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CORE

CONFERENCE 2018



BIBLICAL COUNSELING

PSYCHOLOGY & MENTAL ILLNESS

FEBRUARY 12-13, 2018



Welcome!

We're delighted you're here with us for this year's CoRE Conference, hosted by BJU Seminary—"Biblical Counseling, Psychology and Mental Illness." We trust you will find this conference to be a refreshing time of connecting with fellow believers, renewing your love for the Lord and His Word, and equipping you in your ministry.

We live in a world cursed by sin, but God's Word is our source of comfort and direction in times of trial. Biblical counseling points the hurting and broken to find grace and peace from God through the ongoing work of Christ.

During this conference you'll receive valuable resources for your ministry and learn from experienced professionals as they lay a proper foundation for and understanding of biblical counseling. Our prayer is that these conference sessions and materials will equip you to better meet the biblical counseling needs of those under your care.

We hope your time with us on campus is a blessing to you. Please let us know how we can serve you and make your stay with us as enjoyable as possible.

Sincerely,

Sam Horn
Executive Vice President for Enrollment and Ministerial Advancement
Dean, Seminary and School of Religion

P.S. We invite you to stay the remainder of the week and participate in our annual Bible Conference Tuesday evening, Feb. 13, through Friday evening, Feb. 16. This year's theme is "Revive Us Again," and together we will be challenged to pray passionately for revival. For more information, visit bibleconference.bju.edu.



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MONDAY, FEB. 12

1-3:50 p.m. PRE-CONFERENCE WORKSHOPS: THE PLACE OF BIBLICAL COUNSELING IN YOUR MINISTRY
Jim Newcomer Stratton Hall

Anyone ministering the Word of God to God's people must know how to connect the Scriptures to the problems of living—both great and small. Pastor and biblical counseling trainer Jim Newcomer addresses three critical questions that all church and ministry leaders must answer for themselves.

- 1-1:50 p.m.—**WHAT IS BIBLICAL COUNSELING AND WHO DOES IT?**
- 2-2:50 p.m.—**HOW DOES SEMINARY TRAINING EQUIP YOU TO COUNSEL?**
- 3-3:50 p.m.—**HOW CAN YOU EQUIP YOURSELF AND YOUR CHURCH TO COUNSEL?**

7-8:30 p.m. HOW DO BIBLICAL COUNSELORS VIEW MAN'S PROBLEMS?
Jim Berg Founder's Memorial Amphithorium

In recent years, those at the headwaters of psychiatry have expressed regrets that psychiatry has not determined the pathology of nor discovered effective treatments for most mental illnesses. Some secular thought leaders in the field even question the validity of the official categories of psychiatric disorders.

Dr. Berg presents a biblical worldview that explains the reasons for their confusion and offers a more robust taxonomy for understanding the non-physical problems that human beings encounter on a fallen planet.

8:30 p.m. RECEPTION AND DISPLAYS Rodeheaver Auditorium Lobby

TUESDAY, FEB. 13

8-9:15 a.m. HOW DO BIBLICAL COUNSELORS VIEW PSYCHOLOGY?
Jeremy Lelek Founder's Memorial Amphithorium

Every form of counseling (secular or religious) is based upon a specific theory of man—beliefs about what kind of being man is; his ideal state; the norms for behaviors, thoughts, emotions and motives; the nature of his problems and the nature of their remedies.

Biblical counselors understand that, while psychology can offer some things that are helpful (when rightly interpreted), the Bible provides everything that is essential for man to flourish before God amid the trials of life. Dr. Lelek offers a biblical perspective on this important issue.

9:45-10:45 a.m. HOW DO BIBLICAL COUNSELORS VIEW MENTAL ILLNESS?
Dan & Pam Gannon Founder's Memorial Amphithorium

Using a case study of depression, the Gannons will demonstrate how seeing mental illness labels through a biblical grid can bring true help and hope.

11 a.m.-noon WORKSHOPS
Counseling People With a Medical Illness
Dan & Pam Gannon Stratton Hall

Everyone faces physical illness and the pain and suffering that accompany it. Our Lord cares deeply about the pain and problems that people face, and believers should reflect that care in counseling. The Gannons provide an approach for how biblical counselors can offer comfort, encouragement and a plan to help counselees deal with their trial in a way that honors God.

BOOK CONNECTION TIMES FOR ALL CONFERENCE DAYS



RODEHEAVER LOBBY

MONDAY, FEB. 12, 4-7 PM | 8:30-10 PM • TUESDAY, FEB. 13, 7:30-8 AM

Unmasking Addiction: Is It Really a Disease?**Jim Berg**

Alumni Building, Lecture Room B

The battle over the underlying causes of addiction continues to rage today. Are addictions determined by moral choices or by neurobiological, hereditary and environmental influences? Surprisingly, many secular researchers and practitioners have arrived at causes that closely reflect what God has already told us in His Word.

Dr. Berg will present how those same evidence-based voices counter current popular beliefs (e.g., "Once a drunk, always a drunk," "You are always in recovery") and will set forth a biblical perspective on addiction.

What Is the DSM and Is It Helpful?**Greg Mazak**

Alumni Building, Lecture Room A

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) has been called the bible of the American Psychiatric Association. Every physician and psychologist uses it to make diagnoses and bill insurance companies for treatment. Dr. Mazak discusses how DSM categories are established and whether or not this manual can be of assistance to biblical counselors.

How Do Military Chaplains Minister to PTSD Sufferers?**Steven Brown**

Levinson Hall

Capt. Brown served over 30 years in active and reserve Navy and Marine Corps chaplain positions and now serves as president of the Associated Gospel Churches, a Greenville-based chaplain-endorsing agency.

He and his chaplains minister to men and women whose lives have been turned upside-down as they sacrifice for their country. Brown will demonstrate how chaplains with a biblical counseling orientation minister to PTSD sufferers.

11-11:35 a.m.**CHAPEL: THE TESTIMONY OF A RECOVERING LICENSED PROFESSIONAL COUNSELOR****Jeremy Lelek**

Founder's Memorial Amphitorium

During his doctoral studies in professional counseling education and supervision, Dr. Lelek became acquainted with biblical counseling.

He quickly realized that his previous studies in psychology and Christian counseling at notable Christian universities did not equip him with truly biblical answers to the problems faced in his office. Dr. Lelek will share his testimony of the life-changing journey away from Christian psychology to biblical counseling.

12:15-1:15 p.m.**LUNCH WITH THE DEAN**

Dining Common, Davis Room

Join us and enjoy a complementary meal and an update on BJU Seminary programs. Open to the first 350 guests.

1:30-2:45 p.m.**HOW DO BIBLICAL COUNSELORS VIEW PSYCHOTROPIC DRUGS?****Dan & Pam Gannon**

Founder's Memorial Amphitorium

Counselees often ask, "Do antidepressants work?" The Gannons explain the chemical imbalance theory, drug classifications, and the secular and biblical perspectives on whether medications are truly the answer to the problems of living.

3:15-4:45 p.m.**PSYCHOLOGY AND BIBLICAL COUNSELING—A BRIEF HISTORY****Jeremy Lelek**

Founder's Memorial Amphitorium

Soul care was in the domain of the church until modern times, when pastors began referring members of the flock to "professionals." Biblical counseling, beginning with Jay Adams in the 1970s, sought to reclaim ground lost to secular psychology.

Dr. Lelek presents how the movement has matured significantly since then and how it is helping to equip pastors and laymen to help others negotiate the trials of life in God-honoring ways.





BECAUSE HELPING PEOPLE MATTERS.

LEARN TO COUNSEL BIBLICALLY FOR LASTING CHANGE

- GRADUATE CERTIFICATE IN BIBLICAL COUNSELING (18 CREDITS)
- MASTER OF ARTS IN BIBLICAL COUNSELING (33-41 CREDITS)
Note: This will lead to qualification for ABC3 certification from the Association of Biblical Counseling.
- MASTER OF DIVINITY WITH A CONCENTRATION IN BIBLICAL COUNSELING (88 CREDITS)

All of these programs have been recently updated and can be completed online or on campus.

Take Foundations of Biblical Counseling as your first course for FREE! For additional details and limitations, see the coupon in your conference book bag or call (864) 241-1657.

Find out more at bju.edu/seminary



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THE DEN

Chick-fil-A, Papa John's and Esteban's Tacos. The POD (Provisions on Demand) convenience store offers f'real milkshakes, Krispy Kreme doughnuts, snacks and beverages. Also located in The Den is Cuppa Jones, a full-service coffee shop featuring Peet's Coffee.

Monday

7:30 a.m.–9:45 p.m.

Tuesday

7:30 a.m.–6:45 p.m.



CUPPA JONES EXPRESS

Cuppa Jones Express is located next to Mack Library. It offers a variety of freshly cooked crepe creations you are sure to love. They are filled with many of our in-house prepared ingredients and pair perfectly with our Peet's Coffee.

Monday and Tuesday

7:45 a.m.–1:30 p.m.



DIXON-MCKENZIE DINING COMMON

The Kalmbach Room in the Dixon-McKenzie Dining Common is BJU's primary dining facility and features a widely varied menu, including salad, sandwiches, soups, pizza, an international grill and much more.

Monday

7 a.m.–7 p.m.

Tuesday

7 a.m.–6 p.m.

Museum & Gallery at Bob Jones University

While M&G is closed to the public for necessary building renovation, you can see selected masterworks from the collection on display in these campus locations:

Mack Library:

Bowen Collection of Antiquities—an exhibit of 250 antiquities from the Holy Land representing 37 centuries of culture. Objects include a first-century manger, a Hebrew baby rattle, Egyptian makeup and jewelry, Roman glass and currency, weapons of warfare, and cuneiform samples.

Rodeheaver Lobby:

View special objects supporting the artistic themes from this year's *Living Gallery*, including an illuminated antiphony (a shared songbook for a 16-century choir), a Rembrandt etching of the crucifixion, and a porcelain rendering of da Vinci's *Last Supper*.

Gustafson Fine Arts Center Atrium:

Luther's Journey: Experience the History—In this exhibit, take a closer look at Martin Luther and his times through technology and art, including paintings by his close family friends the Cranachs.

If you or your church would like to schedule a tour of these special collections, submit a tour request at www.bjumg.org.

Jerusalem Chamber and Archives & Memorabilia Room

Located inside the Mack Library, the Jerusalem Chamber is a replica of the famed room in London's Westminster Abbey, a significant location in the translation of the King James Bible. Enjoy the Tudor-style art and furniture, a Geneva Bible, a Luther Bible, and an original 1611 King James Version Bible. And just across the hall is the newly updated Archives & Memorabilia Room, which showcases the rich 90-year history of God's grace in the ministry of BJU and the lives of its people.

The Den and Bruins Shop

The center of student life at BJU, The Den has a variety of places to eat, fellowship and study—whether solo or in groups. Thoroughly renovated with the 2014 Bible Conference Offering, it also has two meeting rooms as well as a resource room and conference room available for everyone to use. The Bruins Shop is here as well, offering Bibles, Christian books, music, BJU memorabilia and Bruins gear.

Center for Global Opportunities

See the results of the 2016 Bible Conference Offering for yourself! Whether it's cleaning up after a flood, evangelizing local people at the park or joining a mission team to Cuba, BJU students use the CGO to find evangelism and service opportunities both locally and around the globe. The CGO is also a resource for our international students, helping them to adjust to college life and enhancing their BJU experience. Let the CGO know if you're looking to recruit students and faculty for your church, summer ministry or mission board.

VISITING BJU? DOWNLOAD THE
BJU CampusApp



Download on the
App Store



White Oak Drive



***PROCLAIM THE WORD.
SERVE THE CHURCH.
ADVANCE THE GOSPEL.***

BJU SEMINARY EXISTS TO ...

thoroughly equip Christian leaders who desire to serve the church, advance the Gospel and proclaim God's Word. Our seminary programs are designed to further prepare leaders of God's church through an educational experience that is biblically shaped, theologically rich, historically significant and relationally driven.

We are committed to equipping students to proclaim and live out the Gospel, utilizing the most advanced and effective means possible. We also expect our graduates to model their professors and train others to likewise proclaim and live out the Gospel.

Find out more at bju.edu/seminary



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JEREMY LELEK

Jeremy is the president of both the Association of Biblical Counselors and Metroplex Counseling (a local center for biblical soul care in Dallas/Fort Worth). He is a licensed professional counselor in Texas, having earned his master's degree in counseling and bachelor's degree in psychology. He earned his PhD at Regent University.

Jeremy is the author of *Post-Traumatic Stress Disorder: Recovering Hope*, *Cutting: A Healing Response*, and the soon-to-be-released book *Biblical Counseling Basics: Roots, Beliefs, and Future*. He also serves as a council member of the Biblical Counseling Coalition. Jeremy and his wife, Lynne, have four children.



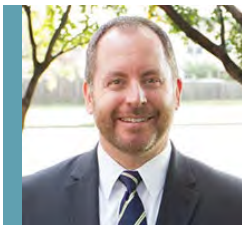
JIM BERG

Jim serves as a member of the BJU Seminary faculty after having served as dean of students at BJU for 29 years. He teaches biblical counseling and discipleship courses.

He completed an MA in theology in 1976 and completed a DMin in biblical counseling at Southeastern Baptist Theological Seminary in 2017. He holds advanced certification (ABC3) with the Association of Biblical Counselors.

He has authored numerous books, including *Basics for Believers*, *Changed Into His Image*, *Essential Virtues*, *When Trouble Comes*, *God Is More Than Enough* and *Quieting a Noisy Soul*—a multimedia personal study program addressing guilt, anger, anxiety and despair.

He serves as the executive director of *Freedom That Lasts*®—a Bible-centered ministry to those struggling with addictions and hurtful life circumstances—and the director of Faith Counseling Institute, both of which are based at Faith Baptist Church in Taylors, South Carolina, where Jim serves as a deacon and ministers to the career single adults with his wife, Pat. He has three married daughters and 11 grandchildren.

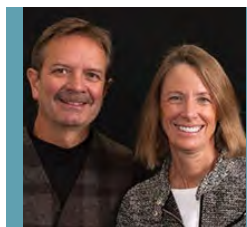


JIM NEWCOMER

Jim has been in pastoral ministry since 1994 and has been teaching biblical counseling on both the undergraduate and graduate levels at several institutions since 2000.

Currently, he is senior pastor of Calvary Baptist Church in Ypsilanti, Michigan, which hosts The Biblical Counseling Center of Southeast Michigan.

He is the author of *Help! I Can't Forgive* and serves as an adjunct professor of counseling at BJU. He and his wife, Lorie, have been married since 1989, and they have three adult children.



DAN & PAM GANNON

Dan practices as a board-certified orthopedic surgeon and lectures nationally on total joint replacement procedures. He serves as an elder and a lay counselor in the biblical counseling ministry at his home church in Bozeman, Montana.

He is a certified biblical counselor with the Association of Certified Biblical Counselors and with his wife, Pam, facilitates a biblical counseling forum and speaks on medical issues as they relate to biblical counseling.

Pam has served as an RN clinical specialist in surgical critical care. She serves as a biblical counselor in the biblical counseling ministry of their home church and as an adjunct professor in biblical counseling and psychology at Montana Bible College.

She is an ACBC-certified biblical counselor and holds a master's degree in biblical counseling from Faith Bible Seminary in Lafayette, Indiana. The Gannons have two grown sons.



STEVEN BROWN

Capt. Brown began his military career by enlisting in the United States Marine Corps Reserve in 1980. He served on the pastoral staff of Grace Baptist Church in Panama City, Florida, and returned to Bob Jones University to complete his MDiv degree. Brown transitioned to active duty in the Navy Chaplain Corps in 1987.

Since then he has served at onboard and land-based posts in Guantanamo Bay, Cuba; Camp Lejeune, North Carolina; Saudi Arabia; Kuwait; Afghanistan; the Mediterranean; Sasebo, Japan; New York City; and Norfolk, Virginia.

He retired in 2013 and assumed responsibilities as the president of Associated Gospel Churches, located in Greenville, South Carolina. AGC currently endorses about 100 active duty and reserve military chaplains.

He and his wife, Sandra, have five children.



GREG MAZAK

Greg has actively served in Christian ministry for over 25 years as youth pastor, pastor, camp and conference speaker, and professor. He came to Christ while pursuing an undergrad degree in psychology at Ohio State University. He then earned the MDiv and PhD (New Testament) degrees from BJU, as well as an MEd in counseling from Clemson University.

Greg teaches undergraduate courses in psychology and both graduate and undergraduate courses in biblical counseling. He serves as the pastor-teacher of Trinity Bible Church (Greer, South Carolina), where he and his wife, Nancy, have actively served as members since 1986. He and Nancy have three daughters.

BIBLICAL COUNSELING RESOURCES

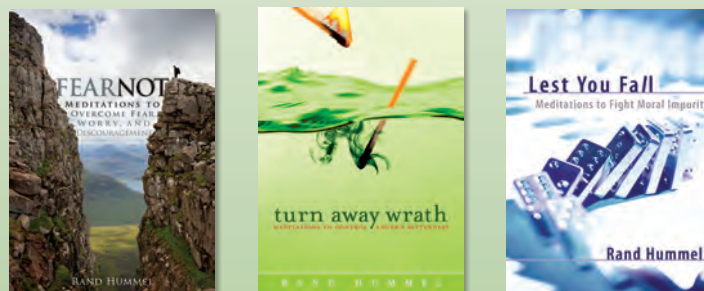
for developing a Christ-centered life

from JourneyForth



Changed into His Image
Jim Berg

Essential Virtues
Jim Berg



Scriptural meditations from **Rand Hummel** for
conquering fear, anger, and moral impurity

Visit the JourneyForth display and check out the many other ministry tools we have available, including books by BJU Seminary faculty, women's Bible studies, and novels for children and teens.



WHAT IS BIBLICAL COUNSELING AND WHO DOES IT?

Jim Newcomer, DMin

Introductory Concern

"What is counseling? It is important to supply a definition of counseling at the very beginning so we know what we are talking about.... *Counseling is a conversation where one party with questions, problems, and trouble seeks assistance from someone they believe has answers, solutions, and help.*"

Heath Lambert, *A Theology of Biblical Counseling*, 13

It is imperative to get a read on *who* is asking the question, "What is counseling?"

Only four possibilities exist:

1. The *dead* asking regarding the *dead*
2. The *dead* asking regarding the *living*
3. The *living* asking regarding the *dead*
4. The *living* asking regarding the *living*

Since we find ourselves in the realm of the *living*, we are eager and correct to insert the word "biblical" into the discussion and expand it further into two foundational questions—*What is biblical counseling? Who does biblical counseling?*

A. What Is Biblical Counseling?

1. Definitions

- a. Association of Biblical Counselors (John Henderson)—"Biblical counseling can be defined as a fluid event and process, as part of the Great Commission, when a follower of Jesus Christ in the service of the Holy Spirit provides face-to-face ministry of the Word to others."

www.christiancounseling.com/blog/definition-biblical-counseling

- b. **Faith Biblical Counseling Ministries, Lafayette**—“Biblical Counseling is the process where the Bible, God’s Word, is related individually to a person or persons who are struggling under the weight of personal sin and/or the difficulties with suffering, so that he or she might genuinely change in the inner person to be pleasing to God.”
www.faithlafayette.org/counseling/what-is-biblical-counseling/
- c. **Biblical Counseling Coalition**—“The goal of biblical counseling is spiritual, relational, and personal maturity as evidenced in desires, thoughts, motives, actions, and emotions that increasingly reflect Jesus (Ephesians 4:17–5:2). We believe that such personal change must be centered on the person of Christ. We are convinced that personal ministry centered on Christ and anchored in Scripture offers the only lasting hope and loving help to a fallen and broken world.”
www.biblicalcounselingcoalition.org/confessional-statement/
- d. **Bob Jones University**—“Biblical counseling describes the person-to-person ministry that takes place when a Spirit-empowered believer seeks to assist a fellow believer in his growth toward Christlikeness by means of the Word of God, the Spirit of God and the ministry of the local church—especially in the midst of a trial.”
BJU Philosophy of Biblical Counseling, 13
- e. **Association of Certified Biblical Counselors (Heath Lambert)**—“95 Theses”
www.biblicalcounseling.com/ninety-five/
- f. **RPM Ministries (Bob Kellemen)**—“Biblical counseling is Christ-centered, church-based, comprehensive, compassionate, and culturally-informed one-another ministry that depends upon the Holy Spirit to relate God’s inspired truth about people, problems, and solutions to human suffering (through Christian sustaining and healing) and sin (through Christian reconciling and guiding) to empower people to exalt and enjoy God and to love others (Matthew 22:35–40) by cultivating conformity to Christ and communion with Christ and the Body of Christ, leading to a community of one-another disciple-makers (Matthew 28:18–20).”
www.counselingoneanother.com/2012/12/07/journey-to-biblical-counseling-an-interview-with-bob-kellemen/
- g. **The Master’s University (Joshua Clutterham)**—“An arduous self-sacrifice to extend God’s Word and join another’s burden in order to see that person be transformed from the inside out, begin to worship God, and move in a godly direction with his life toward a greater resemblance to Jesus.... Biblical counseling is the whole counsel of God delivered in a systematic, understandable, relevant, and loving manner.”
Men Counseling Men, 26–27

- h. Note the common denominators
- i. Summing it up
- 2. Priorities
 - a. Biblical counseling is *Text-Driven*.
 - b. Biblical counseling is *Gospel-Anchored*.
 - c. Biblical counseling is *Christ-Exalting*.
 - d. Biblical counseling is *Local Church-Centered*.

B. Who Does Biblical Counseling?

- 1. The *Living*
- 2. The *Equipped*
- 3. The *Engaged*

HOW DOES SEMINARY TRAINING EQUIP YOU TO COUNSEL?

Jim Newcomer, DMin

Dr. Albert Mohler—“I would remind us all that seminaries, even at their very best and most faithful, can only do so much. The local church is the most important school for ministry and the faithful pastor is the crucial professor. The seminaries that serve best will be those who understand this.”

www.thegospelcoalition.org/article/tgc-asks-what-one-thing-you-would-change-about-seminary-education

While I agree wholeheartedly with Mohler’s observation, I do not believe that it waives the blessing and usefulness of theological higher education. It is just a clear warning to keep in mind the place of such education against the backdrop of the local church and one’s own progressive sanctification.

In and of itself, a seminary degree (e.g., MABC, MA, MDiv, ThM, PhD, DMin) cannot accomplish the following for you:

- Qualify you for pastoral ministry
- Guarantee you wisdom and character
- Spare you from pain and suffering
- Identify you as a churchman
- Elevate you in God’s favor

But seminary training can indeed be a huge help in *supplementing* the pastoral mentoring and instruction found in the local church. This is especially true when it comes to biblical counseling. Seminary training is extremely valuable to your counseling ministry in the local church.

A. What Seminary Training Gives to You

1. An increased awareness of your own heart
2. An accelerated comprehension of the Scriptures
3. A practical grip of theological categories
4. A global perspective of gospel ministry

5. A timeless grid for counseling discernment
 - a. Does the model originate in godless philosophy?
 - b. Does the model tolerate unbiblical terms?
 - c. Does the model preoccupy itself with unmet needs?
 - d. Does the model abandon progressive sanctification?
 - e. Does the model expel the Holy Spirit?
 - f. Does the model fixate on something new?
 - g. Does the model fabricate synthetic messiahs?

B. What Seminary Training Gives to Your Local Church

1. A disciple with a comprehensive understanding of the Great Commission
2. A disciple who lightens the pastoral burden
3. A disciple who contributes to the pastoral mandate to equip
4. A disciple who realizes that seminary was an *introduction* and not a *destination*

PRE-CONFERENCE WORKSHOP 3

HOW CAN YOU EQUIP YOURSELF AND YOUR CHURCH TO COUNSEL?

Jim Newcomer, DMin

Providing biblical counseling in the local church is not to be a solo adventure for a believer. Mark Dever and Deepak Reju agree. They write,

Picture a symphony. Counseling in a healthy church is like being a conductor in an orchestra. You conduct healthy Christians to make beautiful music together. The “musicians” listen to the conductor and to one another. They coordinate their playing to produce harmonious, inspiring music—a musical masterpiece!

Most counselors never get to the point of conducting, but instead get bogged down in the trenches. They do their best to handle all the problems that come at them every day. But the weight and burden of caring for all these people is at times just too much. What if we said it doesn’t have to be that way? What if members of your church could partner with you to care for struggling Christians? What if they were committed to doing spiritual good for each other? What if they were willing to step into the messy parts of the Christian life to try their best to help out? What if they were serious about loving one another and building one another up? As a counselor, do you believe that this is even possible—that church members and leaders would really desire to share this burden with you?

You don’t have to fight counseling battles alone. If your church is healthy, it is definitely possible for the people in the congregation to counsel one another with the Word. Church leaders and church members can come alongside of you to help you care for struggling Christians.

MacDonald, Kellemen, Viars, ed. *Christ-Centered Biblical Counseling*, 240

Here is a reminder: Before you delve into equipping your local church to counsel, start first by looking in the mirror.

A. How can you equip yourself to counsel?

1. You must digest Scripture privately, intentionally, and submissively.
2. You must grow as a theologian.
3. You must go as far as you can in formal training in biblical counseling.
4. You must initiate a lifelong discipline of reading the best biblical counseling resources.
5. You must be involved in active personal evangelism.
6. You must pursue the company of “messy” people in your local church.

B. How can you equip your church to counsel?

1. Model it
2. Offer it
3. Teach it

One Final Reminder—“Let the church fight this battle with you. Don’t take this on by yourself. Imagine a church in which the members work together to meet these overwhelming needs. The person assigned the role of counselor is not the only one caring for all these struggling people; the church as a whole is working to build one another up in love and unity.”

Dever and Reju, 239

SESSION 1

HOW DO BIBLICAL COUNSELORS VIEW MAN'S PROBLEMS?

Jim Berg, DMin

In recent years, those at the headwaters of psychiatry have expressed regrets that psychiatry has not determined the pathology of, nor discovered effective treatments for, most mental illnesses. Some secular thought leaders in the field even question the validity of the official categories of psychiatric disorders.

The popular press, most secular and integrationist Christian training institutions, and much of the mainstream medical establishment, nonetheless, operate with far more confidence in the current state of psychiatric categorization and treatment of mental disorders than those at the headwaters of psychiatry.

A. The Concerns at the Headwaters of Psychiatry

1. Tom Insel, MD, former professor of psychiatry at Emory University, director of the National Institute of Mental Health (2002–2015), director of Verily's Mental Health Team (2015–2017), and co-founder and current president of Mindstrong Health—a research firm developing digital phenotyping for diagnosing mental illness

Four Inconvenient Truths Regarding Secular Psychiatry¹

- a. *"Inconvenient Truth #1: We have failed to bend the curve for morbidity and mortality from mental illness."* (14:33)
- b. *"Inconvenient Truth #2: More people are getting more of today's Rx, but the outcomes are not any better."* (21:10)
- c. *"Inconvenient Truth #3: We don't know enough. More of today's treatments may not be sufficient."* (53:10)
- d. *"Inconvenient Truth #4: Without better diagnostics and therapeutics, we may not be able to bend the curve."* (52:39)

"I spent 13 years at NIMH really pushing on the neuroscience and genetics of mental disorders, and when I look back on that, I realize that while I think I succeeded at getting lots of really cool papers published by cool scientists

¹ Tom Insel, *Quest for the Cure: Scientific Breakthroughs in Treating Mental Illness* (National Council for Behavioral Health, 2014 annual meeting), https://youtu.be/hU_5i2clSKl.

at fairly large costs—I think \$20 billion—I don't think we moved the needle in reducing suicide, reducing hospitalizations, improving recovery for tens of millions of people who have mental illness," Insel says. "I hold myself accountable for that."²

2. Allen Francis, MD, chairman of the DSM-IV Task Force and part of the leadership group for DSM-III and DSM-III-R; professor emeritus and former chair of the Department of Psychiatry and Behavioral Science at Duke University School of Medicine. The quotes below are from his book *Saving Normal*.³

"The expectation that there would be a simple gene or neurotransmitter or circuitry explanation for any mental disorder has turned out to be naïve and illusory" (10).

"One of the greatest disappointments of modern medicine and psychiatry is that our classification systems have not succeeded in stimulating clear explanatory models. The body, and especially the brain, have a particularity and complexity that seem to forever deny any causal answer" (56).

"The really brilliant marketing trick [of the modern drug companies] was to persuade doctors to treat patients who weren't really sick, while at the same time convincing normal people that they were really sick" (99).

"Diagnostic inflation occurs when we confuse the typical perturbations that are part of everyone's life with true psychiatric disorder (which is relatively uncommon, perhaps 5 to 10 percent of the population at any given time). Mental disorders should be diagnosed only when the presentation is clear-cut, severe, and clearly not going away on its own. The best way to deal with everyday problems of living is to solve them directly or to wait them out, not to medicalize them with a psychiatric diagnosis or treat them with a pill. Prematurely resorting to medication short-circuits the traditional pathways of restorative healing—seeking support from family, friends, and the community; making needed life changes, off-loading excessive stress; pursuing hobbies and interests, exercise, rest, distraction, a change of pace. Overcoming problems on your own normalizes the situation, teaches new skills, and brings you closer to the people who were helpful. Taking a pill labels you as different and sick, even if you really aren't. Medication is essential when needed to reestablish homeostasis for those who are suffering from a real psychiatric disorder. Medication interferes with the homeostasis for those who are suffering from the problems of everyday life" (32).

"Always be suspicious about a diagnosis and treatment plan when you are offered a prescription after a seven-minute visit or if the doctor offers to start you out with free samples" (233).

3. Joel Paris, MD, Professor of Psychiatry, McGill University in Montreal, Canada

"Research is nowhere near to solving the problems at the core of mental illness. Most

2 "Star Neuroscientist Tom Insel Leaves Google-Spawned Verily for . . . a Startup?"

www.wired.com/2017/05/star-neuroscientist-tom-insel-leaves-google-spawned-verily-startup/

3 Allen Francis, M.D., *Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma and the Medicalization of Ordinary Life* (New York: HarperCollins, 2015).

psychiatric disorders remain syndromes.... We are still in the dark about the nature of most disorders that psychiatrists treat. We have a lot more data [after 30 years], but their interpretation remains controversial. Advances in neuroscience have not succeeded in explaining any mental disorder."⁴

4. Peter Breggin, MD, "conducts a private practice of psychiatry in Ithaca, New York.... [His] background includes Harvard College, Case Western Reserve Medical School ... a 2-year staff appointment as a full-time consultant at the National Institute of Mental Health (NIMH). He has taught at several universities, including Johns Hopkins University, Department of Counseling and most recently, State University of New York (SUNY) Oswego in the Department of Counseling and Psychological Services."⁵

"The only biochemical imbalances in the brains of people who see psychiatrists are the ones put in there by the psychiatrist. We don't have any evidence that any routine psychiatric problem from anxiety to depression, even schizophrenia, has anything to do with a biochemical imbalance." Source: www.breggin.com/video-series/, "Do You Have a Biochemical Imbalance?"

The concerns over the failure of psychiatry to classify and validate mental disorders grows every year. The DSM-5 itself admits that "past science was not mature enough to yield fully validated diagnoses—that is, to provide consistent, strong, and objective scientific validators of individual DSM disorders."⁶

B. The Concerns Within the Church

1. The church at times has not ministered well to the sin and suffering of God's people. Consequently, well-meaning Christian leaders have sent counselees and friends to secular therapists (and to integrationist Christian counselors who employ the same therapies) because spiritual leaders did not have adequate answers for the challenges of life that God's people face.
2. Secular professionals and caregivers see mental illness through a reductionist lens of biological and "chemical imbalance" causes, even though the DSM-5 and many leaders in the field of psychology lament that there is a "growing inability to integrate DSM disorders with the results of genetic studies and other scientific findings."⁷ When approaching counseling in this manner, the church has placed greater confidence in the flawed and incomplete treatments of secular psychology than in the ability of God to counsel struggling believers through His own people, wisely and skillfully using His Word.
3. The church has often been just as reductionist when its caregivers counsel believers with formulary answers. God's people are not served well when they are exhorted to merely "Read the Bible, confess sin, pray, and do right" (though

⁴ Joel Paris, *The Intelligent Clinician's Guide to the DSM-5*, Second Edition (New York: Oxford, 2015), 222.

⁵ Peter R. Breggin, *Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients, and Their Families* (New York: Springer, 2013), ii.

⁶ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) (Washington, DC: American Psychiatric Publishing, 2013), 5.

⁷ *DSM-5*, 10.

these are essential to a thriving walk with God as we face suffering and our own sinfulness). The Bible presents a robust revelation of and remedies for the self-serving motivations, distorted values, misguided cognitive interpretations, and unwise choices of the human heart as individuals respond to the challenges of living on a sinful planet. Furthermore, God presents in His Word the essentials of methodology for effectively ministering to others to resolve these issues.

C. God's Perspective on the True Nature of Man and His Problems

All treatments are based upon theoretical models—underlying assumptions that state the goal of treatment and, therefore, a description of success. Theoretical models also present the nature of the problem, the methodology of treatment, and the structures through which people receive help. *A biblical worldview provides the only accurate description of the nature of man, the nature of his problems, and the nature of the remedies to help man in his struggles.*

1. Man is an image-bearer of God.
 - a. A rational being (thinking, interpreting, reasoning, believing)
 - b. A relational being
 - c. A worshipping being
 - d. An emotional being (desiring/feeling)
 - e. A volitional being (choosing, committing)
 - f. A dependent being
2. God created us in His own image to honor Him by reflecting His excellence to each other. He made us to find in our relationship with God and His words all that we need to flourish as the epitome of His creation. Man flourishes as his Creator intended ...
 - a. When his thoughts about all things are governed by God's revealed thoughts to man in the Scriptures (wisdom).
 - b. When man desires the same things God desires for Himself and His creation (loving God and neighbor over himself).
 - c. When a man's choices reflect a commitment to put God first in all things for God's glory and not his own.
3. Man is a fallen image-bearer of God.
 - a. While the fall did not obliterate the image of God in man, that image remains severely marred as Satan's supreme act of vandalism against God's image in His creation.
 - b. Adam and Eve chose to be influenced by someone who lied to them about God, about themselves, and about God's ways.
4. Man must respond biblically to the problems of the fallen human condition.

- a. Mankind now exists in a fallen world filled with losses because the creation “groans” under its curse and man interacts with the creation and others in it with a fallen nature.
- b. The suffering and loss that we face on a fallen planet and our fallen responses to these losses, which only complicate our losses, are designed to drive us to God—not away from Him. The questions we must ask ourselves are, “Did God give us examples of people who faced these fallen human conditions? What did God say to them? What did God reveal about Himself to them?” Biblical counselors must start with God’s very words to men and women facing these fallen human conditions.
 - 1) Uncertainty and vulnerability
 - 2) Misplaced dependencies
 - 3) Adversity
 - 4) Interpersonal conflict
 - 5) Injustice
 - 6) Unfulfilled desires and discontentment
 - 7) Overwhelming situations
 - 8) Disobedience and immature heart motivations for obedience
 - 9) Guilt, lust, and temptation
 - 10) Difficulty with making decisions and determining the will of God

Man is a very complex physical–spiritual being—a unified duality (two parts in one). His struggles cannot be reduced to imbalanced chemistry or neurological dysfunction. He is a disintegrating being at every level unless reconciled to fellowship with God and intentionally pursuing the restoration of God’s image in his soul by cooperation with the Spirit of God, who uses the Word of God to develop Christlikeness in him in the midst of his trials.

D. Secular Psychiatry and Psychology Languish for Answers to Man’s Problems Because Secular Studies Ignore Man’s True Nature

1. The Limitations of Secular Studies.⁸

Few other branches of science deal as directly with the complexities of a being that is both spiritually immaterial and eternal and materially physical as does psychology. Studies of the nonliving creation (e.g., physics, geology and astronomy) or studies of plants (botany) and animals (zoology) concentrate on the parts of creation which display to the spiritually sensitive observer the specific aspects of the *glory of God*—His existence, power, sovereignty and wisdom. Psychology, however, studies the component of creation which reflects the very *image of God*—human beings.

8 BJU Philosophy, 17.

Secular research of human problems does not factor in man's fallen and sinful nature, man's inclination to censor God from his thoughts, man's propensity to worship and serve himself, and the disturbing effects of unredeemed man's disconnection from God and therefore from His enabling grace during trials. Many such studies reveal an ignorance or outright dismissal of the subject's status as an image-bearer of God and the subject's need to know His Creator and His words in order to truly flourish under God's rule in God's world. Consequently, the conclusions reached by such research will be distorted and severely flawed from a biblical perspective.

2. The Place of Scientific Studies of Man and His Problems

- a. Science can help as it attempts to investigate, organize, and utilize the non-human created order.
- b. Secular scientific studies about humans, however, contain serious flaws because they consciously exclude the most important data about human beings—their spiritual, image-bearing status.
- c. While we rejoice in some of science's symptom-relieving discoveries (like how to calm the body during a panic attack, how to recognize and address the dissociation of a trauma victim, or how to restore extended sleep loss with a temporary, mild sedative, etc.), we must never forget that only God can remedy the problems of suffering and/or sin at their core. Only God can infuse a soul with the joy, peace, fruitfulness, and contentment God wants to give him, even in the midst of trials.

E. What Is a Biblical Counselor and What Does He Do?

1. A Definition of a Biblical Counselor⁹

The biblical counselor strives to be a Word-filled, Spirit-empowered disciple of Jesus Christ who for the glory of God, humbly and compassionately evangelizes the lost and assists fellow believers in their progressive sanctification in the midst of life's challenges through the Christ-centered ministry of God's sufficient Word and in partnership with the ministry of the local church.

2. The Presuppositions of the Biblical Counselor¹⁰

The biblical counselor affirms that the character and works of Jesus Christ are the only acceptable standard for human wholeness and that all change in the way the counselee handles life must be directed toward that standard. The biblical counselor also affirms that love for Christ is the primary God-pleasing motive for change, that His resurrection power mediated by the Holy Spirit is the only source of enablement for that change and that His Word is the only infallible guide for how that change takes place.

Biblical counselors also affirm that in the midst of trials, God's path to lasting

⁹ *BJU Philosophy*, 13.

¹⁰ *Ibid.*, 24.

joy and peace—and to the love for God and others that constitutes biblical healing and maturity—is found only in the believer's growth in the Gospel in cooperation with God's Spirit to become more Christlike. The process of growth—called "progressive sanctification"—is fueled by a relationship with, commitment to, dependence upon and imitation of the character and works of Jesus Christ. While the goal of psychological counseling is often only symptom relief, God's goal for every spiritual challenge that believers face in life as sufferers and sinners is to advance in Christlikeness.

Human beings are, at their core, meaning-makers, and the biblical view of man and of his circumstances makes better sense than the faulty interpretations of human experience viewed through a biological lens.

3. An Example of Ministry Approach for Biblical Counselors: The C.A.R.E. Model.¹¹

The following list of goals and duties is representative—not exhaustive—and provides a general overview of how biblical counselors approach their helping role to a fellow believer.

- a. Connect—*Biblical counselors build relational bridges to the counselee.* They ...
 - Build rapport with the counselee by showing acceptance, empathy, and compassion.
 - Build the counselee's trust and sense of safety by actively and respectfully listening, graciously responding, and appropriately keeping confidence.
 - Explain the goals of discipleship and the place of trials in the development of Christlikeness, and express commitment to help and pray.
 - Offer biblical reasons for the counselee to have hope, and encourage him or her to stay involved in the counseling/discipleship process.
- b. Assess—*Biblical counselors determine the counselee's whole person needs.* They ...
 - Remain alert to any presenting crisis elements—suicidal thoughts, impaired cognition due to substance abuse, medical needs, threats to physical safety, etc.
 - Determine the counselee's educational background, level of motivation to change, and spiritual maturity and needs, such as controlling beliefs, controlling values and desires, controlling commitments.
 - Determine any physical and financial needs, if appropriate.
 - Determine the quality of the counselee's social support network and interpersonal relationships, if possible.
 - Determine which "Categories of the Fallen Human Condition" the counselee faces.
 - Explore the predisposing, precipitating, and/or perpetuating factors in the counselee's life.

¹¹ Jim Berg, "Equipping Lay Volunteers for a Local Church Addiction Recovery Discipleship Program" (DMin diss., Southeastern Baptist Theological Seminary, 2017), 51-54.

c. Reconcile and Restore

- Address the counselee's next steps for reconciliation with God—genuine repentance and faith leading to salvation and/or restoration of fellowship with, obedience to, and dependence upon God.
- Help the counselee establish the disciplines of Christian growth, which will promote growth in Christlikeness.
- As often as possible, identify and address the counselee's struggles by means of specific Scriptures, appropriate homework, and appropriate accountability in order to promote sanctification.
- Assist the counselee in reconciliation with others, if necessary.

d. Equip

- Help the counselee to develop the knowledge-sets to become fruitful in good works for God and to others.
- Help the counselee to develop the skill-sets to become fruitful in good works for God and others.

Conclusion

Because biblical counselors have a scripturally robust view of man's fallen and spiritually based nature, they offer strategically different remedies to counselees than those advanced by secular and most Christian integrationist counselors.

Though the remedies offered by biblical counselors are substantively different from secular remedies, this distinctiveness does not imply that biblical solutions are simplistic or instantaneously effective. The Bible presents spiritual growth in Christ through His Word as the means of change. God's own metaphor of growth implies time, attention, care and cooperation with God.

Counselees are fallen, complex people being helped by other fallen, complex people. Variables exist at every interaction as heart responds to heart and as both respond to or choose not to respond to God. By God's grace, the biblical counselor attempts to compassionately and skillfully point the sufferers to the only One Who can heal and restore wholeness as God works His change in the hearts of both the counselor and the counselee.¹²

12 BJU Philosophy, 16.

SESSION 2

HOW DO BIBLICAL COUNSELORS VIEW PSYCHOLOGY?

Jeremy Lelek, PhD, LPC-S

A. Psychology Defined—Study of the Soul

1. To answer the question “How do biblical counselors view psychology?” requires the counselor in question to assume a particular epistemological position.
2. My training at the University of North Texas
 - a. What does my theory say?
 - b. What does my theology say?
3. Epistemology is the ultimate ground or final basis of knowledge.
 - a. Psychology’s epistemology = Science → Psychological Theory
 - b. Biblical Counseling’s epistemology = the Bible → Biblical Theology
4. What does the Bible say about the following (the big questions of psychology)?
 - a. Who are we?
 - b. Why do we do the things we do?
 - c. Why do we need corrective counsel?
 - d. How do people genuinely change?
 - e. What is the purpose of change?
5. John Frame writes, “The work of theology is not to reproduce the emphasis of Scripture (to do that precisely would require the theologian merely to quote the Bible from Genesis to Revelation), but to apply Scripture to the needs of people.”¹
6. Wayne Grudem writes, “I am convinced that there is an urgent need in the church today for much greater understanding of Christian doctrine, or systematic theology. Not only pastors and teachers need to understand theology in greater depth—the WHOLE CHURCH does as well. One day by God’s grace we may have churches full of Christians who can discuss, apply and LIVE the doctrinal teachings of the Bible as readily as they can discuss the details of their own jobs or hobbies—or the fortunes of their favorite sports team or television program.”²

¹ J. M. Frame, *The Doctrine of God: A Theology of Lordship* (Phillipsburg, NJ: P&R), 7.

² Wayne Grudem, *Systematic Theology: An Introduction to Biblical Doctrine* (Grand Rapids: Zondervan, 1994), 18.

Jay Adams has noted, “Every act, word (or lack of these) implies theological commitments. On the other hand, theological study leads to counseling implications. The attempt to separate the two must not be made; they cannot be separated without doing violence to both. The separation is as unnatural (and perilous) as the separation of the spirit from the body. Paraphrasing James, we may say that counseling without theology is dead.”³

B. How biblical counselors view psychology requires the following basic assumptions about the Bible (though many other assumptions pertaining to the Bible will apply).

1. The Bible is not a footnote or filter.
2. The Bible is not a topical encyclopedia.
3. The Bible is the inspired Word of God.
4. The Bible is inerrant.
5. The Bible is our ultimate source of wisdom.
6. The Bible is not a scientific text.
7. The Bible is the trustworthy authority—The Case of REBT.
8. The Bible is an interpretive lens—“The Bible gives the redemptive lens through which we see everything: politics, art, relationships, war, economics, engineering and psychology. We come to understand ourselves, our problems, and the means by which grace changes us. This lens pervasively alters our vision; the redemptive word of the true God affects all seeing.”⁴
9. Transposing the psychiatric diagnosis of Paranoid Personality Disorder

C. Psychology should not influence our interpretation of the Bible.

1. Robertson McQuilkin, former president of Columbia Bible College and Seminary (now Columbia International University), once noted—“But if the hermeneutics of Scripture, the basis of interpreting Scripture, is from the perspective of cultural anthropology or naturalistic psychology . . . Scripture is no longer the final authority. Cultural relativism, environmental determinism and other anti-Biblical concepts seep in and gradually take control.”⁵
2. Mark 12:29–31:29 And Jesus answered him, The first of all the commandments is, Hear, O Israel; The Lord our God is one Lord: 30 And thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and with all thy strength: this is the first commandment. 31 And the second is like, namely

3 Jay E. Adams, *More Than Redemption: A Theology of Christian Counseling* (Grand Rapids: Zondervan, 1979), 15.

4 Edward T. Welch and David Powlison, “Every Common Bush Afire with God: The Scripture’s Constitutive Role for Counseling,” 303–322.

5 J. Robertson McQuilkin, “The Behavioral Sciences Under the Authority of Scripture,” *Journal of the Evangelical Theological Society* 20, no. 1 (1977): 36.

this, Thou shalt love thy neighbour as thyself. There is none other commandment greater than these.

3. How many commands are in these verses?

D. How do biblical counselors view psychology?

1. "The conclusions of the book [*Competent to Counsel*] are not based upon scientific findings. My method is presuppositional. I avowedly accept the inerrant Bible as the Standard of all faith and practice. The Scriptures, therefore, are the basis, and contain the criteria by which I have sought to make every judgment. Two precautions must be suggested. First, I am aware that my interpretations and applications of Scripture are not infallible. Secondly, I do not wish to disregard science, but rather I welcome it as a useful adjunct for the purposes of illustrating, filling in generalizations with specifics, and challenging wrong human interpretations of Scripture, thereby forcing the student to restudy the Scriptures. However, in the area of psychiatry, science largely has given way to humanistic philosophy and gross speculation." — Jay Adams⁶
2. Biblical counselors understand that psychology is infused with worldview assumptions.
 - a. Darwinian evolution is assumed in all psychological science and theory development.
 - b. God is a construct of the human mind created for survival or social control.
 - c. Empiricism is the primary means of obtaining truth.
 - d. Mankind is the primary reference point of truth.
 - e. Humans are highly evolved animals.
3. Psychological science that produces descriptive data can be helpful for counseling, but such data is not essential for counseling.
 - a. God and the brain (empirical study)
 - b. The case of OCD
4. Biblical Reliance: Proposition and Functional

⁶ Jay E. Adams, *Competent to Counsel* (Grand Rapids: Baker, 1970), xxi.

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SESSION 3

HOW DO BIBLICAL COUNSELORS VIEW MENTAL ILLNESS?

Dan Gannon, MD, & Pam Gannon, RN, MABC

Introduction: Listening to Depression (Sue)

A. Initial Considerations

1. Definitions:
 - a. Change in feelings (inner man)
 - b. Change in function (outer man)
2. Powlison: "The loss of all hopes. The frustration of all desires. Agitated and razor-edged misery, not yet anesthetized and paralyzed." — *JBC* Vol 18
3. "Hopelessness" and "suffering" — Welch, *Depression*
4. Biblical terms: downcast, despairing, disturbed or disquieted soul. — Psalm 42
5. Inescapable pain, darkness, numbness, worthlessness
6. ~10% of adults every year
 - a. Women 50% more likely than men in lifetime
 - b. Average age of onset: 30 years old
 - c. Increasing incidence www.nimh.nih.gov/statistics/index.shtml
7. Normal Sadness vs. Disordered Sadness (Charles Hodges)

B. Medical Issues

1. Depressive *symptoms* can originate from certain disease states and medications.
 - a. Diseases: Parkinson's Disease, hypothyroid, hyponatremia, strokes, brain injuries, MS, epilepsy, AIDS, hepatitis
 - b. Medications: heart/blood pressure, oral contraceptives, sleep meds, psychiatric meds

2. Physician referral may be indicated.
 - The “Medical Model” of Depression
3. Label symptoms, theorize cause, imply disease
4. Described in the DSM—Comments about these symptoms:
 - a. Descriptive but not diagnostic
 - b. Determined by subjective observations
 - c. Physiology cannot cause sin or prevent godliness
5. Secular Treatments
 - a. Exercise
 - b. Cognitive-behavioral therapy
 - c. Herbal medications, massage therapy, chiropractic, aroma therapy
 - d. Antidepressant medications
 - e. Transcranial magnetic stimulation or deep brain stimulation
 - f. Vagus nerve stimulation
 - g. Electroconvulsive treatment

C. Counseling Principles

1. Don't be distracted by:
 - a. Belief in disease model
 - b. Medications (Rx)
 - c. Desire for total relief
2. Know that Christ is sufficient (2 Peter 1:2–4) to help them:
 - a. Serve others (Ephesians 1:3–2:10; 5:18–6:9).
 - b. Obey Him (Philippians 2:12–13; 3:12–14; 4:11–13).
 - c. Steward life (1 Corinthians 10:31; 1 Timothy 4:1–5; Psalm 3:4).
 - d. Embrace a gospel perspective (Romans 3:9–20; Ephesians 2:11–12; Colossians 3:12).
3. Remember the Goal:
 - a. Glorify God.
 - b. Please God (no matter how you feel).

- c. Develop Christlikeness (1 Corinthians 10:31; 2 Corinthians 5:9; Romans 8:28–29).

D. Biblical Strategies to Respond to Mental Illness (Depression)

- Your Comforting Presence (2 Corinthians 7:6)
- 1. Believe Right.
 - a. Gather data: history, difficulties, response, relationship to God.
 - b. Encourage them to turn to God.
 - c. Express, pray, read and write Psalms of lament (6; 10; 13; 22; 31–32; 38; 42–43; 51; 69; 77; 86; 142).
 - d. Preach the gospel to yourself (salvation, eternity).

Spurgeon: *"I find no better cure for depression than to trust in the Lord with all my heart, and seek to realize afresh the power of the peace-speaking blood of Jesus, and His infinite love in dying upon the cross to put away all my transgressions."*

- e. Use biblical examples of depression/despair.
 - 1) Elijah (1 Kings 19:4)
 - 2) Jonah (4:3, 8)
 - 3) Jeremiah (Lamentations 3:17 ff)
 - 4) Sons of Korah (Psalm 88:6)
 - 5) Tamar (2 Samuel 13:20)
 - 6) Solomon (Ecclesiastes 2:17)
 - 7) Cain (Genesis 4:1–14)
 - 8) Job (9:21)
- f. Give Hope.
 - 1) Define it for them: *Hope is a confident expectation based on God's character and promises* (Romans 5:1–5; 1 Peter 1:3, 13).
 - 2) Hope filled Scriptures:
 - Psalm 42–43; Psalm 23:1–3
 - Psalm 131 with Powlison commentary

Psalms 16:8—"I will not be shaken."

Psalms 73:23–28—"Nearness of God"

1 Peter 1:13—"Fix your hope *completely*"

2 Peter 1:1–11—"We can grow and be useful."

Romans 8:1—"There is now no condemnation."

1 Corinthians 10:13

Ephesians 1—spiritual blessings in Christ

- g. Pray Romans 15:13 with them. "God of hope"

2. Think Right.

- a. Pessimism → Good news! (Welch)
- b. Think right about depression (mental illness): Understand that depression comes from the heart.

Example: Heart Dynamics in Depression

- Suffering: Real, intense, don't minimize
- Take suicidal threats seriously.
- Idolatry: An idol is anything or anyone that begins to capture our hearts, our minds and our affections more than God. — Brad Bigney
- Unbelief
- Guilt and legalism/perfectionism
- Sinful fear/worry
- Unrighteous anger
- Paralyzing grief
- Do wrong, feel bad
- "Quadratic Formula"

Believe right → think right → do right → feel right (Philippians 4:8–9)

- Depression cycles (down and up spirals)
- c. Think right about sin: Identify sin and repent (1 John 1:8–9).
- d. Think right about how to change by taking thoughts captive (2 Corinthians 10:5; Hebrews 5:14).

- e. Think right about God, sin and self (Philippians 4:8).
 - 1) Change from hopeless thoughts (Lamentations 3:17–18) to thoughts of hope (Lamentations 3:21–25)—*“This I recall to my mind, Therefore I have hope”* (See also 1 Corinthians 10:13; Philippians 4:13).
 - 2) Change from thoughts of self or circumstances to thoughts of God and His truth (e.g., Isaiah 40:11–31).
 - 3) Change from thoughts of self-pity to thoughts of thanksgiving—*“Giving thanks always for all things unto God and the Father in the name of our Lord Jesus Christ”* (Ephesians 5:20).
- 3. Do Right.
 - Choose obedience (Philippians 4:9; Luke 9:23; 1 Timothy 4:8).
 - a. Activities of daily living
 - b. Means of grace
 - c. Service
 - d. Social

}

Lack of Discipline
- 4. Feel Right (contentment, not euphoria).
 - a. God to Cain in Genesis 4:7—*“If you DO what is right, will not your countenance be lifted up?”*
 - b. Secular goal: feel good
 - c. Biblical goal: be good

E. Bipolar

- 1. Description
 - a. Alternating episodes of depression and mania
 - b. Mania: hyperactivity, grandiosity, impulsiveness
 - c. Two major categories:
 - 1) Bipolar I—delusions, hallucinations, dysfunction
 - 2) Bipolar II—hypomania, still functional
 - d. Cyclothymia (bipolar-lite)
 - e. Dysthymia (mild chronic depression) (Eeyore)

- f. Note use of “medical model”
2. Heart issues of bipolar (Garrett Higbee):
- Living in despair
 - Visiting foolishness
 - Driven by fear of man
 - Resulting in anger

Anger	Foolish
Despair	Fear

F. Homework Suggestions

- Schedule
- Analyze biblical examples (e.g., Elijah, 1 Kings 19)
- Write notes of encouragement
- Make a “thankful list”
- Thought journal: situation, thinking/feeling, desires, actions
- Memorize 1 Corinthians 10:31

G. Recommended Resources

Borgman, Brian, *Feelings and Faith: Cultivating Godly Emotions in the Christian Life* (Wheaton: Crossway, 2009).

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Mack, Wayne. *Out of the Blues: Dealing with the Blues of Depression and Loneliness* (Bemidji, MN: Focus, 2006).

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WORKSHOP 1

COUNSELING PEOPLE WITH A MEDICAL ILLNESS

Dan Gannon, MD, & Pam Gannon, RN, MABC

“Physical illness and the pain and suffering that often come with it are problems that all of us will eventually face. In counseling, we will be called upon to help people in the middle of their struggle. Our Lord cared deeply about the pain and problems that people faced, and we should reflect that care in counseling. Our goal should be to offer comfort, encouragement and a plan to help the counselee deal with their trial in a way that honors God.” — FBC Counseling Ministries

Rachel Barkey: Death is not Dying

1. Know God.
2. Know yourself.
3. Know the Gospel.
4. Know your purpose.

A. Biblical Principles of Health and Illness

1. All health problems are a result of the fall (Genesis 3:15–19). Physical illness/death is universal.
2. **Some** sickness is a consequence of particular sin (Psalm 38:3–11; 1 Corinthians 11:29–30).
3. Not all sickness is due to a particular sin (John 9:1–3; Job).
4. God is sovereign over your health/illness (Exodus 4:11; Psalm 103:3; Deuteronomy 32:39).
 - a. He does not promise perfect health (Philippians 1:29).
 - b. God heals according to His sovereign will.
 - c. Sometimes God answers prayers with healing (James 5:11; 2 Kings 20:5; Matthew 8:5; Isaiah 38:2).

- d. But not always (Philippians 2:26–27; 2 Corinthians 12:7—thorn; John 6:26)
- 5. Physical illness does not cause/excuse sin.
- 6. Suffering is relative (Proverbs 17:22; Proverbs 15:15).

B. Counseling Principles

- Spectrum of disease

Spiritual \longleftrightarrow Organic

1. Don't argue etiology (cause). Don't give a medical second opinion, instead concentrate on spiritual response.
2. Don't be intimidated by a label.
3. God's Word is always relevant (teaches right response to trials).

C. Counseling Process

1. Offer biblical comfort ...
 - a. Through taking suffering seriously (Romans 12:15—weep with those who weep)
 - b. Through compassionate listening:
 - 1) Ask about the illness. You do not need a physician's understanding of the illness. You need to know the counselee's perception of the illness.
 - a) How diagnosed (lab tests? behavior?)
 - b) Prognosis
 - c) Treatment options: effects/side effects
 - 2) Ask about the struggles.
 - a) Physical problems: pain, loss of function and abilities, loss of life
 - b) Financial problems
 - c) Relational problems (relatives and friends)
 - d) Spiritual struggles (why God, why me, why this, why now?)
 - Thinking and attitude
 - Relationship with the Lord

- c. Through helping them turn to God (prayer/Psalms)
- 2. Discern heart issues.

Distinguish between suffering (requires endurance) and sin (requires repentance).
- 3. Offer biblical hope and encouragement (connect their story to the Gospel).
 - a. Teach biblical principles of suffering.
 - b. Remind them of the promises of God.
 - 1) Your Father chose you and is for you (Ephesians 1; Romans 5–8; John 15:17; 2 Corinthians 5:17).
 - 2) Jesus empathizes with you as a faithful High Priest and is able to help (Hebrews 2:18; 4:1–16).
 - 3) God is your ever-present comfort and refuge (Psalm 46; 2 Corinthians 1:3–11).
 - 4) God will pour out His grace sufficient for the trial (2 Corinthians 12:9; Jude 24).
 - 5) God will be gracious to strengthen you (Isaiah 41:10; 1 Peter 5:10).
 - 6) The extent of suffering is not comparable to future glory (Romans 8:17–18; 2 Corinthians 4).
 - 7) Four promises in 1 Corinthians 10:13
 - Your problem is not unique.
 - God is faithful.
 - The trial will not be too difficult.
 - God will provide the way to escape.
- 4. Teach biblical goals and principles.
 - a. Encourage appropriate medical care.
 - b. Relate biblical reasons for sickness (see above).
 - c. How to address the “Why” question (Deuteronomy 29:29)
 - 1) Our finite minds cannot completely understand the mysteries of God’s ways (Isaiah 55:8–9; Romans 11:33). We are like ants.
 - a) Things we don’t know (Job)
 - b) Things we do know (John 9:1–3; Romans 8:28)

- 2) Humility lives with unanswered questions (Isaiah 45:9).
 - a) We have all that we need to know (2 Peter 1:3–4).
 - b) Focus on giving adoration to God, not demanding explanations from God.
- d. Put off lies and put on truth (2 Corinthians 10:5; Philippians 4:8).
- e. A right response involves honest expression of pain (Lament Psalms—10, 13, 23, 25, 40, 37, 46, 73, 77) while remembering and acting on God's truth.
- f. Biblical victory is possible, even with no cure (2 Corinthians 4:8–9; 1 Corinthians 15:57; Romans 8:35).
- g. Victory is glorifying God by:
 - 1) Yielding to His will (Romans 12:2)
 - 2) Not being controlled by constant pursuit of relief
 - 3) Growing to be more like Christ
 - a) By enduring (James 1; 2 Corinthians 12:8–10)
 - b) By focusing on others rather than self
 - Don't waste your cancer (Piper).
 - Be a Christian oyster (Romans 8:28–29).
 - 4) Not grieving as those who have no hope (1 Thessalonians 4:13; Colossians 1:5).
 - 5) Hope: a confident expectation based on God's character and promises.
- 5. Wrap them in the arms of the body of Christ.
 - a. Members have different gifts (Romans 12; 1 Corinthians 12; Ephesians 4).
 - b. What are the logistical needs? Childcare, cleaning, meals, transportation
 - c. When people are helped within the church, the glory goes to God.

D. Homework (biblical ways to respond to illness)

- 1. Read 2 Corinthians 4:6–9 three times this week.
 - a. Two columns: Suffering/Response
 - b. How could Paul look at his suffering in this way? See verses 16–18.

- c. How would it look in your situation to apply these thoughts?
- d. What would change in your attitudes or actions?
- 2. Read Romans 8:28–29—Define each word or phrase in verse 28. How does verse 29 define what the “good” is in verse 28? How have you found hope in meditating on this verse? Memorize.
- 3. The Bible teaches that God uses the suffering His children experience for good. How do the following passages show ways God uses suffering for good?
 - a. 2 Corinthians 12:9 (Remind us of our weakness and His sufficient power).
 - b. James 1:1–4 (Test our faith and produce endurance and maturity).
 - c. 2 Corinthians 1:3–6 (Equip us for compassionate ministry, share His comfort).
 - d. Hebrews 12:1–15 (Expose remaining sin and discipline us as beloved children).
 - e. Philippians 3:10 (Deepen our relationship with the Lord).
 - f. 1 Peter 1:6–7, 13 (Wean us from loving this world; hope in Him and heaven).

How can you apply these verses to your situation? What would change in your thinking or behavior when you do?

Name three specific ways you will change this week in response to these truths.

- 4. Study God’s attributes.

Journal: Which attributes are the most significant to you at this time? What difference does it make in your illness that Yahweh is sovereign, wise, good, omniscient? What areas in your life require repentance and a commitment to change?

- 5. Assign a daily reading from *The Gospel Primer* (remember “the big story”).
- 6. Write your own Psalm, crying out to the Lord about your situation and His character.

E. Summary

- 1. Illness/death is universal, plan to respond.
- 2. God’s Word is always relevant.
- 3. Victory is always possible.
- 4. Heaven is certain for believers.
- 5. Don’t waste your illness.
- 6. Be a Christian Oyster.

F. Resources

Bridges, Jerry, *Trusting God: Even When Life Hurts* (Colorado Springs: NavPress, 2017 edition)

Eareckson, Joni Tada and Steve Estes, *When God Weeps* (Grand Rapids: Zondervan, 2000).

Piper, John and Justin Taylor, *Suffering and the Sovereignty of God* (Wheaton: Crossway, 2006).

Tripp, Paul David, *Suffering: Eternity Makes a Difference* (Phillipsburg, NJ: P&R, 2001).

"Don't Waste Your Cancer," Piper, Powlison

Audio CD series: *Suffering* (Faith Resources)

*Whom have I in heaven but thee?
and there is none upon earth that I desire beside thee.
My flesh and my heart faileth:
but God is the strength of my heart,
and my portion forever.*

Psalm 73:25–26 KJV

WORKSHOP 2

UNMASKING ADDICTION: IS IT REALLY A DISEASE?

Jim Berg, DMin

Drug addiction is on the rise, and behavioral obsessions and compulsions are climbing as well. Observers through the years have blamed addiction on character deficiencies, environmental influences, biochemical/genetic abnormalities, and so forth.

A. Primary Secular Views of Addiction¹

1. Genetic theories—"inherited mechanisms that cause or predispose people to be addicted"
2. Metabolic theories—"biological, cellular adaptation to chronic exposure to drugs"
3. Conditioning theories—"built on the idea of the cumulative reinforcement from drugs or other activities"
4. Adaptation theories—"social and psychological functions performed by drug effects"

Other views include "social/environment models," "personality/intrapsychic models," "compulsive/excessive behavioral models," and the more current and prevalent "biopsychosocial model."²

B. Dissenting Secular Theories of Addiction

No one doubts the strong pull that chemical dependency places upon a drug user—even one who is a redeemed child of God. God's Word, however, places the weight of responsibility upon the believer—even an addicted one—to make choices that align with His expectations for His creatures.

Interestingly enough, some secular researchers acknowledge this priority of the human heart over biology as the strongest factor for continued addictive behaviors. For example, Stanton Peele in his groundbreaking work *The Meaning of Addiction* begins the preface of his updated version with these words:³

Extensive research . . . shows that addiction cannot be resolved biologically—lived

¹ Stanton Peele, *The Meaning of Addiction: An Unconventional View* (San Francisco: Josse-Bass, 1998), 3.

² Carlo C. DiClement, *Addiction and Change: How Addictions Develop and Addicted People Recover* (New York: Guilford Press, 2003), 3–21.

³ Emphases indicated by italics throughout the quotations in this section are mine.

human experience and its interpretation are central to the incidence, course, treatment, and remission of addiction. The data presented in this book indicate this is permanently the case. The idea, on the other hand, that new genetic and neurochemical discoveries will eliminate this irrefutable truth is the greatest of all myths about addiction. . . .

Addiction is defined by tolerance, withdrawal, and craving. . . . The inadequacy of the conventional concept lies not in the identification of these signs of addiction—they do occur—but in the processes that are imagined to account for them (p. 1).

Addiction is best understood as an individual's adjustment, albeit a self-defeating one, to his or her environment. It represents an habitual style of coping, albeit one that the individual is capable of modifying with changing psychological and life circumstances. . . . Neither traumatic drug withdrawal nor a person's craving for a drug is exclusively determined by physiology. Rather, the experience both of a felt need (or craving) for and of withdrawal from an object or involvement engages a person's expectations, values, and self-concept, as well as the person's sense of alternative opportunities for gratification (p. 2).

The best antidotes to addiction are joy and competence—joy as the capacity to take pleasure in the people, activities, and things that are available to us [i.e., contentment]; competence as the ability to master relevant parts of the environment and the confidence that our actions make a difference for ourselves and others (p. 157).

Preparing people better to achieve joy and competence offers us our only substantial chance at affecting the incidence of addiction (p. 157).

In his book *Addiction-Proof Your Child*, Peele reinforces the concepts previously cited.⁴

People become addicted to experiences that protect them from life challenges they can't deal with (p. 11).

The way out of addiction is to develop a range of skills and engage fully in life (p. 12).

Addiction is a way of relating to the world. It is a response to an experience people get from some activity or object. They become absorbed in this experience because it provides them with essential emotional rewards, but it progressively limits and harms their lives. Six criteria define an addictive experience:

- It is powerful and absorbs people's feelings and thoughts.
- It can be predictably and reliably produced.
- It provides people with essential sensations and emotions (such as feeling good about themselves, or the absence of worry or pain).

4 Stanton Peele, *Addiction-Proof Your Child* (New York: Three Rivers), 2007.

- It produces these feelings only temporarily, for the duration of the experience.
- It ultimately degrades other involvements and satisfactions.
- Finally, since they are getting less from their lives when away from the addiction, people are forced to increasingly return to the addictive experience as their only source of satisfaction. (p. 14)

A critical factor for achieving sobriety is psychological stability (p. 37).

One important source of addiction is people's emotional problems and bad feelings about themselves, including anxiety, depression, and low self-esteem [hopelessness] (p. 20).

Preventing Your Children from Abusing Drugs

1. Address potential emotional problems.
2. Engage children in positive activities.
3. Reward positive behavior; do not accept misbehavior.
4. Demand children be responsible.
5. Pay attention. (pp. 40–41)

Arnold Ludwig, another secular psychiatrist, reached similar conclusions after studying the cases of over 1,000 alcoholics. Ludwig examines the various mental scripts that alcoholics employ to rationalize their drinking and applauds spirituality-based recovery efforts that account for many recovery successes. He concludes,⁵

As long as logical explanations or scientific theories fail to account for these extraordinary, spiritual experiences, assuming these reports of subsequent recovery to be true, the alcoholism may be more properly regarded as a "disease of the soul" than a biological, behavioral, or social disorder, presumed to be caused and eventually cured by natural means (p. 83).

When discussing the topic of "resisting temptation," he concludes, "To a large extent, the nature of the urge or compulsion *depends on the predominant way each individual thinks*" (p. 92). He says, "The first thing [alcoholics] must do is to recognize just how clever, persistent, and seductive their minds can be at providing them with justification to drink" (p. 94).

The alcoholic's worst enemy is not the battle or bad luck but his own mind (p. 12).

Typical of the thought processes ... are tendencies to feel sorry for themselves, to blame others for whatever goes wrong, to nurse grievances, to be preoccupied with petty concerns, to dwell on the past, to keep imagining the worst, to feel alienated from others, to shirk responsibilities, to overreact to frustrations, to act impulsively, and to become obsessed with immediate pleasures (p. 19).

5 Arnold Ludwig, *Understanding the Alcoholic's Mind: The Nature of Craving and How to Control It* (New York: Oxford, 1988).

Stinking thinking, as the saying goes, leads to drinking thinking, and then, usually, to drinking without thinking (p. 19).

His final words in the book prove particularly insightful:

All of the techniques and activities so far described represent the building blocks for a successful recovery. But what eventually cements them together is the commitment to an emotionally, intellectually, and spiritually fulfilling life. This is the hallmark of true sobriety. . . .

The simple sentiments expressed [in this book] in these relatively few words have profound implications for human behavior. As I interpret these words, they mean facing what needs to be faced. They mean avoiding boredom. They mean dealing with anger and resentments. They mean being able to tolerate frustration. They mean avoiding rationalizations and self-deceptions. They mean accepting personal limitations. They mean risking disapproval. They mean being empathetic and loving. They mean resolving conflicts as they arise. They mean making enlightened decisions. They mean taking responsibility for personal behavior. They mean coming to peace with oneself. And above all, they mean dealing with what life has to offer and getting involved in the process of living.

With this orientation to life, intoxication is unnecessary (pp. 133–134).

William R. Miller, Alyssa A. Forcehimes, and Allen Zweben in their book *Treating Addiction* (The Guilford Press, 2011) summarize the latest evidence-based treatment options for chemical addictions.⁶ They similarly conclude:

Alcohol or other drugs may be used to forget, avoid, or cope with very real problems of living that are still present in abstinence. Some people essentially self-medicate for emotional problems that could otherwise be effectively treated, and that continue or even worsen with sobriety. . . . Some of the most strongly evidence-based treatment methods for substance use disorders do not focus primarily or exclusively on the addiction itself, but aim to improve the quality of life and more general coping skills (p. 132).

The risk of resumed use is not particularly related to exposure to high-risk situations per se, because virtually everyone who has been treated for alcohol/drug problems will encounter many such situations. Rather what predicts sustained sobriety is the person's capacity for dealing with life's challenges, particularly with coping strategies that do not involve avoidance (p. 186).

What predicts sustained sobriety is the person's capacity for dealing with life's challenges (p. 186).

Miller, Forcehimes, and Zweben discuss strategies that help the client develop the necessary skills and attitudes that make "sobriety too good to give up" (p. 182). When addressing the spiritual component in addiction and recovery, they include these two points in their summary:

⁶ William R. Miller, Alyssa A. Forcehimes, and Allen Zweben, *Treating Addiction* (New York: Guilford, 2011).

Spiritual/religious involvement is a consistent predictor of lower risk for substance use disorders.

Exploring a person's core values can clarify what clinicians/professionals in addiction recover often regard as spiritual or meaning-in-life motivations for change (p. 348).

Bruce Alexander has been at the forefront of addiction research since the 1970s, most notably through his "Rat Park" experiment. Though an avowed atheist and socialist, he opens his book *The Globalization of Addiction: A Study in Poverty of Spirit* with these words:⁷

Today's rising tide of addiction to drug use and a thousand other habits is the consequence of people, rich and poor alike, being torn from the close ties of family, culture, and traditional spirituality that constituted the normal fabric of pre-modern times (p. 3).

He calls this social fragmentation "dislocation." We would call it loneliness, relational estrangement, or disconnection from God and others. Since the biblical standard for functional maturity is love for God and others, we should not be surprised that the forces in our cultures and in our own hearts pull us away from this idea and into a greater and greater individualism and self-centeredness that results in cravings for uplifting experiences and mood-altering substances. When we abandon God's way of handling life, no good solutions remain. Alexander continues:

For the present, mainstream psychology, like mainstream medicine, is inseparably wedded to the conventional [disease-model] wisdom on addiction. For this reason, [psychology] is not particularly useful on this topic (p. 5).

Drug use gives [users] pain relief, energy, or composure that they find indispensable for coping with the obstacles that they must face in their normal lives (p. 43).

The first principle of the dislocation theory of addiction is that psychosocial integration [connection with people] is an essential part of human well-being, and that dislocation—the sustained absence of psychosocial integration [disconnection from people]—is excruciatingly painful (p. 85).

Finally, neuroscientist Marc Lewis in his book *The Biology of Desire* notes:⁸

Addiction results . . . from the motivated repetition of the same thoughts and behaviors until they become habitual (p. x).

Medical researchers are correct that the brain changes with addiction. But the way it changes has to do with learning and development—not disease (p. xi).

Calling addiction a disease is not only inaccurate; it's often harmful (p. 9).

7 Bruce K. Alexander, *The Globalization of Addiction: A Study in Poverty of Spirit* (New York: Oxford, 2008).

8 Marc Lewis, *The Biology of Desire: Why Addiction Is Not a Disease* (New York: PublicAffairs, 2015).

Brain disease may be a useful metaphor for how addiction seems, but it's not a sensible explanation for how addiction works (p. 26).

The facility for viewing one's life as a narrative may be what's missing in addiction (p. 206).

Addicts experience something breathtaking when they can stretch their vision of themselves from the immediate present back to the past that shaped them and forward to a future that's attainable and satisfying (p. 206).

What they need is sensitive, intelligent social scaffolding to hold the pieces of their imagined future in place—while they reach toward it (p. 215).

C. What Are These Secular Researchers Telling Us?

1. The heart desires and chooses mood-altering experiences and substances when faced with challenges of life in the absence of adequate personal resources and solutions. Addictive substances and experiences become a temptation when facing the trials of life without personal relationship with and grace and wisdom from God.
2. The choices of the human heart are reinforced by the body—chemically and neurologically. God made the body to be a servant to the heart. Once wrongly “trained” by a misguided heart, the body has to be “untrained” by a heart with new desires and goals.
3. These secular researchers have discovered truths about the human experience that God in His Word set forth very clearly and even more profoundly and expansively. Furthermore, God has given authoritative wisdom, which uncovers layers of heart-disorientation that underlie all destructive behaviors and for which God has the only permanently satisfying and complete solution.

WORKSHOP 3

WHAT IS THE DSM AND IS IT HELPFUL?

Greg Mazak, PhD

The *Diagnostic and Statistical Manual of Mental Disorders* has been called the bible of the American Psychiatric Association. Mental health professionals use it to categorize mental disorders, make diagnoses and bill health care providers for treatment. Is the DSM helpful for the biblical counselor?

A. What is the DSM?

1. Historically, people have struggled to define, describe, and explain those who appear “abnormal,” psychologically troubled, or mentally disordered.
2. Mental health professionals currently decide who is abnormal, diagnosing them with one or more “mental disorders.”
3. The official manual which lists the mental disorders and the necessary symptoms to qualify for a diagnosis is the American Psychiatric Association’s DSM, the *Diagnostic and Statistical Manual of Mental Disorders*, which is periodically revised and updated.

1918 *Statistical Manual for Use of Institutions for the Insane*

1952 DSM-I *Diagnostic and Statistical Manual: Mental Diseases*

1968 DSM-II *Diagnostic and Statistical Manual of Mental Disorders*, 2nd ed.

1980 DSM-III *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed.

1987 DSM-III-R *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed., revised

1994 DSM-IV *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed.

2000 DSM-IV-TR *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., text revised

2013 DSM-5 *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.

B. Is the DSM helpful?

1. Many consult the DSM to clarify the meaning of psychiatric diagnostic labels, similar to consulting a standard dictionary or encyclopedia when defining words.
2. Christians disagree on the helpfulness of the DSM as they look at counseling-related problems and as they seek to help those who are struggling.
 - a. "Christians in the twenty-first century live at a time when the counseling practice of many evangelical churches is marked by chaos and confusion regarding the nature of counseling" (Heath Lambert, *95 Theses for an Authentically Christian Commitment to Counseling*, no. 1).
 - b. "Secular therapy has defined the nature and terms of counseling for more than a hundred years, and Christians responding to its influence have been confounded by it—not knowing whether to consume this secular therapy in an undiluted form, to combine it in some way with resources from the Christian tradition, or to reject it entirely in favor of an approach that relies exclusively on scriptural resources" (Lambert, *95 Theses*, no. 2).
3. Biblical counselors affirm that because of the sufficiency of Scripture, the DSM is not needed to understand counseling-related problems.
 - a. "Information that psychologists know, and which is not included in Scripture, is not necessary for effective counseling" (Lambert, *95 Theses*, no. 49).
 - b. "The more eager a counseling system is to implement the resources of secular therapy to understand people's problems, the less likely that system will be to use Scripture in counseling conversations" (Lambert, *95 Theses*, no. 54).
 - c. "Before the advent of modern secular therapy, Christian pastors and other leaders understood it was their responsibility to use biblical resources to meet the ministry needs of people who were experiencing the kinds of difficulties that counseling is meant to resolve" (Lambert, *95 Theses*, no. 75).
 - d. "Bob Jones University embraces the Bible's teaching that the Scriptures are inspired by God and therefore are infallible, inerrant and authoritative on every subject they address. BJU believes that the Bible is comprehensively sufficient—that is, the Scriptures include all that God deemed essential—to understand man's design and purpose; man's inherent nature; man's fundamental estrangement from God; the divine plan for reconciliation with God; the divine standard for human thought, emotion and behavior; the divine remedy for human problems; and divine counsel for how men and women can flourish, even in adversity, through a maturing personal relationship with God" (*Bob Jones University's Philosophy of Biblical Counseling, "The Sufficiency of Scriptures,"* p. 13).

- e. "Biblical counselors study, evaluate and seek to remedy disordered thinking, behaviors and emotional states of man differently than do their secular-minded counterparts because they begin with different presuppositions and operate from a different worldview" (*BJU's Philosophy, "Biblical Counseling and Psychology,"* p.16).
- 4. Biblical Counselors accept that the DSM may be helpful in understanding counseling-related problems.
 - a. "Christians must be thankful for the display of God's common grace that leads many experts in the field of secular psychology to know much true information, from which Christians can learn a great deal" (Lambert, *95 Theses*, no. 41).
 - b. "While the discipline of psychology may generate much true information, secular therapy—as it offers counseling solutions that differ from Scripture—competes with Christian ministry for the care of individuals and harms people by pointing them to solutions that are not grounded in the Word of God or centered in the grace of Jesus Christ" (Lambert, *95 Theses*, no. 44).
 - c. "Psychological research data and observations about human behavior and the conditions derived thereby can be of help and value to the biblical counseling movement when such data is consistently filtered through and governed by the biblical teaching about the nature of man, sin, suffering, salvation and sanctification" (*BJU's Philosophy, "Biblical Counseling and Psychology,"* p.17).

C. Ways in Which the DSM May Be Helpful to Classify Counseling-Related Problems

- 1. Communication
- 2. Research
- 3. Statistics

D. Criticisms of Psychiatric Classification/DSM

- 1. Implies that abnormal behavior is qualitatively different than normal behavior
- 2. Allows description to masquerade as explanation
- 3. Describes what people do, not what they have
- 4. May lead to the labelling effect
- 5. May result in a self-fulfilling prophecy
- 6. Implies that reliability establishes validity

7. Provides a scientific medical façade that is popularly misunderstood
8. May be rooted in a socio-political agenda rather than science; examples include:
 - a. Homosexuality
 - b. Ego-Dystonic Homosexuality
 - c. Masochistic Personality Disorder
 - d. Sadistic Personality Disorder
 - e. Self-Defeating Personality Disorder
9. Adds new disorders with each new edition, including the DSM-5
 - a. Hoarding Disorder
 - b. Binge Eating Disorder
 - c. Disruptive Mood Dysregulation Disorder
 - d. Internet Gaming Disorder (conditions for further study)
10. Renames the common challenges we all face in ways that may hinder accurate diagnosis, impede biblical change, and remove hope

“The compendium for mental illnesses that our culture recognizes as authoritative is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). This manual makes many accurate observations about the manifold problems that afflict people. For biblical counselors, the DSM paints an inadequate and misleading picture. It fails to express, recognize, or understand the spiritual aspect of the problems that afflict people. Because of this failing it cannot offer clear help and hope for those diagnosed with its labels” (“Statement from the Association of Certified Biblical Counselors Regarding Mental Disorders, Medicine and Counseling,” contained in Appendix A, Heath Lambert’s *A Theology of Biblical Counseling*; Zondervan, 2016).

Conclusion

Although the DSM is not necessary for biblical counseling, it may help the biblical counselor to better understand ...

1. Our psychological culture—its vocabulary, concepts, and ideas
2. Mental health practitioners—who diagnose and treat people through the lens of the DSM
3. Christian counselors—who often view problems in psychological rather than biblical ways

4. Biblical counselors—who may be unaware of psychological influence in their own thinking
5. Those whom we counsel—how they view their personal struggles
6. Those whom we counsel—their own experience with their personal struggles

Resources:

Bob Jones University's *Philosophy of Biblical Counseling* (Bob Jones University).
<http://www.bju.edu/about/biblical-counseling.pdf>

Elyse Fitzpatrick and Laura Hendrickson, *Will Medicine Stop the Pain?* (Moody, 2006).

Although written to women, this work is very helpful in helping believers view human struggles from a biblical viewpoint.

Allen Frances, *Saving Normal* (HarperCollins, 2013).

Authored by the former chair of the department of Psychiatry at Duke University who also led the Task Force that developed the DSM-IV, this fascinating critique of the DSM-5 is not written from a biblical perspective.

Stuart A. Kirk and Herb Kutchins, *The Selling of DSM* (Aldine de Gruyter, 1992).

A critical analysis of the DSM's success in viewing human struggles as psychiatric disorders; includes helpful information on the history of the various editions.

Heath Lambert, *95 Theses for an Authentically Christian Commitment to Counseling*.
<https://biblicalcounseling.com/ninety-five/>

Heath Lambert, *A Theology of Biblical Counseling* (Zondervan, 2016).

A popular introduction to biblical counseling and theology, includes "Statement from the Association of Certified Biblical Counselors Regarding Mental Disorders, Medicine and Counseling" (Appendix A) and "Biblical Counseling, General Revelation, and Common Grace" (Appendix B).

Heath Lambert, *The Gospel & Mental Illness* (ACBC, 2014).

A simple and helpful booklet documenting what biblical counselors actually believe—and are wrongly accused of believing—regarding mental illness.

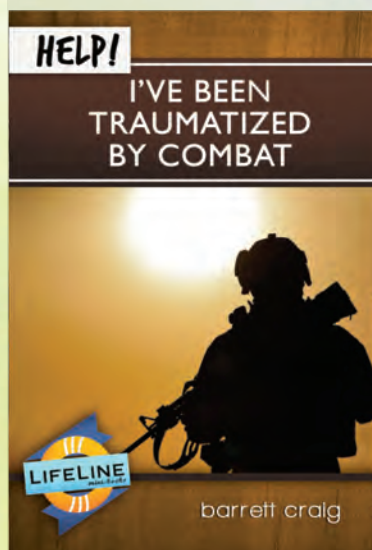
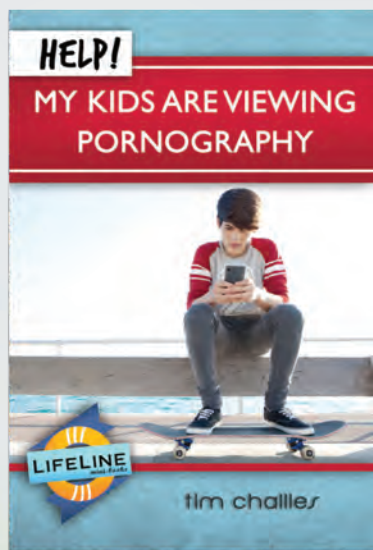
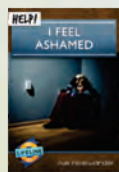
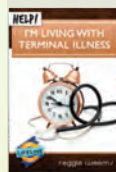
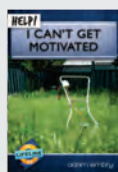
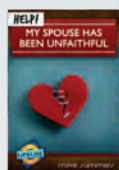
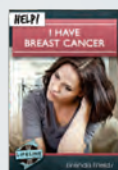
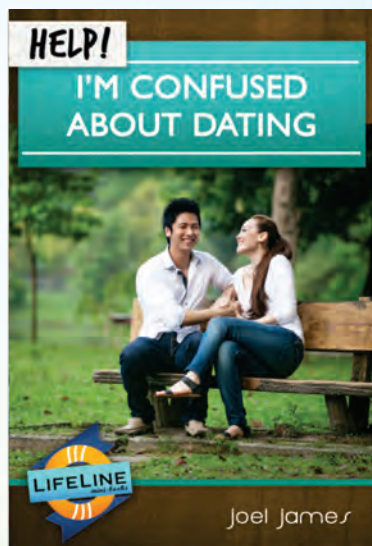
Edward T. Welch, *Blame It on the Brain?* (P&R, 1998).

After three foundational chapters on the biblical view of the relationship between mind and body, Welch presents an especially helpful chapter on psychiatric problems before addressing depression, ADD/ADHD, alcoholism and homosexuality.

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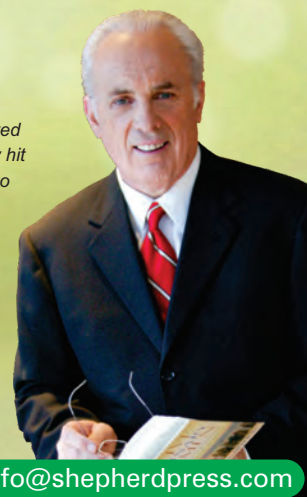
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WORKSHOP 4

HOW DO MILITARY CHAPLAINS MINISTER TO PTSD SUFFERERS?

Capt. Steve Brown, Chaplain, USN (Retired)

"He restoreth my soul: ... Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me" (Psalm 23:3a, 4a).

Introduction:

Our troops have fought in difficult wars for almost 16 years, deploying up to 15 months at a time. When they redeployed home it was only to prepare to deploy again, and again. They fought a medieval asymmetrical enemy who is ignorant of the Geneva Conventions. Barely escaping themselves, they watched their buddies receive horrendous wounds and die horrible deaths, all with no end in sight. It should not surprise us that some have returned home exhibiting the symptoms of what has come to be called Post-Traumatic Stress Disorder (PTSD). Military Chaplains deployed with these troops had/have an inside opportunity to help them view their Traumatic Stressors in a much larger context than themselves.

1. Real Need — Desert Storm Marine death and the impact of the Word, Psalm 23
2. Reoccurring Problem — Different views on helping enslaved people as seen in various responses to a sermon on the Demonic of Gadara (Mark 5:1–20)
3. Real Question — Is the problem PTSD, TBI, HIGH OPTEMPO or Fraud?

A. Post-Traumatic Stress Disorder

"The LORD is nigh unto them that are of a broken heart" (Psalm 34:18a).

1. The PTSD Rubric. PTSD in essence *"describes a profoundly intense response to a profoundly intense, danger-provoking experience ... responses are centered in fear, terrifying vulnerability, and an exacerbated awareness of not being in control."*
2. The PTSD Root
 - a. Devastation (*an overwhelming event or threat* — 911)

David in Psalm 18:16–19; 34:4; 46:1–2; 69:1–3; 130:1–5; Matthew 4:1–11

- b. Death (*or near death*)
 - Psalm 23:4; 68:20; 139:16; 1 Corinthians 15:20–26; 2 Timothy 1:9–10; Hebrews 2:14–15
- c. Depravity (*Immoral actions—violations of conscience and core values*)
 - Jeremiah 17:9; 23:1–4; John 3:19; Ephesians 6:10–12; 1 Peter 2:21–23
- 3. The PTSD Remediation “He healeth the broken in heart” (Psalm 147:3).
 - a. The Gospel (*The Gospel Changes Everything!*), L. Zamperini, Vietnam POWs
 - Isaiah 55; Matthew 6:25–34; Romans 8:18–32; Philippians 4:11–13
 - b. The Church (*Genuine, Compassionate, Accountable Biblical Relationships*)
 - Galatians 6:1–2; 1 Thessalonians 5:14; 2 Timothy 2:1–4; 3:10–16 (59 “one another” passages)
- 4. The PTSD Reach (*Christians/Chaplains are not immune*) 2 Corinthians 1:3–4; 12:7–9

B. Enculturation (preparing proactively)

“I am made all things to all men, that I might by all means save some. And this I do for the gospel's sake, that I might be partaker thereof with you” (1 Corinthians 9:22–23).

- 1. The Need to Be Real—*in the world, but not of it* (John 17:14–19; Titus 2:11–12)
 - (*We have been set free to be sent back in the world to free others ...*)
- 2. The Need for Operational Christian Troops/Chaplains (1 Corinthians 9:19–23)
- 3. The Need for Special Forces Qualified Chaplains (Green Berets, Rangers, etc.)
 - (*John Stevey, the Army Special Forces Prayer, Salvation of Capt. Mitsuo Fuchida*)
- 4. The Need for Periodic Professional Education of Leaders (2 Timothy 3:16–17)
 - (*Chaplain Annual Sustainment Training — 2014 Crisis Counseling*)

C. Integration Into the Deployment Cycle

- 1. Pre-Deployment Inoculation (troops and their families)
 - a. Clearly Understanding the Mission (Korea, VN, OEF, OIF)
 - b. Mandatory Pre-Deployment Briefs (Combat/Operational Stress addressed)

- c. Offer Connection to Local Churches
 - d. Special Pre-Deployment Worship Services
- 2. During Deployment
 - a. Deck Plate Ministry (With your troops / Visit them often)
 - b. Safe Place Ministry (Chaplain Tent—Absolute Confidentiality)
 - c. Chapel Priority Ministry (Robust Preaching, Teaching, Worship, Prayer)
 - d. Combat Stress Partnerships (Camp Leatherneck COSC Center/OSCAR)
 - e. Church/Chapel Support of Families
- 3. Post-Deployment Warrior Transition (Troops and Families)
 - a. Warrior Transition intermediate redeployment stand-down
(Camp Leatherneck, Kuwait, Germany)
 - b. Chaplain Debrief in OEF (the 5s — good, bad, surprises, WWYDD)
 - c. Leverage the plethora of initiatives and organizations seeking to help
 - d. Connect them with good Word-centered churches

D. Biblical Goals in Helping Those With PTSD

1. Connection — Proverbs 18:1; Ecclesiastes 4:9–10; Galatians 6:1–2; James 3:13 (Retreats)
2. Confession — Proverbs 28:13; Psalm 32:3–6 (David a warrior); 42; James 5:16
 - a. Honest Assessment/Acknowledgement of the Problem
 - b. Acknowledgement of Guilt, Shame, Anger — What I did/didn't do was wrong.
3. Forgiveness — Take what is offered. Psalm 103:12; Isaiah 1:18; 1 John 1:9
4. Personal Identity — *imago dei*. Matthew 6:26; Romans 12:3; Hebrews 3:5–6; 1 John 4:18–19
5. Renewal — the mind. Isaiah 40:31; Romans 12:2; Philippians 4:8–9; Colossians 3:2; 2 Peter 1:4
6. Restoration — with God, with others. Leviticus 6:2–7; Luke 15:18–24; 19:8–10
7. Accountability — optional and essential. Romans 14:12; Galatians 6:1–2; Hebrews 10:24

Conclusion: No one has experienced more trauma in one life than Jesus (Isaiah 52:14). He knows all about PTSD (Hebrews 4:15). Christ endured it all to save us (Hebrews 2:17–18). As He suffered, He trusted His Father, fully focused on pleasing Him (Philippians 2:7–8), not on protecting or pampering Himself. PTSD sufferers need Christ; they need to be reminded of His example, and they need Christ’s church for Christ’s sake (Hebrews 12:2) to help them maintain non-judgmental, biblically accountable relationships (*the one-anothers*) in their struggle with the symptoms of PTSD.

SESSION 4

HOW DO BIBLICAL COUNSELORS VIEW PSYCHOTROPIC DRUGS?

Dan Gannon, MD, & Pam Gannon, RN, MABC

A. Introduction: compassion and humility

1. 2 Timothy 2:24—must not be quarrelsome
2. Matthew 10:16—wise/gentle
3. Acts 17:11—noble Bereans
4. 1 Thessalonians 5:21—examine carefully / hold on to what is good

B. Medical vs. Psychological Diagnosis

1. Medical: Disease or illness has identifiable pathology
 - a. Physical exam
 - b. Blood test
 - c. X-ray
 - d. Tissue biopsy
2. Psychological: No identifiable pathology
 - a. Based on history of thoughts, feelings and behavior
 - b. Labels from many sources
 - 1) DSM: “A diagnosis does not carry any necessary implications regarding the causes of the individual’s mental disorder or its associated impairments” (xxiii).
 - 2) DSM explains criteria (Ex: ADHD)
3. Physical illness may affect behavior in various ways.
 - a. Anemia, thyroid, diabetes, electrolytes, infections, tumors, Parkinson’s, dementia, stroke, etc.

- b. A determined physical cause is given a medical diagnosis.
- c. Physical problems cannot CAUSE sin in thoughts, feelings or behavior.

C. Chemical Imbalance Theory

- 1. Theory: Abnormal neurotransmitter level causing mood disorders
- 2. Problem: Neurotransmitter levels cannot be measured at synapse

D. Psychotropic Drug Information (mechanism uncertain)

Pharmaceutical Companies: Abbot, Rhone, Forest, Roche, GlaxoSmithKline, Upjohn Wyeth, Lilly, Pfizer, Merck

- 1. TCA (tricyclic antidepressant)
 - a. Examples:
 - 1) Elavil (amitriptyline)
 - 2) Pamelor (nortriptyline)
 - 3) Norpramin (desipromine)
 - 4) Sinequan (doxepin)
 - 5) Tofranil (imipramine)
 - b. Uses: depression, anxiety, ADHD, nerve pain, migraines
 - c. Side effects: arrhythmias, lethal at high doses, low blood pressure, anticholinergic, 4% greater suicide rate
- 2. MAO (monoamine oxidase inhibitor)
 - a. Examples:
 - 1) Marplan (isocarboxazid)
 - 2) Parnate (tranylcypromine)
 - 3) Nardil (phenelzine)
 - b. Uses: depression, Parkinson's, panic disorders, PTSD, bulimia, OCD
 - c. Cautions: Rare fatal interactions: SSRI, SNRI, TCA, meth, MDMA, tyramine

3. SSRI (selective serotonin reuptake inhibitor)
 - a. Examples:
 - 1) Celexa (citalopram)
 - 2) Lexapro (escitalopram)
 - 3) Paxil (paroxetine)
 - 4) Prozac (fluoxetine)
 - 5) Zoloft (sertraline)
 - 6) Luvox (fluvoxamine)
 - b. Cost: \$20–\$500/mo.
4. SNRI (selective norepinephrine reuptake inhibitor)

Examples:

 - 1) Cymbalta (duloxetine)
 - 2) Effexor (venlafaxine)
 - 3) Ultram (tramadol)—also opioid
 - 4) Pristiq (desvenlafaxine)
 - 5) Strattera (atomoxetine)
5. SDRI (atypical)
 - a. Wellbutrin (bupropion)
 - b. Concerta/Ritalin (methylphenidate)
6. Miscellaneous: Categories selective to a variable degree

Mood Stabilizers	Anti-Anxiety	Anti-Psychotic
Lithium	Valium	
Tegretal	Librium	Thorazine
Depakote	Xanax	Zyprexa
Adderal	Tranxene	
Dexedrin	Atarax	Seroquel
BuSpar	Abilify	

E. Do Antidepressants Work?—Secular Perspective

1. "True drug effects ... were nonexistent to negligible among depressed patients with mild, moderate, and even severe baseline symptoms." — *JAMA*, 303:1 January 6, 2010
2. Elimination of Depression — *JAMA*, April 10, 2002
 - a. SSRI (Zoloft) cured 25%
 - b. St. John's Wort 24%
 - c. Placebo 32%
3. "The biochemical theory of depression is in a state of crisis. The data just do not fit the theory." — Irving Kirsch, PhD
 "The theory that is the foundation for our current view of the cause and treatment for depression has never been established as fact. There is no biochemical imbalance that we have been able to demonstrate."
4. NIMH is moving from investing in medication research to Cognitive Behavioral Therapy — Thomas Insel, MD, NIMH, 2012
5. Dr. Kelly Brogan video
 - a. Depression not a serotonin deficiency
 - b. Placebo effect plus passage of time
 - c. Drugs may cause long-term nervous system changes
 - d. Better way—identify root cause

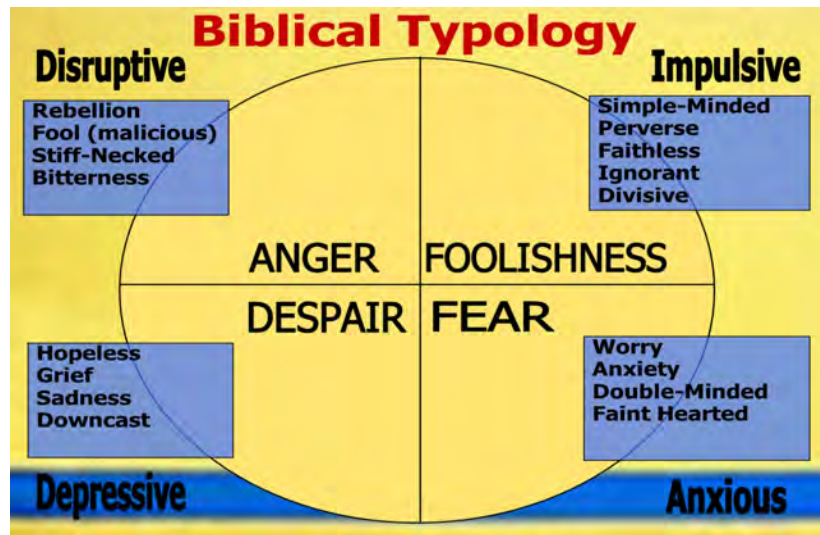
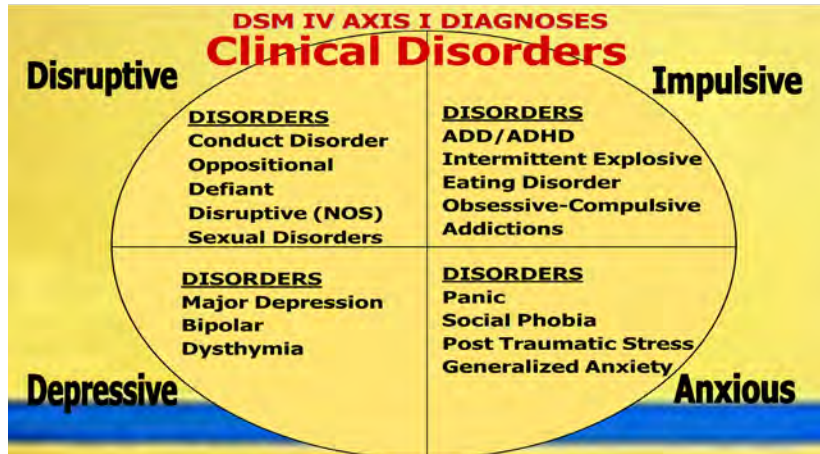
F. Do Antidepressants Work?—Biblical Perspective

1. We must ask: What do we mean by "work"?
2. *But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law* (Galatians 5:22–23).
3. Tack analogy: Rx not "gospel blockers"

G. Counseling

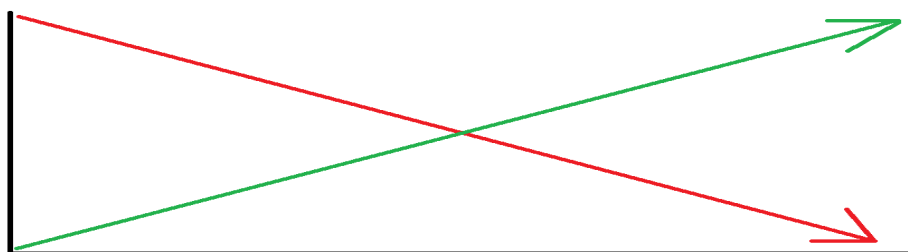
1. Heart issues are the primary focus.

2. Re-label psychological terms: use biblical terminology.
3. Garrett Higbee (Clinical Psychologist, Biblical Counselor BCC, ACBC) Charts



4. Sanctification is a process.

100%



0%

Sanctification \rightarrow (A+B=100%)

5. Normal Sadness vs. "Disordered Sadness" — C. Hodges
6. Trials and Suffering
 - a. A tool God will use to speak to us—if we are willing to listen
 - b. Can drive us to seek God and depend on grace
 - c. Opens the door to change and repentance
 - d. Biblical goal: become more like Christ in response
 - e. Equips us to help others (2 Corinthians 1)
7. Counseling and Medications
 - a. Gather data about the medications.
 - b. Respond **carefully** to questions about medication.
 - c. NEVER instruct a counselee to stop or reduce the frequency or amount of his drug therapy!
 - d. Drug therapy changes by prescribing physician only
 - e. Discuss stopping medication only when you are convinced the person has replaced the use of medication with biblical principles.
 - f. If you are convinced the counselee can come off the medication, send them to the prescribing doctor.
 - g. Monitor progress.
 - h. *Potential* Uses for Medications:
 - 1) "The believer will not respond to the Word of God or the conviction of the Holy Spirit so they must settle for the least of the bad options." — Rob Green
 - 2) Mania (recurrent)
 - 3) Psychosis, delusions, hallucinations
 - 4) Severe anxiety
 - 5) Prolonged insomnia
 - 6) Behavior risking harm to self or other

H. Recommended Resources

Begley, Sharon, "The Depressing News about Antidepressants" (*Newsweek*, January 29, 2010).

Fitzpatrick, Elyse and Laura Hendrickson, M.D., *Will Medicine Stop the Pain: Finding God's Healing for Depression, Anxiety, and Other Troubling Emotions* (Chicago: Moody, 2006).

Hodge, Charles, *Good Mood—Bad Mood: Help and Hope for Depression and Bipolar Disorder* (Wapwallopen, PA: Shepherd Press, 2012).

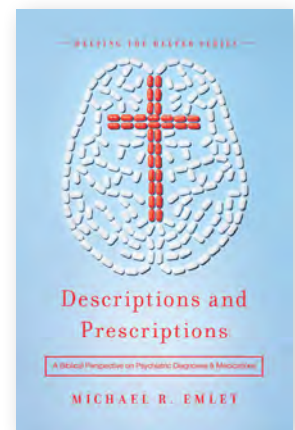
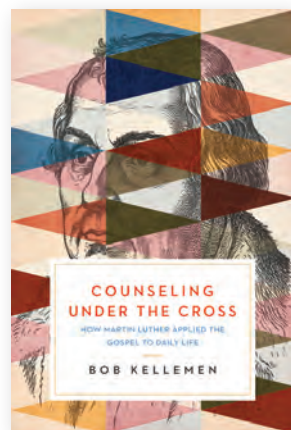
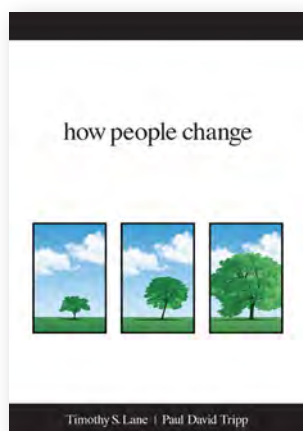
John 17:17

Kirsch, Irving, *The Emperor's New Drugs: Exploding the Antidepressant Myth* (New York: Basic Books, 2010). This is a secular book.

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

Whitaker, Robert, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* (New York: Broadway Paperbacks, 2010).

Biblical Counseling Resources to Build the Body of Christ



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SESSION 5

PSYCHOLOGY AND BIBLICAL COUNSELING—A BRIEF HISTORY

Jeremy Lelek, PhD, LPC-S

A. Where Did Psychology and Counseling Originate?

1. Western Philosophy?
 - a. Plato
 - b. Aristotle
 - c. Socrates
2. Descartes?—"I think therefore I am."
3. The Era of Rationalism?
 - a. Hume
 - b. Comte
 - c. Locke—"Tabula Rasa" or "Blank Slate"
4. Modernist Psychology?
 - a. Sigmund Freud
 - b. Carl Rogers
 - c. Fritz Perls
 - d. Albert Ellis

B. "In the Beginning ..."

1. "Godly or 'biblical' counsel began in the Garden of Eden. God created Adam and then God counseled Adam concerning the blessed course of life and the cursed one, 'From any tree of the garden you may eat freely, but from the tree of knowledge of good and evil you shall not eat, for in the day that you eat from it you will surely die.' The counsel of God was truthful, His Word for human life and loving. His counsel revealed Himself to Adam and maintained a right relationship with Adam."¹

¹ John Henderson, *Equipped to Counsel: A Training Program in Biblical Counseling* (Bedford, TX: Association of Biblical Counselors, 2008), 22.

2. "From the beginning, human change depended upon counseling. Man was created as a being whose very existence is derived from and dependent upon a Creator whom he must acknowledge as such and from whom he must obtain wisdom and knowledge through revelation."²

C. The Old Testament—A Treasure of Case Studies

1. The Ten Commandments (Exodus 20)
2. Nathan confronting David with his sin (2 Samuel 12)
3. God warning Isaiah about the dangers of rebellion (Isaiah 1)
4. God giving hope with the promise of a Redeemer (Isaiah 7–8)
5. The Psalms
6. The Proverbs

D. The New Testament—A Treasure of Case Studies

1. Jesus and The Great Commission—*"And Jesus came and spake unto them, saying, All power is given unto me in heaven and in earth. Go ye therefore, and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost: Teaching them to observe all things whatsoever I have commanded you: and, lo, I am with you always, even unto the end of the world. Amen."* (Matthew 28:18–20)
2. Jesus and the location of human struggle—*"Ye have heard that it was said by them of old time, Thou shalt not commit adultery: But I say unto you, That whosoever looketh on a woman to lust after her hath committed adultery with her already in his heart."* (Matthew 5:27–28)
3. Jesus and his call to act—*"Take heed to yourselves: If thy brother trespass against thee, rebuke him; and if he repent, forgive him. And if he trespass against thee seven times in a day, and seven times in a day turn again to thee, saying, I repent; though shalt forgive him."* (Luke 17:3–4)
4. Paul's relational counsel—*"If it be possible, as much as lieth in you, live peaceably with all men. Dearly beloved, avenge not yourselves, but rather give place unto wrath: for it is written, Vengeance is mine; I will repay, saith the Lord. Therefore if thine enemy hunger, feed him; if he thirst, give him drink: for in so doing thou shalt heap coals of fire on his head. Be not overcome of evil, but overcome evil with good."* (Romans 12:1–31)
5. Peter urged those suffering under unfair leadership to continue to do good (1 Peter 2–3).

² Jay Adams, *More Than Redemption: A Theology of Christian Counseling* (Grand Rapids: Zondervan, 1979), 1.

6. James tackled the candid question often relevant to marriage and friendships, “Why are you fighting?” (James 4:1–8). He diagnoses the root of the problem (coveting) and prescribes steps toward change (seek humility, submit to God, resist the devil, and enter into passionate repentance).
7. The writer of Hebrews provides counsel that brings divine context to the purposes of suffering yet honestly admits this process is often quite painful (Hebrews 12:7–14).

E. The Early Church Fathers

1. Augustine
2. Thomas Aquinas
3. John Cassian—“As is the case with the most skilled physicians, who not only heal present ills but also confront future ones with shrewd expertise and forestall them with prescriptions and salutary potions, so also these true physicians of the souls destroy, with a spiritual conference as with some heavenly medicine, maladies of the heart just as they are about to emerge, not allowing them to grow in the minds of young men but disclosing to them both the causes of the passions that threaten them and the means of acquiring health.”³

F. The Reformers

1. Martin Luther—*The Bondage of the Will*
2. John Calvin—*The Institutes of the Christian Religion*

G. The Puritans

Leaders within this tradition developed highly “sophisticated diagnostic casebooks containing scores and even hundreds of different personal problems and spiritual conditions.”⁴

1. Jonathan Edwards—*The Freedom of the Will*
2. John Owen—“Now, self-healers or men that speak peace to themselves do commonly make haste; they will not tarry; they do not hearken what God speaks, but on they will go to be healed [Isa. 28:16].... Which is worst of all, it amends not the life, it heals not the evil, it cures not the distemper. When God speaks peace, it guides and keeps the soul that it ‘turn not again to folly’ [Ps. 85:8]. When we speak it ourselves, the heart is not taken off the evil; nay, it is the readiest course in the world to bring a soul into a trade of backsliding.... In God’s speaking peace there comes along so much sweetness, and such a discovery of his love, as is a strong obligation on the soul no more to deal perversely [Luke 22:32].”⁵

3 Quoted in Rebecca Konyndyk DeYoung, *Glittering Vices: A New Look at the Seven Deadly Sins and Their Remedies* (Grand Rapids: Brazos Press, 2009), 40.

4 Tim Keller, “Puritan Resources for Biblical Counseling,” *Journal of Pastoral Practice* 9, no. 3 (1988): 11–44.

5 Kelly Kopic and Justin Taylor, eds., *Overcoming Sin and Temptation* (Wheaton, IL: Crossway, 2006), 124.

3. "While our era far outstrips theirs in terms of an understanding of the created mechanics of human development and soul change, ours is dwarfed by theirs with regard to the more important expertise of applying the Bible to the greatest needs of the soul."⁶

H. A Changing Tide and the Decline of Biblical Soul Care

1. The emergence of Modernism
2. Anton Boisen—"It seems truly an astounding situation that a group of sufferers larger than that to be found in all other hospitals put together, a group whose difficulties seem to lie for the most part in the realm of character rather than in that of organic disease, should be so neglected by the church. Notwithstanding the fact that the church has always been interested in the care of the sick and that the Protestant churches of America have been supporting 380 or more hospitals, they are giving scarcely any attention to the maladies of the mind."⁷
3. The Council for Clinical Pastoral Training

I. O. Hobart Mowrer—"Has evangelical religion sold its birthright for a mess of psychological pottage? In attempting to rectify their disastrous early neglect of psychopathology, have the churches and seminaries assimilated a viewpoint and value system more destructive and deadly than the evil they were attempting to eliminate?"⁸

J. Christian Analysis, Two Levels of Knowing, and the Birth of Integration

1. John Carter
2. Clyde Narramore
3. Larry Crabb
4. Gary Collins

K. Rationale for Integrating

1. "All truth is God's truth."
2. The Bible and psychology are allies.
3. Psychology serves to bring understanding to human functioning.

⁶ Eric Johnson, *Foundations of Soul Care* (Downers Grove, IL: IVP Academic, 2007), 62.

⁷ Anton Boisen, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experiences* (New York: Harper Torch Books, 2007), 221.

⁸ Hobart Mowrer, *The Crisis in Psychiatry and Religion* (Princeton, NJ: D. Van Nostrand Co, 1961), 60.

4. Greater knowledge of the psychological literature prepares Christians to articulate their potential opposing positions effectively.
5. The vast body of research in psychology may lend to a more efficient work in Christian ministry.
6. Psychology must come under the authority of Scripture.

L. Jay Adams and Nouthetic Counseling

"And, when compromisers talk about all truth as God's truth, they call it 'common grace.' They abuse this concept too. They mean by such use that God revealed truth through Rogers, Freud, Skinner, etc. God does, of course, restrain sin, allow people to discover facts about His creation, etc., in common grace (help given to saved and unsaved alike), but God never sets up rival systems competitive to the Bible."⁹

M. Second Generation—David Powlison, Ed Welch, Paul Tripp

N. Third Generation—The Biblical Counseling Coalition

O. Ongoing Call of Biblical Counseling:

"Let us be ruthless to root out theoretical structures that view people as psychological or socio-psychological abstractions: the phenomena observed are not 'ego defense mechanisms' but are pride's offensive, defensive, and deceptive strategies. And let us also forswear the therapeutic assumptions that are consequent to the theory: they are poor and deceptive substitutes for the Gospel of Jesus Christ. If—and it is a large IF—biblical categories control, we can revel in the descriptive acuity and case-study riches of psychologists. With biblical categories, we ourselves will mature as psychologists in the best sense of the word: acute observers of human life, experienced in cases and case studies, consistently wise in our counseling methods. We will know people deeply enough to know exactly how they need Jesus Christ. We will remember that Christianity is a third way. The alternative to moralism is not psychologism; the alternative is Christianity."¹⁰

⁹ Adams, *More than Redemption: A Theology of Christian Counseling*, 8.

¹⁰ David Powlison, "Human Defensiveness: The Third Way," *Journal of Pastoral Practice* 8, no. 1 (1985): 55.

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Modern Therapies and the Church's Faith

by David Powlison

I came to Christ in a context of being a true believer in secular psychology. I had majored in psychology in college, and I believed that my desire to know myself and other people and my desire to be helpful to people would be fulfilled in the world of the secular mental health professions. I was converted to Christ while working in a psychiatric hospital, where I had been working as part of my plan to pursue a doctorate in clinical psychology. I was radically rerouted on a most fundamental personal level as I came to know the living God.

As my faith grew and deepened, I came to understand the implications of thinking in a coherent, presuppositionally consistent way about the Christian faith. I realized that we as Christians have a more whole, more profound, more insightful way of looking at the nature of people and their problems than I had ever seen in psychology. We need to think carefully and prayerfully about the relationship between a biblically consistent Christianity and the modern psychologies.

Let me begin by qualifying that word *psychologies*. When I use that term, in no way am I critiquing the notion of psychology in general, the sense that we are souls capable of perception, thought, emotion, volition, memory, belief, and so forth. Every believer ought to be a psychologist in the best sense of the word. We ought to study the soul; we ought to know people and understand what makes them tick.

What we ought to critique are the organized systems of psychology, the personality theories, that place various interpretations on the human soul and the psychotherapies that apply those theories to individuals. You might well say that psychotherapies function as "pastoral ministries" seeking to communicate a "redemptive word" to troubled persons.

In that sense we may legitimately say that biblical Christianity has a *superior* psychology and a *superior* psychotherapy. Christianity subjects its competitors to a radical critique. Let's begin to do that by considering the historical development of this debate.

Considering Our Historical Moment

Today Christianity has a self-conscious, self-proclaimed competitor. It arrived on the stage in the twentieth century and announced, basically, that the resources of the Christian faith had run dry. They were no longer compelling to modern human beings; they no longer answered or addressed the needs and struggles of life. What is needed, secular psychology said, is a different vision, a different Scripture, if you will, a different truth, and a different pastorate, a different set of people to cure souls. It's not as though Christians have been reactive or argumentative; the assault began from the other side in a very self-conscious way.

We see it in this comment by Sigmund Freud: "The words 'secular pastoral work-

er' might well serve as a general formula for describing the function which the analyst, whether he is a doctor or a layman, has to perform in his relation to the public."¹ To Freud the role of a psychotherapist was that of a pastoral worker, a secular one, because we now live in an age in which God is no longer credible—a post-Enlightenment age. Yet people still have the same problems (which Christians would call sin and misery) that they've always had. Somebody has to do the pastoral work to cure souls.

Carl Jung was initially a disciple of Freud and later broke away. He wrote, "Patients force the psychother-

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apist into the role of a priest and expect and demand of him that he shall free them from their distress. That is why we psychotherapists must occupy ourselves with problems which, strictly speaking, belong to the theologian."² Carl Jung's *Modern Man in Search of a Soul* frankly states that the old truths of Christianity no longer do the job; there's a spiritual vacuum of meaning in the modern world, and the psychotherapist is the one now designated to provide meaning, freedom from distress, and so forth. Jung's form of spirituality is, from a Christian point of view, Godless, Christless, Spiritless, and Wordless.

Abraham Maslow was a key proponent of humanistic psychology. His opening salvo in his most significant book, *Toward a Psychology of Being*, states, "Human nature seems not to be intrinsically or primarily or necessarily evil."³ Maslow is talking to you and me; he's talking to Ecclesiastes 9:3, which says, "The hearts of the sons of men are full of evil, and there is madness in their hearts while they live; and then they die." Maslow doesn't want to hear that bleak description of human nature in its fallenness. Christians have said that there's an inertial drift towards what the Scriptures call sin, an inertial drift away from God. We would say that even psychologi-

cal theories are affected in their development by that inertial drift away from God. But Maslow comes right out and says, "No, this isn't true."

Behaviorist B. F. Skinner writes in his utopian novel, *Walden Two*, "What Jesus offered in return for loving one's enemies was heaven on earth, better known as peace of mind."⁴ Peace of mind is a by-product of what Jesus offers, but the Jesus that Christians believe in was not just offering a technology, a set of tricks to make you a relaxed, confident human being. B. F. Skinner thinks that a behavioral technology will solve the human dilemma; he believes he can arrange the contingencies of reinforcement in such a way that we can create contented, happy, productive, adjusted people. The whole structure of *Walden Two* is that of an alternative church, an alternative savior, an alternative gospel.

Contemporary pop psychologist John Bradshaw presents himself as a psychologist, but he is a religionist, as we see in this quotation: "Jesus calls us to creativity and our own unique I-AM-ness. Today I know at the deepest level that I am I, a wondrous person."⁵ Bradshaw's view is that I'm essentially an "I AM" inside and then brutal life experiences somehow poison that wonderful I-AM-ness that I am by nature. My goal is then to get back in touch with my I-AM-ness and to actualize it. This is not the statement of a neutral scientist. All these theorists are religionists in a very self-conscious way; Bradshaw is only more brazen.

In summary, psychotherapists are "secular priests," a phrase coined by Perry London, an influential historian of and commentator on modern psychotherapy. The more self-conscious psychologists freely acknowledge this role. I would say more pointedly that they are secular prophet-theologians. They are people assigning a meaning to life, explaining life, making sense of life. They are secular priest-pastors, shepherding the human soul. They are secular king-elders, administering the institutions of the cure of souls, administering the mental health centers, the counseling offices, and the psychiatric hospitals.

Three Levels of Conflict

Given the stated intentions of twentieth-century psychologists, one would expect the church to rise up and that the result would be conflict between biblical Christianity and people who say of themselves, "We

¹Sigmund Freud, *The Question of Lay Analysis* (1927). Translated and edited by James Strachey (New York: W. W. Norton, 1959), p. 93.

²Carl Jung, *Modern Man in Search of a Soul* (1933). Translated by W. S. Dell and Cary F. Baynes (San Diego: Harcourt Brace Jovanovich), p. 241.

³Abraham H. Maslow, *Toward a Psychology of Being* (New York: Van Nostrand Reinhold, 1968), p. 3.

⁴B. F. Skinner, *Walden Two* (New York: Macmillan, 1948), p. 107.

⁵John Bradshaw, *Homecoming: Reclaiming and Championing Your Inner Child* (New York: Bantam, 1990), pp. 274,276.

will replace you. We will bury you." There ought to be a threefold conflict about the question of truth, the question of love, and the question of power.

First is the question of truth: Who is right? Who is right in their diagnosis of the human condition? Is it true that human beings are not primarily evil but that, to follow Maslow, the ruination of our souls and the sin and misery of our lives are products of unmet needs? That we are somehow trampled on by forces outside of us, and, therefore, whatever is evil *in* us is

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only a product of what happened to us? Is that true, or is the Christian vision true? We would expect a fundamental conflict over the understanding of people and their problems.

The second area of conflict revolves around the question, Who has the right to work with people? Who has the call to love? Whose responsibility is it to reach out and help people who are struggling, broken, confused, baffled, battered, tangled, miserable, wandering sheep? Who has the social authority? The church has always said that this is *our* charge; ministries of mercy and ministries of the Word are to meet and address the sin and misery of this world.

The third question is, Who can make it right? It's the question of pragmatic authority. Who can back up their claims of power and effectiveness? Who can actually make a difference in the lives of people? We'd expect conflict also to take place here.

The Evolution of Professions

Let me note at this point that the current social roles of the psychiatrist, the psychologist, and the social worker have not always been what they are now. These vocations have radically transmuted themselves during the twentieth century. The notion that the mental health profession does a pastoral sort of work and makes pronouncements about the human condition is a relatively new development. A hundred years ago a psychiatrist did no therapy or pastoral work.

A psychiatrist was, in the first place, an administrator. He ran the big institutions, and his main responsibilities were to provide safety, three square meals a day, and a beautiful, country environment in which people who had basically fallen apart could get

away from the stresses of life and get their lives back together. As administrators, psychiatrists were mandated to provide a good milieu for healing.

In the second place they were medical doctors. If there was a distinctive medical component in the case, such as insanity linked to alcoholism or syphilis, brain tumors, etc., a medical diagnosis and conceivably some alleviating treatment would be available. It was only after Freud's first visit to America in the early 1900s that the psychotherapeutic role began to be attached to the administrative medical role. Interestingly, psychiatrists over the last twenty years have actually retreated back to their more medical, somatic, biological homeland as other practitioners—psychologists, social workers, and pastoral counselors—have questioned their domination of the therapeutic "pastoral counseling" world.

The meanings behind professional labels are fluid. A century ago a social worker was a charity worker who went into neighborhoods to ensure that there was pure milk so that babies wouldn't be poisoned. Social workers helped nursing mothers, helped with pre-natal care, helped deal with community conditions, helped battle injustice, helped with tenement conditions. They were essentially oriented toward good works; he or she had more of a "helps" ministry. The notion of a counseling role for a social worker did not come until the 1920s. At that time a controversy began within the profession that continues to this day. Social work institutions usually opt for one or the other emphasis. Some schools emphasize training in community organizing, community work, job placement, housing conditions; others focus on the psychotherapeutic role.

A century ago a psychologist did nothing remotely connected to psychotherapy or counseling. A psychologist was a scientist, a physiologist who did research on things like the reflex arc—you poke your finger with a pin, and how does the electrical impulse travel so that you pull it back? A biological psychology, an experimental psychology, were at the heart of the psychologist's role.

During War World I the role started to broaden as psychologists took on a testing role. With four million people drafted into the army, how could the military make sure the round pegs got into the round holes and not into the square holes? Intelligence testing, placement testing, and aptitude testing expanded the psychologist's role. It was not until after World War II that psychologists became clinical psychologists and psychotherapists, those who did much counseling. These developments have a historical moment. What is significant for Christians is that the best analyses

indicate that the advance of the mental health professions into psychotherapy has an inverse relationship to what the church has done. In other words, the increase of counseling in the mental health professions is correlated to weaknesses in the church in its face-to-face pastoral care.

The Church's Retreat

We as Christians have been given a wealth of knowledge about what it means to do face-to-face ministry that really understands people, digs into their lives patiently, helpfully, with truth, love, and power. That wealth has been barely tapped.

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The dark side of that truth is that the church has been intellectually derivative, structurally subordinate, and practically weak. The church has tended to subordinate itself and assume that God's people must learn things from Adler, Freud, Skinner, Rogers, and Jung. We have allowed ourselves to be persuaded that they have the big truth; they are the people who really know people, and we are subordinate. We defer to them intellectually.

The church has also been structurally subordinate. In many cases the church has been reduced to a source of referrals. The message is that the church is fine for holding hands if someone is grieving. But in anything more serious, the church's role is to refer to the professionals who know what they are doing. We have become structurally subordinate.

The church is also practically weak. Its practical theology and face-to-face ministry have typically been pitiful. At one end the church tends to be superficial, moralistic, "Just say 'no'"; "Have your quiet time, go to church, all your problems will go away." At the other end the emphasis has been on a kind of spiritual quick fix: "Have the mountaintop experience with Jesus"; "Let go and let God"; "Cast out the demon of anger"; and in one dramatic act all your problems will be solved. All of the issues that you would have to deal with in the middle—all the heart-searching about how we know ourselves, about what's true about people, about how you love them and climb into their lives to work patiently with them—those sorts of things have tended to be seized by the other profes-

sions, and the church has been left in a second-rate position.

Sociologist Andrew Abbott has analyzed the way the church receded as the mental health professions seized ground. Speaking about the late nineteenth century, he said,

Clergy analyses remain primitive. The gradual recognition of personal problems as legitimate categories of professional work did not bring a serious clergy effort to conceptualize them. The clergy's failure to provide any academic foundation for their practice with personal problems ultimately proved their undoing. If another profession should establish relevant diagnostic and therapeutic systems and legitimate these in terms of general values, the clergy's simple-minded cultural jurisdiction would be easily usurped.⁶

In the period after 1880, that's exactly what happened. Abbott went on to analyze it. By the 1920s he describes the clergy as the losers who, by that time, had lost any vestige of real cultural authority over personal problems. The church was not seen as the source of the deep, searching answers. The church was squeezed out to the fringes of pietism and moralism.

In analyzing the situation in the 1920s, Abbott wrote:

There emerged in this period the clinical pastoral education movement, a pastoral training movement aiming to give young clergymen direct experience with the newly defined personal problems. Seminarians would learn the rudiments of human nature from psychiatrists, psychologists, and social workers who knew those rudiments; that is, *from the professionals who currently control the definitions of them* (emphasis added).⁷

Secular psychology made claims it was able to sustain; both the church and the culture bought it. The people who knew human nature were in the mental health professions. The church now had to go to secular authorities to learn the rudiments of human nature.

Losing the Heartland

In short, the church of Christ lost her heartland, the understanding and cure of souls. That heartland became the province of secular professions, and the church was squeezed out to the margins.

⁶Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988), p. 186.

⁷*Ibid.*, p. 309.

Whose ideas are seen as authoritative when it comes to understanding the human heart? Secular psychology. Take the issue of self-deception. Freud talked about “defense mechanisms.” What he was describing was, biblically, the deceitfulness of sin, yet the profound analyses of that phenomenon were retooled to fit a different world view, and that work was not done by Christians. Similarly, the impact of our situations, traumas, suffering, being sinned against, abuse, as well as the more subtle influences of social shaping and modeling, are things that the Bible talks about. This is bedrock biblical material! But the world has taken it over and reconfigured it.

Or consider the matter of motives. Why do people do what they do? How do we take apart their belief systems? Their cravings? Their fears? How do these things shape identity and affect the workings of the conscience? Here again, themes and issues that are intrinsically biblical have become the province of people outside the church.

Many other things have also left the church's domain: progressive change, interpersonal conflict, child-rearing, communication, addictive behaviors, all the negative emotions—grief, guilt, anxiety, depression, anger, fear—aging, death, dying. These are things that Scripture is *about*, but they have become the province of the mental health professions with which most people now believe that truth, love, and power all reside. These professions “know” what's going on with people. They are mandated to love and care and help, and they seem to make a difference.

The church lives out at the margins of significant discourse, either superficially externalistic or mystically internalistic. The twentieth century looks at human life, and it says, “This religious stuff doesn't work! The church is irrelevant!” The people who are grappling with the real profound issues within the human soul are the psychologists. And yet these *are* the issues that the Bible is fundamentally about.

Our task as Christians is to reclaim the heartland. How do we reclaim our place in the significant discourse about people, their problems, and the solutions?

The Church's Present Opportunities

Our historical moment presents opportunities for Christians to powerfully reengage the questions of counseling and psychology. Within our culture I believe that the psychotherapies are now vulnerable to a thoughtful Christian critique. First, there has been a radical and growing fragmentation in the twentieth century psychologies as the century has proceeded. This renders the claim that psychology is truth—that

this is the revelation of our day, this is science, this is *the* truth—increasingly insupportable. When the field has proliferating systems that mutually contradict each other, one must face the fact that there is no such thing as psychology—there are *psychologies*. And if that is so, ultimate truth claims are hard to sustain. The major theory builders—Freud, Jung, Maslow, Skinner, and others—all sharply disagree with each other. Their successors have lost faith in even the possibility of a unified theory and have degenerated into

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proposing micro-theories and eclectic combinations.

Additionally, there have been very sharp critiques of the mental health professions from historians and philosophers of science and medicine. Even secular people have become concerned about the medicalization of the problems of living. What are the implications for society if crime or drunkenness or childhood problems are seen as medical disorders and not as fundamentally moral issues? People who think about the nature of justice, the nature of public morals, and the nature of civil life are profoundly concerned about the medicalization of behavioral issues.

Historians of science also have their criticisms and reservations. The two most influential over the last thirty years have been Thomas Kuhn and Carl Popper. Neither believed that psychologies were science. They saw them as more akin to myth, philosophy, religion, and politics. Psychologies had no claims, in Kuhn's and Popper's estimation, to be classified as science since they dealt so heavily with world view and moral issues.

Charles Rosenberg, the leading American historian of medicine and to some extent a friend of psychiatry, offered a striking critique of psychiatry's legitimacy within the culture. He bases it on three things. He says first of all that psychiatry as a medical specialty is in deep trouble because its claim to be such hinges on being seen as a medical science. Yet within medicine many doctors are highly dubious. They fear that witch doctors have somehow gotten into the camp of the hard sciences. So while psychiatry needs to be seen as medicine to be legitimate, it is under fire from its fellows.

Second, Rosenberg points out a very curious thing within psychiatry itself. Those aspects of psychiatry

that are closest to medicine, such as the treatment of end-state AIDS psychoses, brain tumors, and Alzheimer's—those problems with the clearest physiological components—have the lowest status within the profession. This “hard science” area of responsibility is relegated to the care-taking modality of the nursing home and the mental hospital; here psychiatry is little different from what it was in the nineteenth century.

What are the high status aspects of psychiatry? In Rosenberg's words, “Much of our century's most influential psychiatric writing has consisted of general statements about the human condition.”⁸ Here is where we see Freud and Jung and psychologists such as Maslow and Skinner. Essentially Rosenberg is saying that psychiatry as theology, psychiatry as public philosophy, psychiatry as the meaning of life, makes claims that are highly dubious. Thus you have a profession where the hard science elements—the very thing that most legitimates it (“we are medical science”)—are looked down on, and the thing that is the most attractive and alluring (to be a culture's arbiters of reality) is the most debatable. Essentially, psychologists compete with other religions, other world views.

Rosenberg's third point is that within society at large, the mental health professions have been handed a vast turf: everything from child-rearing, to criminality and juvenile delinquency, to the aches and pains of daily life—anxiety, worry, depression, anger, interpersonal conflict. But they can't deliver solutions. As Christians, we know they can't deliver because what they're dealing with is sin and misery, the darkness of life on a planet that lives in the dark. Rosenberg speaks of the “embittering gap” between expectation and performance, as society expects psychiatry to provide the answers to juvenile delinquency, anxiety, depression, and meaninglessness.

Articulating the Christian Alternative

In some significant ways the tide is turning in our culture's automatic acceptance of psychology's claims. But I am even more encouraged by the fact that biblical faith can be articulated positively to retake the heartland. Human experience in all its detail is something that Scripture addresses. We have the opportunity to present a distinctively Christian alternative to the world in which we live.

We can engage our historical moment with the resources of a presuppositionally consistent Christian-

ity. Think about this in terms of the old metaphor of the five blind men and the elephant. Each one identifies it differently, as a wall or snake or rope or tree or leaf, depending on the body part he is examining. The parable has often been used to comment on the role of precommitments and presuppositions in the way we see things.

But imagine that the blind men aren't quite blind; they suffer from tunnel vision and severe astigmatism. The man who identifies the elephant's leg as a tree trunk is right up close to it. He cares about tree trunks and studies the leg carefully. He produces an extremely learned treatise on the nature of tree bark and the bark beetles that inhabit that bark and bore into it, seeming to cause the tree some distress. He describes the way that sticking a sharp object into the bark causes red sap to gush out, rhythmically for some reason. He can't explain why it flows rhythmically, but he has

Systems are not neutral.

documented this “tree's” red sap. He also has a theory that explains why periodically the tree gets up and moves. It seems contradictory to what we know of trees, and yet it seems as if the tree is moving. In minute detail he talks about poultices that can be used to stop the sap flow and creams that can be rubbed into the bark to make the bark beetles die and so forth.

Now imagine that as Christians we're standing forty feet away from the elephant. We can see and say, “It's an elephant! It's an elephant!” We see human beings in the image of God, sinners against the living God, redeemable in Christ, able to be transformed by the power of the Holy Spirit! But because we were standing so far away, we never knew that the legs bled. We never knew about the bugs in the knees in the folds of the skin. We didn't even know that the skin *had* folds because we were so far removed. We never understood the specifics of the elephant's problem, so we never even began to think about coming up with a specific solution, a salve for its bleeding knees.

That captures something of our current dilemma. As Christians, we say, “On the one hand we are challenged by the person who so carefully studies that beast. We never knew anything about liquid coming out of the knees. We never knew anything about the bugs.” Yet at the same time we say, “It's so perceptive, it's so provocative, and yet it is so totally wrong. Its perceptiveness and provocativeness challenge us, reprove us, force us to go back to do our homework

⁸Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (New York: Cambridge University Press, 1992), p. 252.

and do our digging theologically. Misguided cures for misdefined problems challenge us to get involved in ministry. Yet the fact that the conclusions are so wrong makes us upset. How can they say it's a tree? That's not sap; that's blood! Those lice aren't bark beetles! That's not bark; it's skin! That's an elephant, not a tree!" That dilemma captures something of where we as Christians stand with relation to the social sciences.

Radical Critique and Humble Service

On the one hand a Christian engagement with our times will include a radical critique of psychotherapeutic and psychological systems. They *are* wrong. They're all committed to be wrong because every single one is committed to say, in the last analysis, that people are not sinners. People can be explained in some way or other either by what happens to them or by choices occurring in a moral vacuum. When a humanistic theory says your needs were not met by primary caretakers or when a psychodynamic theory says that the trauma you endured as a child has determined your life, or when a behavioral theory says you were conditioned by socio-cultural forces to be the kind of person you are, or when a physiological theory explains the problems of living in terms of genetics, neurophysiology, and chemical imbalance, every one of them is committed to defining people in a way in which Christ, the Savior, will not be the answer.

That is part of the deceitfulness of sin. Systems are not neutral. If the Bible is right that, indeed, real people are always doing something with God, and I create an interpretive system that rules that truth out, I am committing myself to a fundamental error on the foundational level. As Christians, we can bring a feistiness and a vigor to our critique.

On the other hand, we must also be characterized by humility as we face the fact that we have failed as a church. The twentieth century tells a sad tale of the church's inability to grapple with what's honestly going on with people. We have been unwilling to get our hands dirty and to minister pastorally with patience and perceptiveness. All too often the Christian faith has offered mystical or legalistic answers to the woes of mankind.

What does fresh, profound, and practical engagement look like? First, we will want to understand how sin affects the work of the psychologist who writes his treatise about "bark beetles and red tree sap." We want to be able to break apart (1) what a psychologist describes and cares about, (2) what his interpretive grid is, and (3) what the implications are for therapy.

Take as an example Alfred Adler's *Understanding Human Nature*. He has a seventy-page section that is

one of the finest descriptions of total depravity I've ever read. What's interesting is that Alfred Adler doesn't believe in total depravity; he doesn't believe in sin. But he dissects things right down to why people pick their noses. He gets into the dirt of life and looks at the tricks and the chaos and the self-centeredness. He cares to help. But here's where we see the distorting, pervasive effects of sin. Adler's observations don't just hang in space as good ideas that a Christian can bring unaltered into a Christian framework. What Adler or anyone else describes and cares about is controlled by a grid, a framework of presuppositions. That has an effect even on Adler's "data" in three ways.

The Magnifying Effect

First, Adler's presuppositions have a magnifying effect. It is as though the fellow with tunnel vision and an astigmatism has a microscope glued to his eye. As he looks closely into the knees of that elephant, he sees what nobody else may have ever seen before; he can offer phenomenal detail about human life. This is the magnifying effect.

Say, for example, that someone is committed to a theory that all our problems are caused by childhood trauma. That person can put the microscope on every single thing that ever happened to you in your past. He will dig and dig into any kind of traumatic, hurtful event, and he will come up with incredible detail about how people have been hurt or abused or maligned or mistreated or lied to or led astray. There is great descriptive richness.

The Blinkering Effect

But the theory also has a blinkering effect. It sees only certain things. If you have a microscope glued on your eye, there are lots of things you don't see. There are lots of things you miss.

For example, this person with a theory of the determinative effect of childhood experience may see a lot of details about Person A, who is anxious, depressed, and angry, who abuses food and sleeps around with people to try to get love, and who had many terrible things happen as a child.

But the theorist blinkers out Person B, who had a very different upbringing and yet has the *same* problems as Person A. Person B had wonderful experiences, was brought up well, was treated with kindness and respect, was not mistreated in any significant manner. Yet that person also misuses food, also engages in sexually immoral thoughts and actions, also feels anger and anxiety. The blinkering causes the theorist to exclude things that would force him to

revise his interpretation.

Then there's Person C, who was abused, mocked, and betrayed, and yet turned out well. How do you explain the Lord Jesus Christ in a theory that betrayal and abuse control your life? That blinkering effect rules out many other pieces of data necessary for a comprehensive view of human life.

The Pervasive, Distorting Effect

The most ominous effect is the pervasive distorting effect. If my presuppositions lead me to insist that I'm writing about trees, not elephants, it will distort every observation I make. My presuppositions control my descriptions in a fundamental way. From there they control the implications, the psychotherapy, the parenting, the conflict resolution method, etc.

Explanations are signposts for solutions. That is, the way I explain something will tell me what to do about it. If I say, because of my interpretive grid, that your anger problem reveals a demon of anger, what solution is indicated? You cast out demons of anger. If I say that your anger problem is rooted in your needs for love that were not met in childhood, what do you do about that? I try to meet your needs for love now. I try to create a structure where I can reparent you and nourish you and, in a sense, fill up your "love tank."

If I think that your anger problem stems from cognitive problems that distort the way you interpret your world, I will seek to change your cognition, to change the way you interpret your world. If I think the reason you're angry is that you're an Aries with Jupiter rising and March is a bad month for Aries, I will tell you to lie low according to your astrological chart.

The interpretive grid directs you to solutions that fit the diagnosis. If I think you are hard-wired for aggression because human beings genetically, physiologically, and hormonally have an anger response to any kind of threat, I will assume that it's hopeless to expect you to change. I'll opt for cultural controls like prisons or medications that will intervene physiologically and calm you down.

The Reinterpretive Task

A person's interpretive grid controls description and implications, and it's here that we, as Christians, can engage our culture's belief systems. We can interact with the presuppositions and we can engage in the reinterpretive task. The reinterpretive task is to take apart that framework and put a different spin on it. As a Christian, I'm able to say, "Look, those things that you've seen about tree bark and sap make better sense if you understand those things as elephants. In fact, if

you understand them as elephants, you can also explain the things that you never could explain in your theory, like why the 'sap' jets out rhythmically and why the tree trunks move around every now and again."

To switch the image from the elephant to a human being, let's say that you've thought that having rotten parents would automatically turn you into a rotten person. But let's look now at the fact that some people who have had rotten parents have turned out to be good people, and others who've had very good parents have turned out to be rotten people. Let's take the blinkers off, let's take the distorting effect off, let's in a

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certain sense appreciate the magnifying effect and yet put a different paradigm on what you see. That reinterpretive task is at the heart of the apologetic encounter and, ultimately, the evangelistic encounter with people who have been psychologized.

The Example of Self-Esteem

Let's see how the reinterpretive task would work with the example of low self-esteem. A typical scenario describes a person with unpleaseable parents who reacts with low self-esteem and all its attendant behaviors. The person jumps through hoops to try to get his parents to like him. Perhaps he is sexually immoral, or maybe he uses food destructively, somehow trying to get some sense of affirmation from someone. These parents were capricious and manipulative; perhaps they were violent and betrayed trust. The depressed person is stuck in failure and guilt, trying to please people though it never works.

Our culture looks at such a case and says "low self-esteem" is the problem. The solution is to try to create a greater sense of self-confidence. One key is to find an all-pleaseable therapist or group whose one cardinal rule is "I will accept you." (In Carl Rogers's words, "unconditional positive regard," a fundamental attitude of affirmation, validation, and total acceptance.)

Let's say that one of the things weighing on this person is the fact that "I make only \$50,000 a year as an R. N., and one of the things my parents wanted was that I be an M. D. who makes \$100,000. I've strived for that, but I never attained it."

The all-pleaseable therapist will tell the person that

it's okay if you make only \$50,000 and you're only an R. N. That's valid. You are yourself. Trust yourself. Affirm yourself. Be content with who you are. A counterfeit of love and a counterfeit of truth are offered. But those responses "ring the bells" for this person. He has been miserable and desperate, full of social fears and anxieties, perhaps easily angered, perhaps even a little paranoid. Suddenly he's in a new situation. He's told that he doesn't need to please his parents. He's basically okay as he is. He can accept him-

*We have the more radical analysis
of the problem. We have a
wonderful solution.*

self. The therapist accepts him, and the other people in the support group accept him. His criteria for self-evaluation become more "realistic."

You can see how symptomatic relief will take place in the person's life. The person *is* going to feel better; he perhaps will be less compulsive about food or sex; he will develop some sense of contentment, become less jumpy and more confident, less easily angered, and less anxious. Many people find this an extremely plausible apologetic for them.

What do we do as Christians as we look at this? Some of our fundamental biblical categories tell us, for example, that, yes, we all live in a world that seeks to inculcate dubious value systems, to shape us. There *are* ways that we are sinned against by others.

Our system also tells us that our reactions, our behavior and emotions, come from somewhere. Biblically we're given vast treasures for understanding human motives in a God-centered fashion. For example, we might say that there's a theme in this person's life that the Bible would call the fear of man. Basically it is, "I crave my parents' approval. If I can't get theirs, I'll try to get it from someone else. If I have to sleep with someone to get approval, I'll do it. If I can't get it, I'll stuff food in my mouth to fill the void. I crave approval. I'm oriented towards what those people think of me. It never works because I'm living to please them, and they're unpleaseable, and I'm a nervous wreck. Also, I have something the Bible would put in the category of pride. I'm seeking to define a success or righteousness or something else that will make my life worthwhile. I think that if I'm a doctor and I make \$100,000 a year, I'm a success. I'm serving an impossible standard, and if I can't be that, I'm a

failure."

From a biblical point of view, these reactions make perfect sense—not as products of a rotten situation, but as products of the interaction between a deceptive evil situation and a heart that responds to those pressures with its own sinful solutions. These things come out of a heart ruled by the fear of man and pride.

This is where a Christian analysis gets radical. We look at the therapeutic "success" of the psychotherapist and say, "I can acknowledge that you've achieved a certain symptomatic relief, but this person is absolutely unchanged at the level of motive. He is still a man-fearer living for human approval. All that has happened in counseling is a change in the object he is looking to. Instead of looking to unpleaseable parents and, hence, being a nervous wreck, this person now looks to an all-pleaseable therapist or support group. No wonder he feels better. You might say that his idolatry has been rehabilitated! The idolatry that once made his life miserable now works for him. Now he'll plan to go through life looking for other nourishing people. He feels better about himself and spends less time doing destructive behaviors. He spends less time comparing himself to others and has also adjusted his standards so that they are attainable. Now he tells himself that being an R. N. and making \$50,000 a year is okay. That's a fine kind of person to be." His essential pride and self-trust have also been rehabilitated.

The Biblical Paradigm

Looked at biblically, this low self-esteem sufferer has been tricked. He feels better, but where is the true transformation of his life? Are these things even goals worthy of a biblical person? Where is love? Where is joy? Where is gratitude? Where's obedience? Where's the willingness to sacrifice? Where's the courage to love your enemies in ways that are both merciful and yet tough-minded? Where are all the good things that are part of human life in Jesus' image? Such "realistic" self-confidence is not the image of Christ!

To feel better about yourself, to be content, to be okay, and self-confident is a pitiful standard to aim for. There are much higher things to aim for; in fact, these things come as *by-products* when someone's heart has been renewed. If "the fear of man that lays a snare" is replaced with "he who trusts the Lord is safe," and if pride is replaced with a humility that makes it our aim to please the merciful Christ, then a new kind of outlook emerges. This is a person who has a new heart, new values, and new priorities. This is a person who has a new God.

What essentially happens even in successful "psychotherapy" is the rehabilitation of old gods, not the

giving of a new God who is the one living and true God. We as Christians can come at our world and look at what it's looking at, including all the details about how a person feels and thinks and acts. We can also look at the supposed solutions. We can take them apart and then put a paradigm spin on it. We turn it upside down, inside out, backwards, and reinterpret it in a radical, biblical fashion.

We deal with psychologized people all the time. Few of them actually are psychologists. Most of them are just people who sit next to us in church, people worried about the fact that they have low self-esteem or that they have a sexual addiction or that they can't control food.

People who often drink in the psychobabble of our age are people we can reach. By giving a better, deeper, richer interpretation, we have the potential both to edify the church and to challenge the secular world.

We can offer the paradigm shift that makes sense of the very things they see and care about. They call it bark; we call it skin. They call it sap; we call it blood. They call it healing; we call it repentance and faith in Christ. We have the more radical analysis of the problem because it's a problem between a person and God. We have a wonderful solution because we have a Savior who resolved that problem, who bore the wrath of God on our behalf and now gives the Holy Spirit to change us.

The test of the truth, scope, and depth of any analysis of the human condition is whether or not it sees how Christ explicitly meets human need. *The* test of any fully Christian engagement with the psychologies and psychotherapies will be our ability to call them to repentance from their pervasive distortions.

Definition, Duties, and Tasks of a Biblical Counselor

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This chart sets forth what BJU believes are the essential components that make up a thorough educational experience for students of biblical counseling. BJU does not believe that an individual must have training in all of these components to have effective biblical ministry to others. BJU, however, strives to provide an education in biblical counseling that is as comprehensive as possible within the number of classroom hours allotted for the bachelor of arts and master of arts programs.

Theological Framework¹ — Biblical theology provides the conceptual framework that defines the ideal, explains the problems, and provides the solutions for ministering to others. Therefore, the biblical counselor...									
									Foundations
Maintains Personal Spiritual Vitality	Has experienced genuine salvation	Makes daily personal worship of God a priority	Seeks a mastery of God's Word through memorization and meditation	Walks in the Spirit in order to develop personal holiness and Christlikeness	Solves personal problems biblically	Demonstrates a consistent pattern of good works before the church and before the world	Maintains active membership and service in his local church	Seeks opportunities to evangelize the lost	Seeks opportunities to be a disciple-maker
Counsels Through a Biblical Grid	Upholds the authority, inerrancy, and sufficiency of Scripture	Subscribes to the fundamentals of the Christian faith	Exegetes Scripture skillfully and applies it wisely	Champions the centrality of Christ in ministry efforts	Views people as fallen, suffering image-bearers in the Creation-Fall-Redemption/Restoration narrative	Advocates progressive sanctification as goal of ministry efforts	Interprets human struggles through a biblical lens of applied theology	Values and promotes the local church	Studies psychological and medical research and interprets findings through a biblical lens
Understands Biblical Categories and Provisions for Human Problems	God's provisions for issues arising from times of <i>uncertainty and vulnerability</i>	God's provisions for issues arising in times of <i>suffering from loss and adversity</i>	God's provisions for issues arising from the <i>injustice</i> of being wronged by others	God's provisions for debilitating effects that arise in <i>overwhelming situations</i>	God's provisions regarding <i>guilt, lust, and temptation</i>	God's provisions for <i>bondage to misplaced dependencies</i>	God's provisions for resolving <i>interpersonal conflict</i>	God's provisions for <i>unfulfilled desires and discontentment</i>	God's provisions for <i>immature heart motivations for obedience and for disobedience</i>
									Strives to love God wholeheartedly and to love his neighbor as himself
									Defends biblical counseling against competing theories
									God's provisions for <i>decision-making and determining the will of God</i>

¹ "A comprehensive model has four components. A conceptual framework defines norms, problems, and solutions. A methodology engages in skillful, intentional conversation to remedy defined ills. A social structure delivers cure and care to people in need of help. An apologetic subjects other systems to criticism and defends one's model against competitors" (From David Powlison, *Seeing with New Eyes*, New Growth Press, Kindle Edition, locations 84-87).

Definition, Duties, and Tasks of a Biblical Counselor

Methodology — Scripture guides how biblical counselors intentionally engage in life-shaping, wise love when helping others face the challenges of life. Therefore, the biblical counselor ...										
Establishes a Connection	Creates an emotional and physical safe haven for the counselee	Assures the counselee of confidentiality within biblical limits	Discusses the expectations and mutual goals for counseling	Explains the philosophy and methodology of biblical counseling	Pledges commitment to assist in spiritual growth	Listens actively and responds empathetically to the counselee	Displays appropriate transparency	Maintains proper boundaries (avoids dependence, dominance, etc.)	Executes any necessary permission and agreement forms	Prays with and for the counselee
Conducts Assessment	Seeks to understand the counselee's condition (spiritually, relationally, physically, etc.)	Notes objective signs and subjective symptoms displayed in the interview	Determines the nature of the problems(s) and the level of risk/danger to self or others	Explores predisposing, precipitating, and/or perpetuating factors of the problem(s)	Notes the counselee's responses and patterns to the problem(s)	Helps the counselee see his or her interpretive grid (beliefs re: self, God, others, and the ways of God)	Helps the counselee identify thoughts and desires of the heart	Seeks input ethically from other involved parties	Refers counselee if necessary for additional assessment outside the counselor's expertise (e.g., medical/neurological examination, educational/developmental testing)	
Develops a Ministry Plan	Formulates the plan, goals, and strategy for counseling sessions	If possible, consults counselee's physician, family, etc. in developing ministry plan	Helps counselee make sense of his or her problems and past responses	Continues to revise plan, goals, and strategies as counseling progresses	Considers obtaining advice from or referral to another biblical counselor if the problem is outside counselor's training and experience					
Administers the Counseling Process²	Gives hope and reiterates the sufficiency of Christ	Explains the process of sanctification in the trial	Urges commitment to growth in Christlikeness	Solicits commitment regarding the counseling plan, goals, and strategy	Overcomes reluctance and resistance	Teaches scriptural responses for handling life through a biblical grid	Teaches spiritual disciplines for relationship with Christ and encourages local church involvement	Enlists support (accountability, comfort, assistance, etc.) for the counselee	Assigns and follows up homework	Measures growth by biblical standards ³
Supervises Termination	Responds maturely to counselee-initiated termination	Determines when to release from counseling or when to refer	Prepares the counselee for termination							
Plans for Follow-Up	Arranges for ongoing accountability and support	Recommends resources for continued growth								

² The counseling process in biblical counseling is often referred to as treatment in Christian integrationist and secular counseling.

³ Love for God and others, submission to Christ, satisfaction in Christ, and likeness to Christ (fruit of the Spirit, essential virtues of 2 Peter 1, etc.).

APPENDIX B: Definition, Duties, and Tasks of a Biblical Counselor

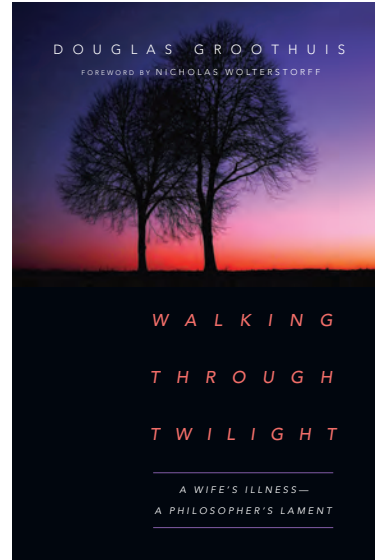
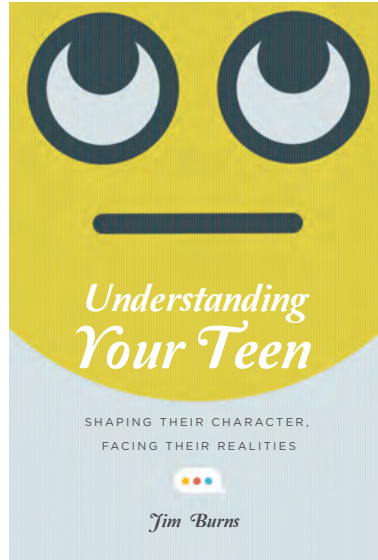
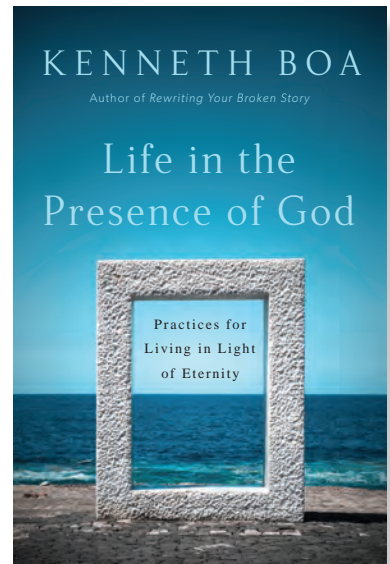
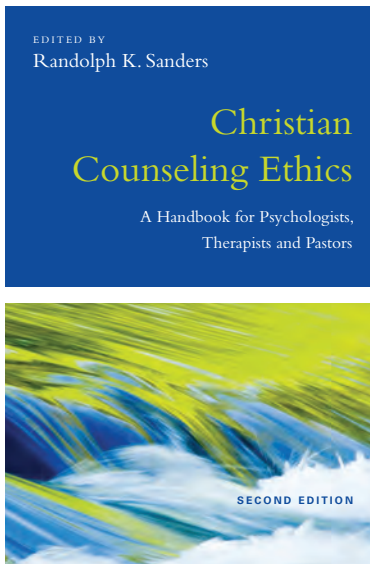
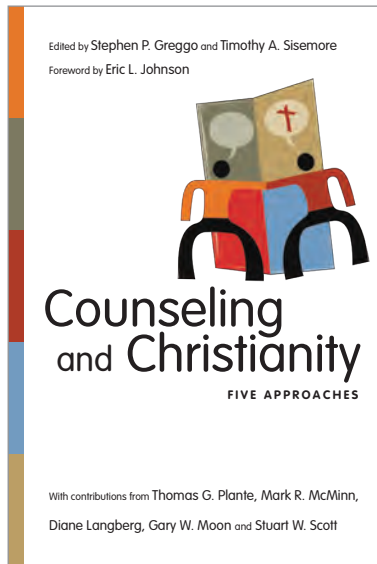
Definition, Duties, and Tasks of a Biblical Counselor

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Professional Practice and Development									
Fulfills Ethical and Legal Responsibilities	Maintains an appropriate relationship with the counselee	Maintains counseling records	Maintains appropriate confidentiality	Communicates with counselee before involving others unless a crime against a minor is involved	Refers to medical help when needed	Networks with appropriate professionals	Stays current on and fulfills legal and reporting requirements	Adheres to applicable rules and policies of his institution	
Cultivates Ministry Opportunities	Serves actively in a local church (youth worker, SS teacher, etc.)	Promotes biblical counseling to church leadership	Seeks internship opportunities to counsel	Explores cross-cultural mission opportunities for ministry, especially while in training	Explores para-church opportunities (camps, adoption agencies, etc.), especially while in training	Networks with biblical counseling ministries and counselors	Explores community opportunities (shelters, crisis centers, youth programs, etc.)		
Pursues Ongoing Counselor Development	Studies Bible & relevant printed material	Utilizes audio and video training resources	Attends counseling conferences	Networks with counseling peers	Seeks counsel from counseling mentors	Pursues advanced counselor training	Seeks credentialled validation, if appropriate		
Structures — Biblical counseling is delivered to people in need through several means. Therefore, the biblical counselor . . .									
Utilizes Supplemental Resources	Involves local church resources whenever possible and appropriate	Involves marital, parenting, legal, financial, educational, and medical resources as needed	Involves parachurch resources when appropriate	Involves civic resources when appropriate					
Apologetics — Theory, methodology, and structures grow from scriptural exegesis which critiques theories and practices that challenge biblical presuppositions and categories. Therefore, the biblical counselor . . .									
Promotes and Defends Biblical Presuppositions and Categories	Understands competing narratives (biological, psychological, New Age, etc.)	Presents at counseling conferences	Writes counseling blogs, books, papers, etc.	Engages in apologetic discourse with secular and religious groups when appropriate					

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