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## **Unveiling God in Counseling: The Compatibility of Christian Theology and the Modern Therapeutic Process**

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UNVEILING GOD IN COUNSELING: THE COMPATIBILITY OF CHRISTIAN  
THEOLOGY AND THE MODERN THERAPEUTIC PROCESS

By

Kelvin J. Mack

Submitted in Partial Fulfillment  
of the Requirements for  
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## Thesis Summary

The aim of this thesis is to analyze the compatibility of Christian theology and a modern therapeutic process informed by secularism. The purpose of this research is to demonstrate that the conceptualization of an active God in the therapeutic process is essential for counselors and clients who adhere to the Christian faith. This conceptualization is either missing or altered by therapeutic processes that operate under the worldview assumptions of secularism. This is what is described as the veiling of God. To explore this issue, a four-tiered analytical approach has been invoked. First, a brief history of secularism and its major ethical and philosophical assumptions are examined in regard to their influence on secular psychology and psychotherapy. Next, the major theological presuppositions and understandings of human nature and human flourishing presented within Christianity are compared to those of secular psychotherapy. Then, the treatment of God within secular therapeutic frameworks is analyzed and reframed according to the underlying assumptions of those methods and techniques. Finally, attention is given to the developments and frameworks of pastoral counseling, biblical counseling, and integrationism in American Christianity. In conclusion, the analysis demonstrates that underlying assumptions and presuppositions are crucial to the formulation of therapeutic methods, techniques, and outcomes. Psychological and psychotherapeutic insights can be safely and usefully incorporated within appropriate theological frameworks as long as the secular worldview assumptions that underpin them are replaced by or subservient to those of the Christian worldview. This allows God's activity and influence to be acknowledged and brought fully into the therapeutic encounter.

## **Unveiling God in Counseling: The Compatibility of Christian Theology and the Modern Therapeutic Process**

How does God shape and influence counseling and the therapeutic process? What are the implications of removing God from this process or altering a client's personal experience of God? An effective counseling session cannot artificially exclude or veil those matters pertaining to faith in God that are central to a Christian client's life (Helminiak, 2001). Faith here refers to "a system of beliefs and practices pertaining to one's relationship to God" (Presley, 1992, p. 39). Christianity represents a rich and diverse tradition engaged in continuing dialogue across history and culture to understand the movement of God (Ketcham, 2018). Nevertheless, adherence to the Christian faith does not exempt its adherents from psychological stress or human frailties (Jeske, 1984). The Christian experience is often characterized by what St. John of the Cross coined the "dark night of the soul" (Pearce & Koenig, 2013, p. 732). If a client enters counseling beholden to the Christian faith, this reality must be properly factored into the therapeutic process.

Christians maintain a distinctive set of beliefs and values that are relevant to therapy and their conceptualization of mental health (Gass, 1984). For Christians, Scripture is the main way that these beliefs are revealed. Scripture is viewed as "breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God<sup>1</sup> may be complete, equipped for every good work" (2 Timothy 3:16, English Standard Version). This belief system impacts motivational influences, sources of emotional well-being, and preferences related to coping strategies and therapist characteristics (Gass, 1984). In the therapeutic process, the counselor seeks to understand the inner world and experience of the client to help facilitate

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<sup>1</sup> This phrase echoes a common Old Testament expression translated, messenger of God, which can be applied to both men and women.

growth and development (Watts, 2001). A client's faith commitment, whether explicitly expressed or not, remains at the deepest level, a set of implicit beliefs that constitute a functionally controlling worldview. This worldview directs perception, interpretation, and consequent behavioral activity and emotional response (Powlison, 1984). As such, the faith of a Christian client cannot be disregarded or taken lightly in counseling (Genia, 1994). Interestingly, Christian clients find themselves in both secular and religious counseling environments (Presley, 1992). This reality creates a fascinating interplay between Christian theology and a modern therapeutic process informed by secularism.

Modern therapeutic frameworks are designed to illuminate the complex systems that produce human behavior. These frameworks are coupled with theories that provide interpretive and predictive lenses (Watson & Eveleigh, 2014). When considered alongside Christianity, implicit and oftentimes divergent assumptions about God, human nature, social relationships, and society become apparent (Jeske, 1984). The Christian worldview is founded upon the revelation of God through Jesus Christ and His design for humanity and creation as found in Scripture (Fitch, 2000). The modern therapeutic process is often informed by the underlying philosophical and ethical assumptions and goals of a secular worldview. The assumptions that underpin Christian theology and secularism are often a source of contradiction and tension. The question of whether the assumptions of a secular therapeutic framework are compatible with a Christian worldview is a pressing issue with serious implications (Fitch, 2000).

Christian theology and secularism inform the therapeutic process in different ways. Pastors and psychotherapists often apply different models of explanation and different treatment methods to the issues presented to them (Delkeskamp-Hayes, 2010a). Oftentimes, this results in different outcomes and conclusions to therapy. When these outcomes are evaluated within the

context of how Christian theology defines human flourishing and well-being, it becomes evident that God is veiled within a therapeutic process birthed from the assumptions of a secular worldview. The secularization of psychology and modern psychotherapy alters how God is viewed and treated in the therapeutic process and consequently, how life should be interpreted. The attempts to address God within secular therapeutic frameworks and the integration of psychotherapeutic theory and methods with Christian theology demonstrate that assumptions and presuppositions are crucial to the therapeutic process. A proper understanding of Christian theology and secularism reveals that creative, nuanced, and effective engagement of Christian clients in counseling occurs when the activity of God is unveiled and properly treated throughout the entirety of the therapeutic process.

### **Modern Secularism**

It is impossible to adequately understand the tension between Christian theology and the modern therapeutic process without first exploring secularism. Secularism has had a profound influence on psychology and psychotherapeutic theory and practice. This philosophy establishes a formal separation of psychology and religion by subverting the influence of religious ideas, practice, and organization beneath scientific and other knowledge (Reber, 2006). This includes the subversion of ideas and practice stemming from theism – the belief in a functionally relevant and active God (Slife et al., 2012). Theism is an essential element of Christian theology. The Christian faith affirms that “there is one God, and there is one mediator between God and men, the man Christ Jesus” (1 Timothy 2:5). Powlison (1984) pinpoints theistic thought as the pivotal presuppositional divide between Christianity and secularism:

Theistic thought is committed to view the triune God of Scripture as the creator, intimate sustainer, all-seeing judge, legitimate king and powerful savior of the entire world,

animate and inanimate, inclusive of human beings in every detail of their psychic, behavioral and physical lives. Secularistic thought is committed to indifference to or rejection or exclusion of theistic thought about the entire world, inclusive of human beings. (p. 272)

Both theistic and secular thought envision the world through a particular lens. The theistic lens sees “every facet of being human [as] related to God...motivation, cognition, emotions, interpersonal relationships, vocational life, counseling, and physiology each have an intrinsic and essential God-ward referent” (Powlison, 1984, p.270). This God-ward referent is placed at odds with the secular lens, which either excludes or deemphasizes God in seeking to understand human functioning and purpose.

Historically, secularism did not always exclude theistic religions. Early American psychologists generally viewed psychology and theism as mutually supportive (Slife et al., 2012). Appropriate space was maintained for religious ideas to be examined critically, even if they were not held or affirmed personally (Reber, 2006). However, the modern manifestation of secularism is generally skeptical and dismissive of such ideas. Theistic thought, especially the exclusive claims of Christianity, is generally classified as unexamined authority claims and unquestioned dogma by secular philosophy (Reber, 2006). As secularism became increasingly anti-theistic, the cooperative framework between psychology and theistic faith ruptured. This rupture was primarily the result of a drastic change in the philosophic understanding of God and his relation to the world (Taylor, 2007). This change was facilitated by the adoption of naturalism as the central dogma and philosophic worldview of the secular framework (Slife et al., 2012). The shift toward naturalism planted seeds that would eventually grow into the rejection of theism that has become common to secular thought and culture.

Naturalism, even when not explicitly expressed or promoted, shapes and defines the secular therapeutic process. Similar to a client's faith commitment, naturalism is a functionally controlling worldview. Functional control occurs when a worldview informs empirical research, experimentation, the formulation of methods to gather data, and the creation of categories to interpret data (Powlison, 1984). This arena of thinking is typically referred to as the philosophy of science. The philosophy of science seeks to understand how worldview assumptions and cultural values impact research methodologies (Garzon & Hall, 2012). The two primary features of naturalism are lawfulness and godlessness. These features are crucial to understanding the influence of naturalism on psychology and psychotherapy in relation to Christian theology.

Lawfulness describes the establishment of implicit metaphysical assumptions about the network of laws and principles that govern the natural world (Slife et al., 2012). One of these assumptions is the theoretical impossibility of God disrupting or breaking those laws. In his critique of modernity, Bruno Latour observes, "no one is truly modern who does not agree to keep God from interfering with Natural Law" (Latour, 1993, p. 33). Consequently, the idea of a relational God with agency and personality is rejected in favor of a God who is either the indifferent creator of the law-governed structure people inhabit or non-existent (Taylor, 2007). The God of the Christian is replaced with the "crossed-out God of metaphysics" (Latour, 1993, p. 33). This secular view contrasts sharply with the Christian conception of God "as an agent interacting with humans and intervening in human history" (Taylor, 2007, p. 270). Scripture is filled with accounts of God bearing witness of himself to humans through "signs and wonders and various miracles and by gifts of the Holy Spirit" (Hebrews 2:4). More importantly, the Christian faith hinges upon the veracity of a miraculous event that the principle of lawfulness would reject as implausible – the resurrection of Jesus Christ from the dead. For the Christian,

this tension must be considered seriously in light of the biblical author's claim that "if Christ has not been raised, your faith is futile" (1 Corinthians 15:17). However, this tension does not render Christian theism void in the realm of research and exploration. On the contrary, the theistic assumptions of God's activity in the world are similar to those of lawfulness. This is because though "God may not be observed, that does not mean that the influence of God cannot be deduced, and its manifestations measured, just as with natural laws" (Slife et al., 2012, p. 224). The biblical author echoes this hidden reality in reminding the Christian that "though you have not seen [God], you love him. Though you do not now see [God], you believe in him" (1 Peter 1:8). In this way, a method worldview grounded in theism is allowed to illuminate and interpret the psychological world. However, from a secular standpoint, the emerging conclusion of lawfulness is that God cannot be actively involved in human history or the current natural world of psychological events (Slife et al., 2012).

Another aspect of the functional control that naturalism wields as a worldview is the secularizing of knowledge that leads to godlessness. This manifests itself through the practical assumption that God is not required for research, theory, or practice within psychology (Slife et al., 2012). On the other hand, if Christian theology, particularly the teachings of Scripture, operate with functional control, then Scripture will operate as a measuring rod for truth and will inform empirical research, experimentation, method formulation, and category development (Powlison, 1984). The implication for the therapeutic process is that issues of human behavior are interpreted through either theistic or secularized methods and data (Powlison, 1984). There is often an underlying assumption that scientific inquiry and research is a "transparent and unbiased window to the real objective world" (Slife et al., 2012, p. 215). This is not necessarily the case. Because presuppositions and pre-investigatory beliefs guide method formulation before any

investigation using the method takes place, the use of the scientific method in secularism interprets human behavior and the world according to the biases of its presuppositions (Slife et al., 2012). The crucial presuppositional bias here is godlessness; or rather, that theism cannot illuminate and interpret the psychological world. Because of this, the majority of mainstream psychological theory, and psychotherapy, assumes that cognition, emotion, personality, and behavior can be adequately explained without theistic assumptions (Slife et al., 2012).

Godlessness - the removal of a functionally relevant and active God from serious consideration in psychology - is the final outcome of naturalism and the hidden thread woven beneath much of the modern therapeutic process.

By and large, secularism now views many religious ideas and practices, either explicitly or implicitly, as irrelevant or nonessential to discourse (Reber, 2006). An official declaration from The Council for Secular Humanism (1980) formalized this view:

As secular humanists, we are generally skeptical about supernatural claims... We consider the universe to be a dynamic scene of natural forces that are most effectively understood by scientific inquiry... We find that traditional views of the existence of God either are meaningless, have not yet been demonstrated to be true, or are tyrannically exploitative.  
(para. 13)

This declaration reveals a profound departure from the original form of secularism that allowed theism and psychology to be viewed as mutually supportive. Viewed through the lens of secularism, beliefs and practices informed by theism are often regarded as religious superstition and unjustified dogma set in opposition to the free exercise of thought and open-mindedness (Reber, 2006). While adherence to its beliefs and tenets is by no means universal, secularism still

represents a foundational and dominating paradigm of modern psychology and psychotherapeutic theory and practice.

### **Secular Psychology and Psychotherapy**

Psychotherapy is a therapeutic approach derived from the theoretical formulations of traditional, mainstream psychology (Genia, 1994). The terms “counseling” and “psychotherapy” are often used interchangeably but there is an important layer of nuance between the terms. Counseling typically deals with observable behavior and helping people cope with different circumstances while psychotherapy seeks deeper insight into the subconscious motivation that leads to observable behavior (Fraser, 2015). Deinhardt (1996) puts forth another helpful distinction:

Counseling is problem-oriented and stresses giving information, advising and directing, while psychotherapy is people-oriented and stresses helping people discover things about themselves that make for difficulty in their lives. The counselor tends to serve as teacher and expert, using common sense and specialized knowledge for problem-solving; the psychotherapist, as detective facilitator, and partner in discovery, using whatever techniques will achieve desired results for the client. (pp. 9-10)

This role distinction of counselor and psychotherapist helps frame their positioning to the client in the therapeutic process.

The psychotherapeutic approach to counseling is a dynamic and evolving practice. Over the past century, psychotherapy has undergone extensive and dramatic change. This change has come primarily through developments and revisions to the Diagnostic and Statistical Manual of Mental Disorders (Delkeskamp-Hayes, 2010a). Many psychologists are unaware that the theories

and methods that dominate their practice are undergirded by the ethical assumptions and values of secularism (Reber, 2006). These assumptions and values are rooted in the secular philosophy that produces psychological thought and the scientific method. Psychology and the scientific method are developed by people with ethical assumptions and aesthetic and religious values. These assumptions and values influence their understanding of God, human nature, and the appropriate and most important methods by which to study them (Reber, 2006). Consequently, psychotherapeutic theories with varying assumptions about God, human nature, the function of personality, and the factors that contribute to psychological disorders are produced (Jeske, 1984). These theories are not exempt from the philosophic influence of secularism – most notably, naturalism and the implications of lawfulness and godlessness (Slife et al., 2012). These assumptions undergird the methods and techniques that are utilized by secular psychotherapists.

There are a vast array of theoretical models and understandings among practitioners of psychotherapy (Delkeskamp-Hayes, 2010a). For this reason, psychotherapy has been criticized by some for its lack of unity and consistency among the plurality of models and techniques employed by its practitioners (MacArthur, 1991). Secular psychotherapists typically use psychodynamic, client-centered, and behavioral interventions in treating psychological distress (Genia, 1994). All of these interventions and approaches are developed and employed with certain assumptions about human nature. The psychodynamic approach, influenced heavily by Freud, operates under the assumption that people are fundamentally evil and irrational and that behavior is governed by unconscious motivations, internal drives, and childhood sexual drives (Jeske, 1984). Psychoanalysis, inspired by a scientific medical model, typically explains psychic phenomena through mechanical and causal means (Delkeskamp-Hayes, 2010a). The client-centered approach to therapy operates under the assumption that people are basically good,

rational, and self-determined. This approach views proper conditions as a vital prerequisite to personal growth and actualization (Jeske, 1984). Behavioral interventions employ a variety of learning theories and assume humans have bidirectional developmental potential that is dictated by sociocultural conditions. Furthermore, human behavior is assumed to be essentially lawful with cause preceding effect (Jeske, 1984). Cognitive behavior therapy (CBT) assumes that human nature is neutral, and people are capable of rationality and irrationality. CBT emphasizes a reciprocal relationship between the environment and individual behavior and pinpoints learning deficits or the learning of inappropriate behaviors as the cause of psychological distress (Jeske, 1984). These theories provide a glimpse into the diverse array of thought within psychotherapy regarding how to appropriately interpret human nature and development.

Psychotherapeutic assumptions about human nature and development are what guide the methods employed to address issues in counseling. Even the client-centered approach, which seeks to put the client in the driver's seat of the therapeutic encounter, does not escape the influence of the ethical values and assumptions of the counselor or method (Presley, 1992). Generally, psychotherapeutic approaches "presuppose that one can adequately and usefully understand mental problems and disorders apart from understanding the biological bases and mechanisms" (Delkeskamp-Hayes, 2010a, p. 3). Because of this presupposition, "difficulties in living, attitudes, tendencies, behaviors, and commitments are expected to become accessible, intelligible, and controllable once their underlying psychic impulses and the mechanisms for their suppression or redirection have been exposed" (Delkeskamp-Hayes, 2010b, p. 82). However, the categories of thought that guide this process of identification and interpretation are often bound to the secular arena (Deinhardt, 1996). Secular psychology implicitly defines what constitutes a good and healthy existence. These definitions guide theory development and

practice (Reber, 2006). For any therapeutic technique to achieve its goal in counseling, it must be founded on at least metatheory about how one should regard the issues and difficulties being treated (Delkeskamp-Hayes, 2010b). This is the moral dynamic of therapy that religion and theology has historically been on the forefront of examining and informing (Reber, 2006). With the advent of secularism, religious and moral concerns have been translated into secular frameworks of interpretation and explanation (Delkeskamp-Hayes, 2010b). Despite the variety of theories and approaches involved in secular psychotherapy, this work of translation occurs in all of them. The result is that secular psychotherapy functions as “a work of interpretation as profound as any religious conversion” (Fitch, 2000, p. 205). Conviction regarding what constitutes inappropriate and appropriate behavior and responses to certain issues are derived from worldview assumptions (Presley, 1992). Secular psychology presents a vision of how people should live that is guided by a “this-worldly” understanding of healing and human flourishing (Delkeskamp-Hayes, 2010a, p. 3). The employment of any psychotherapeutic technique or approach in secular therapy, no matter how diverse, is ultimately directed toward achieving this end.

### **Christian Theology and Presuppositions**

Secularism presents a vision of human flourishing and healing that is psychologically framed, whereas Christianity has a theologically framed vision (Delkeskamp-Hayes, 2010a). Core to Christian theology is the work of Jesus Christ as the divine and incarnate redeemer and healer of humanity’s fallen nature (Delkeskamp-Hayes, 2010b). Incarnate refers to “the resurrected Son of God, Lord Jesus Christ, immediately living, personally and present and indwelling” in the Christian (Day, 2006, p. 536). Christian doctrine attributes the fallen nature of man to original sin. The theological understanding of sin is different from the common

psychotherapeutic classification of guilt. This guilt arises from past failings in view of other humans that are not undone (Delkeskamp-Hayes, 2010b). The Bible describes sin as willful rebellion against God resulting in a condition of separateness that leads to spiritual death (Day, 2006). According to Christian doctrine, God creates humans in his image and according to his design; however, sin leads to a fall away from God's original intent and relationship with him after the first humans are tempted (Day, 2006). The relationship between the human will and temptation is the grounds for Dallas Willard's assessment that, "choice is where sin dwells" (Willard, 2012, p. 46). The subjection to death brought about by sin is the dilemma of all humanity, because "just as sin came into the world through one man, and death through sin, and so death spread to all men<sup>2</sup> because all sinned" (Romans 5:12). Thus, all people are prone to personal sin and the general consequences of the universal condition of sin in the world (Day, 2006). This is the reality that Christianity pictures when employing the language of man's fallen nature apart from God.

The Christian doctrine of original sin is situated at odds with the humanistic philosophy of secular psychotherapy. It is for this reason that original sin is criticized by Bingaman (2011) as an outmoded theological idea and a barrier to uncovering the "original goodness" inherent in all people and being "compassionate and understanding toward ourselves" (p. 485). Original sin is seen by Bingaman as the source of a harmful, self-imposed negativity bias that stifles human flourishing. It is in this vein that secular psychotherapy seeks to free clients from what Daniel Helminiak (2001) classifies as "neurotic guilt" (p. 176). This maladaptive and irrational form of guilt is juxtaposed with "objective guilt" - real wrongs that must be appropriately owned and dealt with by counselor and client in the therapeutic process (Helminiak, 2001, p. 176). These

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<sup>2</sup> The Greek word *anthropoi* refers here to both men and women.

categorizations of guilt and morality are informed by the ethical and philosophical assumptions of a secular worldview. Conversely, Christian theology presupposes God as the objective authority of moral principles and the one who guides all bioethical decision-making (Delkeskamp-Hayes, 2010a). Consequently, God is the ultimate arbiter and judge of what is right and wrong. Because secularism lacks this presupposition, its definitions of morality and ethics are not informed by a God-ward referent. The implication is that these definitions, derived from human-dependent systems and assumptions, are inevitably distorted by the marring effects of sin in the world. Powlison (1984) describes this as the presuppositional effect of sin:

The human mind persistently tends to rule God out, as though the person of God were irrelevant to true knowing. There is an inherent distortion in human knowing when Christ is not reckoned with. There must be a conversion from secularistic to theistic thinking. (p. 274)

Christian theology maintains that without this conversion of thinking, a purely secular therapeutic process will be guided by the intellectual warps of sin. This distortion may be subtle and hidden because “sin’s character is to present itself as plausible truth” (Powlison, 1984, p. 275). The presuppositional effect of sin is a crucial factor to consider within the context of the therapeutic process. The doctrine of original sin must be appropriately framed by theistic presuppositions before it can be properly understood in the context of how Christian theology defines human flourishing and healing.

Even when sin is appropriately framed, issues of neurotic guilt do still occur. However, maladaptive guilt, fear, and shame among Christian clients is often rooted in how they perceive their own relationship to God and sin. Jennings (2017) helpfully pinpoints that these maladaptive issues among Christian clients are often the result of tightly held misperceptions and incorrect

views about God and human sin. Jennings (2017) illustrates a proper and healthy understanding of these concepts:

The Bible teaches that sin, just like cystic fibrosis, if unremedied, results in death. God hates sin like a doctor hates disease because sin destroys those he loves. And God, just like a doctor, loves his sick patients (all of us earth-bound sinners) and is working tirelessly to heal and save...our thinking has become so backward that we are actually more afraid of our spiritual doctor (God) than the sickness (sin) that is killing us. (p. 132)

Jennings' analysis reveals Bingaman's error in assessing original sin to be a failure to consider the human condition of sinfulness in light of God's redeeming love. This is what Powlison (1984) describes as the presuppositional effect of redemption in Christ. God's love acts as the cataclysmic force that brings about the healing of man's fallen nature and undoes the effects of sin. This divine desire to heal sin is reflected in Jesus' teaching that "those who are well have no need of a physician, but those who are sick. I came not to call the righteous, but sinners" (Mark 2:17). In actuality, "sin arises from the rejection of a Divine love that seeks nothing but to welcome sinners back" (Delkeskamp-Hayes, 2010b, p. 88). The classification of neurotic guilt is not inextricably bound with the doctrine of original sin; rather, it is primarily the result of believing falsehoods about God. These falsehoods veil the love of God that desires to heal the sinful human heart. On this point, Jennings (2017) astutely observes that "love cannot flow where lies about God abound" (p. 130).

Christian doctrine on sin and Jesus Christ as the divine healer of man's fallen nature challenges the popular psychological views that human nature is basically good and that people have the answers to their problems inside them (MacArthur, 1991). Secular psychotherapy operates under a philosophy that "treats created things, human beings included, as self-existent

and coherently explicable within themselves” (Powlison, 1984, p. 273). Christianity makes the exclusive claim that “there is salvation in no one else, for there is no other name under heaven given among men by which we must be saved” (Acts 4:12). MacArthur (1991) boldly affirms this distinction:

The view that man is capable of solving his own problems, or that people can help one another by ‘therapy’ or other merely human means, denies the doctrine of human depravity and man’s need for God. (p. 17)

MacArthur is putting forward an understanding of human nature that adequately presupposes theism, the effects of sin, and redemptive revelation. This redemption comes in the form of the gospel message about Jesus Christ, “the power of God for salvation to everyone who believes” (Romans 1:16). A theology of fallen human nature and God’s revelation through Jesus Christ must then inform the therapeutic process along with psychopathology and clinical disorders (Day, 2006). However, a noticeable discrepancy occurs between a therapeutic process informed by Christian theology and one informed by secularism. Willard (2012) observes:

In our present thought world the horror is “hidden”, “sin” as a condition of the human self is not available as a principle of explanation for those who are supposed to know why life goes as it does and to guide others...our social and psychological sciences stand helpless before the terrible things done by human beings, but the warpedness and wrungness of the human will is something we cannot admit into “serious” conversation. (p. 46)

The implication of Willard’s point is that a therapeutic process that operates under the assumptions of secularism will lack the necessary categories and theological frameworks to treat

the sin as an effective reality of the human experience. Without the presuppositions of theism, sin, and redemptive revelation, the conceptual resources for sin and its effect on the human experience are lost or misunderstood.

Christianity pictures God as the initiator of the redemptive process that solves man's sin dilemma – "In this the love of God was made manifest among us, that God sent his only Son into the world, so that we might live through him" (1 John 4:9). In respecting human freedom, the all-loving God authorizes humans to reject his love and entrusts every human with the responsibility to either accept or reject the saving option put forward in Christ (Delkeskamp-Hayes, 2010b). The choice to surrender and receive salvation through Jesus Christ requires the employment of free will (Day, 2006). Salvation is realized as both a present state of a person's earthly existence and a final eschatological reality. The renewed life is experienced when one is "drawn, soul and body, into the deifying Divine love" (Delkeskamp-Hayes, 2010b, p. 85). Here, a theological anthropology of body and soul is necessary. The body is the focal point of one's presence in the physical and social world and "in union with it we come into existence, and we become the person we shall forever be" (Willard, 2012, p. 35). The soul is that which interrelates all of the dimensions of the human being – mind, feeling, heart or spirit, body, and social context – to form one life (Willard, 2012). In the renewed life, a person's relationship with Christ intersects and transforms all of these dimensions. Hence, a multi-level framework is provided for the Christian teaching that "if anyone is Christ, he is a new creation" (2 Corinthians 5:17).

According to Willard (2012), "the human will [heart] is primarily what must be given a godly nature and must then proceed to expand its godly governance over the entire personality" (p. 34). This expansion of godly governance over the entirety of the human dimension is what is referred to as sanctification – or growth in Christlikeness (Willard, 2012). Consequently, on-

going personal transformation in Christ is viewed as centrally important to the therapeutic process (Day, 2006). Christianity does not view human autonomy and individually chosen self-realization as a therapeutic goal, but rather, the reorientation of human's disordered passions to their true goal in God (Delkeskamp-Hayes, 2010b). This reorientation of the human heart in alignment with God's design and purpose is evidence of having "become partakers of the divine nature" (2 Peter 1:4).

The modern therapeutic process often assumes the chief end of the individual to be the secular goals of freedom, equality, autonomy, and individually chosen self-realization that produces happiness (Delkeskamp-Hayes, 2010b). Conversely, the Westminster Catechism, viewed by many as the most accurate and succinct summary of the Christian faith, affirms that the chief end of the individual is to glorify God by enjoying Him forever (Westminster Assembly [1643-1652], 1816). The catechism reveals how Christian theology informs human freedom, flourishing, and well-being. For the Christian, purpose and meaning are derived from the Godward referent. Keller (2015) emphasizes how this differs from a secular pursuit of happiness absent this referent:

To "live for meaning" means not that you try to get something out of life but rather that life expects something from us...you have meaning only when there is something in your life more important than your own personal freedom and happiness, something for which you are glad to sacrifice your happiness. (p. 129)

For the Christian, that "something" which is to be desired chiefly above all else, including personal freedom and happiness, is God. The paradox of Christian freedom is that it is found in servitude to God: "Live as people who are free, not using your freedom as a cover-up for evil; but living as servants of God" (1 Peter 2:16).

Christianity does not picture human flourishing as something that is achieved autonomous from God and His design; rather, it is through perfect participation and cooperation with it. Those who humbly submit to “the final Authority and King on all matter pertaining to His Kingdom” enjoy freedom, joy, and life abundant (Deinhardt, 1996, p. 16). The secular goals of autonomy and individually chosen self-realization are not the desired end goal of a therapy informed by Christian theology. The pursuit of such autonomy and freedom is seen as the symptom of “a heart that would make me God in place of God” and leads to destructive outcomes (Willard, 2012, p. 55). Rather, therapy informed by Christian theology assumes complete human dependence upon God and the need to change faulty ways of thinking about life, God and self, and selfish patterns of behavior (Powlison, 1984). This kind of therapy is very different from a secular psychotherapy that excludes the “intervening grace of the Redeemer that decisively sets one free to want other things” (Fraser, 2015, p. 72).

Christianity puts forward Jesus Christ as the all-sufficient resource in changing and healing the human heart and bringing about spiritual wholeness (MacArthur, 1991). Scripture presents a vision of life in relation to Jesus Christ, who provides redemption, forgiveness, and grace to live out the full purposes of God (Fitch, 2000). It is Christ who provides the conceptual resources for loving people and rejecting their sin in the therapeutic process (Delkeskamp-Hayes, 2010b). When problems are defined theistically, then the “counselor’s gentle love is honest enough to point people to the love of God in Christ and to the Lordship demand of that Christ” (Powlison, 1984, p. 277). The confession of sin does not look back to invoke guilt or hinder progress. Rather, it directs the believer forward to the hope anchored in redemptive revelation. The biblical writer has this in mind when declaring, “one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the upward prize of the

call of God in Christ Jesus (Philippians 3:13-14). Remarkably, it is through the process of repentance and self-accusation that the joy of renewed access to life in Christ as a result of divine forgiveness is engendered within the therapeutic process (Delkeskamp-Hayes, 2010b). By directing the client to Jesus Christ, guilty, legalistic thinking and selfish, desire-oriented actions are reoriented and replaced by thoughts and action that are lovingly obedient to Christ (Powlison, 1984).

Another way Christian theology informs the therapeutic process is through the establishment of a unique and vital context - the church. Soul care has been the traditional province of the Christian church for 2,000 years (Deinhardt, 1996). Because the soul is central to a therapeutic process informed by Christian theology, the church is an appropriate arena for counseling (MacArthur, 1991). Ketcham (2018) defines the nature of the church in terms of shared identity:

The church is not a building, an organization, or...a service provider. The church is the people. Church is not where we go or what we join. We do not have a church or choose a church. The church is who we are. To say the church is a people belonging to God is to affirm our shared identity forever linked with God's covenant people we read about in the Old Testament. (p. 53)

This shared identity is what the biblical writer emphasizes when writing – “Now you are the body of Christ and individually members of it” (1 Corinthians 12:17). Shared identity is key to understanding how the church functions as a vital context for counseling and therapy. Within the church, therapy fine tunes the eyes to see God and is formed around confession - the articulation of emotions and the results of past sin - and the Christian story (Fitch, 2000). This contributes to the formation of desires, emotions, experience, and character. The shared identity of the

Christian incarnates the commitment to the Christian narrative and illumines life and the therapeutic process in terms of the person and work of Jesus Christ (Fitch, 2000).

To maintain theological integrity and to direct the Christian toward human flourishing, the church must operate with a therapeutic perspective that rests firmly on faith in Jesus Christ and proper theological conceptions and appraisals of reality (Deinhardt, 1996). The church's maintenance of a therapeutic vision informed by and subservient to Jesus Christ is essential (Fitch, 2000). Preaching, within the context of the church body, is a necessary component of this vision. Through preaching, the Christian is reminded of reality under the Lordship of Jesus Christ. Preaching reinforces the same language and understanding of the world and enables the formation of a confessional therapeutic community. In this community the tools of interpretation, articulation, confession, discernment, and praying are employed properly in the therapeutic process (Fitch, 2000). An equality of pastor and parishioner as sinners in the eyes of God allows for healthy mutuality in criticism (Delkeskamp-Hayes, 2010b). Framed by redemptive revelation, spiritual maturity or Christlikeness, not institutional or academic qualification, becomes the ultimate qualification for the person performing soul care (MacArthur, 1991). A cognitive pastor-congregant symmetry that prevents acknowledgment of any objectively binding dogma is rejected (Delkeskamp-Hayes, 2010b). The pastor maintains authority to critique or correct the counselee's sinful actions that hinder healing and human flourishing. The presuppositions of sin and redemptive revelation are brought to the fold and Christ's activity and instruction is actively sought in the therapeutic encounter. The confessional therapeutic community enables the pursuit of healing through the life and purpose of the church (Delkeskamp-Hayes, 2010a). The essential function and reality of Christ and his church becomes foundational to the therapeutic process (Fitch, 2000). Consequently, the life and personal

experience of the Christian are interpreted and shaped according to appropriate theological frameworks and definitions of human flourishing.

A proper understanding of the other-worldly perspective of Christianity is necessary when considering how to engage and interpret a Christian client's experience. American psychologist, William James, was a forerunner in drawing attention to the variety of feelings, attitudes, and experiences that are religious in nature and significant to human experience (Reber, 2006). These experiences are interconnected with a multitude of topics treated within psychological therapy – prejudice, happiness, addiction, mental health, self-esteem, guilt, forgiveness, and more (Reber, 2006). In all these areas, the Christian appraisal of reality informs the therapeutic process for both counselor and client as a way of interpreting and making sense of life. Christianity does this by interpreting life through the language of sin, redemption, and forgiveness through Christ's sacrifice on the cross (Fitch, 2000).

From a Christian standpoint, any definition of human flourishing and well-being is ultimately grounded within a view of eternity and the necessary involvement of the human soul and all that affects it, including sin (Delkeskamp-Hayes, 2010a). The third epistle of John reflects this idea: "Beloved, I pray that all may go well with you and that you may be in good health, as it goes well with your soul" (3 John 2). As the soul interrelates every component of the human dimension, any theological conception of human health and flourishing is inextricably bound to its condition. This is the idea that underpins MacArthur's definition of true psychology as a study of the soul (MacArthur, 1991). This other-worldly perspective is foundational to how the Christian faith alters the goals and norms of the therapeutic process and one that differs from a strictly this-worldly vision of secular psychotherapy.

## **The Veiling of God Within Secular Frameworks**

A Christian client's experience of personal encounter with God and life shaped in relation to Scripture is vital in the therapeutic process (Fitch, 2000). For the counselor, a full and appropriate understanding of the client's religious experience and their relationship to other psychological phenomena is necessary (Reber, 2006). At this juncture, Powlison (1984) observes that Christianity and psychology can overlap:

Both are preoccupied with human behavior and motivation... the goals and consequence of behavior...the relation of thinking to action...understanding both destructive and constructive interpersonal relationships... seeking to facilitate the latter [and] defining and understanding human problems for the purposes of changing for the better. (p. 276)

While this may be true, Christianity and the secular form of psychology present two different stories and accounts of the world that a person submits to and allows to form their lives and character in therapy (Fitch, 2000). Within a purely secular and psychologically framed vision of life, God is denounced and replaced with social conventions or pathogenic behavior (Delkeskamp-Hayes, 2010a). This is made evident by the interpretation of problems according to psychology's language of disorder and dysfunction (Fitch, 2000). The Christian understanding of sin and evil are essentially non-categories in this interpretive framework. The result is that God is either removed completely from discourse or reinterpreted according to a secular psychological framework. This work of reinterpretation veils God by separating or diluting the theological and spiritual dimensions of a client's issues to focus on those that are amenable to psychotherapeutic, rather than theological competence (Helminiak, 2001).

The veiling of God within a secular framework is a multifaceted. One reason this veiling occurs is because of a failure to “fit the method to the phenomenon” and the secular inclination to situate matters pertaining to religion and God on the “periphery of psychological theorizing and research” (Reber, 2006, p. 198). This is exemplified through the process of instrumentalism. Instrumentalism represents a biased approach to therapy that construes whatever is being investigated as an instrument of humankind’s benefit (Slife et al., 2012). The danger with this approach is that it moves a study’s measures of a particular phenomenon or practice away from a Christian’s actual experience and understanding of it (Slife et al., 2012). Practices such as prayer are typically instrumentalized in this fashion; the techniques are employed by a therapist absent the underlying belief structure that the practice is founded upon (Reber, 2006). This leads to the exclusion of God from definitions of religious constructs and reconceptualizes God according to secular frameworks in therapy. For example, a secular therapy may include “talk about God”, but it treats God as purely symbolic, esthetic, and noncommittal (Delkeskamp-Hayes, 2010b, p. 103). God is transformed into a research variable of human thought and behavior. The implication is that the experience a Christian would attribute to an active interaction with God is reinterpreted as a process or mechanism of the naturally evolved human mind (Reber, 2006). This conclusion is the result of the veiling that occurs in secular therapeutic frameworks.

Another common manifestation of the veiling phenomena is the secular treatment of God as a mechanism of human spirituality (Helminiak, 2001). Helminiak defines spirituality as “a lived-out commitment to a set of meanings and values [and] an inherent human phenomenon...that may naturally open onto religious elaboration and questions about God” (Helminiak, 2001, p. 164). In this approach to therapy, the human spirit is viewed as a self-transcending dimension that must be engaged properly to become the best one can be

(Helminiak, 2001). Order and truth are assumed to be human-dependent rather than God-dependent (Powlison, 1984). Because of this self-transcendent view of the human spirit, God can be treated as a superfluous or optional mechanism of therapy. This secular re-invention of spirituality allows “the all-powerful God [to] descend into men’s heart of hearts without intervening in any way in their external affairs” (Latour, 1993, p. 33). God is present but does not actively guide and direct the therapeutic process. When God is treated as a mechanism of human spirituality, He is only “effective and helpful within the spirit of humans alone” (Latour, 1993, p. 34). God is veiled beneath the self-transcendent shadow of a human spirit that is identified as the goal of the therapeutic process. From a Christian perspective, spirit is self-initiating and self-sustaining but it is not an inherently human phenomenon (Willard, 2012). God is the only purely spiritual being – pure creative will and character and un-bodily and personal power (Willard, 2012). This creative personal power is the ground and essence of all reality and cannot be explained in secularistic terms (Carson, 1998). As opposed to being self-transcendent, humans have only a small element of spirit. For the Christian, it is only through proper relation to and cooperation with God that the human spirit, or will, can reform the soul according to God’s good design and purpose (Willard, 2012).

Helminiak’s secular framework for addressing human spirituality projects God onto human understandings and treats Him as an extrapolated “unknown” (Helminiak, 2001, p. 172). God is merely a way of explaining the fullness of truth and goodness that is self-existent within the human spirit. (Helminiak, 2001). However, Scripture affirms that for every person, “what can be known about God is plain to them, because God has shown it to them” (Romans 1:20). God is not “unknown” but has illuminated all of human experience and life through His revelation. This revelation achieves stunning fulfillment in John’s gospel: “the Word became flesh and dwelt

among us, and we have seen his glory, glory as of the only Son from the Father, full of grace and truth” (John 1:14). This divine truth is not an abstraction but is personally applied to the real life problems, struggles, feelings, and situations a person experiences in therapy (Powlison, 1984). The primary responsibility of the therapeutic process is taken out of the hands of counselor and client and given over to the authority and instruction of Jesus Christ (Day, 2006). As Powlison (1984) states, “True knowledge will then function to give conscious glory to God” (p. 274). As the client’s life is viewed through the presuppositional lenses of theism, sin, and redemptive revelation, God is properly unveiled, and His presence and activity are thoroughly recognized throughout the counseling and therapeutic process.

The veiling of God in secular counseling is also symptomatic of a deeper issue. On one level, the beliefs and values implicit in the Christian worldview are not thoroughly understood (Watts, 2001). There is also an implicit bias that leads counselors to treat God as a non-factor in the events, problems, or sufferings of the client’s life (Slife et al., 2012). Some of this bias can be attributed to a religiosity gap in the US - secular psychotherapists are less likely to affiliate or participate in organized religion and are also more likely to express spiritual interests in nontraditional ways (Genia, 1994). The difference between Helminiak’s treatment of spirituality and a Christian understanding of spirituality is evidence of this differential expression. However, upon deeper inspection, the implicit bias is also rooted in the myth of neutrality. The myth of neutrality assumes that “the research findings and conceptual practices of secular psychology are essentially neutral to or compatible with various worldviews, including theism” (Slife et al., 2012, p. 214). Unfortunately, the attempts of secular psychotherapy to address God within counseling and therapy are often built upon this myth. The functional employment of this myth in therapy is not without consequences. Therapy that operates under secular presuppositions can

potentially lead a Christian client away from the functional conception of a personal God. The affirmation of the existence and activity of a personal God is a fundamental tenet of Christian theology and must be appropriately woven into the therapy of a Christian client (Presley, 1992).

One therapeutic approach that seeks to incorporate the client's faith into its process is Christian-Cognitive Behavior Therapy (C-CBT). This therapy meets the APA's criteria for "well-established empirically validated treatment" and sees the individual's Christian faith as foundational to the therapeutic process (Pearce & Koenig, 2013, p. 733) While benefits can be derived from this approach, it also risks the shortcomings that occur when theistic conceptions are added onto the supposed neutrality of naturalistic therapy practices (Slife et al., 2012). This approach sees mental health as the primary focus as opposed to spiritual health (Pearce & Koenig, 2013). Implicit in this objective is the assumption that mental or psychological issues are separate from the spiritual dimension of the person. A Christian theological anthropology does not necessarily maintain a category for psychological problems – whether mental or emotional - that are unrelated from spiritual or physical causes (MacArthur, 1991). For the Christian seeking help through this avenue, mental and emotional health should not automatically be equated with spiritual wholeness (MacArthur, 1991).

Secular or religious therapists are able to utilize C-CBT as a therapeutic approach. C-CBT emphasizes an "individualized integrative approach" where spiritual practice is used to reduce symptoms and "scripture is used in an appropriate, contextual, and thoughtful manner" (Pearce & Koenig, 2013, p. 734). However, the potential employment of Scripture and spiritual practices by a secular practitioner can be problematic, especially when framed within the context of the presuppositions that guide their understanding of the Christian faith. On one level, this represents a peripheral theism that conceptualizes Scripture and other practices naturalistically

because of the assumption that those practices work through conventional psychological mechanisms (Slife et al., 2012). Furthermore, the methodology of the study of Scripture is derived from theological, not secular frameworks. It “requires dependence upon the Holy Spirit, prayerful communion with God through His Holy Spirit, an illumined intellect, mediation on the Word, submission unto fellow labors, and so forth” (Deinhardt, 1996, p. 4). It is God, in the person of the Holy Spirit, who illuminates Scripture to the believer and guides the believer into all truth (John 16:3). Without this understanding, a crucial aspect of God’s involvement and activity in the therapeutic process is excluded or altered by secular assumptions and conceptions. Although this psychotherapy may provide temporal adjustment, as long as God is veiled, it will not create a therapeutic encounter that leads to beneficial change in the human heart (MacArthur, 1991). It is important that a Christian client understand these limitations to therapeutic outcomes.

Without a theistic appraisal of reality, a distortion can occur in the therapeutic process for a Christian client. A theistic appraisal of reality fosters an environment where the “value content, theoretical orientation, and methods of psychotherapy are ultimately subordinate to biblical theology and ethics” (Hilber, 1998, p. 422). Additionally, it necessitates that all psychological theory, insights, and practice be submitted to and, if possible, held in alignment with a biblical worldview (Day, 2006). Distortion occurs when a client’s understanding of God is diluted by psychotherapeutic techniques that operate with a different meaning and purpose. The outcome of this dilution is a secular shadow of the client’s religion and understanding of God (Genia, 1994). Such an outcome can have serious ramifications in regard to the quality of the counselor-client relationship and the overall effectiveness of the therapy. Powlison (1984) emphasizes that for those who hold to the beliefs of the Christian faith, the implications of this dilution take on even greater urgency:

There has not been an increase in accurate self-knowledge, for accurate self-knowledge relates us to God. Therapy has brought conversion to a more successful secularism. The true issues of human life, which may generate the experience of being down on oneself, have been whitewashed... There is the appearance of good fruit but anti-theistic categories control throughout. The fruit of counseling will not stand up on the day of God's judgment. (p. 277)

The proper relation of counselor and client to God must be maintained for therapy to achieve the Christian definition of human flourishing and healing. Therapy informed by Christian theology transcends the discursive paradigm that secular therapy imposes upon God (Delkeskamp-Hayes, 2010b). The counselor and client do not operate in an environment that is ruled by anti-theistic and self-contained categories that are autonomous from God (Powlison, 1984). Instead, space is maintained for God's presence to be an effective reality (Delkeskamp-Hayes, 2010a). God is not operationalized as a symbolic depiction or a research variable; rather, his presence radically alters the counselor-client interaction. God functions as the "third partner" with counselor and client who frames the encounter within divine revelation about human life and flourishing (Delkeskamp-Hayes, 2010b, p. 103). Because the Christian experience is centered outside itself in relation to God, an encounter that veils God's activity beneath secular frameworks and anti-theistic categories of interpretation will hinder or harm the therapeutic process (Fitch, 2000).

### **Pastoral Counseling, Biblical Counseling, and Integrationism**

The veiling of God, whether conscious or unconscious, in the therapeutic process is a major concern for Christian clients and the church at large. Consequently, it is no surprise that

there is internal division within American Christianity about the proper limits of scientific and psychological methods in relation to Scripture and theology (Kinghorn, 2015). In the last century, modern psychotherapy has become increasingly influential in American Christianity – such that some observe “psychology and preaching engaged in a turf war in the American Christian church” (Fitch, 2000, p. 198). Pastors often find themselves performing the roles of psychotherapeutically informed counselors (Delkeskamp-Hayes, 2010b). This is no surprise considering the psychotherapeutic model of care – 1:1 meetings, in a private office, dealing with deeply personal matters – has strong roots in the pastoral care that was practiced in the church for centuries (Deinhardt, 1996). This interaction of theology and psychology has been characterized by dialogue and between three major movements over the last century – pastoral counseling, biblical counseling, and integrationism (Kinghorn, 2015).

The emergence of clinical pastoral education in the 1920s had a major influence on the direction of pastoral counseling. A new educational environment led to contact between seminarians and psychiatric inpatients that resulted in the utilization of psychotherapeutic training to inform pastoral care. Over time, mainline Christian denominations and eventually evangelical denominations embraced psychology and social sciences to instruct therapy (Deinhardt, 1996). For this reason, pastoral counseling is seen by some as a form of psychotherapy that goes on within the explicit context of the shared faith of an organized religion (Helminiak, 2001). There are differing opinions about the degree to which psychological knowledge and techniques should be integrated into Christian pastoral counseling (Delkeskamp-Hayes, 2010b). Despite being ultimately self-constrained by the Christian worldview, the benefits of incorporating “secular healing arts” - especially psychology and psychotherapy – into pastoral counseling has been debated and criticized (Delkeskamp-Hayes, 2010a, p. 2). One

criticism is that pastoral counseling and therapy has been reconfigured into psychological as opposed to theological terms (Delkeskamp-Hayes, 2010b). Winfrey (2007) highlights the concern rooted in this trend:

In this therapeutic culture...physicians and counselors often ignore human sin and its effects, neglect our most fundamental human and spiritual needs, and therefore misunderstand our condition, mistreat our problems, and sometimes unintentionally do more harm than good. (p. 24)

Without the proper theological terms, the therapeutic process is in danger of falling victim to the assumption that what is “developed within a purely naturalist context can unproblematically be utilized for Christian soul care” (Delkeskamp-Hayes, 2010b, p. 82). Pastoral counseling that operates under this assumption will veil God in the therapeutic process and fail to adequately meet the needs of Christian clients.

The shifts in pastoral counseling were in many ways the result of an effort to avoid “the old-fashioned pastor’s major shortcoming” - unresponsiveness and improper response to the psychological needs of congregants (Delkeskamp-Hayes, 2010b, p. 86). The consequent turn to psychotherapeutic practice was an attempt to cultivate awareness and properly understand the dynamics and dimension of the person being counseled (Winfrey, 2007). Within this context, the biblical counseling movement emerged as a response to these shifts in pastoral counseling. Jay Adams was the major facilitator of this movement and established its foundational views (Fraser, 2015). Upon its conception, the four major characteristics of the biblical counseling movement were an emphasis on personal responsibility and on personal sin as the core problem, Scripture as the primary text used in pastoral counseling, distrust of psychology and psychiatry, and the promotion of pastors as preferred counselors as opposed to mental health clinicians (Kinghorn,

2015). Adam's original model has undergone its fair share of criticism as well. Some of these criticisms include failing to interpret and use meaningful results of science in light of Scripture, oversimplification of psychological theory, and a failure to give adequate attention to the motives of the heart and prevailing effects of sin on the will (Fraser, 2015).

The criticisms and dialogue between pastoral and biblical counseling have led to significant developments in the biblical counseling model. At its core, the model is "built upon the view that Scripture is sufficient to answer comprehensively the deepest needs of the human heart [and] that all aspects of life are to be informed and governed by the application of and obedience to Holy Scripture" (Winfrey, 2007, p. 24). Psychological insights are seen as secondary and tentative to the basis of Scripture. Additionally, the adoption of the recycling model provides a more inclusive framework for psychological insights in relation to theology. This model seeks to avoid accepting psychological insights that compromise the authority of Scripture while also avoiding the complete rejection of the stimulus of secular insights (Fraser, 2015). Informed by the presuppositions of theism, sin, and redemptive revelation, the counselor is able to redeem secular psychology in the therapeutic process by first pinpointing what is good, then identifying what is wrong, and finally addressing causality in human behavior (Fraser, 2015). This approach allows God to remain unveiled throughout the therapeutic process. Three major characteristics of human behavior are affirmed – people are responsible for their own problems, problems are shaped by external and or traumatic influences, and problematic behavior is often driven by deep seated motives (Fraser, 2015). The assumption that deep-seated problems can only be solved by professional counselors using secular therapy and that Scripture, prayer, and the Holy Spirit are inadequate or too simplistic for solving certain problems is rejected (MacArthur, 1991). On the contrary, whatever is skillfully performed in the therapeutic

process is “taken to an entirely different level when it is embedded in the purposes of Christ’s redemptive love” (Fraser, 2015, p. 73). For the Christian client, a therapeutic encounter where God is unveiled and active is not only preferable, but superior in outcome.

The areas of disagreement and debate between pastoral and biblical counseling are rooted in the question of integration. Integrationism is the attempt to integrate clinical psychology with Christian doctrine (Kinghorn, 2015). The movement itself aligns more closely with clinical psychology and its practitioners often self-identify as “Christian psychologists” or “Christian counselors” (Kinghorn, 2016, p. 108). The catalyst of this movement was a dilemma that Genia (1994) describes well:

Those seeking help may be forced to choose between a religious counselor who is competent to provide spiritual guidance but unprepared to handle psychopathology or a clinically sophisticated secular psychotherapist who is uncomfortable with religious material. In either case, the therapeutic encounter excludes or inadequately addresses a significant part of the client’s experience. (p. 396)

To remedy this dilemma, integrationism tries to achieve the best of the theological and psychological worlds. The goal of the integration model in psychotherapy is the “formation of an approach to psychotherapy that would incorporate sound psychological theory based on an evangelical theological anthropology” (Jeske, 1984, p. 263).

The supporters of integration appeal to the truthfulness and reliability of general revelation as a source of knowledge (Hilber, 1998). General revelation refers to knowledge that has been revealed outside of strictly Scripture or divine revelation (Jeske, 1984). This acceptance allows the Christian therapist to look beyond Scripture for principles and techniques of therapy

(Jeske, 1984). In this venture, Scripture guides the appropriation of knowledge from other sources (Hilber, 1998). For the integrationist, the partial error of modern psychotherapies does not render invalid their partial truth (Jeske, 1984). This regulated openness to modern psychotherapy has been criticized by some as “theologically bankrupt” (Deinhardt, 1996, p. 3). MacArthur (1991) expresses wariness toward many Christian clinics, calling them “secular psychology disguised in spiritual terminology” (p. 5). He also refutes the notion that ideas and techniques derived from general revelation, as opposed to Scripture and one’s relation to Jesus Christ, are essential to help people with their deep problems (MacArthur, 1991). Integration has also been criticized because of the difficulty in developing an adequate and comprehensive system that does not oversimplify therapeutic approaches (Jeske, 1984). The theological integrity and efficacy of a therapeutic process derived from integrationism is dependent upon whether crucial presuppositions - theism, sin, and redemptive revelation - are maintained. Additionally, the philosophical and ethical assumptions of the inputs that are used to craft a system of integration must be critically examined. An extremely delicate balance of psychotherapeutic theories and methods and Christian theology and doctrine must be achieved. The pursuit of true integration, if possible or desirable at all, has to guard against the cultivation of a therapeutic process that veils God’s activity beneath the values, ethics, and assumptions of secularism.

There are numerous therapeutic approaches derived from integrationism. The variance is the result of differing appraisals of psychological theories from a Christian worldview. There are also different opinions about how to best apply those theories to address individual and systematic problems. This leads to diverse methods of incorporating Christian beliefs and practices with psychological interventions (Watson & Eveleigh, 2014). Because of this, approaches derived from integrationism should be carefully examined to ensure they do not veil

God in the therapeutic process. Incarnational Christian psychology - a form of psychotherapy that operates within the framework of Christian belief – is a product of the integration approach (Day, 2006). This therapeutic approach establishes congruence of belief between counselor and client as a prerequisite for effective therapy. This means both have “accepted Jesus Christ as Lord and surrendered to His saving grace” (Day, 2006, p. 537). This approach operates on seven major divergent assumptions that distinguish it from other secular therapy and practice. Among these assumptions are salvation and individual responsibility, the contextualization of psychopathology and clinical disorders within a theology of fallen human nature, the authority of Scripture over psychological theory, insights, and practices, recognition of the role of evil and temptation in the soul and life of the client, and the primary responsibility of Christ’s authority and instruction in the therapeutic process (Day, 2006). These divergent assumptions guard against the veiling effect by bringing the secular assumptions of modern psychotherapy under critical examination, submission, and if necessary, removal in light of Christian theology. The incarnational approach shows that MacArthur’s assertion that Christianity and psychology are two inherently contradictory systems of thought is not necessarily a valid assessment. Because incarnational Christian psychology is intentionally founded upon theological assumptions, it maintains crucial presuppositions and God is not veiled in the therapeutic process. The integration debate is tightly woven into the dialogue between pastoral and biblical counseling. All of these approaches seek to provide an appropriate framework for understanding the relationship between Christian theology and psychological theory and practice in the therapeutic process.

## Conclusion

The question of whether Christian theology is compatible with the modern therapeutic process begins with critical examination of the dominating and frequently unquestioned truth claims secularism requires for the disciplines it is applied to – namely, psychology and psychotherapy (Reber, 2006). This does not negate the benefits that are to be derived from a wise and appropriate use of psychological insights and psychotherapeutic techniques in the therapeutic process. Human psychological techniques can alleviate trauma and dependency, modify behavior, and medication can be used to treat illnesses where the root causes are organic in nature (MacArthur, 1991). Nevertheless, the Christian does well to remember that “not only in counseling, but in all aspects of life, wisdom calls for a deeper reverence for God in conforming one’s life to the Creator’s design” (Hilber, 1998, p. 422). The Christian life is shaped in relation to Jesus Christ and His church. Wisdom also affirms that the theological vision of life and human flourishing transcends the temporal and this-worldly domain of secularism. The Christian can learn from general revelation and the human sciences, but ultimately gives over the interpretation of the renewed life in Christ to divine revelation and Scripture. There is humble recognition that the modern form psychology and psychotherapy can be a foreign narrative of understanding how to live life (Jeske, 1984). The therapeutic pursuit of human flourishing and healing is guided by the Christian worldview and theological, not secular, presuppositions and assumptions. If this wisdom is forsaken, the therapeutic encounter is subsumed by secular assumptions and naturalistic conceptions that veil God’s activity to the detriment of the Christian’s faith. The therapeutic process is either limited to temporal adjustment or harmful to the client because they do not adhere to the assumptions, biases, and worldview of that process. Conversely, when God is unveiled in the therapeutic encounter, the fruit of counseling endures forever because God has

been recognized throughout (Powlison, 1984). The God of the Christian, the Wonderful Counselor, is acknowledged as living and active, instructing and directing counselor and client with all authority, illuminating life and truth, and directing therapy toward its ultimate end goal in Christ.

## References

- Bingaman, K. (2011). The art of contemplative and mindfulness practice: Incorporating the findings of neuroscience into pastoral care and counseling. *Pastoral Psychology*, 60(3), 477–489. <https://doi.org/10.1007/s11089-011-0328-9>
- Blanton, P. G. (2005). How to talk to Christian clients about their spiritual lives: Insights from postmodern family therapy. *Pastoral Psychology*, 54(2), 93–101. <https://doi.org/10.1007/s11089-005-6197-3>
- Fraser, J. (2015). *Developments in Biblical Counseling*. Reformation Heritage Books.
- Carson, C. (Ed.). (1998). *The Autobiography of Martin Luther King, Jr.* Grand Central Publishing.
- Day, R. B. (2006). Incarnational Christian psychology and psychotherapy: What do we believe and what do we do? *Pastoral Psychology*, 54(6), 535–544. <https://doi.org/10.1007/s11089-006-0021-6>
- Deinhardt, C. L. (1996). Christian counselling at the crossroads: Pressures to reconceptualize our agenda, methods, and basic concepts according to our faith. *Didaskalia*, 8(1), 1–25.
- Delkeskamp-Hayes, C. (2010a). Pastoral versus psychological counseling in bioethics. *Christian Bioethics: Non-Ecumenical Studies in Medical Morality*, 16(1), 1–8. <https://doi.org/10.1093/cb/cbq004>
- Delkeskamp-Hayes, C. (2010b). Psychologically informed pastoral care: How serious can it get about God? Orthodox reflections on Christian counseling in bioethics. *Christian*

*Bioethics: Non-Ecumenical Studies in Medical Morality*, 16(1), 79–116.

<https://doi.org/10.1093/cb/cbq003>

Fitch, D. E. (2000). The need for more preaching in the psychologist's office or "Why therapy never should have left the church in the first place." *Pastoral Psychology*, 48(3), 197–209. <https://doi.org/10.1023/A:1021387009412>

Garzon, F., & Hall, M. E. L. (2012). Teaching Christian integration in psychology and counseling: Current status and future directions. *Journal of Psychology & Theology*, 40(2), 155–159.

Gass, C. S. (1984). Orthodox Christian values related to psychotherapy and mental health. *Journal of Psychology & Theology*, 12(3), 230–237.

Genia, V. (1994). Secular psychotherapists and religious clients: Professional considerations and recommendations. *Journal of Counseling & Development*, 72(4), 395–398.  
<https://doi.org/10.1002/j.1556-6676.1994.tb00956.x>

Helminiak, D. A. (2001). Treating spiritual issues in secular psychotherapy. *Counseling and Values*, 45(3), 163–189. <https://doi.org/10.1002/j.2161-007X.2001.tb00196.x>

Hilber, J. W. (1998). Old Testament wisdom and the integration debate in Christian counseling. *Bibliotheca Sacra*, 155(620), 411–422.

Jennings, T. (2017). *The God-Shaped Brain: How Changing Your View of God Transforms Your Life* (Second). InterVarsity Press.

Jeske, J. O. (1984). Varieties of approaches to psychotherapy: Options for the Christian therapist. *Journal of Psychology & Theology*, 12(4), 260–269.

- Keller, T. (2015). *Walking with God through Pain and Suffering*. Penguin Books.
- Ketcham, S. (2018). *Reciprocal Church*. InterVarsity Press.
- Kinghorn, W. A. (2016). American Christian engagement with mental health and mental illness. *Psychiatric Services*, 67(1), 107–110. <https://doi.org/10.1176/appi.ps.201400542>
- Latour, B. (1993). *We Have Never Been Modern* (C. Porter, Trans.). Harvard University Press.
- MacArthur, J. (1991). The psychology epidemic and its cure. *The Master's Seminary Journal*, 2(1), 3–19.
- Pearce, M., & Koenig, H. G. (2013). Cognitive behavioural therapy for the treatment of depression in Christian patients with medical illness. *Mental Health, Religion & Culture*, 16(7), 730–740. <https://doi.org/10.1080/13674676.2012.718752>
- Powlison, D. A. (1984). Which presuppositions? Secular psychology and the categories of biblical thought. *Journal of Psychology and Theology*, 12(4), 270–278.
- Presley, D. B. (1992). Three approaches to religious issues in counseling. *Journal of Psychology & Theology*, 20(1), 39–46.
- Reber, J. S. (2006). Secular psychology: What's the problem? *Journal of Psychology and Theology*, 34(3), 193–204.
- Slife, B., Reber, J., & Lefevor, G. (2012). When God truly matters: A theistic approach to psychology. *Research in the Social Scientific Study of Religion*, 23, 213–237.
- Taylor, C. (2007). *A Secular Age*. The Belnap Press of Harvard University Press.

The Council for Secular Humanism. (1980). *A Secular Humanist Declaration*.

<http://www.secularhumanism.org/index.php?section=main&page=declaration>

Watson, T. S., & Eveleigh, E. (2014). Teaching psychological theories: Integration tasks and teaching strategies. *Journal of Psychology & Theology*, 42(2), 200–210.

Watts, R. E. (2001). Addressing spiritual issues in secular counseling and psychotherapy: Response to Helminiak's (2001) views. *Counseling and Values*, 45(3), 207–217.

<https://doi.org/10.1002/j.2161-007X.2001.tb00198.x>

Westminster Assembly (1643-1652). (1816). *The Assembly's shorter catechism, with the scripture proofs in reference: With an appendix on the systematick attention of the young to scriptural knowledge, by Hervey Wilbur*. Newburyport [Mass?]: Wm. B. Allen & Co.

<https://search.library.wisc.edu/catalog/999566184502121>

Willard, D. (2012). *Renovation Of The Heart*. NavPress.

Winfrey, D. (2007). Biblical therapy: Southern Baptists reject “pastoral counseling.” *The Christian Century*, 124(2), 24–27.