

Thinking Biblically About Medicine and Mental Disorders: ADHD as a Case Example¹

Peter J. Goeman

Even a child makes himself known by his acts,
by whether his conduct is pure and upright
(Prov 20:11).

I acknowledge at the outset that I am not a medical professional. I have not been to medical school, and am not an expert on mental illness. However, I firmly believe that every Christian can prudently examine health and medical issues through the lens of Scripture and arrive at conclusions which are both wise and biblically sound. Where my own medical knowledge is lacking, I have relied upon other gifted thinkers in the medical community as well as those who have gifts in the areas of research and writing. Therefore, it is with trust in the sufficiency of Scripture and the expertise of reputable sources that I submit these thoughts to you as my understanding of how to think through this and others issues like it biblically.

Introduction

This article's goal is to realign our thinking about Scripture and the medical community. Our goal will be to discuss general issues that Christians must be aware of in relating to mental disorders. In addition, as an example, we will look at some of the particulars of ADHD² and how Christians ought to think through issues such as these. ADHD is an important issue to think through for the Christian since, behind asthma ADHD has become the second most frequent long-term diagnosis for children.³ It is likely that everyone knows someone who is diagnosed with ADHD. Thus, it is important that as Christians we think through the issues at stake, and even more importantly, we develop a methodology for thinking through issues like this.

So that there will be no surprises, I want to be open about what I'm going to present. I will propose in this presentation that, contrary to the popular conception about ADHD, there are numerous problems in labeling someone as ADHD based on symptoms. In fact, if we understand the reasons children are diagnosed with ADHD, as well as standards by which those diagnoses are given, we will see that there are actually entire worldviews at play in this discussion.

¹ This is an unpublished version, last edited February 26, 2016, which may be subject to further additions and updates.

² Attention Deficit Disorder (ADD) was an older description of what is today called Attention Deficit Hyperactivity Disorder (ADHD).

³ Alan Schwarz, "The Selling of Attention Deficit Disorder," *The New York Times*, December 14, 2013.

Understanding the *DSM-V*⁴ and the Secular Worldview

Every attempt to understand the human condition is rooted in a presupposition about anthropology.⁵ In simple terms, this means that what you believe it means to be human will influence how you view every element of human existence. For example, as Christians we believe sickness is a result of sin entering the world through the Fall. It is not a sin to be sick, but sickness would not exist without sin being present in the world. However, from a secular worldview, sickness is only a natural outworking of the evolutionary process.

The American Psychiatric Association (APA), who produced the *DSM-V*, operates under the assumption of an evolutionary, purely naturalistic worldview. According to these operating assumptions, mankind is a mixture of chemicals, and behavior is simply a result of the outworking of chemicals and electrical impulses in the brain. There is no difference between men and women and the monkeys in the zoo, except that mankind has been simply more fortunate in the evolutionary tree.

When we understand this larger framework from which secularist psychologists and the APA are working from then we understand that in their version of humanity man is to be classified simply as a more complex animal. This view assumes that human beings are *amoral beings* with an evolved capability to be organized and goal-oriented. What this means is simply is that humans do not inherently act in good or bad categories. Good and bad are simply social constructs, not absolute moral categories.

According to this view then, it is only considered abnormal to lack the control to make the right choices, specifically not being able to not consider the future results of current actions, or not to consider others altruistically. These are traits which are desirable from an evolutionary standpoint. It is not wrong or sinful to be disobedient to parents, for example, it is just not the optimum for self-preservation as a species.

These presuppositions are actually readily available in the writings of prominent ADHD theorists.

For example, Barkley writes:

“Those with ADHD ultimately suffer from an inability to use a sense of time and of the past and future to guide their behavior. *What is not developing properly in your child is*

⁴ The *DSM-V* is the most recent edition (2013) of the *Diagnostic and Statistical Manual of Mental Disorders* and deals with issues that are labeled psychiatric or mental disorders (the category under which ADHD falls).

⁵ This is also affirmed even by non-Christians. For example, Russel A. Barkley, *ADHD and the Nature of Self-Control* (New York: Guilford, 2005), vii–viii. “Any theory of child psychopathological condition such as ADHD will ultimately have to be linked to larger theories of the nature of normal developmental psychological processes and the neuropsychological processes that comprise them.... Consequently, any theory of ADHD is, of necessity, a theory of executive functions and self-regulation.”

the capacity to shift from focusing on the here and now to focusing on what is likely to come next in life and the future more generally. When all a child focuses on is the moment, acting impulsively makes sense. The child simply wants to do what is fun or interesting at the moment and escape from what is not reinforcing at the time, maximizing immediate gratification as much as possible. . . . But this can be disastrous when the child is expected to be developing a focus on what lies ahead and what needs to be done to meet the future effectively. That capacity is crucial to our ability as human beings to be organized, planful, and goal-directed, and it is directly dependent on how much control we have over our impulses.”⁶

Notice there is no discussion about the inherent morality of actions. The assumption is that *actions are amoral*, and that ADHD is merely a hindrance to what helps us function best.

The Presuppositions of Biblical Christianity

Leaving the issue of ADHD for a moment, we need to discuss the ramifications of holding a presupposition of amorality. According to this kind of worldview there is no sin. If there is a basis for right and wrong in this worldview it is often dictated by majority rule (i.e., the majority decides what is right and what is wrong). This presupposition comes into conflict with the biblical teaching of sin and the depravity of mankind.

Although there are many passages that teach mankind is bent on evil and rebellion against God, perhaps no more clear passage exists than Romans 3:10-18 which teaches that all sin and rebel against God. Because of that sin nature, mankind is inherently unable to understand God or do the things of God (1 Cor 2:14-16). Scripture teaches that the natural, unregenerate man is incapable of responding to God and allied with an evil world in rebellion against its Creator (Eph 2:1-4). Thus, we cannot, as Christians, buy into the idea that anyone’s actions are amoral at the core. Even a child’s actions reveal his heart (cf. Prov 20:11).

Furthermore, what we see from Scripture is that there is an absolute standard of right and wrong. God is the Creator who has designed authority and standards within creation by which every created being must abide. Although mankind has a natural inclination toward pursuing what is wrong, that is due to the Fall and does not absolve each individual’s responsibility for disobedience. In other words, we firmly hold to moral culpability.

This is where one of the biggest differences between the secular worldview and the Christian worldview come into conflict. The naturalistic, secular worldview teaches that humans are a product of their environment and their genetics. The secular worldview rejects any spiritual element and says all activity comes from the brain.

⁶ Russel A. Barkley, *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents*, 3rd ed. (New York: The Guilford Press, 2013), xiii–xiv.

On the other hand, the Christian worldview says that activity comes from both physical and spiritual influences. One Christian counselor says it this way, “Psychiatric problems are always spiritual problems, and sometimes physical problems.”⁷ What he means by this statement is that we believe, in contrast to secularists, that all of our problems have a spiritual component. Although we believe problems can be compounded by physical factors, we understand that every behavioral and psychological issue involves a heavy spiritual component.

Therefore, as stated above, a major difference in this worldview clash is that the Christian worldview asserts individual culpability for one’s actions while the secularist looks to environmental or physiological factors.⁸ But it is only the Christian worldview that makes sense. For example, just because someone maybe more inclined physiologically to select alcohol does not excuse him when he gets drunk and beats his wife or children. Nor is there ever an excuse for someone who struggles with anger to allow himself to lose control and murder someone. As Christians we believe there is always culpability for one’s actions, even though those actions may be influenced by external or physiological factors.⁹

If you follow this logical flow of thought, you can see how the secularist’s answer to any behavioral problem would simply be to prescribe medication for any actions that are deemed “inappropriate” or against the tolerated acceptance of the culture. If all actions come from the brain and are naturalistic, then the solution to any “problem” would be to try to alter the chemical levels of the brain and change the behavior. In the naturalistic worldview, if you alter the behavior the problem is then solved.

This idea is the most important in understanding the presuppositions that are involved between the competing worldviews. To a secularist a problem is solved when one achieves the desired results. However, for the biblically-minded Christian, life is far more complicated and involves both spiritual elements as well as possible physiological elements. Just because behavior is altered does not mean it is successful from a Christian worldview. All behavior comes from the heart (Mark 7:14-22), and thus true change must involve an attitude change. We will talk more about this further on, but the important aspect to grasp here is the stark contrast between the goal of the naturalistic APA and DSM in treating mental disorders and the goals from the Christian worldview.

In order to illustrate the contrast between the naturalistic and Christian worldview, we will consider in detail a case study of ADHD and think through it from a biblical perspective.

⁷ Edward T. Welch, *Blame It on the Brain? Distinguishing Chemical Imbalances, Brain Disorders, and Disobedience* (Phillipsburg, NJ: P & R Publishing, 1998), 106.

⁸ List example from Al Mohler’s briefing.

⁹ Admittedly, one is hard pressed to come up with a situation which does not contain a variety of influences. It is hard to comprehend an uninfluenced action. Lives are not lived in a vacuum.

What is ADHD?

ADHD (Attention Deficit Hyperactivity Disorder) is defined by the American Psychiatric Association (APA) as, “a neurodevelopmental disorder defined by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity.”¹⁰

How is ADHD Diagnosed?¹¹

It is important to acknowledge up front that there are no objective criteria which determine if a child has ADHD or not.¹² The previous edition of the *DSM* stated:

“There are no laboratory tests that have been established as diagnostic in the clinical assessment of Attention-Deficit/Hyperactivity Disorder” (81).

That statement has since been removed, but even the current *DSM-V* does not give any indication there are any objective tests or known causes for ADHD. Thus ADHD differs from other medical issues in that it is defined by its description rather than an actual medical issue. For example, if a Doctor says you have cancer you can ask him, and he will be able to show you objective tests that show the cancerous cells’ work on your body. However, ADHD has no such objective testing; rather, it is completely based on descriptive elements. In other words, the description of ADHD and the way that it is diagnosed are one in the same.

For example, in order to diagnose ADHD the *DSM-V* lists the following standards for medical professionals:

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

- a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).

¹⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (Washington, D.C.: American Psychiatric Publishing, 2013), 32.

¹¹ *Ibid.*, 59.

¹² Martin Barren, “ADHD: Do We Finally Have It Right?,” *Contemporary Pediatrics* 11, no. 11 (n.d.): 96.

- b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
- c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
- d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
- e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
- f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
- g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
- i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

- a. Often fidgets with or taps hands or feet or squirms in seat.
- b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
- c. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)
- d. Often unable to play or engage in leisure activities quietly.
- e. Is often “on the go,” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
- f. Often talks excessively.

- g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
- h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
- i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).

D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

It is also important to note that most children who are diagnosed with ADHD are also diagnosed with other mental disorders, most popular of which is Oppositional Defiant Disorder.¹³

Important Changes from *DSM-IV* to *DSM-V*

According to dsm5.org, major changes include changing the child's age from 7 to 12, and modifying the criteria so that they can more readily apply to adults as well as children. Children (under 17) must still have 6 or more criteria, adults (17+) must have 5 or more.

Additionally, whereas the *DSM-IV* read, "some hyperactive-impulsive or inattentive symptoms that *caused impairment were present before age 7 years*," the new edition reads, "several inattentive or hyperactive-impulsive symptoms *were present prior to 12 years*." It specifically changes (a) age from 7 to 12, and (b) it removes the necessity of "impairment," changing it to being "present." Further, the requirements from the *DSM-IV* have been changed from "impairment in 2 settings" to only being "present in 2 settings."

¹³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 63. The APA defines this disorder as follows: "Individuals with oppositional defiant disorder may resist work or school tasks that require self-application because they resist conforming to others' demands. Their behavior is characterized by negativity, hostility, and defiance. These symptoms must be differentiated from aversion to school or mentally demanding tasks due to difficulty in sustaining mental effort, forgetting instructions, and impulsivity in individuals with ADHD. Complicating the differential diagnosis is the fact that some individuals with ADHD may develop secondary oppositional attitudes toward such tasks and devalue their importance."

These observations are worth noting because these changes make what is already a subjective criteria more open to interpretation. In other words, for no discernable reason, the APA has expanded its definition of who qualifies for the ADHD label to make the diagnosis even more readily accessible.

Secular Theories for the Etiology of ADHD

With the increase of ADHD diagnoses, medical professionals have continued to theorize about the cause of ADHD. Although there is no consensus, below are the most popular theories at this time.

A. Abnormal Brains

These claims are based on results of neuroimaging of ADHD brains compared to those of so-called normal individuals. However, brain scans cannot be held as the ultimate evidence since behavior and brain activity are inherently linked. As one author puts it:

“Brain scans do not prove ADHD’s existence, but rather they provide evidence that all behavior somehow originates in the brain—a point on which all sides agree.”¹⁴

B. Chemical Imbalances

Perhaps the most popular belief about ADHD is that the unwarranted behavior stems from an abnormal amount of brain chemicals in an individual. In other words, ADHD behaviors are caused by chemicals in the brain being out of proportion to what is normal for others. This belief is a theory based on the fact that all behavior must have natural causes. This also provides the rationale for medication since if there is a chemical imbalance, all one needs to do is find medication that can adjust the chemical levels of the brain to make them normal again. However, there is much to be warned about in buying into this theory. For one,

“Not only do chemical levels differ between individuals, rendering a standard level of each brain chemical impossible, but chemicals also fluctuate at high levels in each individual (between different emotions, activities, and mental processes) and make so-called normal levels of brain chemicals immeasurable.”¹⁵

¹⁴ Daniel R. Berger, *The Truth about ADHD: Genuine Hope and Biblical Answers* (Taylors, SC: Alethia International Publications, 2014), 29.

¹⁵ *Ibid.*, 31.

In addition to Berger's statement, the science behind medication is far from exact. Welch notes,

“Psychiatric medication is *not* treating a verifiable chemical imbalance in the brain. Contrary to public perception, psychiatric medications are not chemical bullets that target one particular brain chemical. They are more like chemical blitzkriegs, strafing chemical sites in the brain and hoping for the best.”¹⁶

In other words, many people think they are using a sniper rifle to target an abnormal brain chemical when in fact they are using a grenade.

It is worth remembering that from a secularist viewpoint, it is obvious to conclude that the brain is most probably the ultimate cause of action because the answer has to be naturalistic. However, for Christians we understand the brain is definitely involved, and yet there is the active involvement of the soul and the personal culpability for individuals.

C. Abnormal Chromosomes

The belief that ADHD is somehow genetic and related to abnormal chromosome structures. Barkley is representative of this view when he writes,

“[I]n the last 10 years, advances in the molecular genetics of ADHD have progressed at a rapid pace and continue to do so today. At least seven genes for the disorder have been reliably identified, and researchers expect that a number of others will be found in the next few years. The entire human genome has been scanned for ADHD risk genes, and at least 25-40 locations appear to be relevant to the disorder. Brain imaging research has also shown us the regions implicated in ADHD and even linked some of the activities in these areas to some of the risk genes for the disorder.... ADHD is a largely biologically caused disorder that has a substantial genetic/hereditary basis.”¹⁷

Although Barkley appears to give evidence that genes are definitively involved in ADHD, the *DSM* itself states the following:

“No biological marker is diagnostic for ADHD. As a group, compared with peers, children with ADHD display increased slow wave electroencephalograms, reduced total brain volume on magnetic resonance imaging, and possibly a delay in posterior to anterior cortical maturation, but these findings are not diagnostic.

¹⁶ Welch, *Blame It on the Brain? Distinguishing Chemical Imbalances, Brain Disorders, and Disobedience*, 109–10.

¹⁷ Barkley, *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents*, xii.

In the uncommon cases where there is a known genetic cause ... the ADHD presentation should still be diagnosed.”¹⁸

In what is perhaps an ironic and confusing attempt to provide clarity to an unclear situation, the DSM states a page later, “While specific genes have been correlated with ADHD, they are neither necessary nor sufficient causal factors.”¹⁹

D. Alternative Theories

- Dietary causes
- Exposure to lead
- Maternal smoking
- Sensory stimulants (TV, video games, etc.)
- Premature births
- Other

Secular Treatments for the Symptoms of ADHD:

There are a variety of treatments that medical professionals advise when someone is diagnosed with ADHD. Although more could be said about each of these, just a brief survey will be offered.

A. Prescription medication

Much has already been stated about why prescription medication is the naturalist’s “go-to” for behavioral problems. Simply put, if behavior modification is the only goal, then the easiest means to attain that is through changing chemicals in the brain.

“Though secularists attest that medications are not a cure for a child’s problems, they do provide three seemingly beneficial outcomes. The first benefit of medicating children who are said to have ADHD is that doing so typically calms the child. Besides the calming effect of stimulants, another outcome of prescribed stimulant medications such as Ritalin and Adderall is increased focus. The ability to focus attention along with the decrease in hyperactivity allows for the most desired benefit of medications: allegedly better behavioral performances in school and at home.”²⁰

¹⁸ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 61.

¹⁹ *Ibid.*, 62.

²⁰ Berger, *The Truth about ADHD: Genuine Hope and Biblical Answers*, 35.

Common prescription medications for ADHD include: (1) *stimulant medications* such as Ritalin, Adderall, and Dexedrine; (2) *non-stimulant medications* such as Strattera, atypical antidepressants, and certain blood pressure medications.

B. Behavior Modification

In light of the explosion of ADHD diagnoses in America, many family therapists are turning to behavior modification as a means of coping with improper behavior. Although meeting with success (especially in European countries), Christians need to consider an important point here.

Although utilizing behavior modification can be effective and preferred to medication, it still misses the most important issue for Christians. We recognize that each and every human being is born with a sinful heart (Jer 17:9), and that sinful heart will demonstrate symptoms in many different areas. If we train our children (or adults) to behave in certain circumstances it is a battle won, but a lost war. Indeed, a well-behaved individual still is an individual who is lost and bound for hell. This is where behavior modification falls flat on its face. The Christian needs to promote the heart-changing Gospel of Jesus. We must proclaim the fact that Jesus can give a new heart, and when an individual has a new heart his or her character changes (cf. Eph 4:17-32; Rom 6:14).

We must remember that character is important, but it is not the most important. Again, this is where the worldview of the Christian and that of a naturalist differ so drastically. It is never a success to see people become moral, for a moral person is no better without Christ. Thus, although behavioral modification is used by secularists and it is “successful,” the Christian realizes there must be something more—a true heart change.

C. Alternative Treatments

1. Nutritional treatments
2. Herbal treatments
3. Video games

Important Considerations about Medication and the ADHD Diagnosis

A. Medication Problems/Side Effects.

Since medication is the most popular means of treating ADHD, it is important to talk briefly about the dangers of utilizing medication. One such danger is the potential for unwanted side effects.

In one study, researchers from Quintiles Inc. looked at patient-reported side effects of ADHD drugs. The drugs covered were amphetamine and dextroamphetamine (Dexedrine); atomoxetine (Strattera); dexamethylphenidate (Focalin); lisdexamfetamine (Vyvanse); and methylphenidate (Concerta, Ritalin). In this study, their results showed that 48 percent of 325 patients surveyed reported at least one side effect (varying in intensity). The most common side effects were loss of appetite, sleep problems, and mood swings.²¹

A typical list of common side effects are as follows:²²

- Feeling restless and jittery
- Depression
- Dizziness
- Racing Heartbeat
- Sleep problems
- Decreased appetite
- Delayed growth
- Headaches and stomachaches
- Rebound (irritability when the medication wears off)
- Tics
- Moodiness and irritability

The obvious warning here is that the Christian should take great care in using medication as a means for treatment when there can be a high cost for doing so. Certainly using medication can alter behavior, but is that the best means of doing so?

B. Medication Does not Significantly Improve Academic Performance

The common assumption is that those who are diagnosed with ADHD are at a significant disadvantage academically if they do not take medication that will help them focus. However, this belief is actually without verification. Shirley Wang, reporting for the *Wall Street Journal* reported in July, 2013 that, “a growing body of research finds that in the long run, achievement scores, grade-point averages or the likelihood of repeating a grade generally aren't any different in kids with ADHD who take medication compared with those who don't.”²³

²¹ Jane Collingwood, “Side Effects of ADHD Medications,” *Psych Central*, accessed February 16, 2016, <http://psychcentral.com/lib/side-effects-of-adhd-medications/>.

²² Roy Boorady, “Side Effects of ADHD Medication: What to Look For, and How to Handle Them,” *Child Mind Institute*, April 29, 2014, <http://www.childmind.org/en/posts/articles/2012-2-7-side-effects-adhd-medication>; Collingwood, “Side Effects of ADHD Medications”; Katherine Kam, “Tips to Reduce the Side Effects of ADHD Medications,” *Web MD*, accessed February 16, 2016, <http://www.webmd.com/add-adhd/childhood-adhd/features/reduce-side-effects-adhd-medications>.

²³ Shirley S. Wang, “ADHD Drugs Don’t Boost Kids’ Grades: Studies of Children with Attention-Deficit Hyperactivity Disorder Find Little Change,” *The Wall Street Journal*, July 8, 2013, <http://www.wsj.com/articles/SB10001424127887323368704578593660384362292>.

The study, reported by Wang, took place in Quebec with about 4,000 students over 11 years. Wang reports that, according to this study, “[B]oys who took ADHD drugs actually performed worse in school than those with a similar number of symptoms who didn’t. Girls taking the medicine reported more emotional problems.”²⁴

We need to be careful here to say what is being said, and not say what is not being said. This report is *not* saying that the medication does not allow improved focus and concentration. Stimulant drugs verifiably allow users to increase their focus, memory, and concentration. However, an important application of Wang’s article is that if the child doesn’t want to focus on the school work, it doesn’t matter whether he or she has the stimulant.²⁵ They are not guaranteed success.

From a Christian worldview we understand that all desires and actions come from the heart (Prov 4:23; Mark 7:18-22). Thus, if a student is rebellious in the classroom and doesn’t want to do school, medication may slow him down but it won’t turn his or her desires to school. Medication may change actions, but it will never change the heart.

C. Alternatives to Medication

Medication has been touted over the last two decades as being the best treatment for ADHD. In fact, since the late 1990s restrictions on advertising ADHD medications to the public were loosened, resulting in an exponential increase of prescriptions for ADHD.²⁶ For example, in 1990 the number of children diagnosed was 600,000, while today it is around 15%, which is 3,500,000 children.²⁷ This astronomical growth has even led Dr. Keith Conners, one of the foremost advocates of legitimizing the ADHD disorder to claim that the numbers of prescriptions given for ADHD are “preposterous.”²⁸

Given that medication can have detrimental side effects, this propensity of immediately diagnosing children as having ADHD and prescribing them medication has been met with alternatives to medication. Marilyn Wedge, a doctor who specializes in family therapy, has written highlighting the fact that medication is not the only viable option to help kids struggling with ADHD.

In her article, “Why French Kids Don’t Have ADHD,” Dr. Wedge points out that although a significant percentage of children struggle with ADHD symptoms and are medicated in

²⁴ Ibid.

²⁵ It is interesting that some video gamers have started using ADHD medication drugs to improve their gaming performance.

²⁶ Schwarz, “The Selling of Attention Deficit Disorder.”

²⁷ Ibid.

²⁸ Ibid.

America,²⁹ in France, less than .5 percent are diagnosed and medicated.³⁰ Wedge points out that the reason for this stark contrast is in the child raising philosophy in France. She writes,

From the time their children are born, French parents provide them with a firm *cadre*—the word means "frame" or "structure." Children are not allowed, for example, to snack whenever they want. Mealtimes are at four specific times of the day. French children learn to wait patiently for meals, rather than eating snack foods whenever they feel like it. French babies, too, are expected to conform to limits set by parents and not by their crying selves. French parents let their babies "cry it out" (for no more than a few minutes of course) if they are not sleeping through the night at the age of four months. ...

Consistently enforced limits, in the French view, make children feel safe and secure. Clear limits, they believe, actually make a child feel happier and safer—something that is congruent with my own experience as both a therapist and a parent. Finally, French parents believe that hearing the word "no" rescues children from the "tyranny of their own desires." And spanking, when used judiciously, is not considered child abuse in France.³¹

Wedge is representative of a growing movement that realizes that there are other factors involved with behavioral issues. Things such as nutrition, sleep, social environment, etc., all contribute to behavior issues.

As part of an alternative to medication, many parents have found that putting their children in athletics greatly helps give the child an outlet for energy and activity with an opportunity that would not be present otherwise. Many athletes, such as Michael Phelps, were diagnosed with ADHD and attributed the role of athletics or other activities as helping them focus.

Biblically-minded Christians should give special consideration to alternatives to medication whenever possible. The mind is a special part of each individual, and it should not be tampered with lightly.

Thinking Biblically about the Symptoms of ADHD:

A. We must define things in terms of their biblical definitions (ie., rejecting the presuppositions behind the secular labels).

The main reason it is problematic to use labels like ADHD is because you can't have the disorder without the presuppositions. By categorizing individuals by their behaviors, we

²⁹ Wedge states that "at least 9% of school-aged children" are diagnosed with ADHD. Recent statistics give higher percentages, ranging from 11-18% of children.

³⁰ Marilyn Wedge, "Why French Kids Don't Have ADHD," *Psychology Today*, March 8, 2012, <https://www.psychologytoday.com/blog/suffer-the-children/201203/why-french-kids-dont-have-adhd>.

³¹ Ibid.

essentially define individuals by their problems, not by the causation of those problems. For example, the statements, “I have ADHD” and “I have trouble paying attention” essentially mean the same thing, except one presupposes that it is an unavoidable condition unless medical help is received.

Consider what Dr. Berger says in relating why we shouldn’t use the ADHD label, and define things biblically:

“First of all, the label poorly describes the child’s problem, second, it encourages faith in the secular presupposition, and third, it falsely categorizes children as hopeless cases. At best, the ADHD label is used to categorize children by their maladaptive behaviors, and in truth, it is a poor description of their true problem.”³²

My proposition is that we should examine the ADHD behavioral symptoms and think through them biblically. Certain ADHD symptoms are simply sin, others are immaturity, others perhaps do have a direct medical cause, but we should not allow a descriptive label to be prescriptive of how we think about important issues.³³ In other words, we should beware of giving people an identity that coincides with their behavior rather than showing them their behavior coincides with their identity as a sinner.

B. We must investigate external influences that pertain to the symptoms.

1. Physical impairments
 - a. Brain damage
 - b. Ear and sinus infections
 - c. Autism
 - d. Allergies
 - e. Thyroid disease
 - f. Mental disabilities (e.g., dyslexia)
 - g. Sensitivities to sugar
2. Difficult environments
 - a. Parents’ divorce/fighting
 - b. Abuse
 - c. Poor resting environment
3. Influential habits
 - a. Dietary habits

³² Berger, *The Truth about ADHD: Genuine Hope and Biblical Answers*, 47.

³³ This is also important to realize for other mental disorders such as depression. Even though depression is diagnosed and prescriptions are commonly given for it, the Christian worldview understands that there are often much more than simply bad feelings that are involved with depression. Depression is often linked with significant events in one’s life (death of a loved one, loss of a job, bad relationships, etc.). In other words, problems are often both spiritual and physical, not just physical (like in a secular worldview).

b. Sleep patterns

In summary, it would be foolish to claim that every ADHD symptom is sin or caused by sin. There may be genuine physical or family problems which help facilitate ADHD symptoms. However, one cannot blame DNA or external influences for sin problems which stem from the heart (Mark 7:18-22).

C. We must address the symptoms of ADHD biblically.

In order to best illustrate this point, we will examine the specific symptoms listed in the *DSM*, and compare those with what Scripture has to say about that issue.

1. Inattention

Inattention is one of the primary indicators that leads to an ADHD diagnosis. When examining the idea of inattention biblically, the first thing we need to understand is that Scripture teaches that giving attention is a matter of learned obedience (Prov 1:5; 4:1-5, 20; 5:1), and that attention is an indicator of value (Prov 7:1-4; 8:10-11). Many of the children who are diagnosed with ADHD because of inattention to school work are able to give plenty of attention to things that are interesting to them (video games, hobbies, etc.).

The book of Proverbs is clear that children are responsible to hear and obey instruction. One of the best commentators on the book of Proverbs says it this way, “[the] responsibility to respond to instruction lies squarely on the child’s shoulders; he must listen to it (Prov 1:8), accept it (1:3; 19:20; 23:23), love it (12:1), prize it more highly than money (4:7; 23:23), and not let go of it (4:13).” (Waltke, Proverbs).

Berger also gives important comments to this effect:

“Children who value divine wisdom (Prov 4:7) will also highly esteem their parents’ instructions, warnings, rules, values, and corrections, and this right value system will lead them to obedient behavior set on pleasing the Lord (Col 3:20). If a child chooses to esteem something more highly than God (idolatry), then his attention will be misdirected, and his behaviors will be unrestrained and disobedient (Prov 29:18).”³⁴

“Alleged ADHD-I, then is not a biological deficiency in one’s ability to give attention, but rather a child’s natural inclination to value his own desires over the instructions of his authority and to choose the path which he perceives is most convenient.”³⁵

³⁴ Berger, *The Truth about ADHD: Genuine Hope and Biblical Answers*, 61.

³⁵ *Ibid.*, 62.

In summary, there are many symptoms of what is labeled as ADHD which can be understood in biblical definition of a child's responsibility to obedience. We turn now to some of the specific examples.

Examples:

- (a) Often fails to *give close attention* to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
- (b) Often has difficulty sustaining attention in tasks or play activities
- (c) Often does not seem to listen when spoken to directly.

Now, one cannot make a blanket statement about these behaviors always being sin. Indeed, it is possible that a child could have a hearing problems, eye sight issues, or other verifiable physical limitations that could hinder him from listening or from understanding all instructions.

However, if a child is operating with proper capabilities of understanding, then these behaviors are manifestations of laziness and disobedience, both of which behaviors are sin (cf. Prov 6:6; 10:4-5, 26; 18:9; 21:25; Col 3:23; 1 Thess 5:14; 2 Thess 3:10).

“If children choose to not listen to their parents, they reveal their desire to get their own way and to honor themselves above others. These behaviors are not abnormal, but normal childish actions that require parents to teach and supervise their children from the earliest of years.”³⁶

- (d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.

Proverbs 6:6-11 indicates that these are the characteristics of the sluggard. The ant symbolizes the need to be able to work unsupervised and accomplish the necessary tasks (vv. 6-8), while at the same time teaching that the consequences of not doing so will be the sluggards own doing (vv. 9-11).

In Kidner's commentary on Proverbs he characterizes the sluggard as follows: (1) he will not start tasks on his own initiative, (2) he will not finish things without supervision, (3) he will not take responsibility for his failures, and (4) he is characterized by a constant unsatisfied desire (Kidner, *Proverbs*, 43).

³⁶ Ibid.

Interestingly, according to the *DSM V*, “Signs of the disorder may be minimal or absent when the individual is receiving frequent rewards for appropriate behavior, is under close supervision, is in a novel setting, is engaged in especially interesting activities, has consistent external stimulation (e.g., via electronic screens), or is interacting in one-on-one situations (e.g., the clinician’s office).”³⁷ In other words, when left to one’s own sinful self, children act like sinners; but when given proper direction, they are helped to fight against their sinful tendencies.

Children inherently will be self-centered and seek their own desires unless guided by their parents or other authorities. Children do need supervision because they lack the wisdom and motivation to do right.

(e) Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).

Self-control is a fruit of the Spirit (Gal 5:23) and although a certain immaturity can account for disorganization, discipline and self-control are traits of a Spirit-controlled life (Prov 16:32; Titus 2:2-6, 12), the lack of which is an evidence of sinful brokenness, not an evolutionary hiccup.

(f) Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.

It is natural to want the easy way to do things, and to avoid the road less traveled. Proverbs 28:19 speaks of the necessity to work hard and avoid following worthless pursuits. All things are should be done with the mindset of glorifying God (1 Cor 10:31). We understand the human being is naturally inclined toward laziness and pleasure-seeking because of sin.

(g) Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

(h) Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).

(i) Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

Sometimes these characteristics can simply be a part of living in a fallen world. As creatures who live in a fallen world our minds are impacted by sin and are not infallible—thus we sometimes forget! However, these behaviors are sometimes

³⁷ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 61.

indications of misdirected desires or values. For example, a son may forget that his parents told him to take out the trash, but he does not forget that his parents need to take him to his soccer game that night. Proverbs 4:4-10 indicates that remembering something requires effort and placing value on it. There is a balance here to be sure, but many times the above characteristics describe someone who has a lack of self-control, a lack of consideration for others, and a desire for only things that interest him or her. When these are the motivations, they ought to be viewed as correctable offenses, not as minor oversight.

2. Hyperactivity

It needs to be noted up front that Scripture does not speak of hyperactivity as sin. In fact, the qualities associated with hyperactivity are often regarded as positive biblically speaking, and yet individuals who are hyperactive must also be trained in self-control and diligence.

“Society often considers children with high energy to be problematic, but in reality, the child’s high energy is part of God’s design and may be necessary for future service or life-calling. Pastors and teachers are often highly energetic, enthusiastic, and intuitive people who positively influence students and others in their lives. These personality traits please God when they are directed and Spirit-controlled for God’s purpose and glory. Policemen, firefighters, educators, counselors, politicians, doctors, counselors, health technicians, artists, athletes, and salesmen are just some of the career choices in which high-energy individuals often excel.”³⁸

I remember reading an insight from the late Howard Hendricks where he stated that often those in the Sunday School classes that are the trouble-makers and are the ones climbing up and down the chairs and running around wildly end up being the missionaries and the pastors of the next generation. Having high amounts of energy is a great gift from God, but along with that is the need to learn to control it.

Examples:

- (a) Often fidgets with or taps hands or feet or squirms in seat.
- (b) Often leaves seat in situations *when remaining seated is expected*.
- (c) Often runs about or climbs in situations *where it is inappropriate*.

None of these are inherently sinful, unless the child is disobeying specific instructions from his parents or authorities. As mentioned briefly earlier, many secular psychologists today are recognizing that our society is constructed in a

³⁸ Berger, *The Truth about ADHD: Genuine Hope and Biblical Answers*, 69.

way which does not cater to high-energy boys. Expecting such boys and girls to sit still in classes for eight hours a day is ridiculous for many young people. Children should be given outlets for their energy, but this never diminishes their need to be obedient.

Although these examples are classified as hyperactivity, in reality, if the child has been instructed to do something and they do not obey, then it is simply rebellion and disobedience against authority. Each of these situations are only wrong if they have been instructed by authority to act in a different way. Secular authorities say, “ADHD doesn’t allow them to do that,” but the biblical perspective identifies this as simple disrespect of authority. Children have no leeway or excuse not to obey what their parents tell them to do (Col 3:20; Eph 6:1).

- (d) Often unable to play or engage in leisure activities quietly.
- (e) Is often “on the go,” acting as if “driven by a motor”.
- (f) Often talks excessively.

Here it is important to note the distinction between sin/rebellion and immaturity. This may be a surprise to some people, but children cannot be expected to act like adults. Children by nature are immature, ignorant, and want to explore life. That is part of the process of growing up, and it includes learning how to curb the immaturity into maturity. Certainly these characteristics could be viewed as sin and rebellion if, for example, a child is expressly commanded to act a certain way like not talk, but he or she talks anyway. But in general, these characteristics are natural to many children. This is an important reminder for parents to discipline rebellion but not immaturity.

Here we make a distinction which the secular worldview does not (and cannot make). There are actions which are determined to be *inherently* right or wrong, and there are actions which can be wrong if done in the wrong way. For example, a good action but which disobeys a parental order, thus rendering it bad. An illustration of this would be a young brother complimenting his sister on her hair. Although that is a good thing to do, if he did so while he was supposed to remain silent then he is disobeying his parents. In the biblical worldview, it is an important distinction to make, and this distinction helps give wisdom for how to raise children.

3. Impulsivity

Many of the issues that deal with impulsivity are also related to hyperactivity, but the examples are spelled out here as well with additional comments and quotations.

Examples:

- (g) Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
- (h) Often has difficulty waiting his or her turn (e.g., while waiting in line).
- (i) Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

Although these are classified as amoral behaviors in a secular worldview, these are concrete depictions of what it means to live self-centeredly and selfishly.

“Collectively the *DSM* behaviors depicted as *impulsivity*, in actuality, describe self-centeredness rather than mere impulsivity. These behaviors reflect the natural heart of man which esteems himself as more important than others.”³⁹

Scripture values the one who is quick to hear, but slow to speak (James 1:19). Proverbs 18:13 says that if one gives an answer before he hears, then it is shame to him. Proverbs 17:28, which my parents dubbed as my life's verse, says that even a fool who is silent is considered wise. The Christian knows that the mouth demonstrates the condition of the heart (Luke 6:45).

Children (and even adults) who are described by these characteristics are defined by self-centeredness and a lack of consideration and love for others. They are often described by Scripture as being the fool who does not want to understand, but only express his own opinion (Prov 18:2). In contrast, the believer is to be marked by self-control (cf. Titus 2) and the ability to restrain his or her mouth and honor one another in sweet and gracious conversation (Col 4:6; Eph 4:29).

4. Conclusion

Although the Bible does not use the label ADHD, the Bible does address the behaviors that are symptomatic of what the APA has defined as ADHD. Looking at ADHD from a biblical perspective, the symptoms which define the disease are not abnormal, but rather very normal and indicative of lives that are touched by sin. Every human's heart is naturally depraved and inclined toward those things which are not right and good. The depravity of man drags each of us into a world which has been heavily tainted by sin. This taint influences even our most basic interactions as children.

³⁹ Ibid., 75.

Thinking Through ADHD Symptoms

After thinking through these issues, it is important to recognize that the Bible defines human beings as being made in the image of God with an obligation to live moral lives in accordance with His commands. Behavioral deviations from that standard are to be defined as sin. In contrast to this worldview, the secular worldview claims actions are amoral, and though certain actions are beneficial in the long run, it is not inherently wrong to act a certain way—it is simply an outworking of chemicals in one’s brain. Therefore, the means for change in that worldview is to change the chemical makeup in the brain via prescription drug. To the secularist, behavior modification is the final goal.

As Christians it is true that must consider whether there are genuine medical problems which are contributing to sinful behavior. There may indeed be partial deafness, blindness, mental retardation, etc., which would contribute to symptoms as described by ADHD. But, we also acknowledge that human beings are naturally inclined toward following the desires of the flesh, desires which are inherently sinful and self-centered. In contrast to the secularists’ motivation for behavior modification, the Christian worldview demands that we focus not only on the behaviors but also on the heart of the issue. Simply because behavior changes does not mean the problem is solved, for the heart which motivates sinful behaviors is the same heart even if that behavior changes.

In the end, many of the symptoms used to diagnose ADHD come naturally out of a heart tainted by sin (which affects all of us). When a child is not taught to prefer others, be self-controlled, submissive, and obedient, the manifestation of that attitude is shown in self-centered actions. The solution to this is not to medicate a child, but rather, to teach them the ways of Scripture and to follow the example of our Lord.

Conclusion

The purpose of this paper is not to convince someone that there ought to be a “one size fits all” approach to mental disorders. However, as Christians, we need to be aware that the medical and psychological diagnoses often used to determine mental disorders are operating on a completely different worldview than the Christian.

To the secularist, human beings are the product of evolution and therefore are completely physical, and there is no spiritual realm to consider. Thus the primary obligations for physicians and psychologists are to make sure people are feeling happy and their behavior conforms to the society’s acceptable standards.

From a Christian worldview, we cannot accept this as the ultimate goal. There may be times when Christians can use medication as a helpful tool to combatting some of life’s problems. But, too often we buy into the secularist worldview and use medication as our first “go to” when it

should be our last. It is not inherently wrong to take medications, but it is wrong to rely on medication *alone* to fix what involves spiritual problems which the Bible clearly defines.

Each mental disorder which is diagnosed may carry with it unique challenges. In the case of ADHD, however, evaluating the diagnosis from a Christian worldview we need to understand that the Bible gives us much more help on these issues than we often realize. In this regard we reaffirm with Paul that Scripture does give us *everything* we need to be complete (2 Tim 3:16-17).

Bibliography

- “ADD/ADHD Medications: Are ADHD Drugs Right for You or Your Child?” *Helpguide.org*. Accessed February 26, 2016. <http://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-medications.htm>.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, D.C.: American Psychiatric Publishing, 2013.
- Barkley, Russel A. *ADHD and the Nature of Self-Control*. New York: Guilford, 2005.
- . *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents*. 3rd ed. New York: The Guilford Press, 2013.
- Barren, Martin. “ADHD: Do We Finally Have It Right?” *Contemporary Pediatrics* 11, no. 11 (n.d.): 96.
- Berger, Daniel R. *The Truth about ADHD: Genuine Hope and Biblical Answers*. Taylors, SC: Alethia International Publications, 2014.
- Boorady, Roy. “Side Effects of ADHD Medication: What to Look For, and How to Handle Them.” *Child Mind Institute*, April 29, 2014. <http://www.childmind.org/en/posts/articles/2012-2-7-side-effects-adhd-medication>.
- Brown, Stephanie. “Kids in Foster Care Three Times More Likely to Be Diagnosed with ADHD.” *Time Magazine*, October 23, 2015. <http://time.com/4084109/kids-in-foster-care-three-times-more-likely-to-be-diagnosed-with-adhd/>.
- Collingwood, Jane. “Side Effects of ADHD Medications.” *Psych Central*. Accessed February 16, 2016. <http://psychcentral.com/lib/side-effects-of-adhd-medications/>.
- Gibson, Greg. “Let Boys Be Non-Medicated Boys.” *The Journal for Biblical Manhood & Womanhood* 20, no. 2 (Fall 2015): 12–15.
- Hinshaw, Stephen P., and Richard M. Scheffler. “How Attention-Deficit Disorder Went Global.” *The Wall Street Journal*, March 11, 2014.
- Kam, Katherine. “Tips to Reduce the Side Effects of ADHD Medications.” *Web MD*. Accessed February 16, 2016. <http://www.webmd.com/add-adhd/childhood-adhd/features/reduce-side-effects-adhd-medications>.
- Mohler, Albert. “Nature Deficit Disorder -- Is Your Child at Risk?” *Albertmohler.com*, June 25, 2013. <http://www.albertmohler.com/2013/06/25/nature-deficit-disorder-is-your-child-at-risk/>.
- Park, Alice. “The Kids Most Likely to Have ADHD in the U.S.” *Time Magazine*, May 14, 2015. <http://time.com/3857689/adhd-hyperactivity/>.

- Saul, Richard. *ADHD Does Not Exist: The Truth About Attention Deficit and Hyperactivity Disorder*. New York: HarperWave, 2014.
- Schwarz, Alan. "Report Says Medication Use Is Rising for Adults with Attention Disorder." *The New York Times*, March 12, 2014.
- . "Still in a Crib, Yet Being Given Antipsychotics." *The New York Times*, December 10, 2015.
- . "The Selling of Attention Deficit Disorder." *The New York Times*, December 14, 2013.
- Schwarz, Alan, and Sarah Cohen. "More Diagnoses of Hyperactivity in New C.D.C. Data." *The New York Times*, April 1, 2013.
- Smith, Robert D. "Attention Deficit Hyperactivity Disorder." In *The Christian Counselor's Medical Desk Reference*, 139–67. Stanley, NC: Timeless Texts, 2000.
- Wang, Shirley S. "ADHD Drugs Don't Boost Kids' Grades: Studies of Children with Attention-Deficit Hyperactivity Disorder Find Little Change." *The Wall Street Journal*, July 8, 2013. <http://www.wsj.com/articles/SB10001424127887323368704578593660384362292>.
- Wedge, Marilyn. *A Disease Called Childhood: Why ADHD Became an American Epidemic*. New York: Avery Books, 2015.
- . "The ADHD Fallacy: It's Time to Stop Treating Childhood as a Disease." *Time Magazine*, April 23, 2015. <http://time.com/3822755/adhd-disease-called-childhood/>.
- . "Why French Kids Don't Have ADHD." *Psychology Today*, March 8, 2012. <https://www.psychologytoday.com/blog/suffer-the-children/201203/why-french-kids-dont-have-adhd>.
- Welch, Edward T. *Blame It on the Brain? Distinguishing Chemical Imbalances, Brain Disorders, and Disobedience*. Phillipsburg, NJ: P & R Publishing, 1998.