Medicine, Common Grace and Sufficiency
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I. Introduction. My goal is to help you build a framework and show you how I use it!

- Deciding what parts of medicine are "commonly gracious" and which are not?
- All of this revolves around the interplay between common grace, sufficiency, and the noetic effect of sin.
- Sufficiency. 2 Peter 1:2-3 – it does say <u>all</u>, but what does <u>all</u> mean?

  Christians sometimes say that scripture is sufficient for religion or preaching or theology but not for auto repairs plumbing, animal husbandry, dentistry, and the like. (I wish he had included medicine!) That is to miss an important point … Sufficiency in the present context is not sufficiency of specific information but the sufficiency of divine words. Scripture contains all the divine words the plumber needs and all the divine words that the theologian needs. So, it is just as sufficient for plumbing as it is for theology. And, in that sense is sufficient for science and ethics as well. John Frame, "The Doctrine of the Word," page 221.

- Strep throats, the MRI, worry. Specific words are limited. Sufficient words are absolutely present!

II. Common grace! The first lesson is in the doctrine. (Mark 2, Matthew 5:45)

For the purpose of this lecture, common grace is a doctrinal position. God grants many blessing to both the saved and the unsaved alike. Whether we believe God or not, we all breathe the same air and without it we could not live.

Contributions from unbelievers can inform the work of biblical counseling. One obvious example of this helpfulness is medical knowledge. Because human beings have a body as well as a soul, and because the Bible is not sufficient for medical knowledge, physicians are a crucial adjunct to biblical counselors. Our counseling is far inferior when we cannot pair our work with the medical competencies of physicians. Heath Lambert, "A Theology of Biblical Counseling," page 79.

- How could we discern what in medicine today is useful from the competencies of physicians?

III. DSM5 labels.

A. I will never call anything a disease that the Bible describes as sin. John 17:17, Psalm 19:7-14, Romans 1:18-32

B. I will never call anything sin unless the Bible clearly does! Galatians 6:1

C. Looking for pathology a change at the cell level to explain the difference in function.

D. Always proceed with humility! James 2:12-13

IV. Borderline personality disorder.

A. The description.

1. Relationship struggles. Frantic effort to avoid being abandoned. They demand your attention.
2. Unstable relationships. You are good as long as you are meeting their needs. You are bad if you do not.
3. A struggle with how they identify themselves or self-image.
4. Behavior can be impulsive in areas including spending, sex, substance abuse and reckless driving. They struggle with recurrent suicidal behavior, gestures, threats and self-harming behaviors.
5. Moods can swing and include dysphoria, irritability, and anxiety
6. Chronic feelings of emptiness. Someone else should fill it!
7. Difficulty controlling anger which can be inappropriate and intense.
8. Can include transient paranoid thoughts, and dissociative symptoms.
9. May come with the following: depression, PTSD, eating disorders, substance use disorder, antisocial personality disorder, narcissistic personality disorder.

B. Causes:

1. Genetic? No conclusive evidence
2. Neurobiologic? No conclusive evidence and difficult to interpret. Which came first, the neuroimaging changes or the problem?
3. Psychosocial:
    a. Research connects childhood abuse or neglect to BPD.
    b. Children physically or sexually abused were more likely to meet criteria for BPD as adults.

C. Treatment:

1. Secular counseling

2. Outlook is poor.

V. Using the DSM5 description against the framework.

A. Most of the behavior is described in scripture as sin, would not call this disease.

B. Not being judgmental or unkind but her behavior is described as sin.

C. No solid pathology.

D. With kindness and patience, we serve her best by putting the description aside and guiding her to a new goal (2 Corinthians 5:9), helping find her solutions in the scripture.

E. The insights medicine for the BPD are not particularly gracious or helpful.

VI. OCD.

A. There is a considerable amount of published research which suggests that there is a physical difference in the brains of individuals who have it.

B. What value is that? Romans 6:1-16. Our bodies cannot force us to sin, but they can present a challenge.

C. In counseling individuals with OCD, know the results of the research, give them an understanding of why it is difficult but not impossible to terminate thoughts.

VII. Worry/anxiety and disease.

A. Patient with the sensation that they identified as worry and fear.

B. Physician identified medical disease as the source of the sensation.

C. Applying the framework.

D. No identified sin and worry lacked an object.

E. Pathology identified problem as disease.

F. Counselee helped by using biblical principles to deal with chronic illness.