



**TRINITY**  
CAMBRIDGE CHURCH

# COUNSELING

## IN A PSYCHOLOGIZED WORLD

ANDY FARMER



Trinity Seminar Series

# SCHEDULE

*SATURDAY, JULY 26<sup>TH</sup> 2025*

**9:00AM**

SESSION ONE

BIBLICAL ANTHROPOLOGY IN A PSYCHOLOGIZED CULTURE

**10:15AM**

SESSION TWO

MINISTRY AND MENTAL HEALTH

**11:15AM**

Q&A

**11:30AM**

LUNCH

**12:15PM**

SESSION THREE

MINISTRY TO THERAPEUTICALLY-MINDED PEOPLE

**1:15PM**

Q&A

**2PM**

CLOSE

## SESSION ONE: BIBLICAL ANTHROPOLOGY IN A PSYCHOLOGIZED CULTURE

### Introduction

As Carl Trueman summarizes it,

*..the social imaginary is the way people think about the world, how they imagine it to be, how they act intuitively in relation to it—though that is emphatically not to make the social imaginary simply into a set of identifiable ideas. It is the totality of the way we look at our world, to make sense of it and to make sense of our behavior within it.<sup>1</sup>*

I have a few baseline points out of which we'll be operating.

- We live in a psychologized culture and we are all inherently shaped by that culture. That includes Christians.
- The psychologized culture is distinctly shaped by western, first world, affluent values that do not translate coherently to other cultural settings.
- The psychological worldview is built on an anthropology that is inherently opposed to a biblical anthropology.
- Effective Biblical ministry and fellowship requires that we understand the culture and values and assumptions carried by the people to whom we minister, without imbibing those values in the way we bring ministry.

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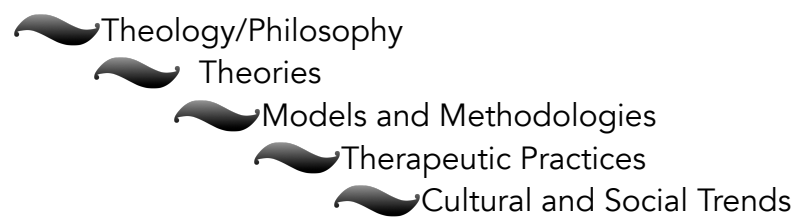
<sup>1</sup>Trueman, Carl R.. The Rise and Triumph of the Modern Self: Cultural Amnesia, Expressive Individualism, and the Road to Sexual Revolution, 38

**Three Sessions:**

- Session One: Biblical Anthropology in a Psychologized Culture
- Session Two: Ministry and Mental Health
- Session Three: Ministry to Therapeutically-Minded People

**Definition of Psychology:** The Study of the Soul. This is a major intersection place where theology and human experience intersect

David Powlison Upstream/Downstream Metaphor. The world of psychology as a river with an upstream and downstream. Upstream to downstream:



Reflection Assignment: As we go through this material, process it through your personal orientation and experience.

## NAVIGATING THE UPSTREAM-DOWNSTREAM DYNAMIC

### **Theology/Philosophy: Psychological Anthropology<sup>2</sup>**

This is the fountainhead of any theory of the soul. Whether you are looking at secular or religious worldviews there are four basic anthropological questions that must be addressed.

1. Who are we?
2. What is wrong with us?
3. What should be right with us?
4. What would it take to fix the problem?

How does a Biblical Christian answer those questions?

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<sup>2</sup> There are any number of ways to describe this epistemological reality. For conciseness I am using categories offered by Heath Lambert in his book [A Theology of Biblical Counseling](#), p. 17

## The Primal Goo of Psychological Anthropology<sup>3</sup>

The rise of modern psychological theories of human behavior occurred in the mid to late 19th Century. Prior to the 19<sup>th</sup> Century, most work in the care of human souls was viewed through a spiritual lens or a rudimentary medical lens. But changes brought about by the Enlightenment and the Scientific Revolution create the environment out of which the psychological culture developed. Humanistic philosophy and cultural modernism create an alternative understanding of the soul.

- Religious Liberalism/higher criticism
- Rationalism/scientific empiricism
- Romanticism
- Darwinian (Charles Darwin - 1809-82) Anthropology
 

*"Man with all his noble qualities, with sympathy which feels for the most debased, with benevolence which extends not only to other men but to the humblest living creature, with his god-like intellect which has penetrated into the movements and constitution of the solar system—with all these exalted powers—Man still bears in his bodily frame the indelible stamp of his lowly origin."*<sup>4</sup>
- Marxian (Karl Marx - 1818-83) Historical Materialism
 

*"Religion is the sigh of the oppressed creature, the heart of a heartless world, and the soul of soulless conditions. It is the opium of the people".*<sup>5</sup>
- Humanist Spirituality (William James -1843-1910)
 

*(Quoting Varieties of Religious Experience) (Religion is)"the feelings, acts and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine" <sup>6</sup>*

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<sup>3</sup> Carl Trueman does a great job exploring these concepts in The Rise and Triumph of the Modern Self

<sup>4</sup> Charles Darwin, The Descent of Man, 1874

<sup>5</sup> Karl Marx, <https://www.marxists.org/archive/marx/works/1843/critique-hpr/intro.htm>

<sup>6</sup> "William James" in The New Dictionary of Christian Ethics and Pastoral Theology. 506

## **THREE BASIC PSYCHOLOGICAL THEORIES**

### **The Psycho-Biology Field**

Wilhelm Wundt (1832-1920)

1. Who are we?
2. What is wrong with us?
3. What should be right with us?
4. What would it take to fix the problem?

Examples?

### **The Psycho-dynamic Field**

Sigmund Freud (1856-1939)

## 1. Who are we?

Jim Swafford describes Freud's anthropology as *"an image of the mind as a fragile crust over an unconscious tide of urges, violence, sexuality and pain"*<sup>7</sup>

Sigmund Freud on religion<sup>8</sup>:

*Religion is a system of wishful illusions together with a disavowal of reality, such as we find nowhere else but in a state of blissful hallucinatory confusion. (From New Introductory Lectures on Psychoanalysis)*

*Devout believers are safeguarded in a high degree against the risk of certain neurotic illnesses; their acceptance of the universal neurosis spares them the task of constructing a personal one. (From The Future of an Illusion)*

## 2. What is wrong with us?

## 3. What should be right with us?

## 4. What would it take to fix the problem?

Examples?

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<sup>7</sup> Swafford, Jim Language of the Spirit, 198

<sup>8</sup> Read more at [http://www.notable-quotes.com/f/freud\\_sigmund.html#jP87Mf9JVqiKVuHt.99](http://www.notable-quotes.com/f/freud_sigmund.html#jP87Mf9JVqiKVuHt.99)

## **The Psycho-Social Field**

Behaviorism – John Watson (1878-1958) and B. F. Skinner (1904-1990).

Cognitive Therapy – Jean Piaget (1896-1980) but, more directly, Aaron Beck (1921-2021) and Albert Ellis (1913-2007).

Need-based Theories – (1842-1910).

Abraham Maslow (1908-1970) in his Hierarchy of Needs. Carl Rogers (1902-1987)  
*unconditional positive regard*

### Mindfulness

*Mindfulness is a state of active, open attention on the present. When you're mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life pass by you, mindfulness means living in the moment and awakening to experience.*<sup>9</sup>

1. Who are we?

2. What is wrong with us?

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<sup>9</sup> <https://www.psychologytoday.com/basics/mindfulness>



3. What should be right with us?

4. What would it take to fix the problem?

Examples?

### **The Historical Ebb and Flow of Psychology**

There is a basic assumption that developments in psychology and mental health treatment progress in a linear way over time. History shows a different pattern.

- Late 19<sup>th</sup> Century: Psycho-biology emerged as the basis of psychology.
- Turn of the Century: The Psycho-social field had a brief ascendancy at the height of the modernism project. Teddy Roosevelt was the archetype of the human potential movement.
- Early 20<sup>th</sup> Century: Freud and Jung toured the US in 1909 and their theories found great acceptance in American universities. The traumas of returning WWI vets seemed to be addressed by psychoanalytic treatment.
- 1930's – 40's: The psycho-social field re-emerges as a practical and affordable alternative to psychoanalysis.
- 1950's: Psycho-biology re-emerges with the experimentation with electro-shock therapy, drug therapy and surgical lobotomy.
- 1960's: Psycho-analysis becomes more mainstream with the introduction of shorter term and problem specific applications.
- 1970's – 1990s: Psycho-social therapies abound at both the upper end of the spectrum in CBT and downstream in pop psychology build around mass marketed self-esteem and self-help therapies.

- 2000s to 2020: Psycho-biology dominates – particular in the use of pharmacology as the mental health and insurance industries seek quantifiable and cost-effective treatments.
- Developing Trends:
- Post Pandemic:

KEY POINT 1: Most therapists do not ascribe to a school of psychology.

KEY POINT 2: We must be able to INTERACT with the world and practice of psychology without INTEGRATING the worldview and practice of psychology. To do this we must engage this world with theological discernment.

## SESSION TWO: MINISTRY AND MENTAL HEALTH

*Make me an almoner to give thy  
bounties to the indigent,  
comfort to the mentally ill,  
restoration to the sin-diseased,  
hope to the despairing,  
joy to the sorrowing,  
love to the prodigals.*

("Things Needful" from The Valley of Vision, 325)

### ONE: THE BIG PICTURE

How do we come into contact with this world?

Some things to consider in the area of mental health

1. We need to be able to interact with the world of psychology without integrating the world of psychology.
2. Psychiatric Pharmacology is a common go-to option when other things don't seem to be working, but it cannot change all that needs to be changed to resolve complex problems.
3. The mental health/social services field is probably best understood in the way we understand the law enforcement world.
  - They are both systems that are social responses to life in a sin-sick world. At their very best they extend common grace, but they will never have redemptive impact apart from the intervening mercy and saving grace of God.
  - They are both complex and bewildering to people who find themselves in having to engage them.
  - They are full of gaps and quality of service. Competence can vary tremendously.
  - Laws that govern them can make it difficult to navigate. There are myriad federal, state, county and municipal laws that make where you live crucial to what you receive.
  - Money (insurance) matters significantly in the quality of what you receive.
  - People who have to access these systems are often profoundly discouraged by their experience.

- We must minister to people with great care, humility and support when they engage the mental health system.

## TWO: REFLECTIONS ON PSYCHIATRIC DIAGNOSIS

### Causality

### What is Mental Illness?

Dr. Dale Johnson of ACBC describes the way the term mental health is generally understood in our present day.

*The definition of mental health is basically just regarding some sort of condition that an individual has that gives them some healthy state of being. The idea is that we're to look at the social environment, we're to look at the context of a person and what it is in the environment that provides for them a way to live healthily from a mental standpoint. What we must be careful of there is, "What do we mean when we talk about the term 'healthy?'" That's the question. Is the culture defining that? Is the individual defining that? What is healthy?*

*Certainly in our Western culture, we would see that what defines human health is, does a person feel good about themselves? Do they feel like they fit in with the culture at large? Do they feel like they are able to live their best life in this particular moment? Do they feel good about themselves relative to self-esteem? That's how mental health is often defined. Are we building environments around ourselves, pursuing these as mediums of hope to make us feel better about the things that are going on in and around us? As we think about that, it*

*becomes problematic because now we're looking to environment to shape the possibility of us even being healthy.<sup>1</sup>*

According to the American Psychiatric Association,

*Mental Illness refers collectively to all diagnosable mental disorders — health conditions involving*

- *Significant changes in thinking, emotion and/or behavior*
- *Distress and/or problems functioning in social, work or family activities (APA)*

Some brief observations about this standard definition.

A huge question is this: Why does it seem that so many people now struggle with mental disorders - to the point that some researchers believe that over the course of a lifetime everyone will experience some form of diagnosable mental disorder?

### **What happens in a psychiatric diagnosis?**

- DSM-V: *"a diagnosis does not carry any necessary implications regarding the causes of the individual's mental disorder or the individual's degree of control over behaviors that may be associated with the disorder."*<sup>2</sup>

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<sup>1</sup> <https://biblicalcounseling.com/til-206-the-concept-of-mental-health/>

<sup>2</sup> DSM-V, p. 25

## Critiques of the DSM from within the psychological community<sup>3</sup>:

### What does it mean when someone receives a diagnosis?

- *Ed Welch: "People have cried when the DSM initially identified them. They found relief, even something close to joy, in finally having words for their struggle. They found comfort, though the instrument was only a definition in a book. We can understand how this could happen to a person who has long been misunderstood, but we might not foresee the consequences. As a general rule, whoever understands you best will have the most influence."*<sup>4</sup>

### Bottom Line

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<sup>3</sup> There is an active tension in the medical community between cluster diagnosis and spectrum diagnosis.

- Cluster diagnosis (current orientation of DSM) – a list of symptoms that, when seen in conjunction – ‘clustered’ in a person’s life, indicate a particular diagnosis is warranted. Cluster diagnosis tends to ask the question, ‘what types of symptoms are experienced or observable and what do they indicate together?’
- Spectrum diagnosis – (Practically used in common medical practice) – a pattern of behavior or experience that is compared with general understandings of normal. Spectrum diagnosis tends to ask the question, ‘how does this person’s experience behavior compare with what one would consider as normal for their situation?’

<sup>4</sup> Ed Welch, “Spiritual Growth and Psychiatric Diagnosis”, JBC 29-3, p 7

## Psychiatric Medication

Mike Emlet: *The realm of psychiatry is trying to determine pathology in the most complicated area of the human body.*<sup>5</sup>

Brad Hambrick: *"Medication will never make us healthier than our current choices allow. Our lifestyle is the "ceiling" for our mental health; we will never be sustainably happier than our beliefs and choices allow. Medication can correct some biological causes and diminish the impact of environmental causes to our struggles. But medication cannot raise our "mental health potential" above what our lifestyle allows... A key indicator of whether we are using psychotropic medication wisely is whether we are (a) using medication as a tool to assist us in making needed lifestyle and relational changes, or (b) using medication as an alternative to having to make these changes. "Option A" is wise. "Option B" results in over-medication or feeling like "medication didn't work either" as we continually try to compensate medically for our volitional neglect of our mental health."*<sup>6</sup>

### THREE: PERSONAL MINISTRY IN A MENTAL HEALTH WORLD

1. We must embrace the profound suffering that diagnosable mental illness causes for everyone involved.
2. We must hold to the truth and categories of scripture for our fundamental understanding of the human predicament.
  - Ed Welch: *"We are created of physical (a.k.a. body, flesh members) and spiritual substance (mind, soul, spirit, heart, inner person). Scripture speaks of the soul/heart as guiding us by way of its affections and allegiances. Its activity is identified as obedience or disobedience, godly or ungodly. The body is the material equipment for living in*

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<sup>5</sup> Mike Emlet – comments from discussion at the December 2015 Biblical Counseling Coalition Board of Council retreat.

<sup>6</sup> <http://biblicalcounselingcoalition.org/2014/08/11/6-steps-to-wise-decision-making-about-psychotropic-medications/>

*the material world. It is never identified as right or wrong but as strong or weak.*

*Mental illnesses, in other words, can be broken down into more elemental categories - they sit at the intersection of the human heart and an erratic brain. A basic rule from this ontological duality is that the body can make life very complicated but it can neither make us sin nor, in most cases, keep us from following Jesus.<sup>7</sup>*

- *Charles Hodge, MD: I have long said that I will never call anything a disease that the Bible describes as sin. At the same time I will never call anything sin unless the Bible clearly does.<sup>8</sup>*

3. We must help people engage the mental health system tethered to Christ and secure in his body, the church.

## **The Gospel and Mental Health**

Sixty years ago C. S. Lewis saw the epistemological implications of a naturalistic view of the self when he wrote,

*If minds are wholly dependent on brains, and brains on biochemistry, and biochemistry (in the long run) on the meaningless flux of the atoms, I cannot understand how the thought of those minds should have any more significance than the sound of the wind in the trees.<sup>9</sup>*

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<sup>7</sup> Ed Welch, from notes December 2015 Biblical Counseling Coalition Board of Council retreat.

<sup>8</sup> Charles Hodge, MD, from notes December 2015 Biblical Counseling Coalition Board of Council retreat.

<sup>9</sup> C. S. Lewis, *The Weight of Glory*



**1 Peter 1:3** *Blessed be the God and Father of our Lord Jesus Christ! According to his great mercy, he has caused us to be born again to a living hope through the resurrection of Jesus Christ from the dead, **4** to an inheritance that is imperishable, undefiled, and unfading, kept in heaven for you, **5** who by God's power are being guarded through faith for a salvation ready to be revealed in the last time. **6** In this you rejoice, though now for a little while, if necessary, you have been grieved by various trials, **7** so that the tested genuineness of your faith—more precious than gold that perishes though it is tested by fire—may be found to result in praise and glory and honor at the revelation of Jesus Christ. **8** Though you have not seen him, you love him. Though you do not now see him, you believe in him and rejoice with joy that is inexpressible and filled with glory, **9** obtaining the outcome of your faith, the salvation of your souls.*

*B. B. Warfield: If ever the evils of this life are to be relieved, the forces of disease and decay, of injury and death, to be broken, it will be only by Jesus that it will be done; only His name, by faith in His name, can give that perfect soundness for which we long.<sup>10</sup>*

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<sup>10</sup> Benjamin B. Warfield, The Saviour of the World: Sermons Preached in the Chapel of Princeton Theological Seminary, 1913.

## **SESSION THREE - MINISTRY TO THERAPEUTICALLY-MINDED PEOPLE**

### **Introduction**

#### **The Function of Therapeutic Terms and Language**

1. There are categories of terms and concepts we use that Scripture claims authority over.
2. There are categories of terms and concepts that have both biblical weight and cultural weight
3. There are categories of terms and concepts that are largely derived from human experience and culture.

MINISTRY POINT:

#### **How Therapeutic Language is Used**

1. Diagnostic Categories
2. Descriptive Terms
3. Definitive Labels

Ex: Trauma - See exercise below.

MINISTRY POINT:

### **How Therapeutic Practices Emerge**

1. Psychological Research
  
2. Psychological theory
  
3. Psychological therapy

MINISTRY POINT:

### **Four Ways People Acquire a Therapeutic Diagnosis**

1. Formal DSM-V diagnosis.
  
2. Practical Categorization
  
3. Therapeutic Description
  
4. Self-diagnosis

MINISTRY POINT:

## **APPLICATION TO A THERAPEUTIC ORIENTATION - TRAUMA**

### Four Ways People Acquire a Trauma Diagnosis

1. Formal DSM-V diagnosis for either Acute Stress Disorder (ASD) or Post-Traumatic Stress Disorder (PTSD)
2. Practical Categorization of ASD or PTSD
3. Therapeutic Description of Trauma
4. Self-diagnosis of trauma

### **Trauma-Informed Care**

### **Thoughts on unhelpful use of Trauma Language**

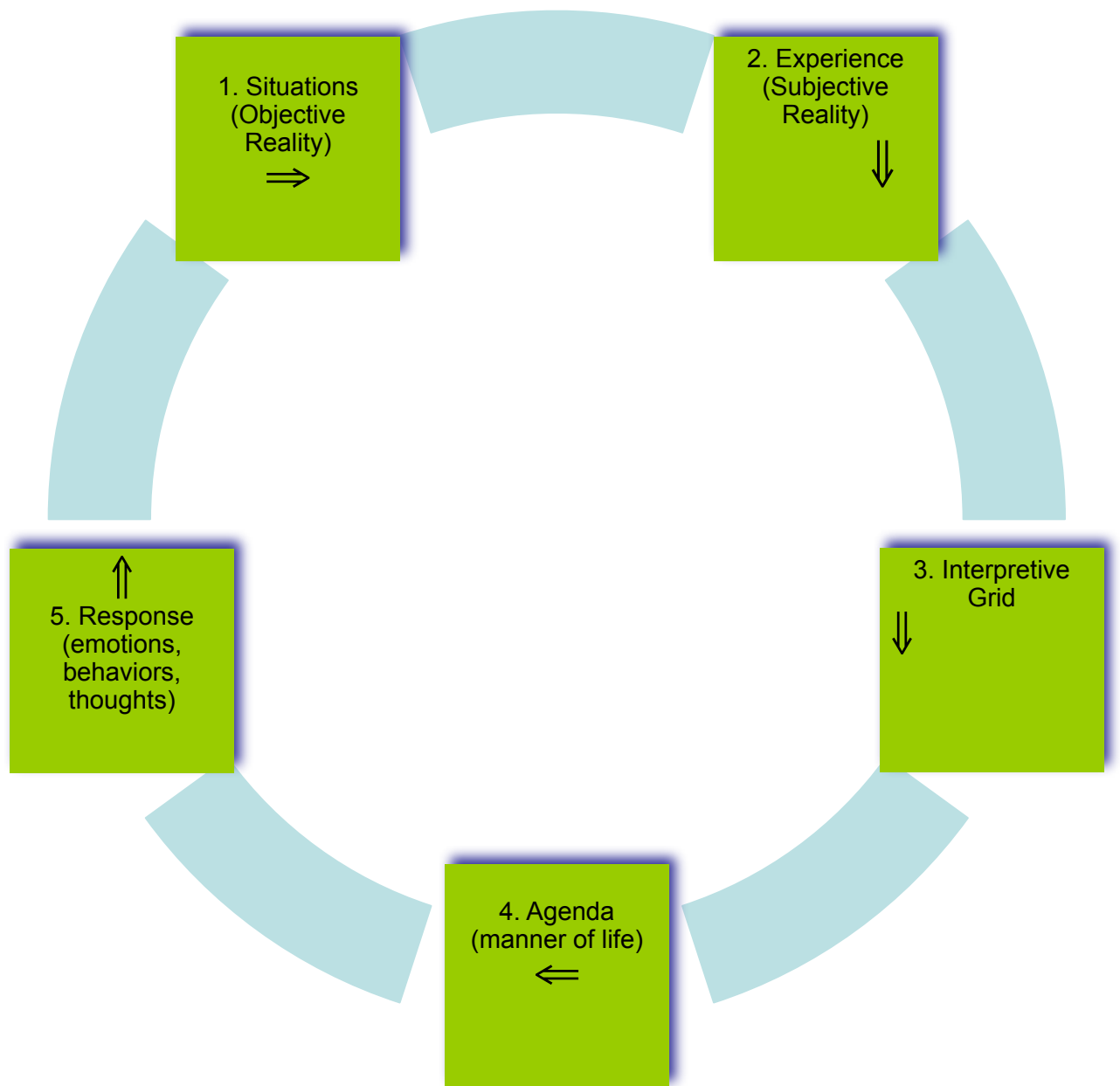
**EXCURSUS: Ministry in the Cycle of Personal Experience**

Paul Tripp and Tim Lane: *"The emotions we feel as we first go through difficult experiences are not static. They morph into subtle but extremely influential conclusions about God, ourselves, others, and life. Yet these major changes in what we believe have not been well thought out. We have not put ourselves through a careful theological re-evaluation. Rather, our unresolved feelings become our interpretations of life. Emotions morph into conclusions, and we are end up not believing the things we say we believe".<sup>1</sup>*

*Therefore, having put away falsehood, let each one of you speak the truth with his neighbor, for we are members one of another. Be angry and do not sin; do not let the sun go down on your anger, and give no opportunity to the devil. Let the thief no longer steal, but rather let him labor, doing honest work with his own hands, so that he may have something to share with anyone in need. Let no corrupting talk come out of your mouths, but only such as is good for building up, as fits the occasion, that it may give grace to those who hear. And do not grieve the Holy Spirit of God, by whom you were sealed for the day of redemption. Let all bitterness and wrath and anger and clamor and slander be put away from you, along with all malice. Be kind to one another, tenderhearted, forgiving one another, as God in Christ forgave you. (Phil. 4:25-32)*

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<sup>1</sup> Paul Tripp and Tim Lane, *How People Change*, 110



**Reality:** We are not objective - we are incapable of objectivity. Yet functionally people treat their experience as objective reality.

- Drone view illustration

**Experience:** Our Cognition of Reality - perception, awareness, understanding, memory, interaction.

- "That car almost hit me!"

**Grids:** The interpretive lens through which we see life. We don't see our grid, we see through our grid.

- Exercise: Hand over face
- The dirt and sweat on my goggles when I was sawing the tree.
- What can shape your interpretive lens?

**Agendas:** How we seek to manage life based on our interpretation

- The 'if, then' factor
- Our agendas are sometimes cognizant, but often instinctive or habitual

**Responses:** My thinking, feeling, believing, speaking and acting

- Our 'acting out' of our agendas
- What seems a bad idea to others makes total sense to ourselves

**MINISTRY POINT:** Our responses in life will create new realities with which we have to deal - for good or for not good. That's the Cycle.