

COUNSELING AND MENTAL HEALTH BOOK REVIEWS

Jay E. Adams, *Competent to Counsel: Introduction to Nouthetic Counseling* (Grand Rapids: Zondervan, 2009).

The book that started it all...

That's almost certainly an overstatement, but it's not far from the mark. Jay Adams plays an enormous role in creating the biblical counseling movement as a pushback against the nearly wholesale capitulation of the church to psychiatric professionals. This book is something of his manifesto, and as such it has to be read at two levels.

The first level is appreciating what this book did at the time of its publishing. To my knowledge, there were no other contemporary Christian voices in American Christianity arguing that the Holy Spirit, working through Scripture and the pastor/counselor, was sufficient to care for troubled souls. The late 1960's and early 70's were the occasion for a battle and eventually something of a paradigm shift from Freudian psychoanalysis (i.e., the original "talk therapy") to a biological/medical model – and the Christian world appeared to be largely following in the slipstream of the broader culture. Adams sought to change that.

A bit of historical context to locate Adam's work. In the early chapters he speaks of psychiatry's troubles, citing a number of secular thinkers who saw problems in the reigning Freudian paradigm. The late 1960's-80's were a turbulent time in American psychiatry. A key moment occurs with the re-publication of the Diagnostics and Statistics Manual, the American Psychiatric Association's "bible" for defining psychiatric conditions. The first DSM was a slim, largely irrelevant volume, but the publication of subsequent, ever expanding editions (the DSM-II was published in 1968, two years prior to Adams' book) was hugely significant for shaping how professionals and the public at large thought about psychiatric struggles. 1973 saw a major political fight to revise the DSM by removing homosexuality from its list of disorders – prior to 1973 homosexuality was a disorder, a mental illness...after a successful gay lobby, it was not. (For comparison: imagine the CDC declaring that polio is no longer a disease.) The entire project was updated in 1980 with the publication of the DSM-III, which virtually erased Freudian categories from the lexicon of psychiatry. The importance of the DSM cannot be overstated, since it holds the key to insurance payments for therapy – what can be defined and diagnosed can be paid for by insurance providers.

So that's the world in which Jay Adams wrote and taught, calling the church back to her heritage and attempting to convince believers that, with the Scriptures and the Spirit, they were indeed "competent to counsel." Evaluating the book at this level, we owe Adams a tremendous debt of gratitude. It took courage, clarity, and persistence to make this argument for decades – and by doing so, create space for the biblical counseling movement to take root and begin to grow. Which leads me to the second level of evaluation.

Once we acknowledge the significance of Adams' role, we are then in a position to evaluate his counseling model. And here there are significant deficiencies. Adams focuses heavily on

behavior and habitual action, which tends to make him focus on sin and repentance as the major theme of counseling. His title, “nouthetic counseling,” draws on a Greek word for “warning” or “admonishing.” The role of suffering and weakness doesn’t factor heavily in his model, and that’s a significant oversight. So I wouldn’t recommend the pastor take this book and make it his counseling bible. (From what I gather of his personality and convictions, neither would Adams – make the Bible your Bible!) I would recommend Heath Lambert’s *The Biblical Counseling Movement After Adams*, and David Powlison’s dissertation, *The Biblical Counseling Movement: History and Context* for sympathetic, generous, and fair-minded critiques of how Adams’ model needed (and did) grow and change.¹ But even as we are “always reforming,” let us not forget our debt to Adams, nor lose the gains he achieved for subsequent generations of Christians.

David Murray and Tom Karel Jr. *A Christian’s Guide to Mental Illness: Answers to 30 Common Questions*. Wheaton: Crossway, 2023.

This book is a recent Crossway release, and as such I think it signals something of the current trend in our broader tribe of American evangelicalism. And, while I have some sympathies and areas of overlap with this book, I fear there is much to be concerned with.

To begin with positives: there is ample wisdom in caring for sufferers here, and the authors clearly want to make the church a safe refuge for bruised reeds and weary saints. I agree with that aim! And the writing is clear and easily digestible. It would be a good book to hand to strugglers and church members – if we agreed with its advice. But...

There are significant problems. The book appears to assume an integrationist model for soul care, relegating any discussion of the biblical counseling movement and its contributions to a single chapter. Over and over the assumption is that mental illness is “illness” as defined by “professionals.” I want to ask, “Which professionals? On what authority?” A little historical awareness would be greatly helpful here (see the work of Andrew Scull, reviewed below). It was “professionals” who, in the 1920’s and ‘30’s removed teeth, tonsils, and bowels in search of septic pus, because “the insane are physically sick.”² It was professionals who recommended lobotomies, done by one pioneer in the field with an icepick in assembly line fashion (six operations per minute) in the 1930-50’s.³ Freud was considered a professional when he diagnosed the unconscious sexual drives that “explained” madness and neuroses. The Diagnostic and Statistic Manual (the DSM, the “Bible” of the American Psychiatric Association) labeled homosexuality a disease...until it didn’t, as the result of political pressure from gay rights lobbyists. You get the picture. “Professional” is a term that masks a theory of who humans are and what goes wrong with them under a mantle of authority. To be clear, and fair, Murray and Karel acknowledge that some professional therapists can harm the patient with ungodly ideology – but they offer no criteria for discerning what “good” therapy and “bad” therapy look like. I

¹ Heath Lambert, *The Biblical Counseling Movement After Adams* (Wheaton: Crossway, 2011); David Powlison, *The Biblical Counseling Movement: History and Context* (New Growth Press, 2010).

² Andrew Scull, *Desperate Remedies: Psychiatry’s Turbulent Quest to Cure Mental Illness* (Cambridge: Harvard University Press, 2022), 78.

³ See especially chs 9 and 11 in Scull, and p.178 highly disturbing assembly line method. Scull, *Desperate Remedies*.

think they could probably give a much more robust answer in person – but a simple, Q&A format book like this misleads readers into thinking the larger discussion of what makes a “professional” a trusted source of “authority” is simple. Just see your doctor, and take your pills (that’s a fair summary of their view of the role of the sufferer on p.146: comply with external authority, and take your medication).

There is a particular bias towards biological explanations, especially brain studies, but no discussion of the ways this area of research is often vastly oversimplified in its popular presentations. The book encourages those with mental illness (again, the term is quite vague) to seek help first from a Primary Care Provider (PCP) and other medical services. These are presented as “objective” measurements of the problem. But the problem is that these aren’t objective measurements! The chapter that speaks of “kinds of mental illnesses” appears to rely heavily on DSM classifications, which is deeply problematic, since those categories are descriptions masquerading as diagnoses. That is, they merely describe symptoms and, on the authority of a vote by committee, grant the authority of a “scientific” label to a human with those symptoms. (See review of *The Book of Woe* by Gary Greenberg below.)

In the end, while I have much sympathy with the project and a fair amount of overlap in practical wisdom, it’s deeply concerning to me that Crossway would publish a book that, in my judgment, tends to relegate the work of David Powlison, Heath Lambert, and others in the biblical counseling world to irrelevance, all while contributing to the broader cultural trend to biological-reductionism that sees everything as “brain sickness.”

Helen Thorne and Steve Midgley. *Mental Health and Your Church: A Handbook for Biblical Care*. The Good Book Company, 2023.

Compared to Murray and Karel, there was much to commend in this book. In fact, overall I would say it is a strong book...with a fatal flaw running throughout, from the title page onwards. That fatal flaw has to do with the phrase “mental health”...but before I get to that, an assessment of its strengths.

The book is primarily a handbook for church members as they care for those who are struggling with _____ (what we put in that blank is a key part of my engagement). In its actual advice, there is much to commend here. It’s full of sound wisdom about practical care, and while the theoretical discussions of labels, medications, and talk therapies are very basic, they are (mostly) very close to what I think should be said on these big questions. So, regarding diagnostic labels, Midgely and Thorne make very clear that labels “are descriptions, rather than explanations” (23). That’s a sound analysis: the DSM merely describes things that people do, and attempts to categorize them into groups. (There’s a big problem in who describes, and how the categorizations take place – again, see the review of Gary Greenberg’s *The Book of Woe* below.) But it’s good advice to tell caregivers to merely think of labels as descriptions. Likewise, the chapter on medication clearly debunks the “serotonin tank” idea of depression or anxiety (there’s a “chemical imbalance” in your brain and drugs bring you back to “normal” status in your “serotonin tank”). Midgely and Thorne are balanced in their recommendations that drugs *can* be useful in *some* cases for a limited amount of time, and never separated from “faithful discipleship” (50). The chapter on talk therapies makes clear that therapies are widely varied

(there is no authoritative “school of therapy”) with widely different ideologies. They even go so far as to say that “some, or even all, of these beliefs may be fundamentally at odds with biblical thinking – all of which can make seeking out talking therapy a very complicated business” (56). There’s much more after this on practical steps, and some really beautiful case studies of different struggles (in which, tellingly, the mental health world plays a very small role and all of the defining moments come through Scripture and a healthy local church). But that quote from page 56 is a useful turning point to the fatal flaw in the book: the use of “mental health” throughout.

To illustrate the dangers, let me propose an alternative book and subject matter: *Sexual Minorities and Your Church: A Handbook for Biblical Care*. Suppose this book used that term (“sexual minorities”) early and often, yet actually went on to say that the only normative pattern for sexuality is marriage between a man and a woman, that the Bible regards departures from this as some form of sexual sin (of which we are all guilty), and that secular ideologies shape the way we think about what is “healthy” sexuality. The question you should ask now is: why write a book conceding that *description* to the secular ideologies from the start?! Far better to write a book with a generic title (I don’t know, maybe *Making All Things News: Restoring Joy to the Sexually Broken*, David Powlison, 2017) that starts with a generic category (sexual brokenness) and then fills in all the details with a rich biblical landscape that includes sin, repentance, suffering, comfort, and growth.

Here's why I use this parallel: I am very concerned that the broader culture is pushing *strongly* with a biologically reductionistic set of pseudo-answers to basic anthropology questions: who we are, what “breaks” us, and what then (following logically from the diagnosis) fixes us. Even the term “mental,” though it precisely means “of the mind,” is far too often at a popular level interpreted as “of the brain” – which, by default, concedes the authority to describe (diagnosis) and the authority to heal (intervention) to the world of medicine or psychiatry. When the church adopts this language, even when we then nuance it, our nuances are lost in a torrent and cataract of alternative explanations about brain imbalances, hormone levels, limbic systems, and other ideas. And so the net effect is that the people of God look to some other source to diagnosis and intervene in their real (but very adequately described and diagnosed by Scripture) sufferings. And this will always bring real harm, and never bring real healing.

Kathryn Butler, MD. *What Does Depression Mean for My Faith?* TGC Hard Questions. (Wheaton: Crossway, 24).

This is short book, really more of a booklet, and it's difficult to evaluate. It addresses an important topic, and has a great middle section on a biblical view of suffering. But, in my judgment, the opening and conclusion drastically weaken those strengths. Butler writes as an medical doctor, and makes no attempt whatsoever to engage the biblical-counseling vs. integrationist movement. She instead seems to concede from the outset that depression is fundamentally a biological concept that should be addressed by a doctor. While there is some nuance to the discussion of medication, it is very thin. A doctor or counselor is the first recommended resource, and only then does the book turn to discussions of suffering and Scripture. This is a remarkably flattened vision of what depression even is, and I fear simply assumes and further baptizes the biological based vision of this human struggle that so many in

our culture have adopted unquestioned. That TGC makes this their chosen resource to address the topic of depression is concerning.

Gary Greenberg, *Manufacturing Depression: The Secret History of a Modern Disease* (New York: Simon and Schuster, 2010).

This is a fantastic book, but you have to approach it with the right mindset. Greenberg is (as best I can tell) an atheist, drug-using (and not just the antidepressant kind: see the chapter “The Acid and the Ecstasy”) psychoanalyst, and thus stands in the stream of Freudian “talk therapies” rather than the current reigning paradigm of biological reductionism. In other words, he’s not part of our tribe...

And yet we have *much* to learn from this book. The bias towards Freudian, talk therapy categories makes Greenberg instinctively hostile to biological or pharmacological explanations of depression – even though his own explanations are non-Christian and deeply flawed. But, as a good journalist, he sets out to explore all options and tell the history of what (my phrase) might be called the depression-industrial complex. He pursues numerous threads of inquiry – the history of depression diagnosis and of psychiatry itself, the origins of the drugs we use to treat them and the tale of their discovery, alternative therapies or explanations (he explores cognitive-behavioral therapy and neuroscience) – and even personally joins a long, double-blind drug trial for an antidepressant. Part of the appeal of the book is that Greenberg acknowledges his own struggles to resist the siren call of a pharmacological explanation, even though he started the study and writing project convinced he wanted to debunk it. In this review I want to show you some of Greenberg’s writing skills – so consider this lengthy quote, and put one of the saints you dearly love in the place of Greenberg:

Toward the end of my second visit to Mass General, just before I got my pills, George Papakostas [the researcher measuring his participation in the trial] asked me how long it had been since I had felt good for any appreciable time.

“Good?” I asked him.

“Symptom free,” he said.

“For how long?” I asked.

“Thirty days,” he said. “Or more.”

I wanted to remind him that I was a writer, that I counted myself lucky to feel good from the beginning of a sentence to the period. I wanted to ask him if he had ever heard of betrayal, of disappointment, of mortality.

But after having spent nearly two hours cooperating with him, helping him to transmute my messy words into precise data, my inner world into bits as smooth and featureless as Chicken McNuggets, I somehow didn’t feel free to remind him that we hadn’t really

agreed that I had symptoms. I'd submitted to his alchemy. I couldn't just turn myself back into lead.

"I'm sorry," I said. "But I have no idea what a month of feeling good would feel like."

I'm sure this only confirmed his diagnosis.

But "thirty days" was ringing in my ears as I left his office with my brown bag full of pills. And much as I wanted to dismiss the very possibility of that symptom-free month, chalk up the idea to a laughably circumscribed view of humankind, much as I wanted to cite the research about depressive realism and to point to Aristotle and Lincoln and the James brothers and other important sad sacks as evidence against the neurochemical reductionism that lay behind this whole enterprise, I had to admit something: thirty days of unbroken contentment, of peace of mind, of resilience and, yes, even of optimism, a month of bright light unfiltered by a black veil – that sounds pretty good. If that was what I'd been missing, if that's what happens if you take the cure or have been lucky enough to elude the scourge in the first place, if health is happiness in month-long blocks, then suddenly the idea that unhappiness is a curable disease didn't seem like such a bad one.

I ducked inside a restaurant. I wasn't hungry, but I ordered a sandwich anyway. And a glass of water. I gulped down my six golden pills. I waited for my month to begin. (253-254)

If an authority figure told one of Christ's sheep – told *you* – that something was wrong with you that a pill could fix...wouldn't that have tremendous explanatory pull and power? Wrestle with those implications for a moment. And then, spoiler alert: part of the power of the book is the revelation that, after wrestling with all of this, after participating in the study and taking the pills, wondering whether he "felt" better or not...Greenberg finally discovers he had been on the placebo pill group of the study in the first place. He was being prescribed fish oil.

But that summary doesn't do justice to the rich writing and narrative Greenberg pulls together. By the conclusion I think it's impossible to deny that a whole host of factors – economic, social, technological, historical – have all converged to "manufacture" depression. And this is a "product" Americans are uniquely poised to buy:

Am I happy enough? has been a staple of American self-reflection since Thomas Jefferson declared ours the first country on earth dedicated to the pursuit of happiness. *Am I not happy enough because I am sick?* on the other hand is a question that has just arisen in the last twenty years. This is the sense in which depression has been manufactured – not as an illness, but as an idea about our suffering, its source, and its relief, about who we are that we suffer this way and who we will be when we are cured. Without this idea, the anti-depressant market is too small to bother about. With it, the antidepressant market is virtually unlimited. (13, emphasis added)

Or, as he puts it pithily and sarcastically towards the end of the book: "What a felicitous coincidence – to be an organism designed for happiness in a land dedicated to its pursuit!" (314).

So, why do I say we have much to learn from Greenberg? Two main takeaways. First, many Christians (and, if we're honest, ourselves also) are too easily swayed by the apparent authority of "professional diagnoses." The depression-industrial complex will always attempt to justify its current solutions as "the" scientific definition and answer. There are enormous economic reasons, but we don't even have to resort to tainted motives such as greed. In many cases (most?), psychiatrists, mental health workers, and the secular counseling world are caring people trying to help suffering people the best they can. But there is *always* an appeal to authority involved in arrogating to oneself the right to diagnose and treat human struggles – and the best and most honest voices in that secular world acknowledge this. Unfortunately, the best and most honest voices usually aren't writing the editorials or the ads or the pop psychology posts. And those are what people are consuming daily. Too often we are simply cowed, or out of a kind of humility, defer, to what appears to be a scientific/cultural "consensus." This ought not to be – and Greenberg will stiffen your spine and open your eyes to see why. Listen to this paragraph describing and debunking various neurotransmitter theories about the cause of depression:

So when Schildkraut [a researcher who claimed the transmitter catecholamine was somehow implicated in "depressed brains"] suggested that even if the catecholamine hypothesis was simplistic, it was still a worthy frame of reference, it didn't occur to his colleagues to complain that he was assuming his conclusions and making vast claims not only about depression but about humanity in the bargain, or that they should do anything at all but rush headlong to the next beachhead. Indeed, "The Catecholamine Hypothesis" quickly became one of the most-cited papers in the medical literature. And even as the catecholamine hypothesis, which had replaced the serotonin hypothesis, gave way in the 1980s to a new serotonin hypothesis, which itself was replaced a couple of decades later by other hypotheses about other neurotransmitters, even as drug company scientists have packed their tents and rushed to successive new fronts, even as the depression doctors have confidently told their patients about the molecule, whatever it is, that is the source of their woes, the idea itself – that depression is caused by chemical imbalances – has only gathered strength... [This idea] was a juggernaut, the culmination of decades of yearning for a way to set people free from their psychic afflictions, a way to comfort the Jobs of this world without accusing them of sin or forcing them to reckon with a whirlwind (199-200).

If the first main takeaway is not to be cowed by claims to authority, the second is like unto it: recognize that all therapeutic systems are based, in the end, on faith. It may be hidden to the practitioner, or it may be explicit. But when we are diagnosing and intervening in human affairs, there is always an appeal to some authority. Let Christians be confident and explicit in our authority: the Scriptures that are *absolutely sufficient* for the care and cure of souls. And then (observation two) learn to recognize the failure of all other systems to actually bring redemption. They fail in practice, and (implicitly or explicitly) they will eventually lead people away from the living Redeemer and the one society where His care is made manifest: the church. Listen to how Greenberg ends his book, as he interviews a woman who is a mental health advocate. Speaking to a crowd of fellow sufferers and advocates, she said, "you have a diagnosis. You just don't know what it is yet." Greenberg then reflects:

I don't think she was trying to destigmatize mental illness, which would, in that setting, only have been preaching to the choir. I think she was saying that *mental illness* is a valid

way to think of our troubles. To say that we're all mentally ill is only to say that we are flawed people living in a broken world...But much depends on what demands a diagnosis leads us to make. To say that we have chronic illness is to direct our attention to the health care system and not to other social institutions. And there is a danger here: that to be a consumer, whether of health care services or flat screen televisions, is to be essentially passive, to choose only from among the available options. When your choices are only Paxil or Zoloft, it's worth wondering whether you have any real choices at all. (361)

Read that quote, and then survey the evangelical publications calling for raising awareness of "mental health issues in the church." We can give so much richer content to Greenberg's definition. We are sinful, suffering people living in a broken, groaning world. But that diagnosis directs our attention to the Savior of all mankind, and to the one social institution that practices the life of the age to come in this present groaning world. With that "diagnosis," we are not merely passive – even as we experience all the aches and sufferings and loss that the Bible teaches us to expect, and equips us to endure. We do have real choices, and they are not merely between Paxil or Zoloft. So why, like Esau, are we selling our birthright for a single pill?

Gary Greenberg, *The Book of Woe: The DSM and the Unmaking of Psychiatry* (New York: Penguin, 2013).

My review of this second Greenberg book will be shorter than before, because the book is overall not as useful to the pastor as *Manufacturing Depression*. The title's use of "unmaking psychiatry" makes clear that Greenberg hasn't transformed into a fan of the current psychiatric paradigm for human struggles, but the "book of woe" part requires a bit more explanation. Greenberg is tracing the history of the DSM, but especially the conflicts that took place with the move from DSM-IV to DSM-5 (the current edition). But he's not merely arguing that the DSM-5 is a "book of woe" that unmade psychiatry from its DSM-IV golden days. While he's deeply critical of the DSM-5, he is actually making a deeper point: who gives the American Psychiatric Association the authority to create a single book that catalogues our woes, determines who gets treatment (by the economic incentive of insurance payments), and implicitly therefore defines who is "normal"? There are fundamental flaws with creating such a "book of woe" in any edition.

That's the main narrative point – but the reason the book is less useful for pastors is because it gets bogged down in the bureaucratic infighting that took place during the revision process that lead up to the DSM-5. Let me spare you the tedium of reading that, but don't miss the broader point: if defining "mental illness" were easy, something that could be blood-tested or germ-screened, there would be no disagreement. Just as the scandal involving the deletion of homosexuality from the DSM in 1973 revealed a dark secret about who gets to define "mental illness," the very presence of major conflict up to the present edition should help Christians get over any sense of inferiority or intimidation about the "settled science" of defining mental illness. Take Greenberg's word for it – it's anything but settled.

Let me close with the opening illustration and then closing paragraph of Greenberg's book, followed by a biblical reinterpretation of the critique he is making. He begins (brilliantly) with

the 1850 discovery of a new disease, “drapetomania,” defined by a New Orleans physician at a meeting of the Medical Association of Louisiana. Greenberg gives us about a paragraph of discussion about the scientific process before springing the trap: “drapetomania” is “the disease causing Negroes to run away” that has been “discovered” by a Southern doctor.

Dr. Cartwright's disease, in short, and the promise it held out – that a widely observed form of suffering with significant impact on individuals and society could be brought under the light of science, named and identified, understood and controlled, and certain thorny moral questions about the nature of slavery sidestepped in the bargain – might have spawned an entire industry. A small one, perhaps, but one that would have no doubt been profitable to slave owners, to doctors, maybe even to slaves grateful for their emancipation from their unnatural lust for freedom – and, above all, to the corporation that owned the right to name and define our psychological troubles, and to sell the book to anyone with the money to buy it and the power to wield its names. (3-4)

Lest you think this is a cheap shot, Greenberg asks a hypothetical gay reader to remember the 1973 transition point when “gay” went from being a psychological disorder to a valid identity. Let me make clear here that I’m not agreeing with Greenberg’s understanding of what constitutes sexual morality here...but that itself makes the point! Absent the Bible, who defines what is sinful and what is merely sick? You can see why Greenberg is concerned about the power to define what gets in (and left out) of the “book of woe.”

With that in mind, here’s Greenberg’s ending, as he gives his own definition of mental disorder:

Mental disorder, like all disease, is suffering that a society devotes resources to relieving. The line between sickness and health, mental and physical, is not biological but social and economic. It is the line between the distress for which we will provide sympathy and money and access to treatment, and the distress for which we will not. For the past 150 years, we have relied on doctors to decide who gets those resources, and they in turn have furnished us with diseases that, they assure us, are not figments of their imaginations, but real entities that reside in tissues and cells and molecules, that can be observed and measured, and, if all goes well, treated. Psychiatry has tried its best to stake its claim to this bonanza, perhaps nowhere so ardently as in its attempt to fashion its book of woe, but it has not worked. This may be because the psychiatrists in question, or their technologies, have not been up to the job. It may be because that line can’t be drawn without deciding how a human life is supposed to go, how it ought to feel, and what it is for – questions for which science, no matter how robust, is no match. It may be because the arc of history bends toward justice, and biochemistry may not be the fairest basis on which to determine whose suffering deserves recognition. But it may also be because the human mind, even in its troubles, perhaps especially in them, has so far resisted this attempt to turn its discontents into a catalog of suffering. And for this we should be glad. (365-57)

Between the opening and closing, you can see Greenberg’s primary concern: psychiatry presupposes a definition of “how a human life is supposed to go,” and giving that power to an association that writes definitions into (and out of) a book is troubling.

So here's my biblical reinterpretation, channeling a comment I once heard David Powlison make in a lecture: Greenberg is absolutely right that definitions of disease carry with them an implicit statement about what a healthy human life looks like. *And no other theory or system of counseling defines health as worship: worship of the triune God in communion with other worshippers.* When Christians cede the definition of "illness" to outside professionals, we are implicitly giving away the ability to say to a sufferer, "No matter how dark your depression or how greatly you have been sinned against, in Christ you can *please God right now*. And what you do in your suffering has eternal moral significance and will receive an eternal reward. Let's weep together, and pray together, and trust God together, and obey him together. And if we do, it will be well with us in the end." Greenberg can't point us to that remedy, but he can show us what we should have already known: any system that doesn't have Christ and Scripture at its heart is a false savior with a shallow bible.

Andrew Scull, *Desperate Remedies: Psychiatry's Turbulent Quest to Cure Mental Illness* (Cambridge: Harvard University Press, 2022).

Like Greenberg, Scull is a secular critic of the psychiatric field, who writes as a sociologist and historian of science. This book, like his collection of essays *Psychiatry and Its Discontents*, is erudite, fair-minded, and devastating in its critique of modern American psychiatry.⁴ It's impossible in a short review like this to do justice to Scull's historical analysis (the research depth is very impressive, with nearly 100 pages of bibliography). My goal here is to give a fly-over of the contents, make targeted reading suggestions, and then conclude with Scull's (unintentional) commendation of the gospel and biblical ministry.

There are three main sections to the book, each covering a major era in the history of psychiatry. The first is the "Asylum Era," which includes explorations of psychobiology (a kind of universal theory promoted by one Adolf Meyer, which located the source of human problems in one's inward psychic life *and* in biology – some would call a theory that says "everything causes everything" is having your theoretical cake and eating it too), electroshock therapy, and lobotomies. Scull speaks of the latter as "only the most extreme example of the orgy of experimentation that marked the period between the 1910s and 1950s" (184). This moves Scull's narrative to Part Two, "Disturbed Minds," which traces the rise of a kind of Americanized Freudianism, funded by research money from the Rockefeller Institute, and then, post world wars, the federal government. Both world wars, but especially WWII, altered the landscape of American psychiatry/psychology (and both the definitions of the terms and their boundaries have been disputed). For a time a Freudian vision of human struggles as rooted in some inner psychic conflict dominated the American discussion, even while psychiatry (traditionally more oriented towards biological explanations) retained an institutional presence. But the 1970s saw an almost complete reversal, with Freudian psychical conflict ideas largely dispossessed and a "Psychiatric Revolution" (Part Three) taking place. This includes what Scull calls "psychopharmacology," the search for drug treatments for psychiatric conditions, but also the accompanying redefinition of what constitutes the origins and nature of "mental illness." As Scull, along with Greenberg (see

⁴ For the essay collection, see Andrew Scull, *Psychiatry and Its Discontents* (Oakland: University of California Press, 2021).

above) makes clear, there is a circular logic at work here: if a drug makes a person feel better, there must have been an underlying “illness” to fix in the first place. Hence we try more drugs for more “problems,” expanding our toolkit of pharmacological hammers even as we filter human suffering and sinning through a nail-shaped filter (yes, that’s my interpretation showing). Scull also reveals (consistent with Greenberg’s *Manufacturing Depression*) a perverse economic incentive at work, sometimes implicitly and other times explicitly (see his review of the scandal involving Joseph Biederman, a chief researcher at Massachusetts’s General Hospital and professor at Harvard, who aggressively promoted a definition of childhood bipolar disorder, as well as pharmacological interventions for childhood ADHD...all while receiving over \$1 million in speaking fees from the drug company who produced the main pharmaceuticals that treated those two conditions).

Scull’s last chapter and epilogue (“The Crisis of Contemporary Psychiatry” and “Does Psychiatry Have a Future?”) reveal his dire assessment of the problem, as well as his compassionate bent towards those who really suffer. He writes not as a crank, but as someone concerned about people:

Those who suffer are offered desperate remedies and confronted with desperately poor outcome statistics. The sobering reality is that we are very far from possessing psychiatric penicillin, and we should not be seduced into thinking, as Jeffrey Lieberman put it in *Shrinks*, that ‘the modern psychiatrist now possesses the tools to lead any person out of a world of mental chaos into a place of clarity, care, and recovery.’ Sadly, we don’t. (377)

So here’s my recommendation for pastors engaging Scull: read this if you have an interest in historical background to contemporary problems (i.e., if you find yourself drawn to read this kind of book!). But there’s a second group: read this if you’re alternatively swayed by, or intimidated by, claims that psychiatry represents “established science” and that the church needs to alter her ministry to face the new reality. It’s impossible to read Scull and not realize that the psychic emperor wears no clothes. (Freud might have something to say about that.)

Which leads me to Scull’s unintentional commendation of biblical ministry and the gospel. It occurs in his introduction. Having written on these kinds of subjects for decades, Scull relates an experience with a Hollywood producer who wanted to make a movie out of one of his books, which, he was informed, “...provided the basis for a great first and second act” (xvii-iii). Scull elaborates:

But where, he asked me, was the third act? By this he meant, where was the happy ending? The story he was mulling had no happy ending, as is true of much of our human experience. Nor does the history I examine here have one. Mental illness remains a baffling collection of disorders, many of them resisting our most determined efforts to probe their origins or to relieve the suffering they bring in their train... One must hope that, in the future, serious progress will be made. For the present, we need to be honest about the dismal state of affairs that confronts us rather than deny reality or retreat into a world of illusions. Those, after all, are classically seen as signs of serious mental disorder. (xviii)

Hear it again: there is no third act, no happy ending, to the problem posed by human suffering. Why is that a commendation of biblical ministry and the gospel? *Because eschatology is the third act.* No other system of ministry, counseling, or intervention, can look at the mess and infinite complexity of human misery, evil, suffering, spiritual warfare, and garden variety rebellion against God and say, “We have a living Savior who transforms rebels into beloved children, who gives us a Bible sufficient for all things pertaining to life and godliness, and who will one day wipe away every tear from the eyes of his people.” This is an astounding basis for real personal ministry, and it’s the only sufficient and adequate basis! No, Scull isn’t commanding biblical counseling – but he is commanding humility before the scale of the problem. We should echo that commendation, and then recognize that true humility always leads us to place our confidence, not in ourselves, but in the God who speaks, and who saves.

Abigail Shrier, *Bad Therapy: Why the Kids Aren’t Growing Up* (New York: Swift Press, 2024).

Abigail Shrier already achieved notoriety for her book *Irreversible Damage*, focusing on the social contagion of transgender ideas among girls. In *Bad Therapy*, she takes on another cultural sacred cow: the “mental health” crisis among our children. I put that phrase in scare quotes, not because there isn’t ample evidence that the coming generation(s) are struggling, but because Shrier helps us see that mental health – with its accompanying healer, the therapist – may not be what the doctor ordered.

The book is divided into three parts: Part I, “Healers Can Harm;” Part II, “Therapy Goes Airborne;” and Part III, “Maybe There’s Nothing Wrong with Our Kids.” With a little imagination, you can get a basic contour of her argument from those titles. Part I looks at the expansion of therapies and therapists targeted at kids, which takes place even as those kids seem to be doing successively worse, or at least failing to thrive. “Iatrogenesis” is the medical term for a problem that emerges *from* treatment, that is, when the healers harm. Shrier suggests this is taking place in the way our culture is attempting to “fix” our kids’ mental health problems.

Part II then shows how therapeutic interventions for kids have gone from being a rarity to the norm through vehicles like “social-emotional learning” school curriculums, childhood trauma counseling, mental health surveys, and empathetic parenting styles. Each of these gets 1-2 chapters of description and analysis, much of it painful to read. Shrier’s writing gifts are in evidence with pithy titles like, “Full of Empathy and Mean as Hell” (what, biblically speaking, results from the combination of discipline-free parenting and a sinful heart) or “Spare the Rod, Drug the Child.” Those pithy summaries, however, mask the fact that Shrier isn’t aiming to be snarky or condescending, but to call attention to a problem: our schooling and parenting strategies are not working as a culture.

That then leads to her conclusion, explored in two chapters in Part III: “Maybe There’s Nothing Wrong with Our Kids.” I would describe this section as a moving and persuasive celebration of ordinary parenting and ordinary childhood: marked by struggles, hard things, and growth to maturity through adversity.

So here's how I suggest pastors and parents engage this book. Read it so you understand the influences that are both catechizing modern-day parents and clamoring to fix their kids, but don't assume that the solutions are sufficient. This is not to say that there aren't real challenges faced by parents at this cultural moment (see Haidt below for more on this theme), as though everything can be solved by an appeal to Proverbs 22:6. But (a major theme throughout these reviews) every description of the problem carries its own signposts pointing towards solutions (a paraphrase of a David Powlison insight). Parents in your church are getting parenting input, standards, aspirations, values, feelings of guilt and shame from all sides. Much of it will be unbiblical, some of it useful in description (if everybody is noticing that the ubiquity of smartphones in teens' lives is causing problems, we should pay attention) but weak in intervention ("use your phone responsibly" merely restates the goal but doesn't tell you how to get there, because it bypasses the heart)... and none of it will lead to Christ. So read this book to get a sense for the kinds of things that are coming at the parents you care for (and at you as well). But then reinterpret all of that data through the Bible's lens.

Shrier doesn't appear to be writing from a Christian worldview, but in the end her "solutions" are useful because they're not all that specific: don't panic if your kids struggle. Don't try to spare them all hardship. Don't think there's a technique or therapy out there that makes perfect parents who turn out perfect kids. There's no gospel in those recommendations, but then they're also not aiming to solve the problems of parenting for all time. In the end, Shrier simply leaves us where previous generations ended up instinctively (more precisely: by God's common grace): parenting is hard. Kids have to grow up. And (if we don't interfere with therapies whose goal is to take away all hardship)...they usually do.

Jonathan Haidt. *The Anxious Generation: How the Great Rewiring of Childhood Is Causing an Epidemic of Mental Illness.* New York: Penguin Press, 2024.

Haidt's training is in social psychology, and his research interests are the psychology of morality and religion. His work *The Righteous Mind* has been commended in certain Christian circles, and it's certainly an interesting read...but ultimately deeply flawed. I found this book better, but suffused with the same major errors. I'm going to give a brief overview, focusing on some very important ways this book could serve pastors and parents, but also press hard on those errors to protect us from granting this work an undue authority in treating what ails the "anxious generation."

The book consists of a brilliant introduction, four main parts, and a conclusion that returns to a powerful illustration from the intro. In both of those bookends, Haidt asks us to imagine signing our kids up for an experiment: letting our children partake of the first human settlement on Mars. Haidt's fictional parent asks questions about all the dangers, and learns the billionaire investor leading this company hasn't explored any of the possible side effects or harms. All responsible parents would agree this is a bad idea! And then Haidt springs the trap: what if letting our kids grow up with smartphones and full digital connectivity is as risky as that experiment of "growing up on Mars?"

The four parts that form the bulk of the book then explain why that illustration is not hyperbolic. Part 1 describes a "surge of suffering" that has peaked in almost all western, developed countries.

Gen Z, who came of age and passed through puberty with a smartphone in their hand, are not doing well by any number of metrics. (To be clear: it's not phones as merely phones, but smartphones as a package embodying full digital access, selfie-equipped cameras, and digitally-mediated social networks. That's the target Haidt has in view.) Part 2 explores why this kind of technology is so harmful to kids, because it has either brought on or paralleled a decline of "play-based childhood." Haidt argues that phones are "experience-blockers," that is, they pull kids into an online world that keeps them from the real world. In a great phrase repeated throughout the book, Haidt argues we are *over*-protecting our kids in the real world (helicopter parenting) and *under*-protecting them in the digital world. Part 3 is called "The Great Rewiring: The Rise of the Phone-Based Childhood," which creates "social deprivation, sleep deprivation, attention fragmentation, and addiction." There are two good chapters on the gender-specific harms that come from a phone-based childhood; girls and boys are both affected, but not symmetrically. Part 4 then uses a social studies idea called "collective action" (where things that are hard for one person to do are much easier when society collectively agrees to take action) to discuss what we can do next. The chapter on what parents can do is, like Shrier above, largely common sense – but common sense that we often *don't* act upon. In the conclusion, Haidt calls us to "bring childhood back to earth."

Haidt and Shrier are both pointing to a real problem, and much of their solutions can be adopted by Christian parents with very little change in content (but a major change in goal). I'm going to first explain why I think this book will serve pastors, before I then explore that parenthetical and Haidt's major errors. Most of us who pastor are simultaneously parents and grandparents, and we need to be aware of the problem Haidt is exposing. The amount of data he assembles is compelling – going through puberty with permanent access to a phone *has* been like letting our kids grow up on Mars. Even if you're a digitally-aware parent, you'll still see ways the culture has impacted us. And as you pastor parents in your church, you need to have the categories Haidt describes in mind. I don't think we can responsibly care for parents whose kids are struggling without asking, "Tell me what their screen habits look like." I've heard well-meaning Christian parents describe behavioral problems (anxiety, anger, etc.) *and* near constant screen time as though they are two unrelated things: "Oh, and he happens to go to bed with the tablet every night, and sometimes stays up until 2am with it...Now help me figure out how why he's anxious and struggling in school." Given the ubiquity of technology, and the kinds of harms it does to young souls, we would be committing something like pastoral malpractice to not be aware of this as a possible factor. Of course, our diagnosis is going to have to go beyond "throw away the phone," because the heart is always involved, and our goal isn't merely social adjustment but Christian faith. (This difference in goal becomes clear in a throwaway line Haidt writes about a young man who grew through pornography and online gambling and gradually "found ways to moderate his gaming and pornography use" [174]...moderate pornography use is not our goal!)

And that observation takes us to the major flaw in Haidt's work that Christians *must* evaluate.

Haidt's fundamental assumption as a social psychologist is that humans can be studied and understood without reference to God. And I'm not just assuming that about him: he says it in almost verbatim terms in his chapter on "spiritual elevation and degradation:"

Christians ask, “What would Jesus do?” Secular people can think of their own moral exemplar. (I should point out that I am an atheist, but I find that I sometimes need words and concepts from religion to understand the experience of life as a human being. This is one of those times.) (201)

Later in the chapter, Haidt opines that “humans evolved to be religious by being together and moving together” (205). In Haidt’s world, all the data that he sees (which he cares deeply about, and much of which he sees better than we do) has to be interpreted through the grid of evolutionary explanations. And frankly, those evolutionary explanations are at times ridiculous. On page 74-75, discussing our fears and phobias (which he says kids should *not* be shielded from, since they need risk to grow), he lists a clinical psychology “fact:”

Phobias are concentrated around a few animals and situations that kill almost nobody, such as snakes (even tiny ones), tightly enclosed places, the dark, public speaking, and heights. Conversely, very few people develop phobias to things that kill many modern people, including cars, opioids, knives, guns, and junk food. Furthermore, phobias in adults can rarely be traced to a bad experience in childhood. (74)

That’s interesting – but here’s how Haidt explains it:

We can resolve the puzzle by taking an evolutionary view. Common phobias evolved over millions of years of hunter-gatherer life, with some (such as snakes) being shared by other primates. We have an “evolved preparedness” to pay attention to some things, such as snakes, and to acquire a fear very easily from a single bad experience or from seeing when others in our group show fear toward snakes. Conversely, as a exposure, experience, and mastery, fear usually recedes. (75)

Here’s the absurdity: where did our hunter-gatherer ancestors have bad experiences with public speaking? Why did we “evolve” *that* phobia? The recourse to evolutionary explanations is a kind of “just so story,” a pseudo-scientific appeal to authority by gesturing at a mythical origin story – all of which, in the end, cuts off even basic critical thinking.

An even more basic problem emerges when Haidt summarizes his own research in moral psychology. In the midst of a good discussion of why social media tempts us to judgment (a section labeled “Be Slow to Anger, Quick to Forgive”), the fatal flaw in analyzing humans without God emerges:

The Tao Te Ching lists “ideas of right and wrong” as a bedevilment. In my 35 years of studying moral psychology, I have come to see this as one of humanity’s greatest problems: We are too quick to anger and too slow to forgive. We are also hypocrites who judge others harshly while automatically justifying our own bad behavior. (209)

He then quotes Matthew 7:1-2 approvingly. The analysis of why social media tempts us to go wrong here next continues with this:

Social media trains us to do the opposite. It encourages us to make rapid public judgments with little concern for the humanity of those we criticize, no knowledge of the context in which they acted, and no awareness that we have often done the very thing for which we are publicly shaming them.

The Buddhist and Hindu traditions go even further, urging us to forswear judgment entirely. Here is one of the deepest insights ever attained into the psychology of morality, from the eighth-century Chinese Zen master Seng-ts'an:

The Perfect Way is only difficult
for those who pick and choose;
Do not like, do not dislike;
all will then be clear.
Make a hairbreadth difference,
and Heaven and Earth are set apart;
If you want the truth to stand clear before you,
never be for or against.
The struggle between “for” and “against” is the mind's worst disease.

We can't follow Seng-ts'an's advice literally; we can't avoid making moral distinctions and judgments entirely. (Indeed, monotheistic religions are full of moral distinctions and judgments.) But I believe his point was that the mind, left to its own devices, evaluates everything immediately, which shapes what we think next, making it harder for us to find the truth. This insight is the foundation of the first principle of moral psychology, which I laid out in *The Righteous Mind*: Intuitions come first, strategic reasoning second. In other words, we have an immediate gut feeling about an event, and then we make up a story after the fact to justify our rapid judgment – often a story that paints us in a good light. (210-211).

Put these two observations together (the evolutionary “just so story” and the appeal against self-righteous judgment), and you have the fatal flaw: all moral judgments are an evolutionary adaptation to help humans survive in social groups...and so no moral judgment is actually universally true. Hence the original sin in this worldview: making *absolute* moral judgments. It's no wonder Haidt quotes “Judge not...” (that is *the* moral absolute in his moral psychology), and then pairs it with Buddhist philosophy.

But notice what's left out of that: a God who righteously judges *all* people and *all* actions! Haidt isn't wrong to see the ugliness of sin and self-righteousness on display on social media, and he isn't wrong to call us to exercise forgiveness instead of indignation. But the moral foundation of his recommendations is completely Godless – and so, in the end, “judgmentalism” is the ultimate sin.

I've belabored this point because I think Haidt reflects our culture's glaring blind spot here: we are *moralistic* about our moral relativity. All morality is relative, except the morality that says all (other) moral judgments are relative. And if a Christian imbibes this notion, the wrath of God will be an increasingly embarrassing or obnoxious doctrine. That's why I found *The Righteous*

Mind so inadequate, and why I can't commend this book without a strong warning: exercise discernment!

And yet it's still useful, provided we remember that we have a better gospel and a better hope. That same chapter on spiritual degradation is God-haunted; Haidt can't get away from the Romans 1 knowledge that there is *something* more to human experience than evolution can explain. He even says we have a "God-shaped hole" (215). But he can't admit that the hole is not a generic god-sized hole, but a suppressed knowledge of the one True God. Ironically, his own work tells him why: he has a gut feeling that *that* God can't be allowed into his world without repentance and faith, and so he makes up a story after the fact to explain why humans are merely evolutionary byproducts who make moral judgments and need a god, or an encounter with nature, or something...anything but an acknowledgement that we have sinned and fallen short of the glory of God. We should pray that Haidt turns back to the living God. We should learn from his descriptions of a very real problem. But we must not be swayed by his just-so story and his God-prejudiced intuitions. Let the reader beware...and let the reader be grateful for saving grace.

Edward T. Welch, *Blame It on the Brain?: Distinguishing Chemical Imbalances, Brain Disorders, and Disobedience*, Second Edition (Phillipsburg: P & R Publishing, 2024).

Welch is a writer whose work we have come to trust over the years, and so when this second edition was announced during my preparation for this breakout session, I was eager to see what he produced. And overall, it's a very solid book. I read the second edition completely, and then compared it page-by-page to the first edition to see where changes had been made. The main changes take place in chapters 2-3, and 9-10. His basic model, applied throughout, is that Christians should 1) Get information about a struggle; 2) distinguish between spiritual and physical symptoms; and 3) address the former with wisdom and love, and with the latter maximize strengths and minimize weaknesses. It's a good, flexible model overall.

In the first chapters, Welch simplifies and updates some material on the perennial mind-brain, body-soul debate. The chapter titles are changed, but overall are better and clearer. Welch gives solid principles for how to think of the interaction between the heart and the body (and, in his model, the brain in its biological function is simply a part of our overall embodiment).

In both editions, Part Two is structured around issues that *do* have a brain-basis (Alzheimer's and brain injuries), *may* have such (depression and attention deficit hyperactivity disorder, or ADHD), and *don't* have an origin in brain dysfunction (homosexuality and addictions). The chapters on Alzheimer's and brain injuries were very helpful, with both biblical grounding and obvious real world experience. Similarly, those on depression and ADHD were solid. ADHD gives an opportunity to talk about psychiatric labels as descriptions of *what* we do, rather than *why* we do it. This section is slightly less robust than the first edition, but still maintains biblical counseling's core instinct: the heart is where the action really takes places. Again, there are helpful case studies.

Surprisingly, the most rewritten chapters were those on homosexuality and addictions, and, while the rewrites were necessary, I still found the new chapters weaker. Revisions were necessary because, especially in the former case, the cultural conversation is so drastically different that the

first edition seemed quite dated. However, there was a subtle reduction of the language of sin, though not its outright removal. Instead of a lengthy exegetical section on the sinfulness of homosexuality (as in the first edition), the second edition recommends other works that cover this ground (and the recommendations are solid, except one passing reference to The Center for Faith, Sexuality, and Gender – a source I think is deeply problematic). But the second edition then makes an argument that attraction is not sinful (though he indicates that desire for forbidden things is sinful). I understand the impulse: an attempt to communicate to believers with same-sex attraction that there is a space between temptation to sin and sinful desires. But the net effect is to muddy the waters. Similarly, on the topic of alcoholism and addiction Welch still speaks of sin, but does so in a less direct and pervasive way than before. I don't think these changes make the book stronger.

I'm glad to see that the basic model hasn't changed, and I think Christians will benefit from this book. But I wish it had retained a willingness to speak with more strength and prophetic clarity to places where Christian truth confronts cultural assumptions. Overall, it's still a useful book...but with a disappointing drift towards convictional "fuzziness" on some key issues.