



**GROW
IN
GRACE**
NEWSLETTER

Volume 44, No. 37, September 12, 2017 / Southside Baptist Church & Christian School / P.O. Box 1594 / 1028 South Water Avenue, Gallatin, TN 37066 (615) 452-5951 / The Grow in Grace Newsletter **is a weekly Bible Study**, plus local church news notes— designed first and foremost for members and those attending services at Southside Church; and is sent forth with the desire to aid one and all, (including friends far and wide), 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.”***

Psychology: the Study of the Soul (Part 2)

BURN OUT! Depression! Mental Illness! — Just so you will know— this article is not written from a painless ‘ivory tower!’ I had many a secret but serious battle with depression and suicide in teen years; and for the last 48 years as a full time pastor I have had my own battles and tendencies... Yet, they have been ‘small’ when compared to what we learned in last week’s article as to the severe battles which Pastor Charles Spurgeon suffered, years ago! Spurgeon took a ‘Bible-based, GOSPEL-centered’ approach to dealing with and winning over SEVERE mental wars — TODAY... MANY PASTORS DO NOT!

I. MANY Pastors and Church Leaders BOLDLY proclaim that Mental Illness is the root cause of depression/suicide

...

***** 1. Indeed**, “Members of the clergy now suffer from obesity, hypertension, and depression at rates higher than most Americans. In the last decade, their use of antidepressants has risen, while their life expectancy has fallen...”

*** 2. “Depression is **not a moral flaw**, a character weakness, a lapse in faith, or an excuse. **It is an illness...**”

*** 3. " _____, pastor of _____ Baptist Church in _____, was the exception, [that is, he did not hide the fact], he told his congregation he **was in treatment, several months before his suicide**. [That he was meeting regularly with a Mental Health professional and taking psychotropic drugs to help with his depression]. _____, the worship pastor at the church, said he only now understands depression **is a mental illness.**”

*** 4. **A Counselor of pastors** reports, “I was rock-bottom, felt that I couldn't take it anymore, and had contemplated taking my life on several occasions... **I was suffering from ‘depression,’ a common form of mental illness...** Only absolute perfect spirituality - without a single lapse - could ever make one immune to an emotional break-down... **It's not a sin to be emotionally ill.**”

*** 5. “**During** _____'s tenure at _____ Church, [it] became one of the fastest-growing churches in _____. However, he resigned as pastor... **after admitting to an affair.** _____, his wife..., filed a **domestic-violence petition** against _____ shortly after the admission, describing him as "unstable, erratic, and suicidal." [He recently committed suicide.]

*** 6. **A different pastor who committed suicide:** “A member of the church, described his pastor as a very caring, upbeat guy that cared for people, especially with the kids. He was a good man who inspired... and showed no signs of trouble financially or otherwise. **However, his family revealed that _____ suffered from manic depression and was on medication.** [A friend confirmed that] Pastor _____ had

struggled with manic depression and had emotional issues, and had sought treatment.”

***** Dr. Richard Land**, (a conservative Southern Baptist), in an interview with The Christian Post, said of a pastor who committed suicide: "My friend was **sick**. He was the most kind, loving, humble, most genuine, loyal person I've ever met in my life and he was **sick**. He had **a sickness** and that's it. **He had a sickness** just like somebody who had cancer and **it was a sickness** that was beyond his control," he said. **"This is a diagnosable, physiological, neurological condition. It is not an emotional state. It is a physical mental illness."**

***** Ed Stetzer**, (another conservative Southern Baptist), in a special article for CNN addressed the question of Mental illness and gave **4 bullet points of action** for churches: **“Mental illness is incredibly destructive...** So, what can we do as people of faith to address issues of mental illness?

1. Churches need to stop hiding mental illness. **2. The congregation should** be a safe place for those who struggle. **3. We should not be afraid of medicine.** ... Counseling will naturally be a part of treatment. **But if we are not afraid to put a cast on a broken bone**, then why are we ashamed of a balanced plan to treat mental illness that might include **medication to stabilize possible chemical imbalances?** Christians get cancer, and they deal with mental illness. We've long seen the value in the medical treatment of cancer. It's time for Christians to affirm the value of medical treatment for mental illness as well. **4. We need to end the shame.** Mental illness has nothing to do with you or your family's beliefs...”

SO, pastors and denominational leaders are in agreement **THAT emotional/mental ‘break-downs’ are the result of the**

‘sickness’ of mental illness; THAT generally such ‘sick’ folks are no more responsible for these SICKNESSES than they would be for ‘catching’ the flu; **THAT** such sick ones should avail themselves to psychological counseling and prescription drugs; **THAT** such sick ones need an affirming, loving Church environment **where their BEHAVIOR will not be examined** for any possible sin or faulty belief connections.

STUNNING REALITY: In all that I read from the pastors and church leaders, (1) I found NO GOSPEL. Their ‘approach’ and counsel is **RADICALLY UNLIKE** Charles Spurgeon’s! (2) I also **FOUND** that anyone who does not ‘buy’ the teaching that depression is fundamentally only a ‘sickness’ in the same way as **FLU** is a sickness— such ones are deemed ignorant of the ‘truth’ of science; (3) and are **UNLOVING**.

HOWEVER, as I continued to research I also discovered that there are **growing numbers of Psychiatrists who do not agree with the pastors/church leaders!** **YES**, on any given Sunday, from the pulpit to the back pew— many are relying on prescription drugs to handle life. **Nevertheless,**

II. There is a growing voice from psychiatrists who are ‘blowing the whistle!’

1. “No behavior or misbehavior is a disease or can be a disease. That’s not what diseases are. Diseases are malfunctions of the human body, of the heart, the liver, the kidney, the brain. **Typhoid fever is a disease. Spring fever is not a disease; it is a figure of speech, a metaphoric disease.** All mental diseases are metaphoric diseases, misrepresented as real diseases and mistaken for real diseases.” **“There is no blood or other biological test to ascertain the presence or absence of a mental illness,** as there is for

most bodily diseases. If such a test were developed ... then the condition would cease to be a mental illness and would be classified, instead, as a symptom of a bodily disease.” — **Dr. Thomas Szasz, Professor Emeritus of Psychiatry, New York University Medical School, Syracuse**

2. “There are no objective tests in psychiatry- no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder.” *“There is no definition of a mental disorder.” “It’s bull—. I mean, you just can’t define it.”* — **Allen Frances, Psychiatrist and former DSM-IV Task Force Chairman**

3. “Virtually anyone at any given time can meet the criteria for bipolar disorder or ADHD. Anyone. And the problem is everyone diagnosed with even one of these ‘illnesses’ triggers the pill dispenser!” — **Dr. Stefan Kruszewski, Psychiatrist**

4. “Despite more than two hundred years of intensive research, no commonly diagnosed psychiatric disorders have proven to be either genetic or biological in origin, including schizophrenia, major depression, manic-depressive disorder, the various anxiety disorders, and childhood disorders such as attention-deficit hyperactivity. **At present there are no known biochemical imbalances** in the brain of typical psychiatric patients— **until they are given** psychiatric drugs.” — **Peter Breggin, Psychiatrist**

5. While “there has been no shortage of alleged biochemical explanations for psychiatric conditions... not one has been proven. Quite the contrary. In every instance where such an imbalance was thought to have been found, it was later proven false.” “No claim for a gene for a psychiatric condition has stood the test of time, in spite of popular misinformation.” — **Dr. Joseph Glenmullen, Harvard Medical School psychiatrist**

6. “We do not have an independent, valid test for ADHD, and there are no data to indicate ADHD is due to a brain malfunction.” — *Final statement of the panel from the National Institutes of Health Consensus Conference on ADHD*

7. “The way things get into the DSM is not based on blood test or brain scan or physical findings. **It’s based on descriptions of behavior.** And that’s what the whole psychiatry system is.”
— *Dr Colin Ross, Psychiatrist*

8. “Psychiatry has never been driven by science. They have no biological or genetic basis for these illnesses and the National Institutes of Mental Health are totally committed to the pharmacological line. ... **There is a great deal of scientific evidence that stimulants cause brain damage with long-term use,** yet there is no evidence that these mental illnesses, such as ADHD, exist.” “In reality, psychiatric diagnosing is a kind of spiritual profiling that can destroy lives and frequently does.” — *Peter Breggin, Psychiatrist*

9. “In short, the whole business of creating psychiatric categories of ‘disease,’ formalizing them with consensus, and subsequently ascribing diagnostic codes to them, which in turn leads to their use for insurance billing, is nothing but **an extended racket furnishing psychiatry a pseudo-scientific aura.**” — *Dr. Thomas Dorman, internist and member of the Royal College of Physicians of the UK*

10. “No biochemical, neurological, or genetic markers have been found for Attention Deficit Disorder, Oppositional Defiant Disorder, Depression, Schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder.” — *Bruce Levine, Ph.D., psychologist and author of Commonsense Rebellion*

11. “Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in DSM-IV [and ICD-10] are **terms arrived at through peer consensus.**” — *Tana Dineen Ph.D., psychologist*

The above quotes from psychiatrists are quite revealing—especially in the light of the dogmatic statements from preachers:

*** **Dr. Land:** “This [depression/suicide] is a diagnosable, physiological, neurological condition. It is not an emotional state. It is a physical mental illness.”— *** **Dr. Stetzer:** “... if we are not afraid to put a cast on a broken bone, then why are we ashamed of a balanced plan to treat mental illness that might include medication to stabilize possible chemical imbalances? Christians get cancer, and they deal with mental illness. We’ve long seen the value in the medical treatment of cancer. It’s time for Christians to affirm the value of medical treatment for mental illness as well... **Mental illness has nothing to do with you or your family’s beliefs...**”

RESPONSE: Yes, multitudes have already ‘bought’ the counsel set forth by pastors and other Christian leaders. These pastors and Christian leaders are **promoting mere psychological theories- not science!**

Most tragic of all is that NOT EVEN ONE OF THEM zeroed in on the power of the gospel of Christ to give spiritual backbone to saints in the midst of deep trials. They voted for an approach laced with mind changing, life altering drugs which create more slaves, zombies, and suicides than they do positive deliverance.

QUESTION: Is there no longer a place for the GOSPEL of God which EMPOWERS saints to win over even the deadliest of

mental/ emotional/spiritual battles, sins, and/or demons; **and/or over** the mysterious trials of life? The answer is 'YES!'... and we hope to set forth positive, Biblical, Gospel-focused truth in upcoming articles!

Abounding Grace to all!

James

www.southsidegallatin.org

SOUTHSIDE NEWS NOTES:

MONDAYS: Jail Ministry— First and Second Monday of each month at 7:30pm. Questions? Contact Mike Munday at 615-681-7533

TUESDAYS: Come and sing every Tuesday night at Gallatin Health Care Nursing Home. Meet at the front door at 5:30PM.

WEDNESDAYS: → 6:30pm— Children Ministry/activities; → 6:30pm— Youth Activities and Bible Study— (Enter via double doors by gym)

→ **6:30pm— Wednesday CHURCH PRAYER SERVICE...** Come in side entrance, iron steps... meet in Ladies Sunday School Room

***** LADIES BIBLE STUDY—** Studies in the Gospel of Luke! **[Luke 10:38-42]** ... Cindy Bell, teaching. **NEXT MEETING: TUESDAY, September 19, 2017 @ 11:00am.**

Park at the BACK of church, come in DOUBLE DOORS under the AWNING... Door UNLOCKED by 10:30am... locked back at 11:10am

***** MEN:** EVERY SATURDAY MORNING @ 8am: Men's Fellowship/Bible Study! **{Present Study— The Epistle of JUDE}** AT THE back of Church building... Come in under the drive-thru awning, walk forward, coffee & biscuits WAITING!

→ **Sunday Services: September 17 — 9:30am** - Sunday School

10:45am - Worship Service // LORD'S SUPPER
[NO MEAL or Early Afternoon Service]

5:00 - 7:00pm— HOME GROUPS

➔ Sunday Services: September 24 — 9:30am - Sunday School

10:45am - Worship Service / **Noon MEAL; 1:00pm Service**

**5:30PM-7:30PM— FAITHFUL MEN,
16 Concepts of a New Testament
Church**