

A REVIEW OF MIKE EMLET’S *DESCRIPTIONS AND PRESCRIPTIONS: A BIBLICAL PERSPECTIVE ON PSYCHIATRIC DIAGNOSIS AND MEDICATIONS*

By Samuel Stephens¹

Psychiatric diagnoses and psychoactive medications have become somewhat common in American life. Like it or not, Christians find themselves steeped in this cultural milieu. Often those within the church who are invested in evangelism, discipleship, and one-another ministry interact with hurting people who have been prescribed psychoactive medications or may have been diagnosed with a psychiatric disorder. Those of us called to the biblical mandate of soul care can become intimidated by the medical jargon or overwhelmed by difficult to pronounce medications brought to us by those whom we seek to counsel in the name of Jesus Christ.

As Christians seeking to minister God’s Word, how should we view psychiatry? Are psychiatric diagnoses helpful? What about psychoactive medications? These are just a few questions that are broached by Michael Emlet in his new book, *Descriptions and Prescriptions: A Biblical Perspective on Psychiatric Diagnosis and Medications*. Emlet holds an M.D. from the University of Pennsylvania and practiced as a family physician for over a decade. He also earned his M.Div. from Westminster Theological Seminary before coming to the Christian Counseling and Education Foundation (CCEF) where he currently serves as a faculty member. The author’s background in both medicine and theology has made him well-suited to answer the questions asked by “helpers in the church” who need assistance in navigating these choppy and often controversial waters (3).

The purpose of this concise volume, only 100 pages in length, is to help the reader move to a more balanced “view of psychiatric diagnoses and medications” (2). A majority of Emlet’s audience, it is assumed, lies in one of two camps. Either the reader is

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“too cold” toward psychiatric diagnoses and medications meaning they are generally wary and skeptical of their use, or the reader is “too warm” toward these tools in that they generally see no harm in utilizing these gifts of common grace (79). Throughout the book, Emlet argues for what he calls the “Goldilocks Principle” as the best solution to escape the polemic that this topic tends toward. This “third way,” it is suggested, provides the proverbial balance between two extremes (50).

Considering this book’s contribution to CCEF’s “helping the helper series,” there are notable strengths to *Descriptions and Prescriptions*. First to note, this book is manageable and readable. It is neatly divided into two main sections, one dealing with psychiatric diagnoses and the other with psychoactive medications. In the way that it has been structured, one can see how Emlet intends that his book be “useful and bear fruit in real life ministry situations” as well as that it be easily accessible to readers who may be unfamiliar with the topic at hand. The author also points to the fact that there are several footnotes used in this book. According to Emlet, these are to provide further nuances for a topic that is this important and complex (3). Most of Emlet’s primary audience, those identified as “helpers in the church,” do not likely read academic literature that often contains extensive and multi-referenced footnotes, and gratefully they will not find those in this book. For the most part, Emlet cites single-sources, which are easily accessible.

In the second half of the book, which focuses on psychoactive medications, Emlet rightly notes that this topic is relevant because we live in a day when medication seems to be the first approach regarding most aspects of treatment, especially within psychiatry (53). For the typical pastor or church member who is interested in embarking in soul care ministry, the topic of psychoactive medication, not to mention the inner workings of the brain, can be daunting to say the least. With his background as a physician, Emlet does an excellent job breaking through ambiguous medical jargon in order to clearly communicate to his audience. In what is one of the most helpful sections of the book (chapter 11), the author not only familiarizes the reader with the various classifications for psychoactive medications, he also manages to include relevant historical background for each class of drug, a list of the most common drugs within each category, and an overview of how neurotransmitters work within the brain (59-60). This is a tall order for any author, but Emlet’s writing is clear, concise, and well-

organized in its presentation while maintaining an appreciation for the reader's comprehension and intelligence. As a doctoral candidate who has read much regarding the history of psychopharmacology, I can appreciate how difficult it can be to wade through pages of medicalized language and I am thankful for a resource that can succinctly, but accurately, provide an overview of what psychoactive medications are, what they purport to accomplish, and how they often depicted.

With the understanding that *Descriptions and Prescriptions* is not intended to be a comprehensive guide on the part of the author (4) and also acknowledging that a topic as controversial and pervasive as this cannot be exhaustively explored in one volume, there are several overt weaknesses that challenge the "balanced view" that Emlet proposes to his reader. As a reminder, Emlet's objective in this volume is to argue that psychiatric diagnoses and medications should not be approached in a way that is either too favorable or unfavorable, but one in which a balance between these two extremes can be reached. While this seems like the preferred way for anyone seeking to "bear one another's burdens" in a Christ-honoring way, Emlet never explicitly informs the reader as to what this "balance" really means. While he claims that the balanced approach is the best, he makes several statements through this book which reveal a bias geared toward one extreme over the other. For example, at the very beginning of the book, Emlet states, "Psychiatric diagnostic classification and psychoactive medications provide a way to understand and help those who are burdened in particular ways" (2). This assumption suggests that there is an inherent value in utilizing these tools.

Another assumption made by Emlet is that Christians need a balanced approach that is both biblically and scientifically informed (42). Throughout the book, he repeatedly calls the reader to help those who are suffering by avoiding the "too warm" or "too cold" extremes. Emlet states, "To the extent that using psychiatric terminology helps with that goal, we must be open to that help" (9). Emlet does go on to say that psychiatric terminology can hinder the goal of providing help, but offers no specifics. Words like "need" and "must" denote language of necessity and urgency. In both instances, Emlet leans more towards a congenial outlook on psychiatric assistance. Furthermore, Emlet does not expound upon what a "biblically (and scientifically!) informed approach" actually looks like (8). While he frequently provides characterizations of those who are be considered "too warm" or "too cold," many of

these are generalized and do not provide detailed accounts of how Scripture and social science work together in a harmonized way to achieve help for those who are hurting.

For example, Emlet does not differentiate the process of clinical diagnosis between that of a general physician and a psychiatrist. While both look for symptoms and signs, the diagnostic evaluation and procedure is not the same. General physicians dealing with biological and viral illness can link symptoms (e.g. “runny nose, sore throat”) with corresponding empirically measurable signs (e.g., “mild fever [100.8 F] . . . red throat but no exudate [pus]”). Psychiatrists, despite popular notions, do not often make a scientifically verifiable link between self-reported symptoms and signs.² A feeling of sadness and despondency often cannot be entirely traced to a scientifically verifiable cause; however, all that the author provides for proof that clinical psychiatry operates in the “same way” as the clinical work of a general doctor is his statement that “symptoms and signs of disordered mental states may be more challenging to assess and verify” (11). With many in the general public knowing no difference between general medicine and psychiatry, it is irresponsible and at worst misleading for Emlet to characterize the diagnostic process as qualitatively similar.³

Emlet’s comment that the framers of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) “do not have a more viable evidence-based alternative” to their categorization system is a remarkable statement to have made for two reasons (16). The first reason is that he previously made it a point, at length, to relate the diagnostic process of general medicine and the psychiatry. Secondly, Emlet does not offer his reader references to works that offer more information on the subjective and biased approach to the compiling of the DSM in specific and psychiatric disorders in general.⁴ It seems that the author fails to demonstrate how a lack of empirical evidence behind the DSM, which is the world’s most comprehensive psychiatric diagnostic textbook, should not threaten the “warm” approach to psychiatry.

² There are several published works written by those within the psychiatric that are self-critical and speak to inconsistencies within the field. See Michael Alan Taylor. *Hippocrates Cried: The Decline of American Psychiatry*. Oxford: Oxford University Press, 2013, and Daniel J. Carlat. *Unhinged: The Trouble with Psychiatry—A Doctor’s Revelations about a Profession in Crisis*, 2010.

³ Emlet does note the lack of “laboratory tests” (12).

⁴ Allen Frances, chair of the DSM-IV taskforce, exposed the subjective and un-scientific procedures of selecting psychiatric diagnoses. See, Allen Frances. *Saving Normal: An Insiders Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of the Ordinary Life*. New York: HarperCollins, 2013.

Emlet is clear about the questionable history of psychiatry when he details the “battle of two ideologies” within the field (13). Psychiatry, unlike that of general medicine, has made a shift from a psychotherapeutic and psychodynamic emphasis on disease etiology and pathology to a biologically-driven emphasis. Emlet’s use of the DSM as a backdrop to this shift in psychiatric diagnosis is informative and demonstrates his knowledge of the field. In fact, the author does not shy away from what he identifies at the “problems and pitfalls” of psychiatric diagnosis, dedicating four chapters to these issues in the first part of his book.⁵ In addition to this, he also notes that psychiatry is primarily undergirded by assumptions and philosophies which support a naturalistic and biologically-driven anthropology (20-21, 31).

In one of the strongest chapters in the first part of the book, one that underscores the implications of utilizing psychiatric diagnoses for the ministry to hurting people (chapter 8), Emlet provides a solid reminder to his readers not to let any medical diagnosis distract from the true purpose of ministry and that is placing all focus and worship onto a holy and righteous God instead of upon ourselves. While he notes how various psychiatric diagnoses often become part of the person’s very identity, he continues to insist that knowledge and even “medical expertise” in psychiatric diagnoses is not only helpful but needed without offering an explanation as to why (36). As a reader who is aware of the pseudo-science and philosophical bias surrounding the field of psychiatry, it is difficult to understand how Emlet can make a statement like the one above and yet simultaneously argue that these diagnoses should be submitted to biblical categories. If we need the biblical categories in order to “make sense of what we observe in others,” then why even utilize psychiatry in the first place? (42).⁶

Lest the reader think that Emlet is cooling down one’s view of the validity of psychiatry, he offers another chapter (chapter 9) in which he touts the values of

⁵ Gary Greenberg. *The Book of Woe: The DSM and the Unmaking of Psychiatry*. New York: Blue Rider Press, 2013.

⁶ Psychology and Psychiatry were not historically considered “sciences,” but instead were more related to the field of philosophy. The history of psychiatry demonstrates an intrinsic atheism. See Paul C. Vitz. *Psychology of Religion: The Cult of Self Worship*. Grand Rapids: William B. Eerdmans, 1994; Richard Ganz. *Psychobabble: The Failure of Modern Psychology and the Biblical Alternative*. Wheaton, IL: Crossway, 1993; Robert Whitaker. *Mad In America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*. New York: Basic Books, 2002, and Roy Porter. *Madness: A Brief History*. Oxford: Oxford University Press, 2002.

psychiatric diagnosis at the macro level for the Christian ministry. Right out of the gate, Emlet makes a problematic statement that puts into question his commitment to a “balanced” approach. He states, “They [psychiatric diagnoses] improve reliability in diagnosis among different mental health providers, are foundational in psychiatric research, guide insurance reimbursement, and serve as the basis for educational services, all of which are valuable” (43). This statement on behalf of the author reveals several personal assumptions that are provided to depict psychiatric diagnosis in a way that is overtly helpful, useful, and ultimately necessary in the care of a person. Let’s take a moment to break this down.

First, Emlet makes note that the psychiatric diagnostic system improves “reliability” among mental health workers. While these systems were designed primarily to codify and categorize lists of signs and symptoms in order to manage the varying, and often conflicting, clinical practice, it must be asked how and why internal standardization within the mental health field is necessary for the Christian in the task of soul care in the church. Several accounts of the history and current practice of psychiatry make clear that the very decision making process regarding the organization and classification of mental disorders is subjective at best. In addition to this, the philosophical commitments of a majority within the psychiatric community are not aligned with a biblical worldview.

Secondly, psychiatric research is not questioned at all regarding its efficacy or validity. Interestingly, Emlet himself notes that this research is based upon the diagnostic consensus reached within the mental health field; however, the reader must understand that any research, psychiatric or not, is not composed of “brute facts” alone.⁷ Scientists bring their own presuppositions to the table including a drive to compete for grants to finance their research. Nevertheless, the author, through references to invested organizations such as the National Institute of Health, draws connections between genetic causation and various mental illnesses (e.g., schizophrenia, bipolar disorder, and anxiety) without providing any support for his claim or citing any source which would contradict the genetic-link argument (47). Including sources from

⁷ Cornelius Van Til’s presuppositional philosophy argued that even in science, brute, or stand-alone, fact did not exist. All people whether they are scientists or not hold to worldviews and presuppositions that taint their conclusions. See Gary North, ed. *Foundations of Christian Scholarship: Essays in the Van Til Perspective*. Ross House Books, 1976.

both perspectives would help to reach his goal at providing a “balanced” view of psychiatry. Thirdly, Emler notes that insurance reimbursements are guided by the diagnostic criterion agreed upon by those within the mental health community. Why would this be a point of usefulness unless the author believes it is necessary, at times, to refer counselees to doctors in order to fill a prescription?

Of course, any discussion about psychoactive medications must include the topic of the chemical imbalance theory (also known as the monoamine hypothesis), which has stood as the cornerstone of modern psychopharmacology for the last seventy years.⁸ Emler does admit that no one is able to actually measure neurotransmitters, as opposed to the thyroid hormone for instance, and thus psychiatric diagnosis and treatment “cannot draw the same conclusions” that can be drawn in general medicine (60). This statement is proven, factual, and should draw concern for those who consider themselves “warm” towards the use of psychiatry in the practice of soul care; however, while admitting that our “knowledge is incomplete” regarding the relationship between psychoactive medications and brain function, the author insists that psychoactive drugs should not be avoided (62, 74, 78).

First, he assures us that these substances have been approved by gate-keepers such as the Food and Drug Administration (FDA; 63) and that secular research seems to demonstrate that these medications do provide help in some people some of the time (68). However, these assurances do not seem to stand up to what can be considered more alarming facts and implications behind psychoactive drugs, most of which Emler refers to. No one questions that psychoactive medications actively alter brain chemistry, but to what extent and to what long-term harm current research is just now beginning to uncover. Also, no one can prove that these drugs correct chemical imbalances that, in turn, correct psychiatric symptoms such as depression or anxiety. In addition to these two disquieting realities, within psychopharmacology there is much that is presumed as to the efficacy of drug action and there have been many books and reports published which shine a light on the unethical, immoral, and inconsistent history of the

⁸ Robert Whitaker. *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*. New York: Broadway Books, 2010; Joanna Moncrief. *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*, rev. ed. London: Palgrave Macmillan, 2009, and Irving Kirsch. *The Emperor’s New Drugs: Exploding the Antidepressant Myth*. New York: Basic Books, 2010.

psychoactive drug industry.⁹ However, the average reader is not made aware that such dangers lurk beneath such medications. One would think that the author would attempt to inform his readers of this perspective of psychoactive medications so that his reader can make a fully-orbed and educated decision.

If these points are not enough, there is another key issue that Emlet simply does not explore and it is the question as to whether psychoactive medication is truly necessary in the Christian ministry of soul care. Emlet's aim is to get his reader to think about "helping a struggling person to evaluate his emotions and thoughts and to bring them into link with the reality," which according to Scripture is a laudable goal (70). While noting that symptom relief should not be the ultimate goal of biblical counseling (84), there are several places in the last half of the book where Emlet touts the necessity of using psychoactive drugs in order to continue, or in some instances begin, Christian ministry (85-86). In order to make this argument work, the author emphasizes psychoactive medication as lawfully and comprehensively addressing bodily issues while noting that the spiritual connection between one's heart and actions is merely one "appropriate avenue for ministry" among others (85).¹⁰ The implication behind this approach is that people need Jesus and, when the situation calls for it, psychoactive medications in order to become holy as Jesus is holy (94).

What Emlet asks of his readers is what he practices and believes. While the "scientific witness" regarding both psychiatric diagnosis and medications is at best clearly mixed and at worst faulty in its worldview and presuppositions, the author assumes the legitimacy and complexity of mental illness while suggesting that a "moderate posture" towards these issues is a wiser approach to soul care (95).¹¹ What is

⁹ Peter Gotzsche. *Deadly Medicines and Organized Crime: How Big Pharma has Corrupted Healthcare*. London: Radcliffe Publishing, 2013; Ewen Speed, Joanna Moncrief, and Mark Rapley, eds. *De-Medicalizing Misery II: Society, Politics and the Mental Health Industry*. London: Palgrave Macmillan, 2014.

¹⁰ It should be noted that throughout the book, Emlet stresses the role of the body as an essential part of a holistic approach to soul care. This is, of course, wholly appropriate since all people are enfleshed souls who are impacted by the physical and spiritual (87). The author provides several chapters in the second half of the book which remind those interested in soul care of the physical implications and realities of living in a fallen world (76).

¹¹ There have been many voices within psychiatry for several decades who have questioned the legitimacy of the "mental illness" concept. Interestingly, while there is no objective, scientifically-based definition or even agreement on what mental illness is, many within the Christian church still hold tight to the concept. See Thomas Szasz. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Dell Publishing, 1961; Joyce Milton. *The Road to Malpsychia: Humanistic Psychology and our Discontents*. San Francisco: Encounter Books, 2002, and Peter

even more disconcerting regarding a book that is supposed to present a biblical perspective on these issues related to soul care is that the work and ministry of the Holy Spirit is not mentioned or expounded upon. As the healer, comforter, and teacher, Christians dealing with the matters of the soul and body should make the Holy Spirit a central figure within any soul care paradigm; unfortunately, so often He is relegated to either an appendix or not mentioned.

In summary, the newest CCEF publication, *Descriptions and Prescriptions: A Biblical Perspective on Psychiatric Diagnoses and Medications*, authored by Michael Emlet brings an important and relevant conversation to the forefront within the field of biblical counseling. In this concise volume, Emlet writes to pastors, staff members, counselors, and laymen in an effort to equip them to better minister to hurting people who have encountered psychiatric care in some fashion. By not shying away from this topic, Emlet does a great service to anyone who desires to participate in soul care ministry by highlighting the fact that both psychiatric diagnoses and medications cannot be ignored by the church any longer. While Emlet intends to persuade his readers to consider psychiatric intervention from a “third way” approach (100), in many instances the author’s implicit assumptions and, at times, overt statements are counterintuitive to that end. Emlet often does not reflect the balance that he is attempting to achieve in that he offers no citations or references to works which provide critiques of the efficacy of psychopharmacology along with the legitimacy of psychiatric diagnoses from either a biblical or secular perspective (24). Thus, average readers of this book, many of whom have likely never been exposed to such critiques, are not given the opportunity to make an educated decision on whether the psychiatric chair is “just right” or not.

Breggin. *Toxic Psychiatry. Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the “New Psychiatry.”* New York: St. Martin’s Press, 1991.