

Counselors as Missionaries¹



by Sam R. Williams

“Christianity is missionary by its very nature, or it denies its very raison d’être.”²—David J. Bosch

The counseling that Christians do should be a part of the culture-crossing mission of God—always moving toward and into any part of this world that excludes God from the human equation. Any form of Christian counseling, to the extent that it deserves to bear the name of Christ, to the extent that it deserves to be called biblical, must not neglect the Great Commandments, the gospel, or Christ’s Great Commission. I contend that Christians who counsel—of all sorts and of all backgrounds—have been missiologically myopic. As a result of this myopia, we have failed to speak prophetically into the mental health subculture. Each group has its reasons, but we all share in this failure.

This article will use the term “mission,” and other words semantically related to it, in the large, God-centered sense. Mission is the activity of God in his world: the *Missio Dei*. He acts through his people to fulfill his mission. Mission is defined, energized, directed, and ultimately accomplished by God. The breadth and depth of God’s mission, and then ours, is established by the breadth and depth of his redemption. Mission is a holistic notion, referring not only

to evangelism and discipleship, but also to social engagement and public life, and to the various vocational callings of the Christian life. It includes Christian sociocultural interaction—our dealings in the arts, the sciences, and the public square.³ Christian mission will culminate someday when every artist, every scientist, and every counselor bows before Jesus Christ, confessing that he is Lord over their lives and disciplines.

We can view the mental health system as a distinct subculture within modern western culture. Like all cultures, it is characterized by distinctive customs and practices, a common language (with various dialects), and a dominant worldview. This worldview comprises categories, concepts, plausibility structures, methodologies, meta-narratives, and mini-narratives. Like all cultures, the mental health system forms a society. It is composed of leaders and followers, producers and consumers, like-minded citizens who co-operate by means of an overt or covert consensus, with both written and unwritten rules.

This particular subculture is distinctly *secular*. Its practitioners and their concepts, methods, and social structures have been notoriously and self-consciously nonreligious or pagan. The founders of this subculture—Freud, Jung and Adler, and the many who have followed them—were acutely aware that their developing profession was competing with and displacing

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pastors and churches in the understanding and care of the human soul.⁴ Their secular gospels have enjoyed more than a century of secular success. But *reality and lasting success* are God-centered, not secular. And the most vexing human problem, the sin that disorders every human soul, *needs a divine solution*: Jesus Christ.

Since Christianity is “missionary by its very nature,” there are good reasons to view the mental health subculture as a mission field—an unreached people group. I contend that our failure to recognize this particular subculture as a mission field has impaired our impact on a group of people in desperate need of distinctively Christian counseling that reflects the truths and graces of the gospel. Therefore, in this article I will: 1) provide a brief appraisal of the current state of affairs in both the secular and Christian mental health subcultures, 2) propose *constructive contextualization* as a missional strategy that would increase our impact, and 3) close with a call to action.

The Mental Health Profession: A Culture in Transition

It is odd that the mental health profession, whose original intent was to understand and cure the mind or soul, lost touch with its original objective. One can choose from 10,000 examples. Freud rejected the spiritual dimensions—the place of the soul’s deepest woes and distortions. Jung went mystical, Eastern, Gnostic, and finally nonsensical. Skinner’s radical behaviorism ducked all the big questions. Cognitive psychology took its cues from information processing theories of computer science. Biological psychiatry and managed care urged people to “listen to Prozac.”⁵ The troubled soul that bears the image of God, is oppositional to God, yet is redeemable by God, never went away. But secularity squashes the very things that most need explaining and addressing.

Ignoring the soul has not lasted, however. In the 21st century, the mental health profession realized they had lost their mind and began looking for it again. Postmodern turns in philosophy and pluralistic developments in culture have provided the context for a revaluing of the soul and spirit. Religion and spirituality are now recognized by both the American Psychological Association and the American Psychiatric Association as a palliative for sick

souls and societies and legitimate fields of investigation (i.e., the psychology of religion, and neuroscientific research on the brain and spiritual belief).⁶

“Spiritual” and religiously-loaded forms of psychotherapy (e.g., Buddhist, Hindu, feminist, gay-affirmative, transpersonal, and new age) exist alongside all the other “scientific” therapeutic offerings. Increasingly, Christian approaches to counseling are no longer the scorned or merely tolerated stepchild, but instead we are allowed to have a place in the new mental health family.

It is even becoming more common for health insurers to include a category for Christian counselors on their preferred-providers list. Early entrants in this re-enchantment of the mental health subculture could be seen in the late 20th century in the inclusion of 12 Step AA/recovery programs, Christian mental health clinics, and hospital programs like New Life, Minirth-Meier, and Rapha.

In other words, missiologically speaking, the mental health field is no longer a completely closed country. It has begun to open the door, recasting itself as tolerant and inclusive of all religions and moralities. Increasingly, therapists, doctors, and patients no longer have to check their gods at the door before entering. I recently met with the Licensed Professional Counselors board member in my state who oversees educational requirements for the development of a license-eligible track for students at the seminary where I teach. I was sure we could meet their course requirements, but wary about the willingness of the licensing board to accept our degree, since it is an M.A. in “Biblical Counseling.” To my surprise, he responded to my question about our degree designation without hesitation: “No problem. We’ve accepted stranger degrees.”

Of course, we must continue to expect that the cross of Christ will still be offensive. We already see uniquely post-modern versions of intolerance that aim to censure or exclude Christian perspectives by calling them “oppressive” or “intolerant.” Nonetheless, it is a new day, and one that calls us to re-evaluate both the field and ourselves. Is there ripe opportunity for missionaries to enter this once-closed country? I think so, yes. How should we proceed? Evangelical missiologists provide insights that help us in this task of reevaluation and redeployment.

The Mission: The Subversion and Redemption of Secular Psychology

Up to this point, most Christian counseling has been modern and imitative in its methodology. It is modern in that it has granted secular science functional parity with Scripture. It is imitative in that it has parroted secular methodologies and institutions. Contemplate for a moment how different you might expect a psychology to be if our Christian faith were the guiding meta-narrative:

1. The human, psyche (soul) and body, was originally created to be ruled and loved by a Good King. In his perfect wisdom, the King created and governs everything in the universe.
2. The Good King created these embodied souls to worship, serve, love, and follow him. He made them significantly like himself so that they could do this meaningfully and freely.
3. These souls, though designed for love and loyalty to their King, instead betrayed and rebelled against him. This rebelliousness was contagious and became a family trait, so that now every person suffers from the same deadly contrarian disease.
4. The only lasting cure for this epidemic comes from the Good King himself, who for love and glory sent his Son to live with the diseased, personally entering into their plight. In doing so, he willingly catches their deadly virus. The Good King's Son initially appeared to succumb to the disease, but instead overcomes it and rises and reigns, inaugurating a process by which he actually reverses and eventually cures the disease.
5. This cure is available, free of charge, to "whosoever will" simply acknowledge that they are hopelessly sick, and will then trust and follow the Good King and his Son.

This Christian narrative subverts the foundational narratives and presuppositions of the secular psychologies, rather than offering up junior versions of their non-Christian systems. Our strange and wonderful narrative confronts the omission of spiritual realities in their psychotherapies with a divine diagnosis (of both their systems and their patients). It brings supernatural cure for souls. From the perspective of our definitive story, the secular psychotherapies are desperately in need of

redemption, not because their insights and intentions are entirely wrong, but because they are fundamentally wrong about the most important things.

Our goal should not be simply to obtain a seat at the psychological table. We should invite diners at the Mental Health Café to another place, to a banquet dinner with fare beyond their wildest dreams. Here the Host offers living bread and living water, and even life beyond this mortal life. A retooling of C. S. Lewis' inimitable challenge in *The Weight of Glory* is apropos: We are half-hearted counselors, tinkering with Freud and Rogers and Beck when infinite joy is offered us by Another Counselor, like an ignorant child who wants to go on making mud pies in a slum because he cannot imagine what is meant by the offer of a holiday at the sea. We are far too easily pleased.⁷

If the Christian faith is intrinsically a missionary movement and the prevailing mental health establishment is part of what the New Testament calls "the world" or "this present evil age" (Gal 1:4), then failures at the interface between a Christian psychology and the mental health culture are significant and worth our consideration. After all, our theology, if it is true to the nature of God, must move out and into this world with bold love and merciful judgment. Christian or biblical counseling that is insular denies its very essence, its *raison d'être*. And, the question of the day is not what can we learn from secular psychology (and we can learn), but instead how does Christ answer the big questions of life, for which the psychotherapies can only offer palliative care. Because of God's special grace, we have more to teach them than they have to teach us. This is how I understand our current situation. How should we go forward? I would like to propose a strategy of purposefully redemptive contextualization.

Contextualization: In the World but Not of It

We must suffer from no delusions about the difficulties in teaching the world about Christ and his impact on how we think about people and problems. Contextualization is a missiological concept that helpfully describes the pathogens that have impaired both Christian psychologists and biblical counselors from having a wider impact. Contextualization also commends a cure for our shortcomings.

Simply stated, contextualization is the effective communication of the legitimate implications of the gospel (broadly understood as God's Word in Christ and the Scriptures) for a *given situation*. Christian contextualization can be thought of as the effort to communicate the message of God in a way that is faithful to Scripture and meaningful to respondents in their context.⁸ Scripture meaningfully applied always addresses people's deepest questions and concerns, while taking into account their personal and cultural context.

Contextualization is a fruitful concept that has New Testament roots. In Acts 17:16–34, Luke

for understanding and order, but “No” to their impersonal and Christ-less definition.

Lesslie Newbigin's model for communication of the gospel follows a similar pattern:

1. The communication has to be in the language of the receptor culture. It has to be such that it accepts, at least provisionally, the way of understanding things that is embodied in that language; if it does not do so, it will simply be an unmeaning sound that cannot change anything.
2. However, if it is truly the communication of the gospel, it will call radically into question

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describes how St. Paul engages the Athenians on their turf and in their terms. He winsomely commends the Athenians for their religiosity and even quotes their philosophers and poets. Paul is first concerned with establishing a point of contact and gaining a hearing. Initially, he inoffensively reframes their idolatry as “objects of worship.” But he does not stop there. He finds another conceptual bridge in their altar to the unknown *theos* (god). With these, he both challenges their false beliefs and, at the same time, offers genuine fulfillment for the ambiguous desires of their heart. Paul's method of contextualization begins with a “Yes” to their intractable impulse to worship, which he links to God's creational design, but ends with a clear “No” as he confronts their ignorance and pleads with them to repent of their misdirected, vacuous worship. Paul proclaims both the “No” and the “Yes” of the Gospel.

Saint John the evangelist employs a similar strategy in the beginning of his gospel. He lifts the impersonal, philosophical (and religious) term *logos* out of the Greek culture of his hearers and then reframes and redefines it in distinctively personal, Christ-centered terms. John strategically co-opts both their terminology and their desire for reason, logic, and truth. He redeploys what he finds in them in order to teach that Christ is the Truth and the Way and the Life. He says “Yes” to their God-given desire

that way of understanding embodied in the language it uses. If it is truly revelation, it will involve contradiction and call for conversion, for a radical metanoia, a U-turn of the mind.

3. Finally, this radical conversion can never be the achievement of any human persuasion, however eloquent. It can only be the work of God. True conversion, therefore, which is the proper end toward which the communication of the gospel looks, can only be a work of God, a kind of miracle—not natural but supernatural.⁹

Newbigin has captured the strategy used in Acts 17 and John 1.

David Bosch, another missiologist, also wrote about the reinterpretation of life in uniquely Christian terms.

Christians find their true identity when they are involved in mission, in communicating to others a new way of life, a new interpretation of reality and of God, and in committing themselves to the liberation and salvation of others. A missionary community is one that understands itself as being both different from and committed to its environment; it exists within its context in a way which is both winsome and challenging.¹⁰

Biblical and Christian counselors *find their true identity when they are involved in mission*.¹¹ In terms of my proposal, we should all have

some sense of being on mission to the mental health subculture.

Counselors on mission must “learn the language of the receptor culture” and then seek a distinctively Christian engagement with the mental health profession, and its academy and institutions, *in a way that is both winsome and challenging*. Our aim is *to communicate a new way of life, a new interpretation of reality*. We must not allow the prevailing secular paradigms (whether psychoanalytic, cognitive-behavioral, family systems, neurological, etc.) to provide the primary cues or structures for our own paradigm. Of course, for the glory of God, we should acknowledge how his common grace sometimes shines through these systems. But finally we persuade them with the truth, beauty, and hope of the gospel of a full-orbed Christian perspective in counseling. Our paradigm turns their best observations, insights, and skills inside out, offering a radically different interpretation. We pray that eyes would be opened to see the glory that shines only in the face of a psychology that delights in our Good King, the Creator and Redeemer of souls.

The Risks of Contextualization

We must be aware, however, as perceptive missionaries traversing cultural boundaries, that contextualization is not a risk-free process. Another benefit of the missiological concept of contextualization is that it alerts us to two problems that often arise in the conversation between faith and culture, and, in our case, between the Christian faith’s psychology and the other psychologies.

The first problem is *over-contextualization*, which is essentially syncretism and is found most frequently in integrationism. The risk in integrationism is accommodating a Christian understanding of people and problems in such a way that biblical truths are denied. Instead, we ought to take possession of secular understandings of people and problems, transforming them by Christian truth, and thereby making that understanding new.¹²

Mark Noll and David Wells describe the potential risks that arise in the process of building bridges between cultures.

This interpretive journey from Word to world is fraught with peril even as it is ripe with potential. Bridges built between

God’s Word and our world are susceptible of carrying traffic in both directions... most of the traffic has been moving in the wrong direction. Twentieth-century people have allowed the cognitive constraints and the psychological conventions of our own day to limit what the Bible may say. This reverses the proper situation. It is the Bible that deserves to prescribe the cognitive horizon for the twentieth century, just as it has been for every century. Much more than the Bible, it is the twentieth century that needs to be demythologized.¹³

Proper awareness of the risk of over-contextualization protects us from assimilating secular theories and methods, and from accommodating to the secular mental health system to the point that our counsel loses its missional and prophetic force. Integrationists must ask themselves whether they are disseminating anything more than common grace and secular solutions. Is the Word of God normative and the Son of God transformative in our counsel? If not, we have over-contextualized.

The second risk of contextualization is under-contextualization. Biblical counseling tends to suffer from this. Biblical counselors have been developing distinctively biblical concepts and methods for thirty-five years, but some are separatists in their attitudes toward the mental health world and “secular” research. Some counselors view any form of cooperation with the mental health establishment as worldly capitulation and ungodly compromise. As a result, meaningful and persuasive interaction does not occur.

Biblical counselors need to ask themselves whether they are failing to disseminate words of life to people who need to hear. Is the Word of God normative enough and the Son of God transformative enough to engage in meaningful conversation with secular people? If not, we have under-contextualized.

So there are two dangers. Either the secular mental health establishment calls the shots, or it is a closed country that we do not take the risk of entering. Many integrationist mental health professionals water down their message and methods to the point that they are functionally secular, while many biblical counselors retreat and keep their message and methods to themselves. Both fail to

contextualize the Christian message in ways that seem conceptually relevant and demonstratively compassionate. We need a missional mindset to drive and inform redemptive engagement. On this road, we steer clear of avoidant separatism on one side and accommodating syncretism on the other.

To summarize, contextualization is simply the effort to faithfully proclaim and apply Christian concepts and practices to everybody, everywhere, and in everything. After all, there is not one square inch of this planet to which the Lord Christ does not say, "Mine."¹⁴ Contextualization works out

experts have been trained in logically related methods and procedures to provide a cure for your problem. This is the custom in our culture, and it is embedded in a particular worldview and conveyed by a particular meta-narrative and language.

However, missionally-minded counselors are aware that the language for describing mental disorders is a product of a particular culture with a particular philosophy of life and a particular view about the nature of persons and their problems. Learning the language of mental disorders is like learning the language of another

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this notion: God is redemptive as he reclaims and renews everything. God purifies what has been corrupted by sin at all levels—universal (conceptual models and systems, philosophies, and psychologies) and particular (real lives and particular problems). Enough said about theory, let's put the theory to work.

Contextualization: Two Examples

Contextualization, when applied to counseling, is the process of saying both "Yes" and "No" to secular psychology. I will consider two examples of contextualization: first, the concept of mental disorder, and then the institution of professional licensure/certification.

For each example, I aim first to deconstruct the concept. Then I will aim to reconstruct the concept, saying "no" to that which is inconsistent with God's will and "yes" to that which reflects his ways. The net result is a reinterpretation—a translation—that invites conversion.

1. Contextualization and "Mental Disorder"

Deconstruction: It goes without saying that the purpose of psychotherapy or counseling is to help individuals suffering from "mental disorders." That is the custom in our age: if your life is broken and you do not know how to fix it, we have designated experts who have developed a system to diagnose the problem. And then, based upon their categorization and conceptualization of your problem, these

culture. The language both describes reality and defines it. Every language has its strengths and weaknesses, pays attention to some facts and ignores other facts. Eric Johnson discusses the importance of translating worldview-loaded concepts from a "foreign" psychological community that has its own distinct literature and language:

These literatures [Christian theology and secular psychology] may be different enough from each other that we could liken them to two different languages. If that is so, the concept of integration may not be the best metaphor for the task facing the Christian soul care community with reference to modern psychology literature, but translation...The translation metaphor offers a different, and possibly a more profitable way of conceiving the Christian psychological community's interpretive task, than the modern understanding of integration. Integration seems to imply that the task is relatively unproblematic; the texts of modern psychology and Christian theology are all equally true; Christians simply need to read and put together the truth, like the pieces of a puzzle. Translation, on the other hand, better conveys that there is a problem.¹⁵

How does the language of "mental disorders" fare in the process of redemptive contextualization?

Of course, we can say “yes” to the observations of psychologists and psychiatrists that people are disordered. There seems to be something wrong with many of us—all of us—in our thoughts, behaviors, emotions, and relationships. Who would argue that people, some more than others, are messed up inside? But how you help people with these disorders is a direct function of how you understand what is meant by the concept of “mental disorder.” And there’s the rub. What do they and we mean by “mental,” and what do they and we mean by “disorder”? Words, especially key words for critical concepts, always carry worldview freight.

A careful examination of the concept of “mental disorder” in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) reveals that there is a problem here. The definition of this term in the introduction to the DSM-IV is essentially an apology:

The term *mental disorder* unfortunately implies a distinction between mental disorders and physical disorders that is a *reductionistic anachronism of mind/body dualism* [italics added]...The problem raised by the term *mental disorders* has been much clearer than its solution, and, unfortunately, the term persists in the title of DSM-IV because we have not found an appropriate substitute.¹⁶

In other words, the term *mental* is embarrassing to the authors of the DSM-IV because it implies (if not denotes!) immaterial, spiritual, and psychical substances, a product of a dualistic worldview which does not comport well with their monistic, naturalistic, biologically reductionistic view. What they mean by *mental* and what a Christian means by *mental* are categorically different.

Another obvious question is, “How do they and how do we define *disorder*?” It should go without saying that the critical starting point for understanding a disorder is apprehending the proper order. What is a properly ordered mind/soul? Secular definitions of mental disorder are self-consciously atheistic and amoral, as if the mind, will, and emotions reside within a God-free zone. There is an intentional avoidance of moral and spiritual appraisal. The secular criteria for abnormal or disordered behavior are merely biological, social, or statistical. They refuse to acknowledge the divine order and the One

who defines order. Spiritual and moral “data” are ruled out, a priori. That which makes us distinctively human is deemed meaningless in the description and definition of the soul’s order, disorder, and reordering.

Let me give an example that illustrates how a Christian perspective on “mental” and “disorder” impacts a diagnosis and treatment. Suppose twin brothers, Carlos and Pedro, lose their younger brother Daniel after he got drunk and ran his car into a tree. Carlos responds to his brother’s tragic death with shock and then an existential crisis. His brother’s death hits him like a rubber mallet between the eyes. He stands beside Daniel’s casket before his burial, views the lifeless body and thinks, “That could be me.” Carlos begins to ponder questions about life and death that he had previously avoided. He realizes that someday he too will die. He wonders about both Daniel’s and his own destiny. Is there really a God? If so, am I ready to stand before him? Are heaven and hell true? He begins waking up at night, worried and anxious. He tries to reassure himself that all is well; there is no reason to worry. However, his fears continue to nag him, and he is unable to repress the mounting anxiety precipitated by Daniel’s death. One week later while driving home after work, he has a panic attack. He thinks he is having a heart attack and heads for the emergency room, where he is examined and diagnosed with panic disorder.

Pedro, on the other hand, seems to take his brother’s death in stride. No existential crisis for Pedro. After a brief period of shock and mourning, he tells himself that Daniel’s death is the natural cycle of life: you live and you die. He stands before his brother’s casket and views Daniel’s dead body with sadness, but no anxiety. He thinks, “No heaven. No hell. Don’t worry. Be happy.” He experiences little fear or self-doubt. When he does, he quells it quickly with various forms of false assurance.

Here is the diagnostic question. If God is real and the Bible is true, which brother is disordered? Is not Pedro’s lack of fear way out of order? Is not Carlos’s anxiety and panic a God-given red light on his emotional dashboard, warning him that he has sinned and falls short of the glory of God, and that someday he will face that Lord of glory naked, without the protective covering of the robe of Christ? And if this is true, would not panic, even terror, be appropriate? Is not Carlos’s

anxiety the grace of God speaking words of truth?

Here is the treatment question. Would you have helped Carlos if you merely medicated him or taught him to reduce his anxiety with a cognitive-behavioral counseling regimen? Or would you have just extinguished a warning light and failed to address the sickness in his soul that was producing a meaningful danger signal? If emotions are isolated from the One with whom we have to do (Heb 4:12–13), then they are inevitably misinterpreted and misdiagnosed, and sometimes reflexively medicated or otherwise

full of evil; madness is in their hearts while they live (Eccl 9:3). The biblical account tells us that all creation, including both body and soul, has been infected with a killer psychosomatic virus called sin. Before this holy and loving God, every soul is declared insane.

A true Christian psychology also says “yes” to the immaterial, unseen reality of the mind, soul, and psyche. In a sense, the authors of the DSM-IV are correct in apologizing for their definition of a mental disorder. They can’t find any other way to say it than, it is “a

The Bible provides a shocking diagnosis: we are all disordered!

falsely assuaged.

Our emotions do not exist in a God-free zone. They always occur before the One with whom we all have to do. Is not Pedro out of touch with reality, and his lack of fear an affective disorder of psychotic proportions? What kind of “treatment” would you recommend for Pedro? Doesn’t he need “help”?

Reconstruction: Emotions, theorists tell us, are a product of our cognitive appraisals, our concerns, and our beliefs. In other words, our interpretations of reality form the web out of which we construct our complex of affect and feeling.¹⁷ While it does seem that our bodies and brains are wired for a set of primary emotions, these visceral responses are shaped by our construal of reality, our worldview, right and wrong, order and disorder, God or no God, heaven and hell, gospel or no gospel.

A Christian view of people (a true Christian psychology) re-situates and re-configures emotions and mental disorders within a divine perspective that changes everything. Our Christian psychology first says “no” to the notion that any of us, or our emotions, reside within a God-free zone. And then a Christian psychology says “yes” to the obvious: something is desperately wrong with us. The Bible provides a shocking diagnosis: we are all disordered!

This Christian reconstruction of the concept of mental disorders brings every one of us to our knees. The God described in Scripture is an equal opportunity diagnostician, declaring everybody everywhere with a terminal spiritual and moral disease. Truly the hearts of the sons of men are

reductionistic anachronism.” But Christians are happily anachronistic, and say they are more reductionistic than we are! We believe that the Ancient of Days has indeed set eternity into our hearts (Eccl 3:11). It is here that we are made like him, in his image, but also made for him and accountable to him. We can acknowledge the possibility that some of our problems may be physiological in part. All creation has been infected by the sin virus. But regardless of the relative degree of health or sickness in our bodies, the Bible says our hearts are the true source of our insanities. The body may be sick or diseased, but our hearts are the fountainhead out of which flow all things “mental”—actions, words, thoughts, intentions, beliefs, attitudes, affects, desires, emotions, and delights. A diseased body may cause us to suffer, but it does not make us sin. The biblical witness declares that there is something wrong with our minds. We are infected with a contagion. Clinicians and patients cannot make sense of any “mental disorder” apart from a proper understanding of sin.

We see in the Pedro and Carlos vignette one way that a distinctively Christian conceptualization of mental disorders subverts and redeems the secular conceptualization. Our view is shaped by a distinctively Christian understanding of human reality as pervasively spiritual and moral. As a consequence, how we understand “help” or good counsel, or even who needs counseling, is radically reconfigured. The view of mental disorders and psychotherapy within the kingdom of God deconstructs and

reconstructs our disorders in a way that leads directly to the gospel of God.

2. Contextualization and Mental Health Licensure

I want to examine another feature of the mental health landscape through the lens of redemptive contextualization: state licensure or certification as a mental health professional. Is it possible to reframe these professional processes as platforms for faithful Christian counseling?

We will again begin with a deconstruction of the state-sanctioned delivery system for the care of souls and then propose a reconstruction. In this process we will see the benefits and liabilities of participating in soul care under the modern, secular rubric of licensure.

Deconstruction: Who should sanction and regulate Christian counseling, the training procedures for and the actual practice of the care of souls? Which institution, the church or the state, should have final jurisdiction over the understanding and cure of the soul—over “psychology and psychotherapy”? Is secular “ordination” really necessary for diagnosing and counseling sick souls? Is it permissible, can it be a legitimate means to kingdom ends? Or, less optimistically, is licensure a pagan institutionalization of secular pastoral workers, who then pose as priests and theologians, thus replacing the church and its pastors? The answers to these questions depend upon our view of counseling, of mission, and our understanding of the proper relationship between gospel and culture.

A good place to start is simply to recognize that the American mental health system was not created *ex nihilo*. State licensing and certifying boards are not givens of the natural order. They are jurisdictional entities situated within a particular culture in which a modern, secular model of psychology reigns and is then embodied in professional roles. It has not always been this way, and it is not this way everywhere. Professional licensure of persons who choose a vocation devoted to a secular understanding and caring for souls is a mid to late 20th century phenomenon. So, we say “no” to the professional licensing board when they function as if they are the one and only divinely instituted authority over the understanding and cure of souls. Their claim to final jurisdiction over intentional, careful conversations in which one person aims to help another who is in trouble is simply not

true because of Christian and historical realities.

And yet, to call licensure modern and secular is not to say that it is all bad. We need not negate the horizontal goods that can be a product of this system: training standards to promote competence, ethical guidelines to protect the public, etc. We can say “yes” to the common graces that can flow through this particular cultural development. However, even though God has ordained culture, he has not ordered it.¹⁸ He leaves that to us. Though there may be flashes of God’s common goodness evident in this cultural construct, his special grace is not present here. More succinctly, licensure and certification, just like democracy and capitalism, are not all bad, but they are like all our cultural artifacts, fallible and fallen and therefore in desperate need of redemption.

Reconstruction: I want to propose a Christian invasion of the secular mental health establishment—for the glory of God and the good of men. David Powlison comments on Christian mental health work in the secular system.

It is not necessarily wrong for Christians to work within the secular mental health system if they can do so without being forced to communicate false ideas, diagnostically and prescriptively, to those they counsel. Sometimes in God’s common grace Christians are given great freedom within an ostensibly secular setting.¹⁹

Powlison also writes that no evangelical should object if the guiding intention of evangelical psychologists was to infiltrate the secular mental health system.²⁰ In fact that is precisely what I am proposing—an infiltration, a benevolent invasion of the secular mental health establishment. Invasion and infiltration—proactive mission terminology—simply acknowledge the revolutionary nature of the task.

A Christian reconstruction of state licensure can be supported by the concept of a missionary platform. A good starting point in understanding a platform is with the plain meaning of the term: a platform is something you stand on. For modern foreign missionaries, their platform normally included their missionary visa, missionary identity, and the work of a missionary. As missionaries began knocking on the doors of “closed countries,” however, they

found that they were not permitted to enter as missionaries, nor to do the work of a missionary, as it had been previously conceptualized. So, they began to examine other venues by which they might be allowed to legitimately enter and work within these restricted countries.

How might we apply this to the counseling world? Professional processes can be missionary platforms for Christian counseling. State licensure serves as a visa that grants access, permitting the psychologist or counselor to enter and travel in the mental health world. State licensure serves as a union card that legitimizes one's work and right to engage in meaningful discourse.

In this proposal, licensure or certification would simply be one part of faithful and relevant contextualization of Christian psychology (i.e., Christian truth and practice) in the public square. Participants would continually remind themselves that they are ambassadors, openly representing and requiring the empowerment of Another. They would remain cognizant that their primary citizenship is in the City of God. Even though they have been granted a "visa" and "union card" for the City of Man, they are strangers and aliens living in a secular city. They would realize that their legitimacy before God to minister to souls requires no sanction from the state. But they also would seek this sanction with a Pauline motive—becoming all things to all people so that some might be saved (understanding salvation in comprehensive, holistic terms).

Such missionaries would be aware that this world is in fact God's stage for redemption. They would take seriously the charge to be in the world, but not of the world. They would understand the ongoing temptation toward syncretism, remaining mindful of Paul's admonition to be careful to avoid being taken captive by "persuasive" and "plausible," but empty philosophies that do not acknowledge the treasures of wisdom and knowledge found only in Christ (Col 2:3–8, 23). They would understand how to avoid falling in love with the world and the things in it (1 John 2:15), but at the same time be a friend of sinners (Matt 9:10–13, 11:19). Rather than seeing licensure or certification as granting bona fide *Coram Deo* affirmation and validation, they would see it as a legitimate means to partner with God in the *Missio Dei*,

just as Paul did in terms of his public status with respect to the law in 1 Corinthians 9:19–23.

In case some readers are feeling uneasy ethically, let me note that platforms must be honest and legitimate endeavors. Missionaries must actually do what they claim to do on their platforms. Legally and economically, they must play by the rules of the relevant governing bodies, and yet not compromise their biblical principles and ethics. This means that for psychologists and counselors who choose this vocational road to contextualization, their platform (licensure or certification) must be legitimate and not inherently wicked, just as platforms for missionaries in closed countries must be valid and ethical, a potential vehicle of God's common grace. State licensure and laws, board regulations, and professional ethical codes must not compromise a psychologist's or a counselor's Christian commitments. And, they would avoid any deceptive, "the end justifies any means," motives and steer clear of crass "bait and switch" strategies.

In addition, the missional counselor should have a genuine sense of calling and gifting as a counselor, along with the relevant training, in the same way that medical missionaries must have the relevant calling, education, and training as a nurse or physician. Michael Barnett's comments in *The Changing Face of World Missions* are helpful here.

God provides each believer with a platform from which to serve him and to communicate the gospel. Platforms are a product of God's calling, equipping, and gifting. They provide a legitimate reason and right for sharing the faith among the nations. They are not a cover for covert activities but a basis for living among, interacting with, and communicating the gospel to those around us.²¹

Barnett summarizes the motives for a platform as: accessibility, legitimacy, identity, strategic viability, and integrity. Licensure or certification as a mental health professional does indeed provide access to and legitimize one's presence in an array of settings: hospitals, residential treatment centers, community mental health centers, hospice and nursing homes, etc. It provides a recognized and well-reputed identity that lends integrity to our particular views and voices.

The Charge to Christian Counselors and Biblical Counselors

There is an important difference though between choosing to teach English, guide tours, or practice medicine as one's platform, and choosing to be a licensed clinical psychologist, social worker, or professional counselor. That difference is the pervasive, albeit often unrecognized, moral and spiritual nature of mental health work. There is no distinctively Christian way of teaching English, or touring the pyramids, or removing cataracts. There *is* a distinctively Christian way of

undertaken are not fatal. And, an option that we do *not* have, in my view of the *Missio Dei* and the Great Commission, is not to go. I would even raise the stakes and assert that we are not just permitted or allowed to go, we have been both chosen and commissioned to go. How on earth could we keep distinctively Christian care and cure for souls to ourselves by means of either syncretistic over-contextualization or sectarian under-contextualization? Does not the love of Christ compel us to go? Is there any other truth that can set people free?

Choosing counseling as one's vocation should be understood as particularly missiological.

understanding people, their problems, and how they change. We are diagnosing and mending human minds, teaching people a language to describe themselves and their problems, and pointing out a path for redemption.

In other words, choosing counseling as one's vocation should be understood as particularly missiological because of the very nature of the work: the care and cure of the human soul. And, like missions work in foreign cultures, "secular" mental health work brings special opportunities, but also poses unique risks. Powlison elucidates these as follows:

Christians must realize that when they are barred from mentioning sin and Christ, they can only describe problems, but they cannot accurately diagnose them; they can only suggest the outward shell of solutions, but they cannot get to the deep issues that plague the heart. Christians in such settings are still free to know people, to love them and to provide various outward mercies, but they are limited to being relatively superficial and moralistic in the content of their counsel. Unfortunately, in my observation, well-meaning Christians in mental health settings typically are far more profoundly socialized and enculturated than they realize. They fail to recognize that they are working in a radioactive zone, and they absorb faulty diagnostic, explanatory, and treatment models without knowing that they have done so.²²

"Radioactive," yes. Deadly, no. There are risks, but risks that are properly understood and

Even so, a question quickly arises: "But can we really proclaim that truth in "secular" settings?" The answer to that question depends upon several variables; there is no single answer that will apply to everybody everywhere. Here are several factors to consider:

- What is your particular setting and its policies and procedures?

A former student of mine was employed as a chaplain by a skilled nursing facility, and hired by its Jewish owners. He was allowed to counsel biblically and evangelistically provided he was respectful of the autonomy and beliefs of the patients. Another colleague is a licensed psychologist in private practice. He is able to counsel biblically provided he is sensitive to his patient's beliefs. Respect for the counselee's autonomy and a proper sensitivity to their beliefs are codified in professional ethical standards. But properly understood and applied, should not such a stance characterize all counseling of whatever type in whatever place? Respect for a counselee's autonomy and sensitivity about their chosen beliefs do not entail an omission of truth spoken gently and in love.

- What is your position in that setting, and where are you located in their authority structure?

Another colleague is a certified social worker, and is also the clinical director in the community mental health clinic in which she works. She describes a good deal of freedom to counsel Christianly, in part as a result of her position as director, and

also as a result of the respect she has earned from the medical director and earns over time with her patients.

- What are your particular professional ethical guidelines?

The interpretation and application of each mental health professions' ethical guidelines varies from state to state, and from setting to setting. It is crucial to understand those particular guidelines, and how that state and setting interprets and applies these guidelines. Although most professional standards assert that the autonomy and the spiritual/religious beliefs of the counselee must be respected, they also value spirituality and religious faith as fair game for counseling. This is where discernment and wisdom become so important: how do you participate in God's agenda for that man or that woman at this time in their life. How can Scripture bring life, here and now, with this person?

Similar questions are often posed regarding public school teachers. To what extent can they lead and teach their class in a distinctively Christian manner? And the answer is the same: it depends upon a variety of factors. Some public school teachers are granted a good deal of freedom, even to pray in their class and read from the Bible, while others have very little freedom because of an extremely censorious school board and/or principal.

Furthermore, even in more oppressive settings, should these not be approached in the same way our mission boards deal with "closed countries"? You find a way to go. God's boundaries and man's are not coterminous. You seek open doors for candid, meaningful conversations. You take risks, out of love for people.

Who Should Go?

Who can effectively proclaim the gospel of Christ-exalting, biblically faithful counseling in psychiatric hospitals, correctional institutions, residential treatment centers, day treatment centers, group homes, nursing homes, hospices, community based agencies, and mental health centers? Who should go? Missiologist David Hesselgrave asserts that the dual tasks of decontextualization and recontextualization are best accomplished by persons who are "expert"

in the relevant cultures and languages, who ideally are themselves bicultural.²³

Ask any missionary and they will tell you that becoming bicultural is no small task. "Cross-cultural" Christian counselors must learn to speak another language. Therefore, they will need to be both well-trained in our faith's psychology and in one of the secular mental health professions. In addition, licensure or certification will often be necessary to actually enter that culture with significant standing.

Those who undertake such a task must be careful, for we all lean most on what we know best. If your training in understanding people, problems, and change is deep and wide in the secular rudiments of the psyche but weak and thin in the faith, then you will be in trouble. The academic and professional guilds are persuasive when you function under their presuppositions rather than God's, and powerful when they hold over your head a degree, a license, and a paycheck. If you have a PhD in psychology, counseling, or social work and a "Sunday School degree" in Bible and theology, anybody can guess which will exercise the greatest influence in your work. Careful training in biblical counseling, especially the development of a theistic epistemology, and a robust and practical biblical psychology are prerequisite. Even better is a seminary degree in biblical counseling.

It is also important to have iron-sharpening dialogue partners to accompany you on your trek. After I completed a graduate degree in clinical psychology, I attempted to practice as a Christian. But sensing the spiritually vapid nature of my work, God used two mentors to help me develop a more biblical perspective. They gave me their time and energy—countless conversations, an abundance of helpful responses to my many "yes, but what about" questions, and many thoughtful e-mails.

Finally, you must learn to think and live like a missionary. Missionaries enter into another culture both as learners and, with time, as teachers. They are motivated by love and therefore move toward an unreached culture with compassion and a measure of acceptance, but also possessed (and I do mean possessed!) by a distinctively divine agenda. If our psychology and our counsel will be Christian, it must be messianic and missionary. An army of intentionally and radically Christian counselors

should turn the mental health world upside down, because it would announce the arrival of another King.

1 An earlier version of this article was published in *Edification* by the Society of Christian Psychology in 2008.

2 David J. Bosch, *Transforming Mission* (Maryknoll, NY: Orbis, 1991), 9.

3 Bruce Ashford, "We Will Reach Them: Why the Great Commission Is Our Consuming Passion," *Outlook: The Magazine of Southeastern Baptist Theological Seminary*, Fall 2007, 9.

4 In *The Question of Lay Analysis*, Sigmund Freud argued that "the words 'secular pastoral worker' might well serve as a general formula for describing the function which the analyst, whether he is a doctor or a layman, has to perform in his relation to the public" (W.W. Norton & Company, Inc., James Strachey, Ed. & Trans., 1927), 93. In *Modern Man in Search of a Soul*, Carl Jung also claimed that "patients force the psychotherapist into the role of a priest, and expect and demand of him that he shall free them from their distress. That is why we psychotherapists must occupy ourselves with problems which, strictly speaking, belong to the theologian" (Harcourt Harvst, W. S. Dell and C. F. Baynes, Trans., 1933), 241.

5 Peter D. Kramer, *Listening to Prozac* (New York: Penguin Group, 1997). For further elucidation and a critique of the behavioral and biological takeover of modern psychology, see Daniel N. Robinson's *An Intellectual History of Psychology* (Madison, WI: University of Wisconsin Press, 1995). Carl Rogers and Abraham Maslow's humanistic model did allow more room for a generic, anthropocentric spirituality.

6 See the research on the health effects of religious faith by David Larson and Susan Larson in *The Forgotten Factor in Physical and Mental Health: What Does the Research Show? An Independent Study Seminar* (1994). See also Harold G. Koenig, David B. Larson, and Michael E. McCullough's *Handbook of Religion and Health* (New York: Oxford University Press, 2001).

7 Modified from C.S. Lewis' *The Weight of Glory* (New York: Macmillan, 1980), 3-4.

8 David J. Hesselgrave and Edward Rommen, *Contextualization: Meaning, Methods, and Models* (Pasadena, CA: William Carey Library, 2000), 200. (Italics added)

9 Lesslie Newbigin, *Foolishness to the Greeks* (Grand Rapids, MI: Wm. B. Eerdmans, 1986), 5-6.

10 David J. Bosch, *Transforming Mission* (Maryknoll, NY: Orbis, 1991), 83.

11 I am not denying our call to pastoral care and cure of the souls of Christian people, but I am expanding our call.

12 Herman Bavinck, *An Introduction to the Science of Missions* (Phillipsburg, NJ: Presbyterian and Reformed, 1960), 179. (Paraphrase)

13 Mark Noll & David F. Wells, *Christian Faith and Practice in the Modern World: Theology from an Evangelical Point of View* (Grand Rapids, MI: Wm. B. Eerdmans, 1988), 15-16.

14 James D. Bratt, ed., *Abraham Kuyper: A Centennial Reader* (Grand Rapids, MI: Wm. B. Eerdmans, 1998). (Paraphrase)

15 Eric L. Johnson, *Foundations for Soul Care* (Downers Grove, IL: InterVarsity, 2007), 227-228.

16 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (Washington, DC: American Psychiatric Publication, 2000), xxx.

17 For more on this subject, see Robert C. Roberts' book *Emotions: An Essay in Aid of Moral Psychology* (Madison, WI: University of Wisconsin Press), 2003.

18 From David Hesselgrave's chapter "Christ and Culture" in *Perspective on the World Christian Movement: A Reader* (Steve Hawthorne and Ralph D. Winter, eds., 1981).

19 From David Powlison's chapter "Questions at the Crossroads" in *Care for the Soul: Exploring the Intersection of Psychology and Theology* (Mark McMinn and Timothy Phillips, eds., 2001), 55.

20 From David Powlison's chapter "A Biblical Counseling Response" in *Psychology and Christianity: Four Views* (Eric L. Johnson and Stanton L. Jones, eds., 2000), 145.

21 From Michael Barnett's chapter "Innovation in Mission Operations: Creative Access Platforms" in *The Changing Face of World Missions: Engaging Contemporary Issues and Trends* (Douglas McConnell, Michael Pocock, and Gailyn Van Rheenen, eds., 2005).

22 From David Powlison's chapter "Questions at the Crossroads" in *Care for the Soul: Exploring the Intersection of Psychology and Theology* (Mark McMinn and Timothy Phillips, eds., 2001), 55.

23 David Hesselgrave, "Contextualization that Is Authentic and Relevant," *International Journal of Frontier Missions* 12 (1995): 119.

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