

BREAKING BARRIERS

everybody belongs ■ everybody serves

THEME: MEDICATIONS

Many people take medications for pain, for rheumatoid arthritis, for seizures, and for other reasons. In this issue, authors describe the role of medication in their lives and its impact on their faith in God.



📷 Michelle McIlroy

To Give Thanks and Swallow

by Michelle McIlroy

Delmar Reformed Church, Albany NY

The cell phone alarm telling me it's time for my medication is a jaunty Irish jig. It lifts my spirits each time I hear the call to swallow a few pills. Some medication keeps my heart in rhythm. Some limits the number of days each month that I lose to blinding migraines. Still others take the edge off crippling anxiety, with the added perk of helping to reduce some of the whole-body pain I never even realized could improve.

You might think I wouldn't need to be reminded of that, given the list of benefits I've named, but taking medication has been a struggle for me to accept.

I'm a farm girl. A woman of faith. I attended a conservative Christian college. I genuinely believe that God can heal any of our ailments. I've also had my share of rotten side effects that seemed far worse than the malady the medication was intended to treat: whole-body bruising, vomiting, a dangerous cardiac arrhythmia, worsening anxiety, sleep deprivation, loss of taste.

With such nasty side effects, I questioned if I should accept medication at all. Were the ill effects a sign that God disproved of them or of me? If my faith were stronger, would I need them? What was wrong with me? Perhaps I was uniquely faith-flawed. More than once, I tried to be "medication free," with nearly disastrous results. I even saw the fact that I'd need medication for my arrhythmia after seven cardiac ablations as a failure, instead of the tremendous blessing it is to still have a pulse.

Today I'm more comfortable with my regimen. This assortment of medications is just one part of a much larger picture. Love, support, and a heaping dose of laughter have worked wonders, too.

I'm learning to trust that God is using the pills to bring me back into life with my family, my church, and my community. When the jig is ringing and I find a little more spring in my step, I whisper a prayer of thanksgiving and swallow the pills.

Additional formats online

You can find this issue in a variety of alternative formats (print-friendly layout, large print, audio, Spanish, and Korean) in the *Breaking Barriers* section of the Network website at bit.ly/bbwinter2020.

At Last, Six Years Without Seizures

by **Noel Rink**

South Olive CRC, Holland MI

My husband, Jon, went without oxygen at birth, so he has been on a long list of medications throughout his life. His neurologists have struggled to find just the right medications and correct dosages.

In grade school, Jon didn't know he was experiencing any side effects. But, by college, he could tell that the drugs that he had been taking were affecting him, causing side effects—an erratic blood count, swelling of his gums, distorted speech, the loss of calcium, a bone cyst in his right hand.

Jon's dentist could not clean his teeth because Jon's gums had grown over his teeth. When they found out that any surgery would only be cosmetic, they had to find a new drug. Once Jon started this new medication, we could see his teeth again.

Our children and I struggled to recognize Jon amid the changes. With his gums healed and his speech cleared up, the kids didn't complain that

their dad fell asleep during church or a school program. However, Jon began to have severe mood swings and an uncontrollable temper, and the medication that caused these problems did not stop the seizures.

So, he tried other medications. One caused my very slender husband to gain over 80 pounds in just a few weeks! He lost the weight after he stopped the medication. Other treatments caused personality and temper problems. All the while, the seizures were increasing in number and length of time.

At last, Jon's neurologist found a good combination of pills for Jon. We sing praise songs easily as we celebrate over six years with no seizures! We are so thankful for God's faithfulness and the love of our immediate family, our church family, and others who helped us along the way.



 Noel and Jon Rink

My Reluctant Dependency and Growing Empathy

by **Jess Crist**

Rejoice! Community Church (RCA), LeMars IA

In 2015, I began student teaching, believing God was calling me to teach middle school students. (He has; I still teach middle schoolers today!)

Quickly, though, I realized something was off.

I often woke up sick to my stomach or spent the day in agonizing pain. I couldn't sleep or eat in ways that supported daily functioning. Teaching was causing me to wrestle with mental health issues I had kept buried until that point.

A doctor put me on medication that treats both anxiety and depression. I didn't think I needed long-term help, just enough to get through this phase. At times, I have neglected my medication, thinking I was strong enough without it. Each time, however, God reminds me that I do need it and, ultimately, him.

I have an aversion to being dependent—on medication, on people, even on God. God has been working on this foothold of sin in my life through my anxiety and depression and my need for medication and wise counsel.

God used my brain chemistry to draw me into a fuller reliance upon him. I may recoil at the idea of dependence, but it is God's way. Today I am thankful that God has provided stability in my life through my anxiety and depression medication. The need for medication has helped me have more consistency in my daily life; even more, it has enabled me to have more grace and empathy for others in God's family.



 Jess Crist



Arthritis Is a Disability, Not a Crime

by Amy Nyland

Executive minister, Regional Synod of New York

Eight years ago, I developed pain in my knee that kept getting worse, eventually leading to a total knee replacement. I learned that I have moderate osteo and some form of rheumatoid arthritis.

Because I am allergic to nonsteroidal anti-inflammatory drugs (NSAIDs) like Aleve and ibuprofen, I take steroids for inflammation and a mild, synthetic opiate for pain. Without this medication, I could not function or even lie down at night because my arthritis affects my large joints, spine, sacroiliac joints, and shoulders.

Because opioids are misused regularly, I am required to have a pain management specialist who prescribes my medications. For those of us with documented and chronic conditions like arthritis—and an allergy to NSAIDs—opiates are the only option.

I have to visit my doctor in person every month to renew my prescription, and I have never misused my medications. Still, I am often treated like a junkie looking for a fix when I ask for a prescription renewal. I am questioned, drug tested, and often told my medication will be reduced to less than I need. It is a frustrating, exhausting process in itself—never mind the constant pain of the arthritis.

I am grateful for medications and for health insurance, but I resent being treated like a criminal when I seek help. Arthritis is a disability, not a crime. I have a physical dependency on medications because my body can't function without them, but I am not addicted. There's a difference. I hope someday we will find a way to provide treatment for people with painful disabilities without the added shame and suspicion associated with drug abuse.



Amy Nyland



Upcoming themes

Spring 2020—Visual Impairment and Blindness

If you live with a visual impairment or blindness, please tell us about how you engage in the life of your congregation (400 words) **by February 3.**

Summer 2020—Fetal Alcohol Syndrome

Though completely preventable, millions of people live with fetal alcohol syndrome (FAS). If you or a loved one lives with FAS, please tell us your story (400 words) **by April 24.**

Email: mstephenson@crcna.org • tdeyoung@rca.org

Trial and Error: A Way of Life

by **Michèle Gyselinck**
First CRC, Montréal QC

I still take today the first medication I ever took, for hypothyroidism. Because that medication and the antipsychotic I take cause weight gain, I have had weight problems since childhood. As a child I was fat-shamed both at school and by my father, and that shaming compounded my struggles with my weight.

The first medication I took for mental illness was an antidepressant, and even though it didn't do anything about the voices I was hearing, it helped me sleep at night. Because I was expected to recover within a year, psychiatrists would take me off the meds periodically until I would start getting depressed, then they would put me back on medication.

This on/off cycle happened until a doctor finally diagnosed me with schizophrenia and prescribed Haldol and an antidepressant. Unfortunately, I continued to hear voices and have delusions. In my case, those delusions were of the religious sort. I would get notions that I should fast indefinitely, which is a bad idea when you're taking medications for mental health conditions, or I thought I should stay up at night every night to pray because Jesus had prayed all night before choosing his disciples.

One time, my voices were literally screaming in my ears that I should go off welfare and depend on God's providence. I almost did until my mom called my doctor and asked him to intervene. He increased the dosage of Haldol, but that turned me into a zombie and did nothing about the voices. The voices continued to harass me until God told me to let him deal with them. When I asked him, the result was radical: one minute they were screaming in my ear, and the next, complete silence. After that, I knew that if they bothered me again, I just had to ask God.

That was the end of that problem, but I had others. A psychiatrist switched me to a different medication that began to control the hallucinations. Another psychiatrist switched me to a medication that has done away with the symptoms, including voices and hallucinations. But, if I miss a dose, I get nauseous and don't sleep at night. This medication has caused me to gain weight and develop type 2 diabetes. Clearly, finding the right dose and the right medication involves a lot of trial and error.



Editor's note

Medication's Pros and Cons



Apart from a daily pill that my endocrinologist has prescribed to improve long-term bone health, I've been medication free for about 10 years. The exceptions are usually related to orthopedic surgery.

The last one of those was three years ago, when a spontaneous fracture resulted in a major reconstruction of my left femur involving bone grafting and a lot of metal. Of the prescription drugs, the one I was most eager to stop, was an opioid that was terrific in managing pain.

All this was happening at the same time the public was realizing the full-blown proportions of the opioid epidemic. If it weren't for its highly publicized addictive potential, I wouldn't have been as quick to stop using it.

Deep down, none of us really wants to depend on a foreign substance to manage our life. But when it effectively helps us feel better, the deciding factors are not so easy to sort out. Imagine when the opposite is true—when a medication makes us feel unpleasant, but its long-term benefits are still to be determined. This says nothing of the financial drain on one's budget.

These are decisions facing many people living with a disability, temporary or long-term. We hope the array of perspectives in this issue provides an appreciation for the role of medication in everyday life and its potential impact on us as people of faith.

—Terry A. DeYoung



**Christian
Reformed
Church**



crcna.org/disability • rca.org/disability

© 2020 Disability Concerns ministries of the Christian Reformed Church in North America and the Reformed Church in America. *Breaking Barriers* is published quarterly by CRC Disability Concerns, 1700 28th St. SE, Grand Rapids MI 49508-1407, and P.O. Box 5070, STN LCD 1, Burlington ON L7R 3Y8; and by RCA Disability Concerns, 4500 60th St. SE, Grand Rapids MI 49512-9670. Rev. Mark Stephenson, director of CRC Disability Concerns (888-463-0272; mstephenson@crcna.org), and Rev. Terry DeYoung, coordinator for RCA Disability Concerns (616-541-0855; tdeyoung@rca.org), edit *Breaking Barriers* together. Permission is given to make copies of articles as long as the source is recognized.