"Still Competent to Counsel: The Pastor, the Word, and the New Therapeutic Age"
Sovereign Grace Pastor's Conference Breakout Session
November 6th, 2024

1. The Cultural Landscape: Brainless or Mindless?[1]

Main point: the current landscape of the secular American mental health and counseling world is largely built on a biological or medically reductionist view of the human person. This is not the result of "settled science" but is itself a temporary cultural/historical trend.

Mapping three key features of our cultural moment:

Landmark #1: Pathologizing normal, normalizing sin – the battles over the DSM

The Diagnostic and Statistics Manual (hereafter, DSM) is the American Psychiatric Association's (hereafter, APA) "bible." First published in 1952, it has gone through four subsequent editions and has major institutional and cultural significance. But it is not without its secular critics, and successive editions have revealed *major* fault lines in the psychiatric community. Here is a very brief overview of three of those controversies:

- Homosexuality: in 1973, under pressure from gay rights advocates, the APA removed homosexuality from its lists of disorders.

  "DSM-I classified 'homosexuality' as a 'sociopathic personality disturbance.' In DSM-II, published in 1968, homosexuality was reclassified as a 'sexual deviation.'"[2]

  "…in 'homosexuality's' place, the DSM-II contained a new diagnosis: Sexual Orientation Disturbance (SOD). SOD regarded homosexuality as an illness if an individual with same-sex attractions found them distressing and wanted to change. The new diagnosis legitimized the practice of sexual conversion therapies (and presumably justified insurance reimbursement for those interventions as well), even if homosexuality *per se* was no longer considered an illness. The new diagnosis also allowed for the unlikely possibility that a person unhappy about a heterosexual orientation could seek treatment to become gay. SOD was later replaced in DSM-III by a new category called 'Ego Dystonic Homosexuality.' However, it was obvious to psychiatrists more than a decade later that

[1] The full quote for this famous critique of psychological trends comes from Leon Eisenberg, "The Subjective in Medicine," *Perspectives in Biology and Medicine* 27, no. 1 (1983): 48–61, https://muse.jhu.edu/pub/1/article/403716. Assessing the climate of ideas in his day, Eisenberg wrote, "Unfortunately, biological psychiatry threatens to become so myopic in its clinical vision that it may well substitute a 'mindless' psychiatry of the future for the 'brainless' psychiatry of the past."

[2] Jack Drescher, "Out of DSM: Depathologizing Homosexuality," *Behavioral Sciences* 5, no. 4 (December 4, 2015): 565–75, https://doi.org/10.3390/bs5040565. At a popular level, the story is the subject of a podcast episode on *This American Life*. See Alix Spiegel, "81 Words: The Story of How the American Psychiatric Association Decided in 1973 That Homosexuality Was No Longer a Mental Illness," This American Life, January 18, 2002, https://www.thisamericanlife.org/204/81-words.

the inclusion first of SOD, and later EDH, was the result of earlier political compromises and that neither diagnosis met the definition of a disorder in the new nosology…As a result, ego-dystonic homosexuality was removed from the next revision, DSM-III-R, in 1987."[3]

- Gender dysphoria: DSM-III to DSM-5 have seen reconceptualization(s) of the idea of gender identity that parallel cultural shifts.

  "Despite increased attention to transgender people, the first two editions of *DSM* contained no mention of gender identity. It was not until 1980 with the publication of *DSM*–III that the diagnosis 'transsexualism' first appeared…With the release of *DSM*–IV in 1994, 'transsexualism' was replaced with 'gender identity disorder in adults and adolescence' in an effort to reduce stigma. However, controversy continued with advocates and some psychiatrists pointing to ways in which this diagnostic category pathologized identity rather than a true disorder…

  "The *DSM*–5 articulates explicitly that 'gender non-conformity is not in itself a mental disorder.'"[4]

NB: I include these two examples here for a very specific reason – I want to shake our confidence in the scientific validity of the DSM, and raise awareness that *what* our society labels as "mental illness" is in large part culturally constructed. But to be clear: from a biblical perspective, these first two are examples of normalizing sinful behavior, not pathologizing normal life. The point is that what gets put *in* the DSM is shaped by a host of factors. Issues of sexual morality are just the obvious red flags for us –the next example requires more discernment, but is just as relevant for pastoral ministry.

- The bereavement clause: up through the DSM-IV, Major Depressive Disorder (MDD) was diagnosed by a list of "symptom-duration-severity criteria" (i.e., *what*, for *how long*, and *how bad* constituted a major depressive disorder), but with an exception clause. Bereavement, the loss of a loved one, was *not* MDD (even though people in bereavement met the same criteria) until two months had passed from the loss. By definition, then, if you were bereaved you were not depressed…until two months had passed. The DSM-5 removed that bereavement exclusion clause, and caused a storm of controversy.

  Here's the "pro-removal" side argument:

  "In truth, the *DSM-5* criteria for major depressive disorder (MDD) merely say that the subset of persons who meet the full symptom-duration-severity criteria for major depression within the first few weeks after bereavement (i.e., the death of a loved one) will no longer be excluded from the set of all persons with major depression—as many

[3] Jack Drescher, "Out of DSM, 571."

[4] American Psychiatric Association, "Gender Dysphoria Diagnosis," accessed October 16, 2024, https://www.psychiatry.org:443/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.

> would have been—under DSM-IVs exclusion guidelines. Put another way: DSM-5 recognizes that bereavement does not immunize the patient against major depression, and often precipitates it. Indeed, grief and depression—despite some overlapping symptoms, like sadness, sleep disturbance and decreased appetite—are distinct constructs, and one does not preclude the other."[5]
>
> And here's the "against removal" side:
>
> "The bereavement exclusion, as it came to be known, became part of the diagnostic criteria in the DSM-III-R, where it acquired a time limit: after two months of meeting five of the nine criteria, the bereaved became mentally ill. But certain thorny matters – notably, whether or not a clinician should distinguish among the death of a parent or child, the death of a celebrity, and the death of the family dog – remained up to the individual clinician to decide. Even so, it was a win-win, which may be why no one seemed to notice that the loophole amounted to saying that people who had all the symptoms of a disorder had the disorder – *unless they didn't*. The criteria didn't really add up to a mental illness until a doctor determined that a disorder was present and by this judgment transformed suffering into the symptoms of a disease."[6]

Main takeaway: rather than being a scientific consensus with unquestioned, authoritative status for diagnosing our woes, the DSM and its categories are a social construct that at times pathologizes normal human experience (i.e., grief), and at other times normalizes sins. Pastors need to be aware of this major landmark in the current landscape of the "mental health" conversation.

<u>Landmark #2: Reducing the personal to the impersonal, the medical, or the chemical – describing, defining, and explaining the "mental health crisis"</u>

There is an almost universal Western cultural consensus that we are experiencing a major problem of "mental health" (the quotes are to flag an important question: how do we know what "health" is?)

> "Our nation is facing a new public health threat. Accelerated but not solely caused by the COVID-19 pandemic, feelings of anxiety and depression have grown to levels where virtually no one can ignore what is happening. A CNN/Kaiser Family Foundation poll put a number to it: 90% of Americans feel we are in a mental health crisis…They are right."[7]

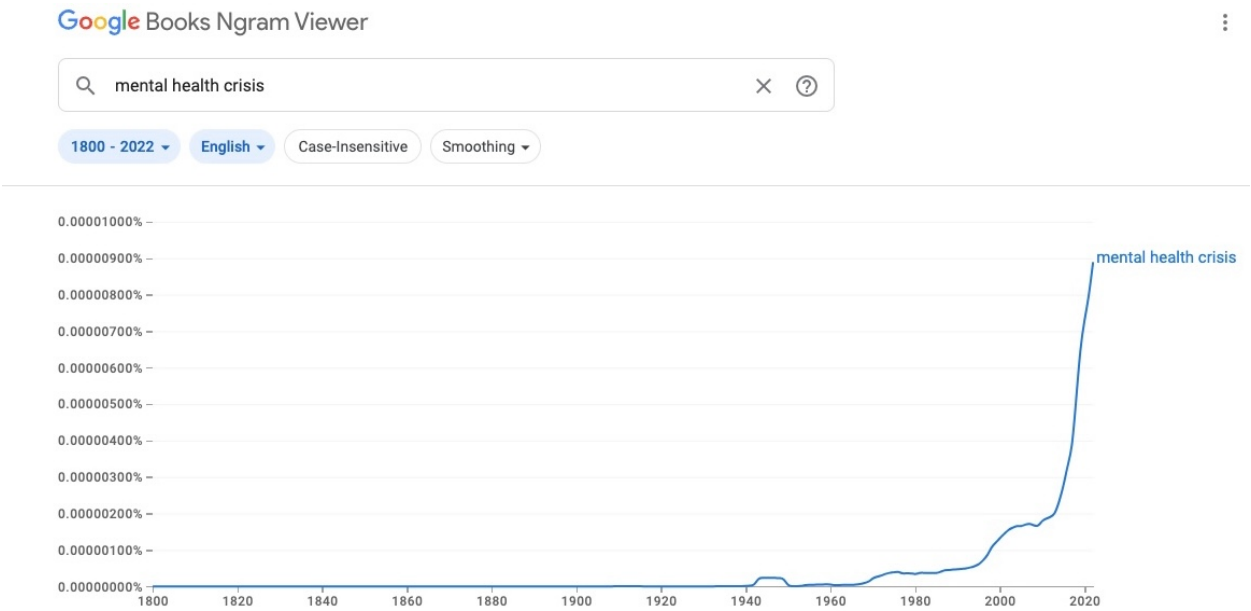
Look at what Google's Ngram viewer shows for "mental health crisis" in English language publications over time:

---

[5] Ronald Pies, "The Bereavement Exclusion and DSM-5: An Update and Commentary," *Innovations in Clinical Neuroscience* 11, no. 7–8 (2014): 19–22, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204469/.

[6] Gary Greenberg, *The Book of Woe: The DSM and the Unmaking of Psychiatry* (New York: Penguin, 2013), 113.

[7] Thomas Insel, "America's Mental Health Crisis," Pew Trust: Trend Magazine, December 8, 2023, https://pew.org/3R3ugL0.



Two recent books by Jonathan Haidt and Abigail Shrier discuss this problem as it relates to the younger generations.[8] Haidt says the problem is (largely) stemming from technology, especially smartphones (and he has a point); Shrier sees it as (largely) stemming from therapy gone amok (and she has a point). See my reviews of both of these books in the supplementary handout, "Competent to Counsel Book Reviews." The point here, however, is that they are both grappling with *what* precisely is wrong with us. Here are other examples trying to quantify the problem, all of which in some way depersonalize or medicalize the experience:

> The National Alliance on Mental Illness (NAMI) website:
>
> "There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness. Each illness has its own symptoms, but common signs of mental illness in adults and adolescents can include the following:
>
> - Excessive worrying or fear
> - Feeling excessively sad or low
> - Confused thinking or problems concentrating and learning
> - Extreme mood changes, including uncontrollable "highs" or feelings of euphoria
> - Prolonged or strong feelings of irritability or anger
> - Avoiding friends and social activities

[8] Jonathan Haidt, *The Anxious Generation: How the Great Rewiring of Childhood Is Causing an Epidemic of Mental Illness* (New York: Penguin Press, 2024); Abigail Shrier, *Bad Therapy: Why the Kids Aren't Growing Up* (New York: Swift Press, 2024). I've reviewed both of these books in the "Competent to Counsel Book Reviews" document.

- Difficulties understanding or relating to other people…

> "Knowing warning signs can help let you know if you need to speak to a professional. For many people, getting an accurate diagnosis is the first step in a treatment plan."[9]
>
> "A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. If you have — or think you might have — a mental illness, the first thing you must know is that **you are not alone**."[10]
>
> Verywell Mind on depression:
>
> "More recent findings indicate that depression is likely not the result of chemical imbalances in the brain. However, the belief that chemical imbalances are responsible for causing depression is widely held by the American public. One survey found that nearly 85% of respondents believed that such imbalances were the likely cause of depression…
>
> "Accepting how little we truly know about the chemistry of depression can help us maintain perspective and expectations for the medications used to treat depression. For people who are trying to find the right treatment, understanding the complex chemistry can be reassuring when a particular drug doesn't work for them or if they need to try more than one antidepressant.
>
> "Understanding the complexity of depression can also be helpful for those who have been offered hurtful advice, such as being told to 'just snap out of it.' It is no easier for someone to forget they are depressed than it would be for someone with diabetes to lower their blood sugar by simply not thinking about it. Being realistic about the limitations of our knowledge can help us remember that, for the time being, there is no one treatment that will work for everyone with depression…"[11]

Main takeaway: all of these are representative examples of our culture trying to define what precisely is wrong with us. Nearly all agree *something* is wrong with us. But notice how much of the cultural conversation shifts effortlessly from *describing* ("here's what's happening") to *defining* (organizing the data by saying "here are the appropriate terms to quantify it") to *diagnosing* ("here's what's wrong with us"). But diagnoses always point to deliverers. And an impersonal diagnosis will always lead to an impersonal deliverer. The best secular voices simply acknowledge the complexity: there is no *one* thing wrong. The worst sell their own brand of snake oil (and the psychopharmaceutical industry is *massive* – let's not be naive about the temptations of billion-dollar industries with a financial stake in defining what ails us). But no

---

[9] "Warning Signs and Symptoms," National Alliance on Mental Health, accessed October 16, 2024, https://www.nami.org/about-mental-illness/warning-signs-and-symptoms/.

[10] "Mental Health Conditions," National Alliance on Mental Health, accessed October 16, 2024, https://www.nami.org/about-mental-illness/mental-health-conditions/. Emphasis original.

[11] Nancy Schimelpfening, "What Is the Chemistry Behind Depression?," Verywell Mind, accessed October 16, 2024, https://www.verywellmind.com/the-chemistry-of-depression-1065137.

secular voice can actually tell us what real health looks like, because they reject or ignore the human person before the living, personal God.

Landmark #3: Creeping concepts – the expanding terrain of "harm" and "pathology"

The battles over the DSM show the conflicting visions of pathology and health in the secular world. The acknowledgment of and various responses to the mental health crisis show an inherently reductionistic explanation and solution to the crisis. Now, in this last marker on the landscape, I want to highlight one psychologist's exploration of a change in the culture that, if we are perceptive, we can also see in the evangelical world. Thus this last data point helps us bridge from the secular world (Point 1) to the Christian world (Point 2).

Nick Haslam, a psychologist and researcher at the University of Melbourne, published a significant article in 2016 with the title "Concept Creep: Psychology's Expanding Concepts of Harm and Pathology."[12] In it he looks at the use of six phrases in the research literature – abuse, bullying, trauma, mental disorder, addiction, and prejudice – and demonstrates conclusively that each of these phrases has undergone "concept creep." In other words, these words no longer mean what they originally meant in academic discourse. Here's the abstract of his article:

> Many of psychology's concepts have undergone semantic shifts in recent years. These conceptual changes follow a consistent trend. Concepts that refer to the negative aspects of human experience and behavior have expanded their meanings so that they now encompass a much broader range of phenomena than before. This expansion takes "horizontal" and "vertical" forms: concepts extend outward to capture qualitatively new phenomena and downward to capture quantitatively less extreme phenomena. The concepts of abuse, bullying, trauma, mental disorder, addiction, and prejudice are examined to illustrate these historical changes. In each case, the concept's boundary has stretched and its meaning has dilated. A variety of explanations for this pattern of "concept creep" are considered and its implications are explored. I contend that the expansion primarily reflects an ever increasing sensitivity to harm, reflecting a liberal moral agenda. Its implications are ambivalent, however. Although conceptual change is inevitable and often well motivated, concept creep runs the risk of pathologizing everyday experience and encouraging a sense of virtuous but impotent victimhood.[13]

Key terms: horizontal and vertical creep, using abuse and trauma as examples (Haslam documents this with each of the six terms)

- Horizontal creep –
    - Abuse is expanded in meaning to cover new territory. When the term was first explored in the literature, it was defined as acts of physical or sexual abuse, perpetrated by an adult on children. Now the concept includes (at least) emotional abuse (not physical in any way), adult-to-adult relationships, and can include

[12] Nick Haslam, "Concept Creep: Psychology's Expanding Concepts of Harm and Pathology," *Psychological Inquiry* 27, no. 1 (January 2, 2016): 1–17, https://doi.org/10.1080/1047840X.2016.1082418.

[13] Haslam, "Concept Creep," 1.

neglect (*in*action as abuse instead of *acts* of abuse). Thus the term, once introduced, begins to "conquer territory," becoming the key concept by which researchers understand a whole host of phenomena.

- Trauma: originally trauma was "a physical agent causing organic brain pathology" (i.e., a traumatic head injury, etc.).[14] Now the term has expanded horizontally to include "psychological injuries" and indirect exposure to psychologically distressing circumstances.

- Vertical creep
  - Abuse: now the redefinition includes behavior and experiences that before would have been categorized differently. Haslam cites emotional abuse, which is inherently subjective and imprecise as an example of both horizontal and vertical creep.
  - Trauma: previously trauma was defined in relation to experiences of serious injury or death. The term has crept downwards now to include "childbirth, sexual harassment, infidelity, and emotional losses such as abandonment by a spouse or loss or a sudden move or loss of home..."[15]

    Haslam cites here the recent U.S. Government's Substance Abuse and Mental Health Services Administration's (SAMSHA) definition of trauma, then appends a summary:

    > *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. [SAMSHA]*

    [Haslam's commentary] This definition abandons most of the restrictive elements of DSM's Criterion A. A traumatic event need not be a discrete event, need not involve serious threats to life or limb, need not be outside normal experience, need not be likely to create marked distress in almost everyone, and need not even produce marked distress in the traumatized person, who must merely experience it as "harmful." Under this definition the concept of trauma is rendered much broader and more subjective than it was even three decades ago.[16]

<u>Conclusion: Mapping the Landmarks</u>

Landmark #1 gives us a window into the culturally conditioned, ever shifting world of psychiatric labels and diagnoses. The conflict over whether bereavement is pathological or normal, and who has the authority to tell grieving humans when they have MDD and when their

[14] Haslam, "Concept Creep," 6.

[15] Haslam, "Concept Creep," 7.

[16] Haslam, "Concept Creep," 7.

grief is "uncomplicated" reveals the limits of a medicalized view of the human person. (Was Job's grief "uncomplicated"?)

Landmark #2 brings us into broader social commentary on a "mental health crisis," but shows us how reductionistic the definitions and deliverers proposed are when they ignore the living God. And Landmark #3 is one specific analysis of how psychiatry's "negative concepts" expand within the literature, colonizing new areas of human experience with little resistance. And if the world of academic, research psychology shows this colonizing creep, it is inevitable that popular society, and eventually the people we are called to care for, will reflect that same creep. Which brings us to our second main point.

2. The Evangelical Response: The Mirror of All Cultural Kings

Main point: at the broadest level, American evangelical culture tends to mirror the reigning paradigm (the "king") of the secular world. In our own "camp" within evangelicalism, it appears that this is currently taking the form of a new integrationist impulse that accepts the reigning cultural reductionism as established fact.

<u>How we got here: the biblical counseling movement</u>

This is a very brief history, but it's important to make sure we know what we mean by "biblical counseling." For a much more extended analysis, I recommend David Powlison's *The Biblical Counseling Movement* and Heath Lambert's *The Biblical Counseling Movement After Adams*.[17]

Jay Adams:

- 1968: foundation of Christian Counseling and Education Foundation (CCEF) under Jay Adams and John Bettler
- 1970: *Competent to Counsel* published
- 1974: National Association of Nouthetic Counselors (NANC) formed under CCEF
- 1977: *Journal of Pastoral Practice* created (later this became the *Journal of Biblical Counseling* under Powlison's editorship)

David Powlison:[18]

- 1975: conversion
- 1980: graduated from Westminster Theological Seminary, joined faculty of CCEF
- 1985: published first Journal of Pastoral Practice article, "Human Defensiveness: The Third Way"
- 1992: first issue of Journal of Pastoral Practice with Powlison as editor-in-chief – in this role, every issue of the Journal included a "From the Editor's Desk" section by Powlison, as well as additional regular primary articles

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

[18] Justin Taylor's obituary for Powlison, published on *The Gospel Coalition*, is a fascinating and respectful mini-biography. Justin Taylor, "David Powlison (1949–2019)," The Gospel Coalition, June 7, 2019, https://www.thegospelcoalition.org/blogs/justin-taylor/david-powlison-1949-2019/.

- 1993: first edition of renamed Journal of Biblical Counseling
- 2014: executive director of CCEF
- 2019: death and entrance into glory

Lambert's summary of changes from the first to second generation:

- Conceptual advances: greater attention to suffering and human motivation (the heart)
- Methodological advances: more flexible model than Adams' nouthetic paradigm
- Apologetic advances: knowledge of and interaction with competing counseling systems

How we got here: Sovereign Grace and the therapeutic gospel

- 1993: CJ Mahaney preaches "Another Gospel" sermon series at Covenant Life, aimed at evangelical psychotherapy
- 1995: CJ Mahaney invites Powlison to speak at Covenant Life
- 1998: Powlison teaches for the first time at the Pastor's College
- 2004: Powlison gives "Jesus Christ is NOT One Size Fits All" at Leaders Conference
- 2007: Powlison gives main session message, "In the Last Analysis" targeting the dangers of introspection, and men's breakout session on "Watch Your Bible Reading" at Leaders Conference
- 2008: Powlison gives two main session messages and one breakout session at WorshipGod '08: "Enduring Trials with the Psalmist" and "Praising God with the Psalmist" (main sessions); "A Calm and Humble Heart (Psa 131)" (breakout session)

Defining 'here:' examples of current reductionist integrationism

Here's how Powlison summarizes the results of Jay Adams' work.

> Adams gained followers among pastors and their parishioners but largely lost the interprofessional conflict. In the 1980s evangelical psychotherapists successfully asserted their claim to cultural authority over problems in living, extending their institutional power in higher education, publishing, and the provision of care. The nouthetic counseling movement became isolated from the mainstream of conservative Protestantism; its institutions languished; fault lines emerged internally. But in the 1990s, nouthetic counseling again began to prosper.[19]

The '90s *were* a time of prospering for the biblical counseling movement. But there are reasons to think that the 2020's represent a moment of danger for those of us who stand in this history, indebted to the work of Adams and Powlison. Here are representative examples of concerning trends from recent evangelical publishers (I've reviewed all of these books more fully in the "Competent to Counsel Book Review" document.)

[19] Powlison, *The Biblical Counseling Movement*, xvii.

A Christian's Guide to Mental Illness, by David Murray and Tom Karel, Jr.:[20]

- [The authors offer] "a holistic approach to mental illness" (2).

- "We approach this problem as Christians who not only believe but who have experienced that God provides hope and help for Christians with mental illness and those who care for them. While mental illness often has spiritual consequences, it is rarely only a spiritual problem that can be fixed simply with repentance and faith. God provides hope and help through his word and a word-based view of his world. This word-directed, holistic approach is the most honoring to God and the most beneficial for sufferers and their families." (5)

- "Despite its limitations, 'mental illness' is still the preferred label in the medical profession and in popular culture. Although it creates difficulties, it does direct us to a general category that distinguishes it from other issues" (17)

- "Just as it is no longer acceptable to actually say, 'She's disabled,' but rather, 'She has a disability,' so we should avoid saying, 'he is mentally ill,' or 'I am mentally ill.' Rather, we should say, 'He has a mental illness,' or 'I have a mental illness. 'This important switch applies the label to the problem, not the person, and therefore defines the problem the person has, rather than defining the person as a problem" (19).

Helen Thorne and Steve Midgley. *Mental Health and Your Church: A Handbook for Biblical Care*:[21]

- "Sometimes we can walk into church and get the impression that everyone is fine. But many are not. Behind the bright smiles and buzz of conversation, they are struggling with something hard. It's one of the consequences of the fall – that moment recorded in Genesis 3 when humanity decided to stop living God's way. Since then, we've all had bodies that don't quite work as they should, hearts that go astray and minds that are broken in one way or another. Since the fall, we've all experienced hurtful things and had to live with the legacy of that pain." (7)

- "Statistics tell us that, worldwide, one in six of us will have experienced a mental-health struggle in the past week. Globally, depression is the second leading cause of disability. This is reality. And here is the first thing we need to grasp. Mental unwellness is not the rare exception – this is normality for every church" (10).

- "Even in the local church, there can be a reluctance to share out of fear of being ostracized or seen as someone is weak. People will rally round a congregation member with cancer far more quickly and easily than someone whose diagnosis relates to the

[20] David Murray and Tom Karel Jr., *A Christian's Guide to Mental Illness: Answers to 30 Common Questions* (Wheaton: Crossway, 2023).

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

mind. Mental illness is perceived as confusing, weird, something that only specialists should engage with and, potentially, too long-term for any sustainable care" (12)

Kathryn Butler, MD. *What Does Depression Mean for My Faith?* TGC Hard Questions series:[22]

- "Like other mental illnesses, clinical depression is a hidden disability. It leeches all light from life but does so without visible scars. It skulks behind everyday routines. We go to work and pick up our kids from school but fight to breathe. We force a smile while our regard for life erodes away" (6)

- "Numerous neurobiological changes – far more complicated than a 'chemical imbalance' are at work to drag sufferers into despondency. These processes involve changes in large brain structures, intricate cell pathways, and even molecules communicating between individual nerve cells. While we don't know in all cases whether these changes cause depression or arise as a result of the disorder, they hint at why sufferers struggle to recover. In depression, the architecture of our brains shifts, trapping us in the dark" (9)

- "Despite variability in the causes and presentations of depression, its clinical criteria are well established. A diagnosis of depression requires that at least five of the following symptoms occur nearly daily for at least two weeks [she then lists the DSM-5 criteria]" (11)

- "The two mainstays of treatment for clinical depression are antidepressant medications and psychotherapy or counseling. While both avenues can provide life-giving support, neither offers a quick fix. While both play vital roles in recovery, neither diminishes the importance of spiritual disciplines for sufferers striving to reclaim their joy" (14)

<u>Conclusion: serving a better King</u>

Our world of Reformed, gospel-centered evangelicalism, is heir to a hard-fought, slow-grown, rich tradition of thinking about the relationship between Scripture, psychology, and human struggles. To my mind, Powlison is the single best representative thinker in this entire history. In the secular world (Point 1), the current reigning paradigm is some form of a biological/medical model, resulting in a reductionistic understanding of human identity and experience. The biblical counseling movement emerged out of the conviction that the church has something better to offer than a religious mirror, held up to whatever cultural paradigm is currently "king." But, without discernment, clarity, and courage, we are at risk of falling back into counseling under our current cultural kings, not the true King. Brothers, this ought not to be.

[22] Kathryn Butler, *What Does Depression Mean for My Faith?* (Wheaton: Crossway, 2024).

3. The Future for SG Pastors: Still Competent to Counsel

Main point: Scripture is still the only sufficient authority to diagnose and cure human beings.

Scripture first, everything else second

Key principle: when Scripture is the master, *everything* and *anything* else can serve our growth in wisdom, discernment, and fruitfulness. When Scripture is one among many sources of knowledge and authority, we will *never* grow in wisdom, discernment, or fruitfulness. Examples:

- Historical battle with integrationists: "Common grace or general revelation insights"
- Current battles: trauma, anxiety, and depression

Who's seeing in two-dimensions?

Our people are vulnerable to the unstated lie that the counseling/mental health world really "gets me," and that saying "You need Scripture" is a simplistic, "just have a quiet-time" pastor pill. Like your vitamins, maybe you should take it…but the real change happens somewhere else. *Brothers, this should not be*. Scripture give the three-dimensional, full-color picture of human experience, and all other competitors are cheap and shallow substitutes.

Using trauma as an example:

- Cognitive-behavioral therapy (CBT)

  "Depression is an illness and not a necessary part of healthy living. What's more important – you *can* overcome it by learning some simple methods for mood elevation."[23]

- David Morris, Marine, Iraqi war veteran, and combat journalist, on his exposure to CPT (the trauma focused cousin of CBT)

  "From a philosophical point of view, CPT is, in a sense, a very American form of therapy. CPT focuses on the day-to-day business of life, of keeping the cognitive operating system up and running. CPT, as a therapeutic regimen, is not interested in the past, nor does it address any of the weighty metaphysical or social issues that trauma raises. CPT is a short-term therapy with fixed goals and limitations, a form of psychological first aid. CPT takes no moral position. It solves nothing. It helps get you out of bed in the morning."[24]

  [Reflecting on CPT, after being told that his memories of the war weren't "100 percent realistic"] "I wondered how much of my resistance to it [CPT] was simply my unwillingness to let go of the memories, to let go of the war's mystery, its specialness. If I let it all go, if it became an experience just like any other, an isolated event, what was

[23] David D. Burns, M.D, *Feeling Good: The New Mood Therapy* (New York: Harper Collins, 2012), 9.

[24] David J. Morris, *The Evil Hours: A Biography of Post-Traumatic Stress Disorder* (New York: Houghton Mifflin Harcourt, 2015), 200.

left? Who was I then? If the war was of no enduring moral concern, why was I still haunted by it?"[25]

- Powlison

  "Psalm 10 guides a person into knowing God in the midst of being violated…[26]

  "Your individual experience is the subset of another's experience, if you are *in Christ*. Hear and see the One who invites your trust, gratitude, love, and hope. He walked this road. Imagine, these words reveal the heart of your Rescuer. You can love the Jesus who felt, thought, and said these things. Psalms are not meditative techniques for achieving mental equilibrium. Psalm 10 not spiritual Prozac. It expresses the inner life and words of a Person whom [we] can grow to love.[27]

  "Psalm 10 walks out ahead of us, teaching us to think clearly and to fervently seek help from where help really comes. You need to THINK about what has happened. What is the perpetrator of evil like? Who has mistreated you? What have they done? How do they think? What are they doing with God (not just with you)? Get a clear bead on evil even though it's painful and frightening. Since evildoers are often successful and deceitful (verses 5 and 7), they can be hard to identify. Often the first people they deceive are their victims. Clear thinking clears the head. See your danger for what it is. You need to SEEK help. This help comes first and finally from the living God. He hears, helps, strengthens, and vindicates those who rely on Him."[28]

<u>Putting our convictions to work</u>

- Begin in your own heart: are you convinced of the sufficiency of Scripture for *your* soul, and the care of your flock?
- Remember: it's not compassionate or helpful to enable people to trust a false redeemer. And any counseling system that doesn't begin and end with the living God as revealed in Scripture *is serving a false redeemer*.
- Actions:
  - Read Powlison. If you're a preaching pastor, read Powlison's "Counsel Ephesians" article (reviewed in "The Best of the Best" Powlison reading list) and think how it shapes your preaching application. Model from the pulpit the conviction that Scripture is *about* human experience before the face of God. Read more Powlison.
  - Read select books from the book reviews to strengthen areas of weakness or challenge "intuitive integrationist leanings."

---

[25] David J. Morris, *The Evil Hours*, 207.

[26] David Powlison, "Predator, Prey, and Protector: Helping Victims Think and Act from Psalm 10," *The Journal of Biblical Counseling* 16, no. 3 (1998): 28.

[27] Powlison, "Predator, Prey, and Protector," 28.

[28] Powlison, "Predator, Prey, and Protector," 37.

- Read Powlison and Lambert's histories of the biblical counseling movement to better understand our history, and the ways the movement has grown from Adams' first generation model.
- Take a counseling class at the PC.
- Utilize your pastoral prayers to teach people how to think and to pray about sins and sufferings. (Read Powlison's article "Pray Beyond the Sick List," also reviewed in "The Best of the Best," and think how it might shape our pastoral prayers.)