

Caring for the Homeless – Theology of the Cross
A round Table on Homelessness and Mercy-Care
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Title: Repentance and Psychiatric Illness

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1. **Thesis:** When prescribed anti-depressants create or enhance compulsive desires to engage in actions harmful to self and neighbor, confession/absolution remains vital for spiritual healing in the penitent Christian's life.

2. Particular problems to be addressed:

- a. How to counsel someone who will say "the medicine made me do it" if they hear their medication can create compulsive behavior;
- b. How to counsel someone who is unable to differentiate between actual sin and their mental illness complicated by psychiatric medicines;
- c. How to counsel someone with a deep sense of guilt when medications cause behavioral changes that cannot be equated with personal guilt;
- d. How a penitent can deal with the effects of medications that stimulate sinful thoughts and consequent doubt of the Father's forgiveness in Christ.

3. The dialogue/case studies:

Introduction: Madisonville is an ethnically and economically mixed community in Cincinnati with a reputation for violent crime, drug problems and homelessness. Targeted by city government for urban renewal about ten years ago, the neighborhood is changing.

St Paul Lutheran Church has been in Madisonville over 150 years, nicknamed by some "the white church." The congregation is varied economically, ethnically and by age. St Paul serves Madisonville's homeless and under-employed primarily through the ministry of the Deaconess. The congregation's over-all mercy-care to Madisonville and the surrounding communities serves unbelievers to well-catechized Lutherans.

What follows are two representative case studies in pastoral care.

- A. How to counsel someone who is likely to say "the medicine made me do it" when they hear the medication enhances compulsive behavior.

Case Study: before getting medications for schizophrenia and additional health issues "C" was unable to maintain a home. Through the advocacy of a mercy-care giver C is now able to work. While the medication successfully blocks hallucinogenic episodes and provides mental stability, one side effect is compulsive behavior.

In addition, C can be loyal to the point of personal harm. C also exhibits generosity that seems driven by guilt. C is regularly manipulated by some of C's friends and relatives. C struggles to act on Scripture's clear teaching when it conflicts with misplaced loyalties and the perceived needs of others. C is also overly receptive to suggestions. Hearing that "this medicine creates compulsive behaviors" tempts C to justify exorbitant gambling. While C knows losing the paycheck in an evening results in not being able to pay rent or purchase food, C sees gambling more as a mistake than an offense against God and neighbor. While C is enticed by the excitement of gambling C is just as likely to give away the entire paycheck in extravagant gifts because C "has to." On one hand C recognizes these actions take away the possibility of stable housing and also harms relationships. On the other hand C shifts blame on medications and justifies guilt-induced generosity.

What must C do for himself and what can be done on his behalf? On a practical level, C's caregivers cannot "bail him out" of money-abuse. On the other hand, they can encourage C to ask the doctor(s) for medicines that do not enhance compulsions. They can encourage him to develop a strategy when compulsive desires threaten to overwhelm. They can offer power of attorney in order to hold C's earnings for future goals, such as a rent deposit or monthly expenses. They cannot provide C with a realistic sense of personal responsibility or an ability to overcome susceptibility to manipulation.

In addition, pastoral care to C includes speaking God's word of law. God is displeased when C chooses to violate C's vocations that genuinely serve others. This includes wasting the value of C's labor. Further, despite the medicine's effects, C's sinful actions result in personal guilt when C is driven by 'the flesh.' A care-giver's goal for C should include further teaching on the first commandment (Luther's Large Catechism, i.e., 21-22, 28, 42) leading to confession/absolution and the resultant clean conscience and empowerment by the Holy Spirit for good works (Ephesians 2:1-10). C also needs regular catechesis to understand personal struggles in the light of Christ's cross (Romans 6-8; Luke 14:25-15:7). This includes what Scripture says about self-justification and how sinners are justified by the blood of Christ. This includes teaching about the doctrine of vocation and the liberty of living by faith.

B. How to counsel someone who is unable to differentiate between actual sin and mental illness.

Except for the periodic assistance of parents and the church Y would be homeless. Y is intellectually lively despite a variety of mental and social "short circuits." Y has a good grasp on Lutheran theology. When deeply troubled, Y came to the pastor for private confession and absolution. We discussed how to make confession and for what purpose. Following the rite for confession/absolution in the Lutheran Service Book, Y confessed a Scripture-specified sin, asserted willingness to amend and rejoiced in the absolution. Y also listened attentively when counselled how to "flee from temptation." A specific sin in Y's mental life was habitual and also a continual struggle to resist in deed. Y's sense of guilt brought Y back on a weekly basis for confession/absolution. After the assurance of being just before God through Christ, further steps were taken to reduce the ease of committing actual sin. Y installed an internet filter and became accountable to a trusted partner. As Y's particular temptation that afflicted Y became less intense another of a different nature arose. The "new" temptation was just as compelling.

One of Y's questions was why am I like that? The pastor explained the nature of original sin and the distinction between it and actual sin. Over a period of time Y also confided Y's fears of mental illness, describing symptoms that prompted the pastor to encourage Y to seek medical and counseling help. Ironically, Y found it easier to confess personal sins than physical disorders. Y feared the label "mentally ill" and the prospect of always being that way. This led to a discussion of the fall and the resulting futility in the creation (Rm 8:18-30), including the normalcy of sickness and death in contrast to personal guilt. Mental illness is not sin, nor is it sinful to take medications that stimulate compulsive desires if the alternative is being unable to discern what is real or not real. Nevertheless, because separating the futile effects of the fall from rebellion against God is psychologically impossible, confession/absolution remains a spiritual necessity and a great relief (Hebrews 10:19-23; James 5:13-16; I John 1:8-10).

As a result of Biblical discussions, Y saw how medically enhanced compulsions drove Y from one disobedience against God to another, and that even "good" compulsions remained corrupt. Nevertheless, since Christ forgave all sin, what is done in faith God regards as righteous, despite our innate corruption. This provided peace of mind, especially since there appears to be no cure or complete management for Y's specific mental illness. Nevertheless, Y recognized Y had a useful vocation despite illness and even because of it.

4. Conclusion: Confession/absolution is a source for spiritual healing in a penitent Christian's life. This is certainly true for those afflicted by the futility of creation, who experience mental illness and endure addictions, and who contribute to a self-destructive lifestyle by their own sin and sins.

What the content of confession/absolution provides:

A recognition of the fall and the resulting corruption of the natural order as a word of law by which God calls all to repentance (Gen 3:14-24).

A recognition of original sin, the universal corruption of human nature that apart from the work of God ends in death and hell (Romans 1:18; 7).

A recognition of actual sin, when original sin bears fruit in acting contrary to God's word and conscience (Romans 2:1).

The content of confession/absolution also provides:

A distinction between the futility of creation and sin.

A distinction between objective guilt (guilt before God) and a sense of personal guilt that may or may not reflect sin or fault.

The content of confession/absolution also provides:

A recognition of the benefits of honesty before God (Psalm 51; 143).

A reception of God's word of forgiveness and justification (John 20:23; Galatians 2:16).

A reception of a clean conscience and the reality of being sanctified (Hebrews 10:19-22).

A promise of eternal life that is completely righteous and perfectly whole (Revelation 21:9-22:5).

A recognition of being simultaneously sinner and saint (Romans 6-8).

A joy found in daily repentance and absolution (Psalm 85; 103).

A recognition of vocation in a fallen world (I Corinthians 7:17),

Including God's good use of all things (Rm 8:28),

Including providing an opportunity for others to serve,

Including one's value found in being named by God (Titus 3:1-7).

Including acceptance of one's own body (I Corinthians 15:42f.).

Finally, confession/absolution not only provides the possibility of psychological well-being in the midst of brokenness, the words of absolution (Christ's own words) do what they say. Despite sin and the effects of sin in the world, the absolved are regarded as righteous before God and by faith enter eternal life.