

Biological Psychiatry

by David Powlison

For about ten years, until the mid-1990s, wherever you turned in the counseling world or in a bookstore you heard that problems in living were caused by painful experiences of being used, misused, and abused by others. Unpleasant emotions and destructive behavior were energized and directed by a sense of woundedness and emptiness from bad relationships. Melody Beattie's *Codependent No More* (1987) and John Bradshaw's *Homecoming* (1990) were huge sellers. In the evangelical world, impatient, for-profit psychiatric services prospered by offering essentially the same theory: Minirth-Meier Clinic, Rapha, and New Life Treatment Center. Evangelical psychologists and psychiatrists wrote bestsellers espousing the theory that emotional pain and emptiness plays the primal, determinative role in our souls: e.g., Larry Crabb's *Inside Out* (1987) and Robert Hemfelt, Frank Minirth, and Paul Meier's *Love is a Choice* (1989).¹

Childhood experience was where the action was. Because our families were dysfunctional, we acted out the script of born loser and unhappy victim—until we could find intrapsychic healing and emotional filling. "Why do I think bad, feel bad, and act bad? I was abused. My father made me do it. Give me healing relationships and help me

¹*Inside Out* is different from *Love is a Choice* in ways that reflect favorably on Crabb. But both teach that the underlying mechanism of the soul is the same needy, wounded, longing, empty heart that has been relationally victimized and deprived.

think healing thoughts about myself." Those were the glory days of "nurture," and thus the glory days of psychotherapy and support groups. If you were submerged within the social organism, then hanging around better people would make you better.

Then the world changed.

That needy and hurting inner self, so marked and marred by tragic experience, faded into the background. Along about the middle of the 1990s, everyone discovered that in fact our genes, hormones, and brains caused problems in living. Our bodies, not our families, were dysfunctional. Imaging technologies—PET scans and the like—let us peer into the brain to watch the neurons fire, tracing the patterns and identifying the sites where emotional states and behavioral choices occur. The Human Genome Project generates one cover story after another about the genetic underpinnings for common sins. In *It's Nobody's Fault* (1997), Harold Koplewicz says that difficult children suffer a neurotransmitter shortage, and there's nothing wrong with them as people or with the way they were brought up. In *Listening to Prozac* (1993), Peter Kramer says that we have entered the era of "cosmetic psychopharmacology." We can now tinker chemically with the brains of people who are depressed or anxious, diffident or aggressive: "Prozac can turn pessimists into optimists, turn loners into extroverts."² Brain chemistry and genetics become the

²Peter Kramer, *Listening to Prozac: A Psychiatrist Explores Antidepressant Drugs and the Remaking of the Self* (USA: Viking Press, 1993).

significant cause of your personality, your proclivities, and your problems: a sunny or a melancholy temperament; tendencies towards violence, drunkenness, overeating, laziness, distractibility, or shyness; choices for homosexuality or promiscuity. And the *significant* cause is always the most interesting cause, and the one you want to address to really change things. Or if it's an unchangeable given, hardwired, it's also the reason to accept a behavior as normal and amoral.

Because our bodies are dysfunctional, we are puppets that dance on neural strings to tunes programmed by our genes—and the right drug can smooth things out when the dancing gets spastic. “*Why* do I think bad, feel bad, and act bad? I’m miswired. My physiology made me do it. Give me healing medications to calm me down or lift me up so I can feel and function better.” We are now living in the glory days of “nature,” and thus the glory days of biological psychiatry. If you are a machine with malfunctioning parts, a mere organism, then whatever makes the parts work better will make you better.

Of course I’ve oversimplified our historical context to make a point. Things are never quite so tidy: Minirth-Meier Clinics prescribed Prozac, too, for all their wounded codependents. Fad theories may have their fifteen minutes of fame before fading from view, but they usually take a very long time to totally disappear. The concept of psychological needs and woundedness is still with us and won’t vanish soon. But, have no doubt, the world did change in the mid-90s. The *action* is now in your body. It’s what you got from Mom and Dad, not what they did to you. The *excitement* is about brain functions, not family dysfunctions. The *cutting edge* is in hard science medical research and psychiatry, not squishy soft, philosophy-of-life, feel-your-pain psychologies.

Psychiatry is back. Since the 1960s, psychiatrists had continually retreated from treating everyday life. In the face of numerous new psychotherapy professions, psychiatrists had stopped talking to people, and had set up shop in their biological-medical heartland. But now biology is suddenly hot. Psychiatry has broken forth, a *blitzkrieg* sweeping away all opposition. The insurance companies love it because drugs seem more like “medicine,” seem to be cheaper than talk, and promise more predictable results. Psychotherapy professionals are on the defensive, fearful of having to drive cabs, fretting over how to survive under “managed care,” vaguely disreputable intellectually, with the golden days of the late-80s gone.

Even as biopsychiatry now plays from a position of intellectual strength, the psychologies are playing from weakness. They have been in cognitive disarray for

decades, but they are now paying the price. As theories continued to proliferate, the possibility of a Grand Unified Theory of human nature became only memory, an old pipe dream from the first half of the twentieth century. There is no hope that a Freud or Adler, a Maslow or Skinner, a Kohut or Satir might actually be *right*. No one expects that a turn of the millennium genius will appear with a flair for both innovation and the grand synthesis. No one expects anyone to come up with the *true* psychology. So “eclecticism” is no longer a dirty word. Once it stood for lack of intellectual rigor and courage, for a pragmatic making do. Now, in an age of theoretical skepticism, it becomes the only honest course of thought and action: so therapists are “multi-modal” and theoreticians pursue a “principled eclecticism.” Microtheories and microstudies are the only things that can be offered: “grief reactions in Hispanic lesbians in their 30s” bear no theoretical relationship to “joy reactions in state champion teenage football players in Massachusetts.” There is no unifying perspective. The Many devours even the possibility of the One. Postmodernism and multiculturalism pound the final nail in the coffin: since everything is only a matter of your interpretation or mine, then everything reduces to power relations. So psychotherapy professions legitimate themselves only because they have the political clout to be licensed and reimbursed, not because they possess demonstrable truth, goodness, or efficacy. “Psychology” singular is in fundamental trouble, because no one believes there is any such thing. There are only psychologies left.

But what is true of the psychologies and psychotherapies is not true of psychiatry. The only viable candidate for a Grand Unified Theory in the whole people-helping, personal problems area is not strictly a “psychology” at all, but biopsychiatry. Your “psyche” becomes a byproduct of your body. Medicine is poised to claim the human personality. Sigmund Freud, a physiologist by training, dreamed of the day when the drama of human life could be comprehended biologically and cured medically. He spun his myths amid the inability of medical science to climb in behind consciousness, behavior, desire, conscience, emotion, and the rest. But Freud believed that someday science would get into the *brain* that operates within and through the id, ego, and superego. What danced in public and in semi-private, the conscious and unconscious mind, would one day be explained by the brain. Many people now think they can put their hands on the pot of gold at the end of the rainbow. The dream of materialistic reductionism seems tantalizingly close to coming true. These days, biological psychology is the only plausible claimant (besides biblical faith) to a

Grand Unified Theory of human functioning. It was idiocy and social suicide to say that everyone was a victim of abuse. It's too unpleasant to say that we are sinners against the God and Father of Jesus Christ the only Redeemer. People want to say that we are essentially bodies, because then we can fix what ails us. This is the proverbial 800-pound gorilla in the theater that sits wherever it wants, threatening to squash *both* psychology/psychotherapy and Christianity.³

For years biblical counselors have challenged the *psychologizing* of human life, arguing that human beings are fundamentally and thoroughly relational – “covenantal,” to put it technically, living *coram Deo*, to put it in the language of our fathers in the faith. The grand synthesis of *all* the facts about people is...Christianity. Psychologized people seek to explain and fix life through some interpretation of human life that excludes God, sin, Christ, sanctification, and the rest of truth. But it is time to update our language a bit. Currently, the *biopsychologizing* of human life is having a huge effect, both in the culture and the church. We minister to an increasing number of biopsychologized people who think about themselves, their spouses, or their children as *bodies* run amuck. A recent article from *The Economist* put matters well: “Much of the new knowledge from genetics, molecular biology, and the neurosciences is esoteric. But its cultural impact is already running ahead of the science. People begin to see themselves not as wholes with a moral center but the result of the combined action of parts for which they have little responsibility.”⁴ The knowledge base may be overstated or underdeveloped as yet, but the ethos is clear: logically, you are not a YOU when it comes to any responsibility for what's wrong with you, but only a machine whose parts aren't working.⁵ Practice also tends to run far ahead of knowledge: what isn't working can be replaced, rewired, upgraded, or oiled, even if we don't totally understand the underlying mechanisms yet.

The church lags a bit behind the culture's way of

³But, see *Queries & Controversies* in this issue of *JBC* for one way psychotherapy is now trying to legitimate itself by *appealing* to brain physiology. Also, a number of more mechanical-technological psychotherapy techniques are coming into use: flashing light machines and special glasses that claim to repattern the brain in order to alter behavior, emotion, and thought.

⁴Alun Anderson, “Are you a machine of many parts?,” *The World in 1999*, London: *The Economist*, 1999, pp. 109f.

⁵It is perhaps not surprising that people usually think of themselves as machines only when things are not going well. Most people, scientists included, still take credit for their achievements, abilities, successful choices, and opinions, just as they did when dysfunctional families were the rage!

thinking. But the ethos and practice of biopsychiatry are deeply affecting the church already. If it's broken, or even just not working optimally, it can be fixed from the outside by a drug: better living through chemistry. In your ministry and in your church you are probably already facing the ethos and the practices. Many people in both pew and pulpit are on mind-, mood-, and behavior-altering drugs. We all increasingly face the ideas and knowledge claims, too. The cover story in *Time* magazine starts to inform the queries and choices of Christian people in everyday life. Eventually such ideas make it into the educational system as the received wisdom of the culture with which to disciple the next generation.

This editorial can only go a short distance towards addressing the problem I have described in broad strokes. I'll offer two brief arguments in answering this challenge to the Faith. The first is a “presuppositional” argument, the second a “historical evidences” argument. The first is by far the most important, but I will only state it, as it has been said many times before by many other people. The second is only an auxiliary argument, but it offers the peculiar comforts of a big picture perspective—when built upon the first argument.

First, what God has said about human nature, our problems, and the only Redeemer is true. It is True Truth. His truth is reliable. What the Bible says about people will never be destroyed by any neurological or genetic finding. The Bible is an anvil that has worn out a thousand hammers. Neurology and genetics are finding *lots* of interesting facts. New findings will enable doctors to cure a few diseases, which is a genuine good. More power to them, and we will all be the beneficiaries. But biopsychiatry cannot explain, nor will it ever explain, what we actually are. All people *are* in the image of God and depend on God body and soul. The ability even to figure out the human genome or design a PET scan is God-given. Furthermore, all people *are* morally insane with sin, living as if we were gods, even while God restrains sin's logical outworking. That's why the implications, applications, and hopes of neurobiologists' findings combine the good with the terrifying and perverse. Biopsychiatrists and microbiological researchers interpret their findings and determine the implications through a grid that is bent with sin. The driving assumptions and hopes of biopsychiatry are as mythological as what a Hindu peasant believes when bowing before the bloody-mouthed Kali or the perversely sexual Shiva. Biopsychiatry and Hinduism both serve fantasy views of what human life really is about. As the price of curing the few, biopsychiatrists will mislead the many. *They* do not act as their own the-

ory ought to predict, as machines or mere organisms. They act like people made in the image of God and misdirected by sinfulness. Let God be found true and every man a liar. And they can be redeemed, personally as well as intellectually and practically. God's children *are* in Jesus, and learn to love Jesus, changing gradually from insanity to wisdom. That is the presuppositional argument. The Bible's presuppositions are not contrary to the facts of neurobiology, any more than they are contrary to the facts of suffering, socialization, war, sexuality, emotions, or history. Christianity is the grand "synthesis," the unifying "theory," the truth.

That leads to my second argument against the biopsychologizing of human existence: "This, too, will pass." It is helpful to get a bit of historical perspective. Recognize that we are in the midst of the *third* major biopsychiatric wave over the past 130 years. In each case a new bit of knowledge or a new efficacy was extrapolated into vast hopes for solving the ills of humankind. In each previous case, biopsychiatry did a little bit of good and left a lot of disillusionment. The first wave lasted from after the Civil War until about 1910. New neurological knowledge—e.g., localizing certain brain functions because of the effects of head wounds received in the war—was generalized into attempts to define problems in living medically and so to treat life by medical means. "Neurasthenia" or "weak nerves" became the catch-all explanation for commonplace anxiety, depression, aimless living, irritability, and addiction to the vices. Various modes of strengthening nerves were employed: rest, diet, walks in fresh country air, working on a farm, avoiding stress, drugs. From a somewhat different angle, Ivan Pavlov's physiological psychology in the 1890s was a primitive attempt to reduce human existence to a mosaic of neuro-electrical activity in the cortex. His experiments also offered a crude demonstration that behavior and glandular function could sometimes be manipulated. Pavlov's mentor, Sechenov, had defined his materialist philosophy with the following programmatic statement that the student took to heart: "The brain secretes thought." That is an astonishing metaphor, and demonstrates the force and logic of the biologizing worldview. This first biopsychological fad faded as its significant efficacies proved to be limited or little more than common sense. Its failure to cure the human condition became all too obvious, and something more attractive and comprehensive came along. Freudian psychology swept in, bringing the first "talking cure" or psychotherapy, with behaviorism and behavioral therapy following shortly thereafter. This first wave hasn't completely disappeared, however. One still occasionally meets an elderly person who mentions that so-and-so

suffers from "weak nerves," an echo of that 1880s euphemism for the sins of anxiety and grumbling.

The second biological wave, during the 1940s and 1950s, was constructed on the efficacy of three newly-discovered medical treatments for disturbed people: electro-convulsive therapy and lobotomy in the 1940s, and the phenothiazine family of drugs in the 1950s. By using shock therapy, destroying brain cells, or administering thought-stabilizing medication, doctors could tinker with the body's electrical system, localized brain

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functions, and chemistry. Mood, behavior, and thought processes were all affected. But this biopsychiatric wave receded as vast hopes were dashed by intractable realities. Some symptoms were alleviated, but people weren't *really* changed...and the side effects were dreadful. With a rush of new psychotherapies and new psychotherapy professions in the 1960s—family systems, reality therapy, group therapy, etc.—biopsychiatry was buried from public view. ECT and the phenothiazines linger on, but no one attaches vast hopes to them anymore. They are in the dreary, use-when-nothing-else-works part of the psychiatric armamentarium.

The third wave is now upon us. It glitters with the same bright hopes as its predecessors, though of course it appears much more sophisticated. (Similarly, phenothiazines seemed very sophisticated in comparison with "rest cure" and lobotomy.) Again, the new knowledge is generated by striking new abilities to localize brain functions: now MRIs teach us, not the sequelae of bullet wounds. The new drugs don't have the disturbing and visible side effects that used to leave patients dry-mouthed, rigid, and dopey. No one pushes an ice pick in through the eyesocket anymore and twists it around in the cerebral cortex (the way lobotomies were done). The brain may not be a gland secreting thought, but it *is* an electrochemical organ that produces thought, emotion, and behavior. We now hear of genetic structures, brain chemistry, and drugs designed to influence very specific neurotransmitter sites and functions. Again, there is some real and fascinating knowledge here. But it is the same *kind* of knowledge as the previous fads, shaped and blown out of proportion by similar myths. The perennial hope is that we will understand and cure what ails us by localizing brain function, greasing the neuroelectrical system, and

buoying up our chemistry. Biopsychiatry will cure a few things, for which we should praise the God of common grace. But in the long run, unwanted and unforeseen side effects will combine with vast disillusionment. The gains will never live up to the promises. And the lives of countless people, whose normal life problems are now being medicated, will not be qualitatively changed and redirected. Only intelligent repentance, living faith, and tangible obedience turn the world upside down. In 1990s euphemisms, we say so-and-so “has” ADD, or “suffers from” clinical depression, or “is” bipolar. Without in any way minimizing the reality of troubling behaviors, emotions, and thought processes to which such labels are attached, we must say that such supposed diagnostic entities have the same substantiality as “weak nerves.”

This third wave will also pass, though it does seem to have the potential for a decent shelf life because it has good science mixed in with fad and myth. But because there *is* more to human life, no biopsychology can ever satisfy as either explanation or cure. Some new theory will capture the popular fancy—probably a talking cure, a psychology, a meaning system. My guess is that it will be either something “spiritual” or something “social.” In the twentieth-century West, interest in Eastern and occult religions has also come in waves like biopsychiatry, waxing and then waning. A sophisticated and learned neo-Jung might upgrade the sloppy experientialism of New Age and the sentimentality of Gaia into a spiritualized psychology. But we are also about due for a new behavioral theory and therapy, some tough-minded social psychology that pours its intellectual and practical energies into sociocultural conditioning: education, media, recreation, entertainment, family, community, and politics will be where the action is. I’m no prophet, but I am confident—both by presupposition and by historical evidences—that if we wait a few years or decades the cutting edge will no longer be biology, just as it is no longer childhood trauma or how your self-talk affects your self-esteem.

But the fad is currently in full force. The Human Genome Project has some wonderfully savvy publicists on staff who feed us all a stream of tantalizing knowledge bits charged with fantastic implications. I read an article this past week saying that we might be able to reverse the aging process and live forever! It was exhilarating stuff, accompanied by the appropriate hand-wringing about ethical implications. I can’t argue with the bits of science cited, but here’s what history reminds us. When the gene mapping is complete, when the folks on Prozac still can’t get along with their spouses, when the fountain of youth still does not arrive in a bottle, when money and achievement fail to satisfy, and

when your clone grows up to hate you...sinners will yet find Christ to be the one we need.

Just maybe that next new theory will be something wonderful. Think a moment more about “spirituality” and “sociality.” That could be Christianity come into its own. That’s worth pouring our energies toward! By the grace of God, perhaps He will enable us to bend the course of history to a vigorous revival of Christian life, thought, and practice! Just maybe that new spirituality and new community will be the body of Jesus Christ growing up into the fullness of the knowledge of Christ. Then, by the grace of the Lord, burned-out codependents, disillusioned Prozac habitués, and people who just realized they’ll die anyway will grab at the hem of your clothes saying, “We want to know the Lord. Take us to Jerusalem. We are tired of fads and disappointed hopes, tired of trying to reduce life to one thing or other that cuts God out of the equation. We need real mercy and tangible hope. We want what you have.” Only the Faith is able to make the grand synthesis, to make all of life hang together: physical existence, social relations, thinking, suffering, emotions, economics...as well as “religious” ideas, practice, and experience, both individual and corporate. Biopsychiatry? After discovering some marvels, doing a little bit of good and a lot of harm, and absorbing a lot of time, attention, money, and energy, this too will pass. But the kingdom of God will come to pass and will not pass away.

Let me close with a challenge to us all. From the starting point thirty years ago, biblical counselors took a position on the relationship between biopsychiatric problems and moral-spiritual problems that has stood up well over time. Probably the most common rule-of-thumb is “See a doctor for your body. See your pastor, other pastoral counselors, and wise friends for your heart, soul, mind, might, manner of life, and the way to handle sufferings.” Jay Adams often urged pastors to work “back-to-back” with M.D.s. He had those he counseled get a physical check-up first thing to rule out identifiable biological problems. But he also noted that the rule-of-thumb was only that. It did not answer all ambiguities: “the dividing line between problems caused by organic factors and nonorganic factors is often fuzzy.” And it failed to describe how counseling ministry always plays a role in addressing the biological: the Christian counselor’s work “constantly involves the organic dimension” because sufferers need counsel and prayer along with whatever other forms of aid apply (James 5:13-20).⁶ Doctors who have

⁶See Jay Adams, *Competent to Counsel* (USA: Presbyterian & Reformed, 1970), pp. 37ff; Jay Adams, *Ready to Restore* (Phil-

participated in the first thirty years of biblical counseling have operated on the commonsense assumption that good diagnosis can generally distinguish the truly and decidedly physiological problems from the moral-spiritual problems, whether the latter appear openly or come veiled in psychosomatic symptoms. There has always been a humility about the intricacies of this psychosomatic-whole-with-a-moral-center whom God has made. And there has always been a well-founded confidence that ministry can always give hope and direction, whether the biological problems are medically soluble or whether they remain ambiguous, insoluble, and terminal.

But what if medical doctors and medical research come to say that our emotions, behaviors, and cognitions *are* identifiably biological phenomena in their very essence? that all, or the most significant, problems in living reduce to biology? that your body determines your heart, soul, mind, and might? that a drug can really fix this or that thing that Christians call "sin"? No longer will you be able to say "Go get a medical check-up to find out if there's a physiological cause for this anxiety, this depression, or this distorted thinking." There *will* be such a cause, by definition, in every case. A purported physiological cause for everything will mean a medical treatment for everything, a designer drug to do whatever is needed to make you feel and function in tip-top shape. There won't even be "psychosomatic" problems anymore, because the emotional, motivational, behavioral, relational, and cognitive problems registering in physical symptoms will be identified as having a physical cause! They will be *somatopsychosomatic*, so why bother with the intervening variable?

Biblical counselors writing about these issues have always left room for a "gray area" between the physiological and moral-spiritual. Jay Adams described organic causes, moral causes, and areas of ambiguous "other" or "combinations from both" in the causation of bizarre, "schizophrenic" patterns of thinking and behavior. Thus counseling (always indicated) and medical treatment (sometimes called for) combined flexibly and in various proportions.⁷ Adams and others have

always opposed promiscuous use of medications, and left a certain carefully guarded place for medication to help with biologically-grounded problems. Adams affirmed the strategic use of antidepressants: "The physician might uncover some of the infrequent cases of chemically-caused depression and in very serious cases may help the pastor to engage in meaningful counseling by temporarily administering antidepressants."⁸ Ed Welch distinguishes those problems that

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may have a biological component tangled in with moral factors (e.g., some hyperactive kids and some depressions) from those things that are not biologically determined (e.g., heavy drinking and homosexuality).⁹ But what happens when biopsychiatry comes and says, "Eureka! We have identified the gene for schizophrenia and bipolar. We have localized the part of the brain that produces obsessive-compulsive disorder. We have found the neurotransmitter that affects all depressive moods, and we have designed a drug that lifts all bleak moods into a realistic good cheer. We have found the genes both for homosexuality (it is a normal genetic variation) and for alcoholism (we can test for it prenatally and alter it with gene therapy)"? In such a situation, we who seek to counsel biblically need to say more. And we need to say it carefully, clearly, boldly, and persistently. When medicine seemed to mind its business in the old way, the rule-of-thumb worked. But when medicine takes some bits of new knowledge and operates in the imperial mode, we need a more discriminating diagnosis and prescription if we are to profit from the common-grace goods in medicine, and are to resist being colonized.

We have work to do. We need to develop our practical theology more fully in order to address the current controversies and to provide guidance for the people of God who will be beset, often confused, and sometimes misled. In many ways, it was "easier" to resist the codependency-dysfunctional family model of the late-80s or the "Rogers with a dash of Freud" of the 50s and 60s. Those were just bad psychologies that fell short

lipsburg, NJ: Presbyterian & Reformed, 1981), p. 32; Jay Adams, *The Christian Counselor's Manual*, (USA: Presbyterian & Reformed, 1973), pp. 437ff. The discussion in *CCM* well captures subtleties and ambiguities in the relationship between moral and organic problems, and thus between M.D.s and pastors.

⁷Jay Adams, "The Christian Approach to Schizophrenia," *Journal of Biblical Counseling*, 14:1 (Fall 1995), pp. 27-33; reprinted in David Powlison, ed., *Counsel the Word*, Glenside, PA: CCEF, 1997, pp. 52-57. Reprint of 1976 article.

⁸Jay Adams, "Depression," *The Encyclopedia of Christianity*, vol. 3 (Marshallton, DE: The National Foundation for Christian Education, 1972), pp. 362f.

⁹Ed Welch, *Blame it on the Brain* (Phillipsburg, NJ: P & R, 1999).

when measured against the good psychology that the Faith learns from the Bible: the dynamics of human nature, the meaning of sufferings of all sorts, etc. But biopsychology is *medicine*, against which the Faith looks and sounds like just one more “psychology” to be bulldozed away by all-triumphant biological reductionism. When we protest, “But we can *counsel* angry and anxious people to repent and to learn faith and love,” we will *sound like* we are asserting something along the lines of “Cast out that demon of cancer” or “Just believe in Jesus, and throw your eyeglasses away.” When anger and anxiety are seen as treatable bodily ailments, we will sound like bizarre spiritualizers—even to people in the pews and in other pulpits. We have work to do to protect and build up the body of Christ.

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This editorial has pondered a significant competitor against the Faith. And this issue will say more about biopsychiatry and some other developments in the counseling field: “Philosophical Counseling” and Larry Crabb’s *Connecting*. But this issue of *JBC* mainly develops the enduring, positive truths of living, practical Christianity. A wise friend wrote these words to me some ten years ago, “In John 21 Jesus tells Peter three times, *feed the flock*. That’s the primary mission. Biblical counselors ought to spend 99% of their time and energy in feeding the flock, and 1% in interacting with false systems of psychology or counseling, whether they are constructed by unbelievers or believers. Don’t get sidetracked and bogged down dealing with false systems. Feed the flock. Nourish needy, hungry people! Feed the flock!” We have not achieved my friend’s goal of 99%. (Indeed, I think he exaggerated a bit to make his point, since many parts of the Bible do feed the flock by taking time to challenge false systems.) But his point is well taken, and I do think you’ll find a healthy preponderance of good, nourishing food here. Sit down and enjoy.

Throughout church history, “pride” has frequently been identified as the master sin. Pride is the root of roots, the deadliest of the “seven deadly sins.” It manifests itself as arrogance, fear of man, unbelief, idolatry, selfishness, self-pity, self-deception, and the like. Pride’s opposite—the humility of wisdom, the fear of the Lord, dependent faith—is then the most foundational of the virtues. Two articles discuss pride and humility. Stuart Scott’s “Pursue the Servant’s Mindset” takes apart those who counsel and those who receive counsel, and puts both back together in the humility of faith in Jesus Christ. Alfred Poirier’s “The Cross and Criticism” focuses on the particulars of how we respond to being criticized.

Robert Jones gives you seasoned wisdom for one of the most common and troubling problems of all: worry. We so easily and so often fret, stew, get anxious, churn, toss, and turn. “Getting to the Heart of Your Worry” makes you look in the mirror, seeing what God sees in you, and then it calls you to look outside of yourself to your living Lord.

Howard Eyrich has been part of biblical counseling almost from its inception. His years of pastoral experience, far from moving him beyond the basics, continually confirm him in the basics. “Practice What You Preach and Counsel” is a case study in practical ministry.

In “Helping Women with Post-Abortion,” Karen Jeffrey orients counselors to some of the typical experiences and basic truths that good, restorative counseling will work with.

We minister a message that is for every nation, tribe, tongue, and people. Most Christians take that for granted regarding preaching and evangelism. Fewer see that it is equally true in personal ministry or counseling. It helps to hear it said, and Kyu Whang and Ed Welch unfold some of the details in an interview about the state of biblical counseling in Korea.

Jim Petty brings new wisdom to an old issue in *Step By Step: Divine Guidance for Ordinary Christians*. God’s plan places a guardrail on our lives. His control is to be trusted, known and obeyed. God’s precepts give us direction for our lives. His commands are to be known and applied personally in the power of the Holy Spirit.

Our Let Me Draw You a Picture section aims to give you immediate tools for the counseling conversation. Astra and Bob Brantley offer a diagram that they use to challenge Christians to develop structures of accountability in three directions.

Our Public Ministry section prints Tim Keller’s sermon “The Upside-Down Kingdom,” a message from Luke 6:17-26. He contrasts the crucial operating values of life with Christ (the “upside-down” kingdom) with those of life apart from Him (the “right-side-up” kingdom).

We review several approaches to counseling that have made waves in the past several years. Among Christians, Larry Crabb’s *Connecting* has been a best-seller, registering Crabb’s move away from professional psychotherapy and towards the local church. In the secular psychotherapy community, “philosophical counseling” has revived the intellectual methods and interventive practices of the Greek philosophers.

In *Queries & Controversies*, we end as we began, on a medical note. Hilton Terrell speaks as a Christian and an M.D. to the question of how the brain relates to the soul.