

# Psychiatric Medication and the Image of God

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Watch any daytime talk show with an expert medical guest or flip through *Time* magazine's colorful diagrams, and you'll see that the latest emphasis in neurology, the brain's causal influence on human behavior, has leaked down to the popular level. Many of these experts consider the human being primarily as a physical creature whose actions, feelings, and thoughts for the most part simply manifest neurological activity. Undesirable feelings or behavior, then, should be addressed by ever-more-precise medical methods.

Many Christians have correctly seen the incredible danger such an understanding poses to a biblical worldview, which involves realities beyond what can be seen, touched, or medicated. In other words, we know that a human being involves more than the body. But we also know that the body is a vital aspect of our being as designed by God. So we begin to answer this question—How should Christians think about psychiatric medication?—by considering at least two aspects of what it means for people to be made as the image of God.

## 1. The Image of God as Union Between Soul and Body

The immaterial soul does not function independently of the material body. The soul is not a “ghost in the machine” whose function is autonomous of corporeal mechanisms. God intentionally designed humankind to represent himself in the physical world—a psychosomatic unity comprising both a soul that reflects the immaterial God and also a body that grounds him in material creation.

The keystone passage introducing the image of God is [Genesis 1:26](https://www.esv.org/Genesis%201%3A26/) (<https://www.esv.org/Genesis%201%3A26/>): “Then God said, ‘Let us make man in our image, after our likeness.’” Biblical scholar D. J. A. Clines has pointed out that this phrase is better translated, “Let us make man *as* our image” for grammatical reasons as well as for historical-contextual reasons. Man, as the image of God, is the physical representation of God’s presence in creation.

This is the case in the New Testament as well. For instance, Paul’s use of *soma* demonstrates a complex anthropology where “all spiritual relations must be in and through his somatic existence ([Rom. 6:12](https://www.esv.org/Rom.%206%3A12/) (<https://www.esv.org/Rom.%206%3A12/>)),” according to Clines. “The body is the coordinate of the spirit in that it provides the spirit its agency of expression.” So, amazingly, the brains God constructed out of dirt are the necessary vessel of the spirit he put in them. We could say that physical brain function and spiritual soul function are necessarily correlative in the present age. And, instructively, this is the ideal for all of eternity, since this psychosomatic unity does not disappear with the new creation. Rather, this unity will be rather brilliantly enhanced when people receive imperishable physical bodies like the one Jesus had ([1 Cor 15](https://www.esv.org/1%20Cor%2015/) (<https://www.esv.org/1%20Cor%2015/>), [John 20-21](https://www.esv.org/John%2020-21/) (<https://www.esv.org/John%2020-21/>)).

## 2. The Image of God and Dominion

But man as psychosomatic unity is not the only aspect of the *imago dei* pertinent to our question of psychiatric medication. God gives all of us made in his image a function: to have dominion over the created order ([Gen 1:26](https://www.esv.org/Gen%201%3A26/) (<https://www.esv.org/Gen%201%3A26/>)). We rule over “all things,” which implies the larger horizon of the entire animate world, having been crowned with glory and honor, only a “little lower than God” so as to have “all things under his feet” ([Psalm 8](https://www.esv.org/Psalm%208/) (<https://www.esv.org/Psalm%208/>)).

Thus, we rule over the created order, arranging it in ways that honor the Creator and promote his kingdom. We strategize, organize, invent, implement, and construct in an attempt to bring order to disorder. In this way, we reflect the character of God in the physical world ([Gen 1:1-25](https://www.esv.org/Gen%201%3A1-25/) (<https://www.esv.org/Gen%201%3A1-25/>)). Human beings did not lose the dominion function at the Fall. We are still responsible to rule over the world as God’s agents obedient to his commands. We show dominion over sin and its corruption primarily by preaching the gospel of the kingdom; but we also show dominion by mitigating sin’s physical effects on the created world. For instance, people can make a cursed ground yield more fruit by overcoming it with the latest farming technology.

The mitigation of the effects of the Fall can apply to the corrupted physical body, including the brain. Thus, in principle, human means of alleviating the effects of sin on the brain, in terms of injury, disease, and dysfunction, are sanctioned by God as a legitimate function of man, his image. Let's think about these principles specifically in regard to psychiatric medication.

**First, psychiatric medication does not address the main dilemma in human trouble: sin.**

We must not mix up addressing sin's effects with addressing sin itself. Medication cannot produce the obedience of faith. As Clines eloquently reminds us, "The image is fully realized only through obedience to Christ; this is how man, the image of God, who is already man, already the image of God, can become fully man, fully the image of God."

Psychiatric medication should never be used in hopes of producing behavior that Scripture calls obedience, because obedience flows from faith.

The dominion function must be understood in a redemptive/historical framework, specifically under the great theme of the coming of the kingdom of God, from Adam's failure to rule righteously to Christ's righteous rule over all things. Christ said the kingdom of God is not of this world, nor would it be ushered in by human means ([John 18](https://www.esv.org/John%2018/) (<https://www.esv.org/John%2018/>):36ff). Linking Christ's redemptive work with man's technological advancement ignores the ultimate intention of the dominion theme. Thus, dominion with regard to the human brain and psychiatric medication is not bringing about the coming of the kingdom through chemically perfected people.

**Second, psychosomatic unity means that problems are never merely physical, but always involve a spiritual response.**

If Scripture assumes the union between soul and body when addressing humanity, and its primary means of addressing human sorrows, weaknesses, and problems are the wealth of commands, directives, warnings, promises, narratives, poems, and prayers (all things addressing primarily the spiritual aspect of the unity), then Christians should understand these to be the regular means of ministry for whole persons, body and soul. This is not to say that knowledge of, or even obedience to, Scripture will necessarily yield physical health. To the contrary, it is clear in Scripture, history, and experience that everyone in Christ suffers spiritually and physically. My point, rather, is that God's Word brings life to whole persons, body and soul.

So we should not approach human problems with the false dichotomy: Is this problem spiritual or physical? Rather, we should consider how the physical is affecting the spiritual, and vice versa. Thinking in this vein prevents the counselor from concluding that a problem is physical while ignoring spiritual influences, and vice versa.

**Third, psychosomatic unity means sin's effects are both spiritual and physical; therefore, Christians should acknowledge that brain dysfunction is a theologically tenable possibility and that such a condition would in some way hinder the soul's operation.**

Though some use the brain's influence on the soul's operation as a scapegoat for personal responsibility, we should not dismiss the concept itself. Taking the physical effects of sin seriously requires us to acknowledge the brain's possible hindering effect on the soul. In a groaning creation, it makes sense that physical realities can frustrate spiritual ideals: brains don't develop optimally, endocrine systems fail to regulate hormones, injury and disease strike. Because the operation of the brain and the soul are necessarily correlative, we should take seriously the influence physical difficulties have on whole-person response patterns.

**Fourth, understanding dominion to include the mitigation of sin's effects on the created order, Christians may affirm the responsible use of psychiatric medication to treat such conditions.**

Since medication falls under dominion as an attempt to address the effects of the Fall, psychiatric drug use should seek to restore regular brain functioning. In cases of injury and underdevelopment, this could mean compensation for what is damaged or absent. In cases of uncontrollable excesses or deficiencies of neurotransmitters or hormones, it could mean stabilizing the brain's regulatory functions.

One caution: psychiatric medication should not be used in a depletive fashion—for instance, to hinder an intrinsic capability or numb a proper neurological response. For example, numbing the effects of grief would be depletive. In grieving the loss of a loved one, medication could hinder proper functioning of the embodied soul. That circumstance often makes people most experientially aware of their beliefs and desires, and this is a key opportunity for strengthening faith. Medicating a person out of this opportunity could be a more sophisticated way of escaping from grief by getting drunk on alcohol.

## **Complex Navigation**

Scripture is sufficient for solving man's ultimate need for redemption in Christ, peace with God, and the future renewal of the entire created order. And proclaiming the gospel is the primary way we exercise dominion. Psychiatric medication may be understood as a legitimate outworking of the dominion function, but merely as an imperfect attempt to mitigate sin's effects on the present physical order. It cannot solve mankind's primary problem of sin.

Applying this teaching practically is no simple matter. The psychiatric medication industry is largely driven by naturalistic assumptions and compelled by profit margins, and mental illness has been stigmatized in many of our churches. Thinking about how to navigate the process practically would require a discussion beyond the present one.

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