

GROW IN GRACE

NEWSLETTER

Volume 40, No.5, February 4, 2014 / Southside Baptist Church & Christian School / P.O. Box 1594 / 1028 South Water Avenue, Gallatin, TN 37066 (615) 452-5951 / **The Grow in Grace Newsletter**— a weekly Bible Study, plus news notes— designed first and foremost for members and those attending services at Southside Church... sent forth to aid one and all, (including friends far and wide who receive the Newsletter), in the experience of 2 Peter 3:18. ***"But grow in grace, and in the knowledge of our LORD and Saviour JESUS CHRIST. To Him be glory both now and forever. Amen."***

DEPRESSION and MENTAL ILLNESS! Part 2 **PTSD! Deep, Deep Emotional, Mental PAIN!**

One night in March of 2011, I traveled to Nashville to attend lectures by Paul Ragan, M.D. and Carrie Jones, PhD. At that time Dr. Ragan, a professor of Psychiatry, and Dr. Jones, a brain Scientist and professor of Pharmacology, were connected with the Vanderbilt University Medical Center. **Their lecture topic was Post Traumatic Stress Disorder, PTSD**. They spoke of the clinical characteristics, brain mechanisms, and potential new treatments for PTSD. Both professors were involved with the Vanderbilt Brain Institute and Center for Molecular Neuroscience.

The Mayo Clinic Staff says that PTSD is, "a mental health condition that's **triggered by a terrifying** event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event." Dr. Ragan gave lots of statistics as to **trauma/fear causing events** such as natural disasters, death, violent crime, etc. We most often hear of PTSD in soldiers who have served in active warzones.

Dr. Ragan noted that traumatized people typically seek to avoid thinking or talking about those events. He further noted that when one has been traumatized, there will be triggers. Now, you may not have a fancy name for 'what ails you' but if you have lived very long you have likely had something that **'scared the living daylight's'** out of you! You won't forget it; and, thus, you might have situations that 'trigger' a response based on your memory of the thing you so fear or that terrified you, etc.

Example: A Viet Nam vet was sitting calmly in his easy chair watching TV while his wife was cleaning and dusting. In the process, some collected dust particles, which contained several strands of hair, were placed in a fire in the fire place. The result was a slight odor of burning hair. **The Viet Nam vet immediately went absolutely ballistic!** Why? The smell of burning hair triggered long pressed down memories of people in Nam burning from napalm gas.

Both Dr. Ragan and Dr. Jones noted that the brain, (in addition to ‘bad-fear triggers’), has normal and good fear triggers— such as the fear of snakes, or fear of a tornado, or the fear of touching a hot stove! In the presence of such, changes take place in the brain. These responses are automatic. With traumatic events changes take place in the brain. This is not merely an immediate response; but it could be a lingering one which could last a life time. Moreover, a series of small events can be just as life impacting as one big event.

Interestingly, Dr. Ragan noted that man has had to deal with TRAUMA/FEAR for over 200,000 years! (Not a misprint; but the honest position of an evolutionist!) HOWEVER, the diagnosis of PTSD only began in about 1980. After giving us the 1980 date, Dr. Ragan wondered out loud that he did not know how people dealt with fear prior to PTSD!

[ANSWER: PTSD is a new name for an ancient battle! The Bible not only records the stories of many folk who experienced intensely FEARFUL, HURTFUL, and EVIL situations/people; but the Bible also records the examples of folk who successfully WON over deep, fearful wounds! Plus, we have 2000 years of Christian history that is filled with amazing accounts of believers who radically suffered and yet remained gloriously victorious... long before secular man came up with the term, PTSD.]

Ragan and Jones revealed that treatment for PTSD is varied; and as would be expected, **treatments generally consist of various forms of psychotherapy and/or drugs.** Much research continues to be done because even with treatments which help there is a lot of relapse. **Dr. Jones' presentation was much more technical and, thus,** it is hard to summarize here. You would have to be able to see her charts and visuals of the intricate parts of the brain, brain function, and responses. **I might add that Dr. Jones was very excited about a method of dealing with severe PTSD that the professionals believe shows good promise:**

1. Here is a War Vet who has seen and/or participated in some of the extreme horrors of war. (It was noted that Medics may have more PTSD than the soldier in a 'firefight'... Why? The ground fighting soldier goes in shoots it out with the enemy and then leaves. The Medic has to go in and recover bodies and/or the wounded; and also is often under enemy fire all at the same time!

2. The treatment method presented: A doctor, such as Dr. Ragan, will do counseling and a main goal is to get the vet to a place to where he will **sit in a room and re-live the trauma.** So, by means of video they re-enact the war scene. EXAMPLE: They find a clip taken in the area where the troubled soldier was in Nam— a clip of napalm engulfing humans. Then they have this vet watch this horrifying clip, repeatedly— not necessarily at one sitting but at a number of sessions. **They claim this helps! However, they admitted a problem.** After such ‘treatment’ soldiers experience relapse! Thus, Dr. Jones' group is hard at work to develop a drug which, they would give the war Vet. **Interestingly, Dr. Ragan openly stated that if Dr. Jones is successful, she will likely become very rich!**

Dr. Jones also told of having a best friend who was brutally raped. Apparently, with rape victims the re-enactment treatment only works if one is willing to go through it within 12-24 hours after the tragedy. Her friend would not submit to the treatment.

Rather, using other methods, some years later, she finally and fundamentally beat PTSD and has a successful life.

COMMENT: I cannot imagine a more barbaric, inhuman 'treatment' than to require a soldier to relive, (EVEN REPEATEDLY!), the most horrendous, bloody scenes of war; and/or to have a lady RAPE VICTIM subjected to the insane torture even viewing, rape over and over.

MY THOUGHTS ON THE EVENING:

1. In the human race, fear/trauma is as old as sin! In our fallen world there is good fear and bad fear. Good fear, the Fear of God, moves us to worship and helps to keep us from danger. Good fear, on a daily physical level, will keep one from placing a hand on a hot stove! There is bad fear— the fear of man which is a snare. DEEP WOUNDS can occur from experienced evil. The Bible and 2000 years of Church History realistically show humans facing and failing under loads of fear; and the same Bible shows many, redeemed by the grace of God, successfully - even miraculously - **not only NOT DESTROYED but are MIGHTY THROUGH GOD WITH AMAZING VICTORY over trauma, fear, etc.**

2. In listening to Dr. Jones and viewing all of her charts, etc... **I could not but be in awe of the human brain!**

Sadly, however, even though physiological wonders of the human brain were set before us— neither speaker hinted or wondered— 'Could there be a MASTER DESIGNER?' **My response: 'Yes and His name is JESUS!' The evening was a perfect example of SURPRESSING the truth! (Romans 1:18-22)**

3. **I was not surprised but yet I was amazed that these two highly intelligent humans lectured for 2 hours on subjects dealing with the BRAIN... the center of our MIND... which also includes our emotions and will— BUT NEVER ONCE did they utter any of the following words: hope, forgiveness, love, peace, joy, faith, or conscience, or the SOUL, and/or SPIRIT of man, or GOD... or even Higher Power. I do not know anything about their personal lives or personal beliefs— but it was clear that their philosophy of life, their world view as to mankind, is that man is merely a biological animal.**

Prior to German psychologist Wilhelm Wundt, the word psychology meant "psyche-soul" and "ology- study of".... that is, properly speaking, **Psychology is the study of the soul.** (Some view man as Body, Soul, and Spirit... others say, Body and Soul, with the latter including the Spirit.) ... **Wundt declared anything other than the body as being 'unscientific'... and thus, he dismissed it saying,** "The soul can no longer exist in the face of our present-day physiological knowledge." All spirituality, by their decree, was reduced to biological factors. **Thus, he boasted that they had developed a 'science without a soul.'** Men like Ivan Pavlov and his 'salivating dogs' relegated man to the level of a mere beast.

There is no conscience, there is no higher law, no God, no law in the heart from God, (Romans 1-3), no morality— none of these govern the way we act. **Rather we act the way we do merely because of physical brain impulse.**

NOW, THE TWO GOOD DOCTORS MIGHT OR MIGHT NOT TAKE ISSUE WITH THAT STATEMENT— BUT THEIR LECTURES, which I attended, WOULD AGREE WITH IT!

Losing it and Mental Illness!

A few years back, Jared Lee Loughner killed six people. I read several articles including, ***A Predictable Tragedy in Arizona***, by E. Fuller Torrey; and ***Losing it***, by David Schimke— they took advantage of the Loughner tragedy to speak about Mental Illness.

In *LOSING IT*, Schimke's take was that the reason this and a lot of other such tragedies happen is because our nation is in a Mental Health Crisis— meaning, (according to he and many others), that we are not putting enough money into mental health; **and meaning** that we do not have enough psychiatric-bed availability for the mentally ill. RESPONSE: We are in a mental health crisis. But it is far different from what they suggest!

(Read the following, edited from Christopher Kent, D.C., J.D.) With big pharma seeking new markets for existing drugs, and developing drugs in search of diseases, it is not surprising that **many of life's challenges are no longer considered legitimate components of the human experience**, but are now medical conditions amenable to treatment.

The Definition of a Medicalized Society: Webster's New Universal Unabridged Dictionary defines "medicalize" as follows: "To handle or accept as deserving of or appropriate for medical treatment." Sato... offers a more specific **definition for medicalization: "A process or a tendency whereby the phenomena which had belonged to other fields like education, law, religion, and so on have been redefined as medical phenomena."** Sato A: [Medicalization and medicalization theories](#).

Examples abound in **psychiatry's code book** for psychiatric disorders and conditions or problems. This book is DSM-IV. DSM-1 was first published in 1952, titled *Diagnostic and Statistical Manual of Mental Disorders*. [Note: The DSM in 1952 contained 112 entries; 1968 edition had 163 entries; 1980 edition contained 224 entries; 1987 edition contained 253 entries; 1994 contained 374 entries. **In the DSM,**

Normal Human Experience is now Masqueraded as "Disorders"— Do you have difficulty sleeping after drinking coffee? The problem isn't a product of your poor judgment in guzzling java immediately before retiring. **You are a victim of 292.89** -- Caffeine-Induced Sleep Disorder F15.8. If you reflect on your shyness while tossing and turning, the problem could be **the epidemic of 300.23** -- Social **Phobia F40.1**. Don't

worry. Drug treatment is available. Unfortunately, if you're thinking about your place in the cosmos or spiritual issues, **you've got V62.89** -- Religious or Spiritual Problem Z71.8, and I couldn't locate a drug for that. Bad parenting is about to become a thing of the past. It's not your fault, or your child's fault. Besides the **ubiquitous pandemic of ADHD**, there are other disorders you may not be aware of. Your ill-behaving child may be suffering from **313.81** -- Oppositional Defiant Disorder F91.3. If your child often argues with adults, loses their temper, deliberately annoys people, etc., you're dealing with ODD. Of course, this must be differentiated from 312.8 -- Conduct Disorder F91.8, and 312.9 -- Disruptive Behavior Disorder Not Otherwise Specified F91.9. Should the problem be getting along with a brother or sister, the condition is V61.8 -- Sibling Relational Problem F93.3. And should you argue with your spouse about whether the child should be grounded or drugged, you might be looking down the barrel of V61.1 -- Partner Relational Problem Z63.0. If math homework is a challenge, be sure to **check for 315.1** -- Mathematics Disorder F81.2. You must be careful not to confuse this with a V62.3 -- Academic Problem Z55.8. If things are OK in the math department, but you have a teen experiencing uncertainty about life goals, career preferences, values, loyalties, etc., you're dealing with 313.82 Identity Problem F93.8. This has been downgraded from a "disorder" in DSM-III-R, to a mere "problem" in DSM-IV. **NOTE: There's a Pill for Every Issue You Don't Want to Face; and/or for every issue for which you want a quick fix!**

Dr. Joseph Mercola writes, Psychotropic drugs have been a goldmine for drug makers. Through savvy marketing aimed at consumers and physicians, **people are now convinced that what previously had been their normal emotions now fall outside of normalcy and require the use of some expensive and potentially toxic prescription pharmaceutical.**

Normal Life Challenges are Now Medical Conditions: At the crux of the problem is the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders), and its slew of newly created diseases that are dubbed in need of medical treatment (i.e. drugs). **The central dilemma is that many of the "disorders" could apply to nearly any one of us at one time or another.** **This practice of systematically inventing disease or exaggerating minor ones, in order to sell more products actually has a name. It's called disease-mongering, and it's a well established tool used among drug companies.** Of course, their pills do not eliminate the problem but instead merely relieve the symptoms as long as you continue to purchase them. That is, until the side effects begin and you run the risk of feeling even worse than you did prior to taking them.

Here is just a short list of side effects from psychotropic drugs such as Prozac, Paxil, Ritalin, Zyprexa, Depakote and others: Anxiety, depression, impulsivity and obsession • Anger, compulsion, temper tantrums and mood instability (this one, ironically, from a mood stabilizer drug) • Social awkwardness, withdrawal, tics • Sleep disturbances • Separation anxiety • Behavior problems • Inattention and distractibility...and **SUCIDE.**

What About Your Children? This seems to be a question that far too few people are asking. It is bad enough to prescribe dangerous psychotropic drugs to adults, but some of the most

targeted people are just barely out of diapers. **In 2007 alone, half a million children and teenagers were given at least one prescription for an antipsychotic, including 20,500 under the age of 6...** U.S. children are getting three times more prescriptions for antidepressants and stimulants, and up to double the amount of antipsychotic drugs than kids from Germany and the Netherlands. **These powerful meds are being given to children not for life-threatening conditions or to treat acute emergencies.** They are being prescribed for behavioral problems such as attention deficit disorder; and often they're not even approved for use in children at all! How can we, as a society, continue to allow corporate profits to come before lives, and even before children's lives? **And why is it that so few people are willing to step up and really expose the corruption once and for all?**

Mental Disorders: In a Handy Desk Reference for Psychiatrists: The DSM IV (The Diagnostic and Statistical Manual of Mental Disorders, volume 4... Actually DSM V is now available) is the latest and current version of the standard handbook of "mental illnesses" as determined by the American Psychiatric Association (APA). **Using the DSM IV or V, a psychiatrist need only label the patient with a "mental disorder", prescribe him a drug, and bill the patient's insurance or Medicaid.**

The psychiatrist with the DSM in hand can try various labels on the patient as if they were different sizes of apparel until he finds one that either fits the patient's symptoms or comes close enough to allow him to bill the patient's insurance. **The question is: Do any of these "disorders" or "mental illnesses" actually exist?**

Does the DSM have any relationship to a patient's actual condition or is it a convenient and simplistic method of compartmentalizing symptoms without actually working to isolate the true cause of the patient's real problems.

At the American Psychiatric Association's 2004 annual Convention a symposium was held on the topic "DSM-V Classification of Personality Disorders: The White Paper and Beyond"... **Dr Thomas A. Widiger, Prof. of Psychology at the University of Kentucky** was the first speaker. **Here is the actual quote:** "In the more than 30 years since the introduction of the finer criteria ... to DSM III, the goal of validating these syndromes and discovering common etiologies has remained elusive. Despite many proposed candidates, not one laboratory marker has been found to be specific in identifying any of the DSM defined syndromes. Epidemiologic and clinical studies have shown extremely high rates of co-morbidity among the disorders undermining the hypothesis that the syndromes represent distinct etiologies. Further translation: **We invented it and now we can't prove it exists."**

Paul McHugh, chairman of psychiatry at Johns Hopkins University, said of the profession's vaunted DSM: "Diagnostic and Statistical Manual" (DSM) has "permitted groups of 'experts' with a bias to propose the existence of conditions without anything more than a definition and a checklist of symptoms. This is just how witches used to be identified."

Loren R. Mosher, M. D., Former Chief of the Center for Studies of Schizophrenia, The National Institute of Mental Health, in his letter of resignation to the APA. A further point often missed even by critics is that **the diagnoses are cooked up and voted on by the members of the APA**. "Only in psychiatry is the existence of physical disease determined by APA presidential proclamations, by committee decisions, and even, by a vote of the members of APA, not to mention the courts". - **Peter Breggin**, Toxic Psychiatry. The bottom line is there is no science behind the mental illnesses foisted upon the public. It is however a system that has benefitted the psychiatrist and the pharmaceuticals because the more mental illness the more drugs are prescribed. As University of Minnesota, **Bioethicist, Carl Elliot** said in 2001: "**The way to sell drugs is to sell psychiatric illness.**"

Yes, there IS a Mental Health Crisis!

(We hope to continue this series of articles next week)

Grace to all! James Bell

SOUTHSIDE NEWS NOTES!

TUESDAYS: Come and sing with us every Tuesday night at Gallatin Health Care nursing home. Meet at the front door at 5:30PM. Any questions contact Bradley Pennington at 615-804-3054.

***** EVERY WEDNESDAY: PRAYER SERVICE at 7:00PM! NOTE:** Jody Allen is ministering to young Children, up to about age 10 during Prayer Service. Older children, but not old enough for the Youth Group... will be with their parents in the Prayer Service.

****** YOUTH GROUP: Wednesdays 6-8pm...** led by Byron Smith_

****** LADIES BIBLE STUDIES— EVERY other Thursday, each month, 11:00am.**

NEXT ONE, 2/6/14, led by Cindy Bell

****** EVERY Saturday @ 8am: Men's Fellowship/Bible Study ******

SUNDAY SCHEDULE FOR FEBRUARY 9, 16, 23

1. 9:30am- Sunday School → Bible Study and Small Group Fellowship

2. 10:45am- Morning Worship / Children's Church

3. Noon: Fellowship 'covered-dish' Meal together!

4. 1:00pm- Early afternoon Service, in the Fellowship Hall

SOUTHSIDE CHRISTIAN SCHOOL! *Children are like young plants in a garden— while young and tender they must be protected.* Southside Christian School works in harmony with the local Church and empowers parents!

[http://www.aceministries.com/curriculum/?
content=presentingACE](http://www.aceministries.com/curriculum/?content=presentingACE)