addressed is: how do you define man and the term *psychological distress*?

The term psyche is interesting. Many follow the Greek model and assume the psyche, the mind, is synonymous with the brain. In this approach, the mind is purely physical. The Greek model birthed modern medicine. Patients and physicians rely on Medicine which has its roots in the pagan Greek culture

Therefore even given all advances in medicine (and there have been many discoveries that have facilitated stewardship of the body) we praise of the Triune God!). But the PBBM and PBBC hinges on the premise that biblical truth correctly known and applied trumps human discoveries.

In line with biblical truth all people must remember that the biblical model of the PBBM and PBBC is grounded on a proper view of anthropology. The Bible teaches that man is a duplex unit (body and soul or inner man). He is not to be divided. What God has joined together let no man divide.

Biblically-speaking the brain is physical and part of the body. Man thinks and desires in his brain. There is no word for brain in the original language of the Old or New Testaments. Further, the mind (nous) and the heart are terms for the inner man and are similar in terms of function. It is in the heart and mind that a man thinks, desires, and acts. These activities may be unknown to others but they are known perfectly by God and imperfectly by the person.

Moreover, there is only true Psychologist – it is the Lord Jesus Christ. Based on these truths, so-called *psychologica*l terms are expressing difficulty handling life – responding to God’s providence in a less than godly manner. These are strong words. They will be met by

resistance and even hostility both by counselee-patient and counselor-physician, believer and unbeliever.

But think through the scenario and have the person think with you. The person has encountered a situation, in this case the complaint and feeling of fatigue. Now what? Biblical stewardship calls for the person to do a spiritual inventory. [35]

The patient evaluates himself in light of the many causes of fatigue: has he been sinful in any of those areas? If he has, he repents and produces the fruit of repentance. He does not repent to feel better but because his vertical reference is correct!

Let's say he or she finds no sin. Then he asks: how has he responded to the symptoms of fatigue? So he begins with a cause/origin of the fatigue and then he moves to and addresses his response to his God-given circumstance. He may find that he has a problem with his body such as RA or SLE or a non-rheumatic problem. Various diseases often have fatigue as part of them. He does not repent of having them. But even fatigue can be worsened by his response to the disease and to the symptom of fatigue.

We should call what the culture calls *psychological distress* as *troubling handling life* or more correctly, *trouble responding to God and His providence*. This is heavy theology but necessary. The counselor-physician must ask questions moving outside in – toward the heart.

Asking questions properly develops a growing relationship with the counselee-patient. The person knows he is heard. Those are good starts. At some point, the counselor-physician will help the person consider his relationship with the Triune God in Christ by the Holy Spirit.

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[35] 2 Corinthians 13:5: *Examine yourself to see whether you are in the faith; test yourselves. Do you not realize that Christ Jesus is in you – unless of course, you fail the test?* Hebrews 3:12-13*: See to it brothers that none of you has a sinful, unbelieving heart that turns away from the living God. But encourage one another daily as long as it is called Today so that none of you may be hardened by sin's deceitfulness.* Hebrews: 4:12-13: *For the word of God is living and active. Sharper than any two-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart. Nothing in all creation is hidden from God's sight. Everything is uncovered and laid bare before the eyes of him to whom we must give an account.*

At some point, the counselor-physician will ask: what are you thinking and where is God in your thinking and wanting? When a body that is not functioning like the person wants, it is easy for him to live the lie: God owes me more than He gave His Son! That, too, is heavy theology but it is most needed!

If salvation is nothing more than a fire escape out of hell or to give the person a body that does not hurt, the person has a two-fold problem: he does not understand salvation and life after salvation; and he hasn't embraced and cherished the truth that God who loves His children will not be used. Romans 8:28-29 supremely captures this truth (see footnote 11). The counselee-patient with the diagnosis of CFS and counselor-physician are in a serious theology class.

To consider God's providence – His sovereign control – as a *stressor* – is an affront to the Triune God and the cross. This does not mean that hard providences don't come into a believer's life. Jesus and Paul were perfectly examples of this fact. Read through Hebrews 11 for another taste of God's control and hard providence. Look at Church history and look around the world today at the response to and treatment of true Christians. The world – that group of people that are anti-God and pro-self – hates God, it substitutes satanic logic whenever it can (see footnote 12).

The idea that God does things or forgets or does not care about His people often comes to the fore in hard times. The person's thinking and wanting reflects his view of the importance of his relationship with Christ and is linked to his response. Who is the counselee's-patient's God? Is He worthy of the person's trust and growth in Christ? Have him give reasons for his answers.

Asking questions is so important. However, the counselor-physician wants to *go somewhere* with the data that he obtains. He eventually wants to move the person to the point

that pleasing God is more important than relief. This goal is a theological mountain for some. Only truth will set the person free.

God places people in hard providences. God gives a reason in a general way best described in Romans 8:28-29. As mentioned several times that passage is stocked with much needed theology; but it must be used gently and wisely yet firmly. Relationships do matter.

If the counselee-patient knows that he has been heard and that the counselor-physician is there to help, then the questions have fertile ground to work for victory through biblical truth known and applied. Sometimes the counselee-patient simply does not like God and His providence; therefore he will not respond biblically to His providence and to the people trying to come along side and help.

THE ROLE OF BIBLICAL COUNSELING

The adage: the truth will set you free is especially pertinent to the person who carries the diagnosis of CFS. CFS is not unlike any other condition due to failing bodies as part of the curse (Romans 5:12-14: see footnote 6). That fact is taught in Scripture and is experienced in daily life. However *when it is my body, it is personal.* You have to start at the beginning and only the PBBM and PBBC will set a patient free. How are you to explain the issue of freedom?

Whether it is his body, his spouse, a friend, or a boss that is not want a person wants, there are common truths that must be addressed and applied in those scenarios – God's providence. However, in our psychologized world where feelings trump truth, God's providence is a *stressor*, the believer is a victim, and relief is a right and a goal that is obtained apart from God unless God "gets on the ball."

Yet Jesus came to His own, and a great many rejected Him and God's truth (John 1:5-11). But He persevered moving from the manger to the temple to the cross and to heaven

(Hebrews 12:1-3: see footnote 25). Therefore, victory is a reality and it begins now for the believer (see footnote 15)!

How can you speak of victory amid failing bodies? There is only way: God's wisdom as revealed in Christ and the Bible by the Holy Spirit (see footnotes 1-3). But the practice of biblically-based counseling and medicine is one-on-one ministry. It involves ministering truth in the context of the person in the heat of the moment.

What truth do you minister? The Bible is the whole counsel of God. Yet some areas more easily lend themselves to helping a person gain victory. What are some of those truths?

One: help the counselee-patient use the Bible as his final authority. Know what it says about failing bodies. Do they agree? Otherwise the focus will be on what I want - relief – and not honoring God. Do they consider God trustworthy and worthy to be thanked given their situation (Ephesians 5:20; 1 Thessalonians 5:18)? In other words what is their view of God in good and hard times?

Two: what is their understanding regarding the Bible's teaching as applied to their situation? Help them understand that the Bible addresses bad feelings – its origin and the person's response to them. This dual emphasis is unique to the practice of biblically-based counseling and medicine.

Three: true biblically-based counseling and medicine helps the person focus on the God of the circumstances and not simply on circumstances. Otherwise, the person will use the circumstances, his experience, his feelings, and his reasoning divorced from biblical truth as his interpretive grid rather than the pure milk of the Word of God.

When the former are used, life is complicated, the person is in bondage to feelings, and a cycle of pain-fatigue, resentment, bitterness, anger, and hopelessness continues indefinitely.

These are labeled as *psychological distress* and *emotional problems*. God is not honored and the person does not improve. In fact, he may become a ward of the medical system!

Four: God does not promise physical healing in this life. He did not give it to Jesus or to Paul (2 Corinthians 1:8-10; 4:8-10; 6:23-28; 11:21-31; 12:7-10). He did not give it to Job initially. God does explain in a general way the reasons for hard times. These include:

- Growth in Christlikeness as the Christian oyster. The oyster uses irritation to make a pearl (2 Corinthians 5:9, 14-16). Man was saved to be like the only person God was truly pleased with (Matthew 3:17; 17:5); becoming like His Son pleases the Father.
- Refine and purify the believer's faith and faithfulness (Romans 5:1-5; James 1:2-4; 1 Peter 1:6-7). Many believers are unaware that the gift of saving faith must be refined. Proving faithful is imitating Christ. Many don't like God's ways; from their standpoint, their faith and faithfulness is "just fine." Job found out that was not the case even though God had labeled him as *blameless and upright; he feared God and shunned evil* (Job 1:1, 8; 2:3).
- Hard times are not the key. It is the believer's use of them: to become more like Christ. The Triune God and Jesus Christ never exalted hard times and the person's experience of it and in it. Suffering is a commonly used term. It can refer to the person's response to God and His providence which is a theological issue. It involves a person's thoughts, desires, and actions before the situation and in the situation. The response is a reflection of the importance he places on his relationship with God and his estimation in the way God is running His world.

Five: only the practice of biblically-based-counseling and medicine emphasize man's true origin, identity, purpose, and destiny. These four topics have the subject of debate for eons.

Philosophers love to spend their time supplying answers to these four topics based on their false views of God, man, and the universe.

The Bible teaches that man is a created being by the hand of the Triune God. He is something as the image bearer of God. But a believer is something because he is *in Christ* (1 Corinthians 1:30). This fact should bring comfort and hope to any counselee-patient who is thinking correctly. However, it is easier to focus on a failing body than on God.

Moreover, not only is he a creature of God, the believer has God as his Father, the Son as his brother and the Holy Spirit indwelling him. The believer is armed with multiple provisions and "firepower," Biblically-based counseling and medicine helps the person embrace this truth enabling him to get victory in the problem. Thus the believer has origin, identity, and purpose – which is to become more like Christ.

I define victory this way: it is being controlled – one's thoughts, desires, and actions- by biblical principles and God's truth, rather than by one's own wants and desires. It is pleasing God rather than self by applying biblical truth in the situation rather than being wise in one's own eyes and relying on self (Proverbs 3:5-8). Victory is and is achieved by using the trouble as opportunity to grow in Christlikeness. This is done by denying self and being faithful to God.

The truth of victory God's way is counterintuitive and counterproductive to our psychologized culture. Yet this truth underlies the cross. It is the only way for a simplified life. It looks forward to heaven which is refreshing in itself (1 John 3:1-3).

A WORD TO THE COUNSELOR-PHYSICIAN and COUNSELEE-PATIENT

Counselor-Physician: Be encouraged! Biblical truth came down from heaven and dwelt among us. He explained the Father, revealed the key to successful living, and modeled it. He was motivated from the time He left heaven to the time He returned by His goal of pleasing the

Father (John 1:18; 14:6-9; 4:31-34). Understanding truth equates with understanding the Triune God and vice versa. Conveying these truths is the greatest gift this side of heaven. People who are in what I call *I don't like* situations desperately need these truths.

One: since the fall, *I don't like* situations are common place. Help the counselee-patient change his view of his situation from "I don't like" to "I would rather not have." The next step is to consider God's providence from "God knows" perspective and eventually to "God's knows and does best" perspective. That movement comes only as the person embraces the Triune God as powerful, good, wise, and loving.

The final step is expressed by Jesus (*not my will be done*) and Paul in 2 Corinthians 12:10 (*That is why for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak I am strong*.). Neither was masochist. Paul wanted more of Christ and he knew the way to get Him: divest himself of his wants and desires by bringing them in line with the Triune's plan. He imitated Christ. That is heavy theology.

Two: Proper theology is required for saved sinners to run the race of developing Christlikeness amid a fallen world with sin-cursed bodies. The person will be caught in a tsunami of feelings and many voices of counterfeit wisdom. The believer needs to live out his relationship with God in Christ by the Holy Spirit. God's chosen classroom may be body problems. The counselee-patient must see this from God's perspective.

The inner man and outer man are connected-linked as a unit. Man has a body but it more than physical. Man has a soul (inner man) but he is more than a spiritual being. Therefore, a body problem is a whole-person problem. Every whole-person problem is a theological problem. Help him be God's kind of theologian. And every theological problem has a theological answer – God's!

Three: The six P's are helpful reminders and are to be recalled and applied. Those P's include God's presence, promises, plan, purpose, power, and provisions. God is the ever-present God who never leaves or forsakes His people. He made promises to Himself and to His people to bring them home. He has supplied them with His Son, the Holy Spirit, and His grace.

There is an issue. The above are good on paper, but there is the problem of everyday life: getting up and going to bed with fatigue and pain. The believer asks and even screams: *how will I make it? God: don't you know what you are doing?* The believer is in danger of living the lie such as *God owes me*. How will you help him?

Four: The Bible has answers for every problem and every person. That statement can be denied in several ways. The person may not know God's answers. The person may not want to hear God's answer. The person may be hopeless in part because his hope is wrongly defined.

No matter, gather data as to what is motivating the person. A bottom-line question is this: do you expect God to treat you better than He did His Son? You may get a "yes." He considers himself more worthy than Christ! If that is the case, he will deny a major tool for becoming more like Christ. He will not embrace God's plan for all of His children: believers are to become like His one and only unique Son (see footnote 1 and John 3:16).

The person is faced with a major decision: I chose relief over becoming more like Christ. The person must be taught that fatigue and its relief is not really the problem. Rather, he has a problem with God. He does not like the way God runs His world. He has inverted the Creator-creature relationship. He is functioning as Creator thus living the lie!

Reversing the person's thinking about God, himself, and God's providence can be done via the Holy Spirit. The counselor-physician presents biblical truth in a way that is most

appropriate for the person in his situation given his degree of spiritual maturity and willingness to change. Counselor-physician: function as God's agent and be encouraged!

Counselee-patient: You be encouraged! Your situations and symptoms have not taken God by surprise. One truth to cherish and nurture is this: God has you right where He wants you. He intends that His child use hard times to grow and change to be like His Son as he prepares for heaven (see footnotes 15 and 16). The person-patient may not be enamored with the preceding statements but help him give serious consideration to God and His truths as outlined below.

One: Sometimes the above seems impossible. The person may not know the above truths. Or he may have rejected the truths taught in such places as of 1 Corinthians 10:13 and Philippians 4:13. Is the person willing to hear God's truths?

The Corinthian congregation had problems with resultant division. Paul focused on the faithfulness of God (1 Corinthians 1:9 and 10:13). The contrast was between their unfaithfulness and God's faithfulness. God announced four promises in 10:13 (footnote 10): every one has problems that should function as a tool; the tool is to be used for moving from self-serving to serving God. God will not exceed any believer's spiritual IQ and his capacity to respond in and to any situation as a God-pleaser. Encourage the believer to grab on to those facts and don't let feelings dissuade him!

Moreover, God provides Himself – and His grace and truth - to set the believer free. Freedom is not necessarily getting what he wants such as being out of the situation; rather, true freedom, as supremely modeled by Christ, is staying in God's way and for the believer to grow in Christlikeness.

Two: I have had counselees-patients tell me that they understood they were sinning by being on God's case demanding out of their situation. They were not ready to say with Job that

he opened his mouth and spoke when he should not have; he repented (Job 40:1-5; 42:5-6). They acknowledged that they were on God's case. I took that as a good start.

They followed with something like this: they looked forward to their glorified earthly body. That statement also seemed encouraging. These were the two bookends. Their bodies were not the best but they had worsened symptoms by their response. I wondered if they were truly moving toward God simply because God is God.

I got my answer with what followed: *I can't make it between now and then. I must have relief and now*. For them, the road was too long and the prize during the journey – Christlikeness – and the prize at the end – heaven in the presence of God - were not worth pleasing God on this earth. Ask the person where they are. What will it take to convince him that God is good and trustworthy? Have them read Psalm 34:8 and Philippians 3:8-11 and respond. [36]

Three: I could not change the person's thought about himself, his situation, and God and His providence. That was the work of the Holy Spirit. How was I to be His instrument? That question and its answers typify the practice of biblically-based counseling and medicine.

The Holy Spirit uses truth to bring about change in the person's thinking, wanting, and doing in regard to himself and to God. The Holy Spirit works in and with the person but never for or against him.

The believer has the indwelling Holy Spirit and the duty, privilege, and blessing to use what he does not like to become more like Christ (1 John 5:3-4). Thinking, wanting, and acting as Christ did define what it means to become more like Christ. He always had a proper vertical

[36] Psalm 34:8: *Taste and see that the Lord is good; blessed is the man who takes refuge in him*. Philippians 3:8-11: *What is more; I consider everything to the surpassing greatness of knowing Christ Jesus my Lord for whose sake I have lost all things. I consider them rubbish, that I may gain Christ, and be found in him, not having a righteousness of my own that comes from law, but that which is by faith. I want to know Christ and the power of his resurrection and the fellowship of sharing in his sufferings becoming like him in his death, and so somehow to attain to the resurrection of the dead.*

reference and took every thought captive unto the Lord (John 4:31-34; 2 Corinthians 10:5; Hebrews 12:1-3: footnotes 27, 29).

Ask: if he continues to focus on the problem, the misery, and the demand for relief, what will be the results? It is counterproductive and dishonors God. It is living the lie.

Four: the person does not have to live the lie. In fact, he is saved from living by feelings, for self, to get; he was saved to please God. The true pleasure principle is living as a God-pleaser even when it is hard. Have him self-assess and do a spiritual inventory. How much does he value his relationship with God and His with you? Give reasons. Ask him: what makes pleasing self by having relief so much more important than pleasing God?

Five: consider two examples. The true pleasure principle was at work in Jesus' life (John 4:31-34). His food and drink – His nourishment - was pleasing the Father. Man was initially created to enjoy God. Sin distorted the pleasure principle. Self became the target and God was used to please the creature. This is pride at work and has whole person consequences.

The other example of the principle is most clearly seen in and at the cross: gain through pain and joy in grief. In "real life" the athlete lives for the burn – the pain – why? It serves a purpose. He is improving his athletic ability. He gets something. The pregnant lady has the pain of pregnancy and labor several times. Why does she subject herself to this condition? It is the gain; but there is no gain unless there is pain.

For the believer, the gain is already here but it is not fully realized until heaven. Every believer has a down payment on heaven. Resurrection life began at salvation and continues until heaven. Becoming more like Christ is the greatest achievement this side of heaven. God's way is to become more like Christ may be through hard times. Hard times don't change the person. It is his response to them that is the key.

A proper response comes only as the believer approaches God's providence as Christ did: using the hard times to put on the character of Christ. Have him read Psalm 34:8 and Philippians 3:7-11 for a taste of David's and Paul's mindset. He will be blessed as he thinks, desires, and acts as Christ did when faced with tough times: blessings come in the doing – using hard times to become more like Christ (John 13:17; James 1:25). [37]

[37] John 13:17: *Now that you know these things, you will be blessed if you do them*. James 1:25: *But the man who looks intently into the perfect law that gives freedom, and continues to do this, not forgetting what he has hear, but doing it – he will be blessed in what he does.*