In Defense of Biblical Counseling: Mental Health, Logical Fallacies, and the Sufficiency of Christ

The Exalting Christ Conference, September 7-9, 2023

Derek J. Brown, Ph.D.
Pastor-Elder—Creekside Bible Church
Academic Dean—The Cornerstone Bible College and Seminary

One night after a church service, Jay Adams (1929-2020), a young pastor early in his ministry, was approached by a man who was clearly in a desperate state. After some small talk, the man broke into tears. Though he was a pastor trained in theology and biblical exegesis, Adams found himself unable to comfort this man. About a month later, the man died. Adams surmised that the man likely came to him that night because he had just learned he had a terminal illness, and he needed his pastor's counsel.

It was immediately after this episode that Adams resolved that he would never be left in such a helpless position again, unable to deliver an effective word to a suffering saint. In search of counseling resources, however, Adams could only locate books that were written from a modern psychological perspective, offering the insights from Freud and Rogers. Among the various options, there was essentially nothing written on counseling that applied Scripture consistently to people's problems and provided insights within a robustly Christian worldview. Graduate work in counseling didn't help much either. Becoming frustrated with the principles offered in psychological texts and from practicing psychiatrists and sensing that the philosophical foundations of these disciplines were in direct conflict with Scripture, Adams found himself in a dilemma.

"Gradually", Adams records, "I drifted into hit-or-miss patterns of counseling growing out of on-the-spot applications of scriptural exhortations as I remembered them. Surprisingly, I became a more successful counselor than ever. Of course, age and experience might have accounted for some difference. Yet, I could not help but notice that the more directive I became (simply telling counselees what God required of them), the more people were helped."[1] Adams would go on to teach practical theology classes at Westminster Theological Seminary in Philadelphia and serve in two mental institutions, eventually taking what he was learning in Scripture and putting it into a book, *Competent to Counsel.*

So was born the biblical counseling movement.[2] Since Adams, the movement has grown and matured[3], and many evangelicals have taken up the biblical counseling moniker to distinguish their form of counseling from integrationism.[4] As a pastor, I am committed to a biblical counseling methodology. A biblical counseling methodology is distinguished from its integrationist counterpart

---

[1] Jay Adams, *Competent to Counsel* (Grand Rapids: Baker Book House, 1970), xiii.
[2] See David Powlison, *The Biblical Counseling Movement: History and Context* (Greensboro, NC: New Growth Press, 2010), 51.
[3] See Heath Lambert, *The Biblical Counseling Movement After Adams* (Wheaton, IL: Crossway, 2012).
[4] Integrationism is the name given to a counseling methodology that begins with the premise that Scripture is not sufficient for the counseling task and that faithful counseling requires taking the best insights from modern psychological and psychiatric research and practice. Biblical principles are then "integrated" with modern psychological thought to produce what integrationists believe is a superior model for counseling.

by a commitment to the sufficiency of Scripture.[5] Whereas integrationists argue that Scripture is not sufficient for the counseling task—we also need the insights of psychiatry and psychology to effectively counsel[6]—biblical counselors believe that God has supplied us with everything we need in Scripture to provide effective counsel to God's people.[7]

Nevertheless, the appeal of modern psychology remains strong, and its influence is pervasive. Christians can still fall prey to the allure of psychology and psychiatry when they assume that these disciplines offer objective, unbiased, scientific analysis, interpretation, and treatment of people's problems. When these assumptions hold sway, Christians more easily embrace the insights of modern psychiatry and psychology and dismiss the power of God's Word.

But these concessions are unnecessary. My penultimate goal in this presentation is to help you see with greater clarity that the mental health construct is internally flawed, that it suffers from an irreparable logical crack in its ideological foundation, and therefore cannot provide stable interpretation of or remedies for people's non-medical problems.[8] I want you to see that even before we come to Scripture, we find in modern psychology and psychiatry fundamental problems that undermine its effectiveness for providing genuine solutions for people's problems. Far from unbiased, modern psychology is naturalistic at its core and therefore cannot be melded to a Christian approach to counseling. It qualifies as a religious/philosophical system that is rooted in the elementary principles of the world and the traditions of man, rather than in Christ (see Col 2:1-8).

But exposing the irremediable problems that afflict the mental health movement is meant to serve my ultimate aim: to renew your appreciation for the sufficiency of Christ in a biblical counseling methodology. By offering an internal critique of the mental health movement, I want to remind us again that Christ and his Word are all that we need to effectively counsel fellow Christians who suffer from non-medical problems.

---

[5]Lambert, *After Adams*, 120.

[6] See Stanton L. Jones and Richard E. Butnam, *Modern Psychotherapies: A Comprehensive Christian Appraisal* (Downers Grove, IL: InterVarsity, 2012), 49; Stanton Jones, "An Integration View," in *Psychology and Christianity: Five Views*, ed. Eric L. Jones (Downers Grove, IL: IVP, 2010), 110.

[7]Lambert writes in his *Theology of Biblical Counseling*, "The biblical counseling movement is based on the conviction that God has inspired the Scriptures in such a way that they really are sufficient for the kinds of problems that counselees reveal in counseling" (83).

[8]It is important to make a distinction between medical and non-medical problems when discussing the inability of modern psychology to offer adequate interpretation of so-called "mental health" problems. What I am not suggesting in my critique of modern psychology is that Christians should ignore legitimate medical ailments because of our belief that "Scripture is sufficient for counseling." Scripture *is* sufficient for counseling, but it is *not* sufficient for true medical diagnosis. Biblical counselors, therefore, should work with medical doctors when counseling someone who has an identifiable organic illness. Nevertheless, by classifying certain problematic behaviors as a "mental illness," the mental health movement has placed such behaviors within a medical category that can only be remedied by medical professionals. Within such a framework, everything is classified as "medical," including ailments that don't have an identifiable organic cause. By rejecting the category of "mental illness," biblical counselors are not rejecting medical science, but only that which wrongly classifies itself as medical science. This collapsing all problematic behaviors into a medical category is the logical result of a naturalistic anthropology. If the mind is a product of the brain, then ailments concerning the mind must be treated biologically. Christians must reject this naturalistic anthropology. A helpful resource for navigating the difference between medical and non-medical problems when it comes to common mental illnesses is Charles D. Hodge, ed., *The Christian Counselor's Medical Desk Reference*, Second Edition (Greensboro, NC: New Growth Press, 2023).

The Origin of Modern Psychology: The Enlightenment

An important but underappreciated truth about modern psychology is that it finds its origins in the Enlightenment.[9] The Enlightenment was (broadly speaking) an intellectual movement that began in England in the early 17th century, developed in France and Germany in the 18th century, and peaked around the 19th century.[10] The movement was characterized by a rejection of traditional sources of authority—Scripture and the Church specifically—and a reverencing of human reason as the sole or primary arbiter of truth. According to the Enlightenment philosophers, neither Scripture nor the church are reliable sources of real knowledge, for their dictates depend on faith. Genuine knowledge of the world must come by way of reason and sense-perception, not faith in some external authority. Truth was to be assessed and established by the individual's autonomous reason which meant that the Bible was now vulnerable to devastating critique.

What began as philosophical musings soon weaved themselves into the fabric of society so that all areas of human learning shifted to accommodate the findings of the Enlightenment philosophers.[11] Relevant to our topic, it was within this shift away from Scripture as a reliable source of truth concerning God, humans, and our condition, that modern psychology was born. Sigmund Freud (1856-1939), for example, often called the "Father of Modern Psychology," sought to ply his trade within an explicitly anti-Christian framework.[12] What were once considered spiritual problems were rebranded in his model as "psychological" ailments[13] and treated with a combination of verbal counsel and pseudo-medical intervention, all of which were developed in a naturalistic framework that viewed Christianity as one of the primary reasons for people's neurosis.[14]

B. F. Skinner (1904-1990), building from a Darwinian evolutionary framework, developed his anthropology in strictly materialistic terms and viewed human behavior as the product of biological processes. Wilhelm Wundt (1830-1920), usually recognized as the father of experimental psychology, laid the groundwork for modern psychology. In the late 19th century, Wundt was the first to

---

[9]I am focusing on what is called "Modern Psychology," a name given to the movement that flowered in the post-enlightenment West. Historians of psychology recognize that psychology, loosely defined as a study of human mind and behavior, is found in early Greek philosophy. See John G. Benjafield, *A History of Psychology* (New York: Oxford University Press, 2010); Duane P. Schultz and Sydney Ellen Schultz, *A History of Modern Psychology,* Tenth Edition (Belmont, CA: Wadsworth, 2011).

[10]W. Andrew Hoffecker prefers to speak of Enlightenments because this intellectual movement was not monolithic, nor did it originate in one geographical location and spread henceforth. Hoffecker writes, "…rather than depicting a homogenous period, marked by virulent hostility to religion, we will show that plural "Enlightenments" more appropriately portrays the diversity of perspectives in this period. We will examine the plurality of views that developed in Britain, Germany, and America. What emerges are a series of Enlightenments—some radical, which attempted a total recasting of thought, and others more moderate, which sought to accommodate new ideas with traditional religion that radicals sought to replace" (W. Andrew Hoffecker, "Enlightenments and Awakenings: The Beginning of Modern Culture Wars," in *Revolutions in Worldview: Understanding the Flow of Western Thought* [Phillipsburg, NJ: P & R, 2007], 240.).

[11]Christopher Kirwan says that "virtually every European country, and every sphere of life and thought, was affected by [the Enlightenment]" ("Enlightenment, in *The Oxford Handbook of Philosophy* [New York: Oxford 1995], 236).

[12]Richard Lints, "The Age of Intellectual Iconoclasm: Revolt Against Theism," in *Revolutions in Worldview*, 298-301.

[13]The word "psychology" is a Latinized version of two Greek words, *psyche* (soul, breath) and *logos* (word). Psychology, then, literally means, "a word about the soul" or "a study of the soul."

[14]It's been noted that Freud, along with some of his contemporaries, challenged the idea that reason could accomplish what the Enlightenment philosophers claimed it could. Nevertheless, Freud's own thinking about reality and truth was grounded in Enlightenment assumptions, particularly those that undermined the basis for Biblical truth and a Christian theistic worldview. Even in questioning reason's capacity to determine truth, Freud relied on reason, for there was nowhere else to turn. See Eric Johnson, "A Brief History of Christians in Psychology," in *Psychology and Christianity, Five Views*, ed. Eric Johnson (Downer's Grove, IL: IVP, 2010), 18-19.

establish a laboratory "for the purpose of studying immediate human experience,"[15] yet without reference to a biblical anthropology. As Wundt's influence grew, so did a retreat from Scripture as a source of knowledge about human nature. Eric Johnson explains,

> Wundt's influence was enormous, and similar laboratories and programs soon sprung up throughout Europe and the United States. As the impetus to turn psychology into a natural science grew across the West, biblical study and philosophical reflection were systematically excluded as sources of knowledge about human nature, in favor of the empirical investigation of the structures and processes of the senses, mind, memory, and behavior.[16]

The apparent scientific nature of psychology now gave it epistemological legitimacy. Scripture, it's influence still waning due to the Enlightenment, was increasingly set-aside as a source of knowledge about the human person. Modern practitioners have followed with these assumptions.

The point of this brief historical survey is simply to note that the modern study of human mind and behavior (i.e., psychology) has been developed within a self-consciously naturalistic framework that views the human person in materialistic terms. This anthropology stands in direct conflict of a biblical anthropology which sees the human person as a unity of a physical body and an immaterial mind. Interpretations of human behavior and speculation about the inner-workings of the human person that are rooted in a naturalistic anthropology, therefore, must falter at some point because they are not grounded in reality. Indeed, we see that modern psychology suffers from an irremediable logical problem at its very foundations.

The Mental Health Construct: Self-Contradictory
The notion of mental health, though widely embraced in Western society as a legitimate category for understanding human thought and behavior, is not built on strong conceptual foundations. Consider the definition of mental illness/disorder in the latest version of the Diagnostic and Statistical Manual (DSM-5).

> A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior, that reflects a dysfunction in the psychological, biological, and development processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless deviance or conflict results from a dysfunction in the individual, as described above."

Even without an appeal to Scripture, this definition is, on its own, incoherent. Note first that a mental disorder is defined as a syndrome. A syndrome is a "group of signs and symptoms that occur together and characterize a particular abnormality or condition."[17] The classification of mental illness as a "syndrome" is significant because it tacitly concedes that the concept of "mental illness" resists traditional diagnostic procedures and conclusions.

---

[15]Johnson, "A Brief History," 19.
[16]Johnson, "A Brief History," 19.
[17]Merriam-Webster, "Syndrome," at https://www.merriam-webster.com/dictionary/syndrome.

When it comes to physical ailments, a doctor aims to trace a patient's symptoms to an underlying organic cause. For example, a doctor would run medical tests to see if lung cancer was the principal cause of a patient's shortness of breath, chronic cough, extreme fatigue, and chest pain. If the tests were positive for lung cancer, the patient would receive a *diagnosis*. This diagnosis would provide the underlying cause for the symptoms.

A mental illness, however, is defined *by* its symptoms. Inserting the definition for "syndrome" back into the *DSM* definition above, we get this: "A mental disorder is a group of signs and symptoms that occur together and characterize a particular abnormality or condition." Notice that the mental illness is the "group of signs and symptoms," that "characterize" a specific "abnormality or condition." It is *not* the condition itself. Thus, a mental illness is not diagnosed in the way physical illness are. Indeed, a mental illness isn't diagnosed at all if by "diagnosis" one means the identification of an underlying disease that gives rise to certain symptoms.[18]

Rather, the diagnosis of a mental illness is merely the *affirmation of symptoms*. This is why many of the various diagnoses in the *DSM* do not provide the reader with a clear root cause of a given disorder. Rather, most disorders discussed in the *DSM* are just detailed descriptions of the kind of behaviors a person may exhibit. These behaviors are usually referred to as "symptoms," because the assumption is that this condition is a medical ailment that should therefore receive medicinal treatment.

But this is not a diagnosis in the traditional sense of the word—it is merely a verification and labeling of a person's problematic behaviors. By affirming symptoms and calling it a disorder, the *DSM* is guilty of a creating a tautology that appears sophisticated but yields no real knowledge about what is happening to the person in question.[19] The symptoms are evidence of the disease *and* the disease itself. This is illogical.

Also, according to DSM's definition, for a person to be diagnosed with a mental illness they must display serious "disturbance" in their "cognition, emotion regulation, or behavior," and these symptoms must be "clinically significant" to classify as a mental illness. The phrase "clinically significant" usually means that a person's symptoms have increased to such a pitch that the person is now unable to manage normal, day-to-day responsibilities and routines.[20] In other words, the person in question is exhibiting such problematic behavior that their ability to manage daily routines and fulfill social and employment obligations is severely hindered. Work, relationships, financial responsibilities, even attention to personal hygiene, must be curtailed to a substantial degree for a collection of symptoms to qualify as a mental illness or disorder.

This set of severe symptoms, the DSM states, "reflects a dysfunction in the psychological, biological, and development processes underlying mental functioning." With this sentence, the DSM attempts

---

[18]The section starting here and ending at the subheading, "Why Expose Psychology's Internal Contradictions?" was adapted from Derek Brown, "Defining Mental Illness," at With All Wisdom, May 12, 2023, https://withallwisdom.org/2023/05/12/defining-mental-illness-psychiatry-and-psychologys-internal-contradiction/.
[19]A tautology occurs when someone says the same thing two different ways. The DSM is guilty of creating a tautology when it makes a person's behaviors the symptoms of the disorder *and* the disorder itself. For example, if a person has so-called anxiety disorder, the DSM's definition of mental illness essentially requires us diagnoses it like this: "You have anxiety therefore you have anxiety." It is clear that framing a diagnosis like this is not logically valid.
[20] That's why the *DSM* includes this sentence: "Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities."

to root the mental illness in a foundational cause. There is "dysfunction"—an impairment of some kind—at the level of the person's psychology, biology, and/or "developmental processes" that give rise to a person's mental state.

This is a confusing sequence of terms for two reasons. First, because of the overlap of meaning between "psychological" and "mental." The term "psychological" is always defined in the common parlance with a reference to the "mind."[21] The DSM is basically saying that the so-called disfunction is occurring in the mental processes that underly mental functioning. This sentence doesn't communicate any real knowledge.

Second, this is a convoluted sentence because there is no consensus within modern psychiatry and psychology as to how to define the "psychological" in relation to the "biological" or the "mental" in relation to the "physical." As we've already noted, modern psychological theory is built upon naturalistic assumptions concerning man's nature—assumptions which, by definition, do not allow for the immaterial category of "mind." Yet the distinction between "psychology" and "biology" in the *DSM*'s definition seems to *assume* material and immaterial components of the human person.

Again, however, in a great irony, because modern psychological science assumes naturalism as its philosophical starting point, the category of "psychology" doesn't have any real explanatory power. Indeed, in a recent academic article published in *Psychological Medicine*, authors Stein, Palk, and Kendler concede that the interaction between "psychological" and "biological" components of a person is a mere construct.[22] It is a construct because, working within naturalistic foundations, there can be no *psyche* (i.e., soul or immaterial mind) and thus no *real* interaction with biology.

The Need for Body *and* Soul
At a popular level for well over a decade, some psychologists have been pushing against these strict naturalistic parameters, arguing that the concept of an immaterial "soul" or "spirit" or "mind" (i.e., something other than brain and biology) is a necessary category without which one cannot speak coherently of people's *mental* problems. The attempt to speak of mental illness within an Enlightenment framework is, according to one psychologist, a foundational flaw within the structure of modern psychology.

> Post-Cartesian rationalism holds firm, Jung [the spiritualist] is marginalized and psychology, to great dismay, is ever more firmly planted in the arena of science….Unable to bear the weight of the false, or at least incomplete, premise under which it labors, psychology—divorced from spirit—has begun to crumble under the weight of its own inauthenticity.[23]

Formica's mention of "post-Cartesian rationalism" here refers to the tendency after Enlightenment philosopher Rene Descartes (1596-1650), a mind/body dualist, to collapse mind and body into one entity. Sigmund Freud, for example, was a monist—he assumed everything could be explained by

---

[21]The word "psychological" is defined as, "relating to the human mind and feelings." See Cambridge Dictionary, "psychological," https://dictionary.cambridge.org/us/dictionary/english/psychological, accessed August 17, 2023. See also https://www.vocabulary.com/dictionary/psychological; https://www.dictionary.com/browse/psychological; https://www.dictionary.com/browse/psychology; https://www.britannica.com/dictionary/psychological.
[22]Dan J. Stein, Andrea C. Palk, and Kenneth S. Kendler, *Psychol Med*. 2021 Apr; 51(6): 894–901.
[23] Michael J. Formica, "The Faliure of Psychology and the Death of Psychotherapy" at Psychology Today, August 16, 2008, https://www.psychologytoday.com/us/blog/enlightened-living/200808/the-failure-psychology-and-the-death-psychotherapy.

reference to one substance, not multiple substances (like an immaterial mind and a physical brain). Most psychiatrists and psychologists today believe that the "mind" is a product of the brain.

Formica sees that psychology presently suffers from a severe internal contradiction. On the one hand, the scientific component of psychological inquiry is naturalistic—mental states are reducible to biology and can be studied and assessed along such lines. On the other hand, as Formica has concluded from his own experience, there is irremediable loss in the study of human motivation and behavior when the category of "soul" or "spirit" is downgraded to a mere theory or less. We all seem to know intuitively that we are more than our biology. Unfortunately, Formica turns to eastern religion instead of Christian theism to provide a "theological" basis for the category of an immortal soul. "All of this is a powerful reminder that as the Buddhists say, mind is Mind, mind is not brain— where Mind is that self-same expansiveness of Universal Spirit."[24] Nevertheless, Formica realizes that his work as a psychologist—one who is seeking to help people with the problems of their soul—cannot proceed if there is no "soul."

I mention these internal inconsistencies within modern psychiatry and psychology to underscore the stubborn truth that mental illness *does not* have strong conceptual or logical footing, despite how it is portrayed in popular media and popular-level psychological books. Even doctors who worked on the *DSM*'s previous iterations are voicing their concern that current attempts to define "mental illness" are tenuous at best.

A Lack of Conceptual Clarity
Take for example Dr. Allen Frances. Dr. Frances is a former professor of psychiatry who served as the chair of the *DSM*-IV task force in the early 1990s. In his book, *Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*, Frances laments that there are no past or present definitions of mental illness that enable one to accurately assess whether a person has such a condition. In a remarkable admission, Frances comments:

> I have reviewed dozens of definitions of mental disorder (and have written one myself in DSM-IV) and find none of them the slightest bit helpful either in determining which conditions should be considered mental disorders and which not, or in deciding who is sick and who is not.[25]

Frances' conclusion should not surprise us. Given the incoherence that afflicts modern psychiatry and psychology at their philosophical foundations, we should expect that naturalistic attempts to define mental illness do not lead to greater conceptual clarity.

Actually, the question of whether "mental illness" is a legitimate category has been challenged by psychiatrists and psychologists for decades. A significant work highlighting the logical confusion that pervades modern psychiatry and psychology (recently re-released with a new preface in 2003) is Thomas Szasz's *The Myth of Mental Illness*. The late Dr. Szasz was a professor of psychiatry at the State University of New York for over 50 years. In the preface Szasz comments,

---

[24] Michael J. Formica, "The Faliure of Psychology and the Death of Psychotherapy."

[25] Dr. Allen Frances, *Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life* (New York: Mariner, 2014), 16-17.

The claim that "mental illnesses are diagnosable disorders of the brain" is not based on scientific research; it is a lie, an error, or a naïve revival of the somatic premise of the long-discredited humoral theory of disease….In medical school, I began to understand clearly that my interpretation was correct, that mental illness is a myth, and that it is therefore foolish to look for the causes and cures of the imaginary ailments we call "mental diseases." *Diseases* of the body have causes, such as infectious agents or nutritional deficiencies, and often can be prevented or cured by dealing with these causes. *Persons* said to have mental diseases, on the other hand, have reasons for their actions that must be understood; they cannot be treated or cured by drugs or other medical interventions, but may be helped to helped themselves overcome the obstacles they face.[26]

Szasz continues in his book to argue with sharp insight and refreshing logical clarity that the label mental illness did not derive from identifying actual diseases, but by changing the definition of what constitutes a disease. Szasz observes, "…to the established criterion of detectible alteration of *bodily structure* was now added the fresh criterion of alteration of *bodily function*; and, as the former was detected by observing the patient's body, so the latter was detected by observing his behavior"[27]

This is why, modern attempts to root mental illnesses in discernible differences in brain structure notwithstanding (attempts that have thus far yielded no clear empirical evidence of a neurological *cause* of mental illness, only neurological *involvement*), a physician's "diagnosis" of a mental illness is almost always based on the mere observation of a patient's behavior, *not* on medical tests that reveal an underlying organic cause.[28]

Why Expose Psychology's Inherent Contradictions?
Why labor to expose these foundational logical problems that undergird modern psychology? For two primary reasons. First and most importantly, because there is major (near total) overlap between the practice of secular psychology and biblical counseling when it comes to our respective conceptual territory. Modern psychology is a comprehensive framework[29] in which to observe and interpret problematic human behavior and then apply remedies to such problems. Biblical counseling is also a comprehensive framework in which to observe and interpret problematic human behavior and then apply remedies to such problems. Psychology aims to disciple the mind, heart, and life of the counselee; so does biblical counseling. Psychology trades in the realm of thought, motivation, desire, relationships, appropriate behavior, happiness, and inner peace. These are all areas of *Christian* discipleship and are therefore under the jurisdiction of Christ and his Word.

We must constantly articulate the conceptual overlap between psychology and Christian discipleship because Christians—even Christian leaders—often distinguish between so-called psychological counseling and spiritual counseling. Take this recent tweet by a professor of theology at Abilene Christian University:

---

[26]Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper Perennial, 2010) xii, xviii.

[27] Szasz, *The Myth of Mental Illness*, 12.

[28] Physicians will sometimes have their patients submit to blood tests, but this is done to rule out any organic cause of their supposed mental illness, not to establish the mental illness in the person's biology.

[29] This needs to be qualified a bit. There is no one, unified "psychology." Rather, there are many different schools of psychological thought that each attempt to explain human behavior according to a particular model or theory. My point here is simply to say that these modern psychologies are all attempting to provide a comprehensive framework within which to understand human thought and behavior.

Reminder: your minister is not trained to do psychological counseling. They can offer you spiritual counsel abundantly, and should! But to see a therapist as well.[30]

The obvious assumption of this tweet is that there is such a thing as "psychological counseling" that is distinct from "spiritual counseling." But, if we understand counseling as simply "a conversation where one party with questions, problems, and trouble seeks assistance from someone they believe has answers, solutions, and help,"[31] all the issues with which psychology deals fall within the parameters of "spiritual counseling." In other words, psychologists *are* doing spiritual counseling, but only within a naturalistic framework. The distinction between so-called psychological counseling and "spiritual" counseling is a post-enlightenment development where the former is assumed to be rooted in empirical science and reason while the latter is rooted in faith. But this alleged distinction only masks the reality that the psychologist *is* handling spiritual issues (i.e., those which pertain to Christian discipleship), but he is interpreting these issues through a materialistic lens.

We must keep in mind that *any* counsel about *any* problem we might give or receive comes with assumptions about reality, the existence or non-existence of God, the nature and composition of humankind, mankind's greatest problem, the connection of our smaller problems to a deeper problem, legitimate sources of truth, the goal of human existence, the definition of happiness, and many other assumptions that relate directly to Christian truth.

Granted, a counselor or counselee may not consciously recognize that such assumptions underly all counsel, but the assumptions are there, flavoring and coloring the counsel being given.[32] In other words, all counsel is *theological* by nature. Or, to say it another way, "Counseling is a theological discipline."[33] As David Powlison has aptly noted, "Psychotherapy is not a neutral, technical expertise. Counseling practices and strategies are designed to facilitate change in beliefs, behaviors, attitudes, values, and relationships."[34] It is naïve to assume that psychologists and their counsel are not shaped by their view of God, man, and the world.

Secondly, we need to expose the logical problems in modern psychology in order to again demonstrate the glorious sufficiency of Christ and his Word for the counseling task. Apart from biblical truth, we cannot provide accurate, effective, Christ-honoring, genuinely-helpful counsel to anyone. Stated positively, Scripture provides us all that we need to help people overcome their problems in a way that glorifies God and is eternally beneficial to them.

Consider how major psychological ailments can be easily re-classified according to biblical categories.

---

[30] Miles Werntz, Twitter, February 19, 2023.
[31] Heath Lambert, *A Theology of Biblical Counseling*, 13.
[32] See Pierre, "Scripture is Sufficient, but to do what?" in *Scripture and Counseling*, 100. "Beliefs about people gained throughout life, whether by casual or more scientific observation, are automatically subordinated, prioritized, and ordered according to some interpretive framework, whether a person is aware of the framework or not. We can have no truly independent beliefs. And the framework is self-perpetuating since whatever our control beliefs are will determine the questions we ask an the eventual direction our psychology heads."
[33] Lambert, *Theology*, 11.
[34] Powlison, "A Biblical Counseling View," 257.

Disorder	Symptoms/Behaviors[35]	Psychological Analysis	Biblical Analysis
ADHD	Fails to give close attention to details; has trouble sustaining tasks; does not listen when spoken to directly; has difficulty organizing tasks and activities; avoids, dislikes, and is reluctant to engage in tasks that required sustained mental effort (e.g., schoolwork, reports, forms, etc.); often loses important items that are necessary for particular tasks; forgetful in daily duties; often fidgets in seat or leaves seat when remaining in one's seat is expected/required; often runs and climbs in areas where it is inappropriate; often blurts out the answer before a question has been completed; can't wait their turn ;'	Six or more of the symptoms occur within six months indicate that a person has the disorder. There is no biological marker is diagnostic for ADHD. "Inadequate or variable sell-application to tasks that require sustained effort is often interpreted by others as laziness, irresponsibility, or failure to cooperate." (The DSM doesn't provide any description of a root cause of ADHD.) ADHD is typically treated through psychotherapy and medication.	The DSM only provides a list of the problematic behaviors but doesn't provide a root cause of these behaviors. Trouble attending to tasks can be caused by environmental factors (poor home life, illness, malnutrition, etc.), but can also be an indication of a person's heart and inner desires (Prov 4:23), for we tend to pay attention to what we love. So-called ADHD behaviors can also be classified as a fruit of laziness, selfishness, and born out of a reluctance to engage in that which is difficult or doesn't initially interest us. Christian maturity is characterized by a growing capacity to do what is right and to fulfill our responsibilities before God, even when we don't feel like it or when it doesn't initially interest us.[36] Restlessness, a general behavior of ADHD, can be the fruit of a burdened conscience, or anxiety (Ps 55:2), both of which are significantly influenced by how we view our standing with God (Rom 5:1). But general restlessness may

---

[35]I am using the symptom/behavior terminology in order to demonstrate the difference between the way psychology and biblical counseling assesses these so-called mental illnesses. These symptoms/behaviors are taken from the *DSM-V*.

[36]Interestingly, the DSM concedes that, "Signs of the disorder may be minimal or absent when the individual is receiving frequent rewards for appropriate behavior, is under close supervision, is in a novel setting, is engaged in especially interesting activities, has consistent external stimulation (e.g., via electronic screens), or is interacting in one-on-one situations (e.g., the clinician's office)" (61).

			also be (especially in young boys) simply an indication of high-energy. The Christian must learn to control their minds, exercise diligence, do that is difficult for the glory of God and the good of others, and grow in self-discipline.
Generalized Anxiety Disorder	Excessive worry that a person is unable to control; leads to restlessness, fatigue, irritability, difficulty concentrating, clinically significant distress in social, occupational, or other important areas. The disturbance is not related to a medical condition or to medication and not explained by another disorder. Anxiety disorder will manifest in emotional symptoms (feelings of dread, tenseness, anticipating the worst) and physical symptoms (racing heart, shortness of breath, sweating, tremors, twitches, headache, fatigue, insomnia, upset stomach, diarrhea).	In children and adolescents with generalized anxiety disorder, the anxieties and worries often concern the quality of their performance or competence at school or at a sporting event. There may be continual worry about war or other major catastrophic events. People with anxiety disorder are typically overzealous in seeking reassurance and approval and require excessive reassurance about their performance and other things they are worried about. Anxiety disorder is treated with psychotherapy, medication that reduces the sense of anxiety, and complementary health approaches, including stress and relaxation techniques.	Anxiety can be defined as "fear that something bad may happen to me or to someone or something I care about." Anxiety can be good or sinful, or a combination of both. Good anxiety is a gift from God and demonstrates that we have appropriate care for ourselves and those we love (see Prov 23:3; 2 Cor 11:28) Anxiety might also be the fruit of a burdened conscience, lack of trust in God's provision (Matt 6:25ff), the fear of man (Prov 29:25) or a desire for the wrong things (Prov 21:5). Christians must first make sure they have genuine assurance of salvation, for lesser anxieties cannot be overcome unless the greatest source of our anxiety is dealt with (Heb 2:14-15). The Christian is to grow, by grace, in their trust in God and his provision and learn to actively cast their anxieties on God (1 Pet 5:7) while also recognizing that good anxiety is a gift from God that must not be muffled.

			Also, Christians must remember that anxieties will always exist as we live in a fallen world (Prov 12:25). Christians must also learn to take risks for the sake of love and overcome their fears in order to serve others (Phil 2:3-5).
Bipolar Disorder	The person experiences manic or hypomanic episode followed by a depressive episode. The manic episode is a distinct period of "abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day" during the episode. A person in a manic episode will often have an inflated self-esteem, be extremely talkative, exhibit a short attention span, impulsiveness, and poor judgement. The depressive episode occurs for a 2-week period and is characterized by a depressed mood most of the day, nearly every day, attended by feelings of hopelessness, diminished interest or pleasure in daily activities, diminished ability to concentrate, insomnia, recurrent thoughts of	The exact cause of bi-polar disorder is unknown. A person may be at greater risk if they have a close relative (like a parent or sibling) who has it. Periods of high stress may also cause an onset of bi-polar disorder. Bi-polar disorder is treated by medication to balance moods and psychotherapy.	There are many underlying heart and motivational issues that relate to the kind of behavior exhibited by someone with bi-polar disorder. Scripture speaks often about depression, despair, and hopelessness, while countering all of these emotions with promises of God's provision of salvation in Christ, eternal life, heaven, God's presence, God's providential care for his people. Those who attempt to combat their despair with a headlong pursuit of an emotional high (usually through increased attempts at productivity) are not dealing with their despair in a biblically balanced way. Christians must learn to respond to life with self-control, steadiness, and sober-mindedness, not emotional reactionism. The average age for bi-polar onset is 25. Rarely is bi-polar diagnosed for people over 40. This is likely due to the fact that emotional stability often increases

	death and suicide ideation.		with age, whereas emotional volatility characterizes younger people.
Dissociative Identity Disorder (DID)	Disruption of identity characterized by two or more distinct personality states (usually called "alters"). "The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning."	DID is a mental illness that is often found in people who have suffered repetitive childhood trauma, such as physical and sexual abuse. Psychotherapy is the primary treatment for DID. There are currently no medications that treat DID directly, though some other medications may be used to alleviate other symptoms, such as depression.	People can often respond to sins committed *against* them in ways that are not ultimately helpful. DID is a way of coping with sin that has been committed against oneself. An unbeliever does not have God or the gospel, so they cannot handle with the deep pain, despair, anger, and fear that has been caused by the sin committed against them. Multiple personalities are fabrications of the mind and not truly distinct "persons." A biblical anthropology teaches that we are a psycho-somatic unity (body and soul) and therefore one *person*. To be "double-minded" is sinful and should always be resisted by the believer (James 1:8). In some cases, a person with DID may be the subject of demonic possession. The trauma experienced by these people cannot be dismissed, but neither can it be used as an excuse to escape from reality and act in ways that are self-centered and childish.

The Aims of the Mental Health Movement: Fulfilled in Salvation

In this presentation I've sought expose the foundational problems that afflict modern psychology to renew Christians' appreciation for Scripture, the sufficiency of Christ, and a biblical counseling methodology. We've seen that modern psychology was born out of the Enlightenment, developed according to Enlightenment principles, and was self-consciously naturalistic in its methodology. While psychologists in some cases have achieved what David Powlison calls, "common grace

goods"—restoring relational peace to marriage, helping people get sober or avoid a suicide[37]—it can never be viewed as a legitimate alternative to biblical counseling or a system that can be blended with Christianity. Modern Psychology and Christianity are offering competing remedies to the same problems. When we don't allow materialistic assumptions to hold sway and we are careful to define mental illnesses according to biblical categories, we see that God's Word provides us with the tools, insights, and resources we need to effectively help Christians overcome their problems.[38]

We also noted above that there is near total overlap between psychological counsel and Christian discipleship in terms of their respective categories and general aims. In this last section, I want to note briefly how Scripture views man as a redeemed, mature Christian. We will see that the aims of the mental health movement and psychologists find their fulfillment in Christ and salvation. Consider first the aim of the Christian life.

The aim of the Christian life is to glorify God in all we do (1 Cor 10:31), to walk in a manner pleasing to him (Col 1:10), grow in love for God and neighbor (Matt 22:37-39), and make progress in spiritual maturity (Col 1:28). What does maturity in Christ look like? Maturity in Christ is marked by growing in the fruit of the Spirit (Gal 5:22-23). We need to see that much if not most of the counseling task involves these issues—even in a non-Christian counseling setting—because many of people's problems stem from their lack of these fruit.

- **Love** – A person who is lacking in love will be a person whose relationships are in shambles and who is consumed with self. This approach to life will cause short- and long-term grief, guilt, and a defiled conscience. A loving person, however, will enjoy rich relationships and avoid much of the self-inflicted grief that comes with a devotion to self (Acts 20:35; cf. 2 Tim 3:2).
- **Joy** – Much of counseling involves helping people who are in the throes of depression. Their problem is a lack of joy rooted in the absence of hope. Joy is a fruit of the Spirit that can only be supplied through salvation in Christ.[39]
- **Peace** – Again, much counseling involves helping people who are are full of anxiety and who may not be at peace with other people in their life. Through Christ, the Spirit provides us both an inner peace amid difficulty (see John 16:33; Phil 4:4-9) and the resources to be at peace with others (Rom 12:16, 18; James 3:13-17). Guilt and a defiled conscience are the primary enemies of inward peace. Christ provides a sacrifice that removes a person's guilt and cleanses their conscience (Heb 9:14; 10:22), providing the only true and enduring grounds for inner peace and the basis by which we can be at peace with others (Rom 12:18-21; Eph 4:32).
- **Patience** – A lack of patience will have detrimental effects on a person's relationships and work. A lack of patience may even lead to law-breaking (e.g., road rage, violence, etc.). Spirit-

---

[37]David Powlison, "A Biblical Counseling View," in *Psychology and Christianity: Five Views*, 259.

[38]A helpful and easily accessible resource for showing how contemporary mental disorders can be recategorized in biblical terms is Marshal and Mary Asher's *The Christian's Guide to Psychological Terms*, Second Edition (Bemidji, MN: Focus Publishing, 2020).

[39]This is not to suggest that the Christian life is one of unabating joy. Actually, Scripture deals rather thoroughly with the issue of despair and what is today called "depression" (e.g., Ps 5:1; 6:2-6; Ps 28:2; 32:3-4; 69:2; 130:1). There are many factors that contribute to depression, not the least of which are a defiled conscience, fear of the future, lack of purpose, and suffering. Scripture speaks to each of these.

produced patience removes much trouble from our lives and allows us to navigate suffering well (Luke 8:15; Rom 12:2; 1 Cor 13:4; 1 Thess 5:14; James 5:7).

- **Kindness** – A person lacking in kindness will likely be filled with bitterness and vindictiveness, which in turn causes more guilt and anxiety. The fruit of kindness enables us to treat others well and maintain a good conscience (1 Cor 13:4; see also 1 Peter 3:16).
- **Faithfulness** – A person lacking in faithfulness will experience significant problems in their marriage, friendships, at work, and in their financial life. The Spirit produces a life of faithfulness where we are fulfilling our obligations to our spouses, friends, family members, employers, and creditors (Prov 14:5; 25:15; 28:20).
- **Self-Control** – Counseling often involves helping people manage their unruly desires and appetites. The Spirit enables us to temper our desires and appetites so that we enjoy the gift of earthly life in its right order and proportion. A Spirit-led Christian will not be overrun by anything in this world (1 Cor 6:12ff).

A vital mark of Christian spiritual maturity is growing in this very fruit of the Spirit. Many personal problems are remedied when a Christian makes progress in bearing the fruit of the Spirit. But consider the other marks of Christian maturity. In each case we find a someone who would be classified as "mentally healthy."

- **Christian maturity is marked by growing obedience to God.** A Christian growing in spiritual maturity is marked by self-denial for the sake of Christ (Luke 9:23), personal holiness (1 Peter 1:16), regular repentance from sin (1 John 1:9), a mind that is transformed more and more by the Word of God (Rom 12:1-2), patience in well-doing (Gal 6:9-10), wisdom (Prov 14:8), fruitfulness in good works (1 Tim 6:18; Titus 3:14), a forgiving spirit (Eph 4:32), active use of their spiritual gifts in building up the church (1 Cor 12:8), freedom from the fear of man (Prov 29:25; Gal 1:10), growth in virtue (2 Pet 1:5), and the knowledge of God (Phil 1:9). This is a happy, stable, fruitful, productive life. This is a picture of "mental health." Yet, these are all areas of discipleship and therefore must be addressed by the Word of God.

- **Christian maturity is marked growing trust in God**. When a Christian is trusting in God, they are experiencing peace and hope in trying circumstances, persevering through suffering, and acting courageously due to their reliance on God's goodness and righteousness (Prov 3:5-6; Heb 12:5-6). Again, much counseling centers around people's lack of peace and hope in difficult circumstances, their inability to persevere through suffering and see a good purpose in it. But Christian maturity is marked by a growth in peace and hope in God and the ability to trust God's goodness in the midst of your suffering (Rom 8:28).

- **Christian maturity is marked by growth in spiritual and doctrinal stability.** Christian maturity results in a stability in one's life, both spiritually and doctrinally. The mature Christian isn't beset by constant uncertainty about the truth or foolish and selfish behavior. They are growing in knowledge of God and love for the brethren (Eph 4:13-16).

- **Growth developing in a wise, well-ordered life.** The growing Christian is making the best use of their time (Eph 5:15-16), so they aren't bearing the scourge of laziness (Prov 13:4; 15:19; 20:4; 21:15; 24:30-34). Their life is characterized by wise decisions (Prov 14:8).

- **Growth in worship.** The growing Christian is characterized by being controlled by the Spirit which leads worship, personal and corporate, thankfulness, and submission to appropriate authorities (Eph 5:18-21).

I am emphasizing the nature of Christian maturity for two reasons. First, *most counseling—secular or Christian—involves dealing with these very issues.* People's problems arise due to a lack of love, joy, peace, patience, kindness, gentleness, faithfulness and self-control. Counseling involves dealing with the counselee's fear of man, their capacity to persevere through suffering, their anxiety and despair. Counseling deals with the fallout of sexual immorality and a lack of holiness. It often deals with the troubles that result from laziness and a lack of wisdom. It deals with people's instabilities and inability to discern between truth and error. All these issues relate directly to Christian discipleship, which means they fall under the authority of Scripture.

Second, salvation and Christian discipleship is, in its essence, making people more human. We are being made into the image of the most human of humans the world has ever seen: the Lord Jesus Christ (see Col 3:10). What does it mean to be truly human? Look at Jesus Christ? How does a human being live for God and treat his fellow image bearers? Look at Jesus Christ. Sin has decimated our humanity and made us *less* human in our character, conduct, thoughts, and feelings. This is why the Psalmist could say, "Man in his pomp *without understanding* is like the beasts that perish" (Ps 49:12, 20, emphasis added) and "When my soul was embittered, when I was pricked in heart, I was *brutish and ignorant*; I was like a beast toward you" (Ps 73:21-23, emphasis added).

What is this understanding that is lacking in these two examples? It's understanding God and his Word. A human being without genuine knowledge of God is more like a beast than a human. God created his image-bearers to love him with all our heart, soul, mind, and strength, and to love our neighbors as ourselves. When sin entered our existence, we began to think and feel and live in a way that was contrary to what God had designed. To say it another way: we became less human in our character, conduct, thoughts, and emotions. In redemption, God is restoring his image in his people. To be growing in Christian maturity is to grow in Christlikeness which is to grow into true humanity.

Conclusion
The soul problems with which all people are dealing are addressed in salvation and Christian discipleship. Christians must not concede to the apparent plausibility of modern psychology (Col 2:4), for it is a system rooted in philosophical naturalism that begins with a wrong view of the human person. It was this reason why Beth Claes, a former psychologist, changed her career and became a biblical counselor:

> Disentangling humanistic and naturalistic philosophies from the practice of psychology was much more difficult than I imagined. Secular psychology presents itself as neutral. It doesn't assume there should be any conflict with religion or Christianity. But the study of the soul isn't philosophically neutral. More than many fields, psychology is answering the same questions as religion: Who are we? What's wrong with us? What will help us? How do we get there?

> Once I saw that, I couldn't unsee it. And my faith ultimately changed the way I wanted to practice.[40]

My aim in this article is to help us better see what Beth saw: that Christianity and psychology are offering competing solutions to the same problems, and what Christ provides us in his Word and through his Spirit is infinitely superior. May we trust Christ's Word more deeply and use it more effectively in our lives and the lives of our brothers and sisters in Christ.

---

[40]Beth Claes, "Why I Switched Careers from Psychologist to Biblical Counselor," at The Gospel Coalition, February 6, 2023, https://www.thegospelcoalition.org/article/psychologist-biblical-counselor/.