

Depression, Medication, and Biblical Counseling

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**The Following Documents Are Part of a *Changing Lives* Blog Mini-Series
by Dr. Bob Kellemen in Engagement with Blog Posts by Dr. David Murray**

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“I’m Thinking about Going to the Doctor for Depression Meds” What Is a Compassionate, Comprehensive Response?

By Bob Kellemen

URL: <http://bit.ly/1e9Rpm5>

My friend, David Murray, shared an important blog post entitled, [*I’m Thinking about Going to the Doctor for Depression Meds*](#).

David began his post with the following vignette.

“Someone recently told me that he had finally and reluctantly decided to go to the doctor about his painful and debilitating depression and ask about going on meds. I knew this person had tried every other spiritual and commonsense remedy but was simply not getting better.”

David then wrote:

“With his permission, here’s the advice I gave him plus another few points I’ve thought of since. Perhaps it will help others in a similar situation.”

A Mutual Desire for a Compassionate and Comprehensive Response

Knowing David, his writings, and his response in his post, I know it is David’s desire to provide a *compassionate and comprehensive* response to his struggling friend. David and I share that desire.

From the post and from knowing David, it seems to me that David had two primary audiences in mind:

- Any person debilitated by depression who also might feel guilt or shame over taking anti-depressant medication.
- Any organizations, churches, or individuals who might contribute to this shame and guilt through an “anti-medication mindset.”

Audience matters. So, I believe I “get” where David, was going. And there is much to appreciate in his post—especially David’s desire for a *compassionate and comprehensive* response.

How we respond to people struggling with depression and struggling to know whether or not they should take anti-depressants is a serious and vital issue. That’s why I am making the time to ponder what I believe a *compassionate and comprehensive* response might look like...

Toward a Compassionate Response

David began his response with these compassionate words.

“So sorry to hear you are still suffering in this way.”

Who among us would say anything less?

I might say more... I might gently probe what the depression has been like, especially of late. I might gently probe what the decision-making process about medication has been like—including any conflicted thoughts and feelings. Still, “So sorry to hear you are still suffering in this way,” would no doubt be a compassionate place to begin.

David then shares further counsel.

“But I’m very happy to hear that you are going to the doctor’s today. I know you are nervous but I wouldn’t worry about the visit—you will probably be just one of a dozen depressed people the doctor will see that week. He’s used to it. I’m glad you are willing to consider the meds.”

I could hear myself saying something similar, though I would not limit the potential treatments only to anti-depressants. I would encourage my friend to discuss openly with his doctor his physical symptoms, emotional moods, and potentially appropriate medical tests and medicinal treatments.

What Infuses Hope?

David then shares:

“The side-effects are usually minimal for most people and are often greatly exaggerated by opponents of medications.”

I think I understand David’s motivation in the first part of this sentence. He’s addressing someone who is apprehensive about psychotropic medications, and he wants to assure the person that they are safe and helpful.

However, the research does not support the statement that, “the side-effects are usually minimal for most people.” See Charles Hodges, MD, [Good Mood Bad Mood](#) and the extensive research he collates, as well as [Saving Normal](#) by psychiatrist, Allen Frances.

I believe it is *compassionate* to share honestly the research facts about potential side-effects and also about efficacy (effectiveness). I have seen far too many hurting people take psychotropic medications with unreasonable/unrealistic expectations. When side-effects do come and/or when moods do *not* improve, they can become hopeless...because of false hopes and unrealistic expectations about medication.

For those of you reading this post that have taken anti-depressants and experienced few side-effects along with improved moods, I truly thank the Lord. However, we must be careful not to extrapolate too much or too far from our individual experiences.

Sadly, the research indicates (and many personal testimonies concur) that for a significant percentage of people the side-effects can be significant and the effectiveness of anti-depressants can be insignificant.

I want to give hope—but not false hope. I want to encourage people to make an *informed* decision. That, to me, is compassionate.

Are You an Opponent of Medication?

Perhaps you are wondering if I am among those who greatly exaggerate side-effects because I am an opponent of medication.

No. I am not.

Nor is the biblical counseling movement. In the first [Biblical Counseling Coalition](#) book, [Christ-Centered Biblical Counseling](#), a [NANC](#) (now ACBC) Fellow shared his testimony about having made the decision to take anti-depressant medication. None of the leading biblical counseling groups such as the [BCC](#), [NANC/ACBC](#), [CCEF](#), [ABC](#) are “opponents of medication.” Biblical counselors are *proponents* of compassionately encouraging people to make informed decisions about comprehensive care.

On a church level, I have pastored three churches and been an elder or lay leader at several others. I have not seen church members discouraging people from considering anti-depressants or shaming people for taking them. I can’t extrapolate my experience to others. I know it happens in some churches. That is sad.

What Potential Audience Do I Most Need to Be Concerned About?

This leads to an important question we must consider:

“What potential audience do I most need to be concerned about when I respond to someone thinking about taking psychotropic meds?”

I assume that as David penned his post, he was picturing a gathering dark cloud of opponents—counseling organizations, churches, or individual that are anti-medication.

I picture a very different audience. I picture an audience that minimizes matters of the soul, or even denies matters of the soul. The consistent message that concerns me is the one coming from the world to the church: “*We are only bodies.*” This materialistic worldview is “anti-soul” with the result that all hope is placed in biological cures. The result is tragic, as [Dr. Frances](#) notes: the under-treatment of the truly ill and the overtreatment of the basically well.

I'm not saying David believes the body-only, materialistic view. I know he does *not*.

I am saying that our perceived audience makes a huge difference. And the perceived threat makes a huge difference. Is the greatest threat from some people in the church who are opponents of psychotropic meds? Or, is the greatest threat from the world and its materialistic worldview?

David was giving person-specific counsel. Perhaps in this person's case, David perceived that the greatest threat was from anti-meds folks. I respect that.

But David said he wanted his post to help others also. I applaud that. So, my question is, "Which 'voices' are most prevalent? The voices of the anti-medication folks? Or, the voices of the world's anti-soul folks?"

At the very least, wouldn't compassionate counsel respond to both voices, saying something like:

"I applaud you for going to a doctor, talking openly about your symptoms, discussing possible physical causes for your moods, and whether anti-depressant medication could be appropriate in your situation. When you go, I would encourage you to ask your doctor some specific questions about potential side-effects of anti-depressants—so you can make an informed decision and so you can be prepared if they occur. I'd also encourage you to ask your doctor about what expectations you might want to have about the likely effectiveness of anti-depressants in helping you with your moods."

I would not add, "The side-effects are often minimized and the effectiveness greatly exaggerated by those with a materialistic worldview and those who benefit greatly from the sale of psychotropic medications like the medical-pharmacological-industrial-complex." Just as I would not add that side-effects "are often exaggerated by opponents of medications."

There would be an appropriate time for this important worldview conversation. However, when talking with a depressed friend, I would want to avoid pejorative statements about philosophical opponents.

Toward a Comprehensive Response

There are many indications in David's post that he is concerned with a *comprehensive* response to depression. David notes that this person had tried "every other spiritual and commonsense remedy." David also addresses practical issues about TV watching, exercising, eating and sleeping well, resting, therapy, talking with a pastor, maintaining Christian fellowship, Bible reading, and prayer. David discusses biblical themes like hope, suffering, God's sovereignty, and sanctification.

There is no doubt that David wants to encourage a comprehensive approach to addressing struggles with depression. So do I.

Yet, there is a major area of counsel where David and I would part company. David says to his friend:

“Given what you’ve told me about your state of mind, you should ask your doctor about ongoing counseling, preferably from someone with expertise in CBT (Cognitive Behavior Therapy). That will help you re-train your mind/thinking patterns for long-term recovery. If it was a Christian counselor, that would be even better, but make sure they are trained in CBT.”

It appears to me that in David’s mind CBT (Cognitive-Behavioral Therapy) would be comprehensive therapy. I disagree.

Secular CBT Is Not Comprehensive

I was surprised by David’s encouragement to his Christian friend to see someone, *even a non-Christian*, with expertise in CBT. Granted, David did say that a Christian counselor practicing CBT would be “even better,” but there is clearly a recommendation to consider seeing a non-Christian counselor practicing CBT.

This seems inconsistent for David, who recently authored the book, [*Jesus on Every Page*](#). David has a passion for a Christ-centered, gospel-saturated, grace-based approach to everything in Scripture *and* everything in life. So do I.

The non-Christian practicing CBT is *not* going to be concerned about gospel-saturated living, Christ-centered thinking, or a grace-based relationship to Christ. His belief system, by very definition, is going to be, at best *a*-Christ—without Christ. Theologically, it would be even worse—*anti*-Christ.

I understand common grace. I understand that the image of God is depraved, but not eradicated, in the non-Christian. I also understand, and I know David does, that the fallen mind is not Jesus-shaped.

When a depressed friend, counselee, or church member comes to me, and I want to point them toward comprehensive care, I am not going to point them toward a non-Christ counselor (not just “non-Christian” but “non-Christ”). That non-Christ counselor *cannot* offer *comprehensive* care. How can care be comprehensive when Christ’s gospel of grace is not the center of that care?

Christian CBT Is Not Comprehensive

I also do *not* believe that “Christian CBT” is comprehensive. Admittedly, I do not how David is defining “Christian CBT.” But let’s take the phrase “Christian CBT” at face value.

It is a Christian whose therapy model focuses on cognitive and behavioral matters. Even apart from issues relative to integration or non-integration of secular concepts, CBT is far from comprehensive.

We are not only cognitive beings and behavioral beings. We are, at the very least:

- *Everlasting Beings*: Created by God to live through and for God by grace.
- *Socially Embedded Beings*: God designed us to be embedded in, impacted by, and influenced by our cultural, social setting.
- *Embodied Beings*: God designed us as complex mind-body, soul-body beings.
- *Emotional Beings*: God designed us to feel and experience life deeply.
- *Volitional Beings*: God designed us with the capacity for behaviors and also with the capacity for motivation—purposeful behavior.
- *Rational Beings*: God designed us with the capacity to think in stories, images, and beliefs and we can do so either wisely or foolishly.
- *Relational Self-Aware Beings*: God designed us with the capacity for self-awareness, which as Christians means that our identity is in Christ.
- *Relational Social Beings*: God designed us so that it is not good for us to be alone and so that we could mutually love one another sacrificially.
- *Relational Spiritual Beings*: God designed us so that the holy of holies of our soul is our capacity for relationship with God. We are worshipping beings.

Even in this brief summary of comprehensive care, it is evident how incomplete, inadequate, partial, and insufficient “Christian CBT” is.

So, rather than giving counsel that tells my depressed Christian friend to ask his doctor for a referral to a non-Christian counselor or a Christian counselor who practices CBT, I would say something like:

“Given what you’ve shared with me about the state of your body and soul, in addition to seeing your doctor, I would encourage you to connect regularly with an equipped, compassionate biblical counselor who practices comprehensive, Christ-centered, gospel-based, grace-focused biblical soul care. As you meet with this Jesus-focused counselor, I’d encourage you also to embed yourself in your local church—in the Body of Christ. You are hurting right now, and Christ does not want any of His children suffering alone...”

My prayer for my friend would be that he find Jesus-care—care from Jesus, from a Jesus-like counselor, and a Jesus-like church as he decides if anti-depressants would be a part of that compassionate, comprehensive care. My prayer would be that he find a Jesus-like counselor—one who is full of grace and truth, one who is richly, robustly, relational, one who cares compassionately and comprehensively.

Join the Conversation

A friend says to you, “I’m thinking about going to the doctor for depression meds.” What would your compassionate, comprehensive response sound like?

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David Murray and Bob Kellemen Interact about Depression

By Bob Kellemen

URL: <http://bit.ly/1bv2ycI>

Background...

My friend, David Murray posted: [*I'm Thinking about Going to the Doctor for Depression Meds.*](#)

In response, I posted: [*"I'm Thinking about Going to the Doctor for Depression Meds"—What Is a Compassionate, Comprehensive Response?*](#)

Since then, being friends, David and I have posted comments on my blog and David plans to blog a response to my response (which I look forward to reading and learning from).

Since blog comments can get lost in the shuffle of quick blog reading, I thought it would be fair and helpful today to post David's blog comment and my response to David's blog comment.

David's Comment

Bob,

Thanks for interacting with my short piece. I hope this will be a good educational exercise for us all.

I suppose I'm at a bit of an advantage in knowing more of the facts of this particular case over a period of time. Still, I think we're probably about 80-90% agreed on the possible ways forward.

Just one little factoid: I did ask him to discuss more than anti-depressants with his doctor. "Tell the doctor everything – don't hold back, don't minimize, don't play it down – just tell exactly how you are feeling."

I deeply appreciate your supportive words about medications. They cannot be repeated often enough. I just wish that everyone's experience of encouraging church and counseling environments was the same as yours.

You're right, there was a context-specific reason for the wording of my para on side-effects. From what I've seen the side-effects are most marked in two situations: (1) When meds are all people rely on and do nothing else to improve their overall physical, mental, spiritual health or (2) People are taking meds who don't actually need them. There are other scenarios, of course, but these are two disasters waiting to happen and account for a lot of the med side-effects statistics.

I'm kind of surprised that you see CBT as the "major" area of disagreement between us. I could perhaps understand that if I was proposing CBT as a comprehensive therapy. However, I'm pretty sure I made it clear that this was only a part of a holistic approach that included the body, the mind, the soul, Christian friendship, pastoral counsel, and church worship. I do not believe CBT, even Christian CBT, is comprehensive, but can be part of a comprehensive package of holistic care. I think any fair reading of my piece would recognize that.

I hope to post a fuller explanation of this at my blog tomorrow as I fear you are beating a bit of a straw man here. In fact maybe two straw men – (1) CBT as the only solution and (2) CBT as antichristian. I did not propose (1) and I don't believe (2) is true.

I probably should have included a recommendation to seek out a biblical counselor. However, that was not available to me in this situation. Also, I have not found many biblical counselors who are good practitioners in changing the kind of thinking patterns that I had in view here. They are good for many, many human problems, including some aspects of depression, but there are areas of anxiety/depression that I've found need a few sessions of specialist help and can have hugely beneficial impact not just in the short-term but in building new habits of thinking and acting for the long-term. Nothing spooky here! Just well-trained and experienced practitioners who have helped many to see themselves and their world more truthfully and realistically.

You know I love your own holistic model – which you summarized on your blog – and I use it to train my own counseling students. I continue to learn a lot from you, Bob, and hope you can see that I'm striving after that comprehensive compassionate care that we both believe is nothing other than biblical Christianity.

Bob's Comment

David,

Thank you for interacting with my post about your post. I look forward to your follow-up blog post.

When I first saw your post, it raised the two concerns I highlighted in this post (concerns especially for the reader who was struggling with depression): 1.) Is it compassionate to omit the side-effects and efficacy of anti-depressant?, and 2.) Is CBT, with a non-Christian or Christian counselor the best, most comprehensive, Christ-centered, gospel-centered counsel to recommend to a depressed person? (I did note in the post that your overall approach emphasized a comprehensive focus; so my concern was and is about CBT as the therapy of choice.)

But I had no plans to post a public response or even a comment response on your post. You know my commitment to "a positive presentation of biblical counseling," which typically leads me to avoid public disagreements...especially with a good friend like you.

However, a significant number of people contacted me asking me for my thoughts, my response, etc., because they had the same two concerns. And most of those people who contacted me either had struggled with or currently struggle with depression. They in particular were concerned about what felt like a pejorative “shot” at those who have concerns about meds side-effects and efficacy (your “opposition to medication” comment). And they in particular had concerns about your recommendation for CBT with a non-Christian or a Christian counselor. So, I reluctantly penned this post. Most posts take me an hour at most. This one took me a good 8 hours over the course of several days. I wanted to be that careful to be fair and balanced in my response to you.

I’m sure that in your response to my response, you can make a case for your compassionate and comprehensive focus. I tried to make that overall case on your behalf. I guess my question to you would be, “Do you see how your comments about those who oppose meds and your comments about non-Christian CBT could cause concern for some people struggling with depression and for people committed to biblical counseling—compassionate and comprehensive soul care?”

Trust me, I get it about blog posts--we can’t say everything in the less-than-1,000 words you used in your post. I saw my post not as “anti-your-post,” but as providing additional context to support that parts of your post (the 80%-90% agreement you note) that I could cheer on!

Perhaps another way of saying this is, “Could you see that there may have been 10% of your post about this significant issue that could cause concern or some confusion—not just for other counselors, but for the very people you want to help—those struggling with depression?”

That’s what ultimately led me to post—my concern that someone struggling with depression would read your post and assume that meds have few side-effects and are always effective. And my concern was for someone struggling with depression who would read your post and assume that since David recommended it, CBT with a non-Christian will be something that would support and advance their Christ-centered worldview. You are currently posting much on worldview—another reason your recommendation of a non-Christian CB therapist seemed to me to be a bit confusing a tad inconsistent.

Is it possible that in your desire to encourage someone to get help, there were two pieces of your counsel that might have ended up being a little less helpful...?

One final thought...as you know, I did highlight that your original counsel was person-specific and situation-specific. However, you did specifically say in your post that you wanted your words to be helpful to others and that you added more counsel that went beyond this one person. Given that, I think it is fair for someone to engage with you about whether your public counsel was 100% compassionate and 100% comprehensive... Granted, nothing I say or write is 100% anything!

One aspect of your comment could take not only a blog post, but a book to respond to was when you said that:

“I have not found many biblical counselors who are good practitioners in changing the kind of thinking patterns that I had in view here. They are good for many, many human problems, including some aspects of depression, but there are areas of anxiety/depression that I’ve found need a few sessions of specialist help and can have hugely beneficial impact not just in the short-term but in building new habits of thinking and acting for the long-term. Nothing spooky here! Just well-trained and experienced practitioners who have helped many to see themselves and their world more truthfully and realistically.”

I’m sorry you have not found many biblical counselors who are good practitioners in these areas. I have found many who are. In fact, if we are not good in these areas, I don’t think we are good, compassionate, comprehensive biblical counselors.

That does not mean that every individual counselor is an expert in every area. It does mean that, as Stuart Scott and Heath Lambert’s book, [*Counseling the Hard Cases*](#) indicates, biblical counseling by definition should be able to address the types of issues you mention.

A compassionate, comprehensive biblical counselor should be skilled in the very areas you raise: 1.) changing thinking patterns, 2.) addressing anxiety/depression (see my work [*Anxiety: Anatomy and Cure*](#) as one example, 3.) in building new habits of thinking and acting for the long-term, and 4.) helping others to see themselves and their world more truthfully and realistically.

I believe that biblical counselors do much more comprehensive work than those four areas you outline—but they at least should be able to provide loving and wise counsel in those four areas.

Thanks again for your friendship. And I agree with you—our hopefully somewhat mature interactions could be instructive to many—not just in the content of what we say, but also in the manner in which we interact with each other.

Bob

PS: This time my comment/post took about 20 minutes—no “editing,” just my “gut” response to your comments, David.

Join the Conversation

You’ve read David’s post, my post, David’s comments, and my comments. Feel free to join the conversation and share your thoughts.

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Can an Unregenerate Cognitive-Behavioral Therapist Be Christ-Centered?

By Bob Kellemen

URL: <http://bit.ly/1cq85pa>

My short answer: “No.”

Longer answer to follow. But why am I even asking the question?

- My friend, David Murray, recently posted, [*Is Cognitive-Behavior Therapy from the Devil?*](#)
- His post was in response to my post, [*“I’m Thinking about Going to the Doctor for Depression Meds”—What Is a Compassionate, Comprehensive Response?*](#)
- And my post was in response to David’s post, [*“I’m Thinking about Going to the Doctor for Depression Meds.”*](#)

That’s a *lot* to follow, I know. Allow me to summarize.

A Summary

In David’s original post, in addition to other comprehensive counsel, David recommended the following to his Christian friend who was struggling with depression:

“Given what you’ve told me about your state of mind, you should ask your doctor about ongoing counseling, preferably from someone with expertise in CBT (Cognitive Behavior Therapy). That will help you re-train your mind/thinking patterns for long-term recovery. If it was a Christian counselor, that would be even better, but make sure they are trained in CBT.”

In my post, I addressed two areas of concern about David’s recommendation:

- *Concern # 1:* Could an unregenerate cognitive-behavioral therapist provide Christ-centered, gospel-saturated, grace-focused, Jesus-like counsel?

I said that CBT practiced by a non-Christian, by definition, would be a worldview conflict. I noted David’s fine book, *Jesus on Every Page*, and then noted that a non-Christian therapist could not, by definition, offer a Jesus-focused worldview to Christians struggling with depression.

- *Concern # 2:* Is cognitive-behavioral therapy, even practiced by a Christian, comprehensive enough to recommend to a Christian struggling with depression?

I said that a Christian practicing CBT would not be practicing comprehensive counseling. Rather, I recommended a more comprehensive biblical counseling approach that includes behaviors and beliefs, but does so much more: it explores biblically matters of the soul, the heart, our relationship to Christ, our emotions, our mindsets, our mood states, our purposes, our social situation, etc. I went to great lengths to note that David's overall approach was toward comprehensive care, but that I thought his recommendation of CBT was an approach that was far less comprehensive than a biblical counseling approach.

David then responded with his post, [*Is Cognitive-Behavior Therapy from the Devil?*](#)

I have to hand it to my friend, David, that was a catchy title (if somewhat slanted and slanting...).

Moving Forward

David then said:

"In my friend Bob Kelleman's thoughtful and largely helpful response to my post about going to the doctor to discuss depression meds, he said that his most serious disagreement with me was about my recommendation of Cognitive Behavior Therapy (CBT)."

I don't think that's an accurate summary of what I said...

As I noted above, my first concern was about whether an unregenerate cognitive-behavioral therapist could provide a depressed Christian with Christ-centered, gospel-saturated, grace-focused, Jesus-like counsel.

And my second concern was about whether "Christian cognitive-behavioral therapy" was a comprehensive approach to helping a Christian struggling with depression."

I think it is important that we not conflate those two concerns into one concern, which is what I sense David has done.

Soul Care or Car Care?

In David's post, he originally made a comparison between taking our car to a non-Christian mechanic and going to see a non-Christian therapist. To his credit, when I interacted with David, he removed that part of his post and agreed that this was a poor comparison. So, please hear me: *David does not believe that comparison.*

However, that comparison comes up very frequently in these discussions. A similar analogy was also made by a commenter on David's blog (going to a non-Christian oncologist was compared to going to a non-Christian therapist). So, it is an important perspective that needs to be addressed.

Comparing going to a non-Christian mechanic for my car with going to a non-Christian therapist for my soul is much more than a poor apples-to-oranges-comparison.

It poorly and inaccurately compares an inanimate object (a car engine) to a soul created in the image of God.

Here is the comment I posted on David's blog before David removed that part of his blog:

"David,

You wonder out loud in this post if concerns about non-Christian cognitive-behavioral counseling is akin to saying you don't take your car to a non-Christian mechanic. I believe it is totally different.

My car does *not* have a heart, mind, soul, will, affections, longings, mood states, purposes, mindsets, etc. A person struggling with depression, just like every person, *does have* a heart, mind, soul, will, affections, longings, mood states, purposes, and mindsets.

If the goal of cognitive-behavioral therapy is to help us to change our worldview, our mindsets, and if at the core we are worshiping beings with either foolish or wise mindsets, then I do not want to send my depressed Christian friend is to a non-Christ, non-Jesus, non-gospel, non-grace, unregenerate therapist."

Another person on David's site then suggested that David was simply using CBT as a *tool* and that CBT was not a worldview. I responded with this comment.

"I believe that CBT, in particular as practiced by an unregenerate counselor, is much more than a tool. When trying to help someone "re-wire" (renew) their mindsets, worldviews about what is foolish thinking and what is wise thinking must come into play. There really is no such thing as counseling that is only tool-oriented or technique-oriented. Counseling is soul-to-soul, and worldview-to-worldview connecting. Note that my emphasis, as in my original post, is on the unregenerate practice of CBT."

A Biblical Understanding of the Soul or a Secular Understanding of the Soul?

Someone also posted on David's site that:

"This pitting of psychology against the Bible is misguided. People who do so would benefit from an overview course on the history of psychology."

I did not respond to that comment on David's site since I was already taking up too much space on David's site. However, that comment deserves a response.

First, I would not call this “pitting psychology against the Bible.” I would call this, “developing and using a biblical psychology rather than sending Christians to non-Christians for soul help.”

Second, having studied the history of psychology, having taught a graduate course on it for two decades, and having written about it in half-a-dozen books, it is clear to me that there is a *biblical* psychology and there is a *secular* psychology. And both have their own unique and committed worldviews that are worlds apart. The unregenerate counselor has a non-grace, non-gospel, non-Christ worldview about people, problems, and solutions. The regenerate counselor seeks to develop a grace-saturated, gospel-centered, Christ-focused worldview about people, problems, and solutions. So, yes, there is an immense difference between a secular psychology and a biblical psychology. Those two worldviews are already pitted against each other.

Are We Talking about the Same Thing?

David then states that he is baffled because he wonders if we are talking about the same thing. He says, “CBT’s basic point is that what we think affects what we feel and do. Therefore if we can change what we think, we can change how we feel and what we do.”

It appears to me that David is now focusing on a “Christian CBT.” At least I think so. I will assume he is.

I would still say, “Christian CBT, even apart from issues of integration of a secular worldview, is *not comprehensive enough*.”

A comment David made on my post, along with my response, should be helpful.

David said:

“I have not found many biblical counselors who are good practitioners in changing the kind of thinking patterns that I had in view here. They are good for many, many human problems, including some aspects of depression, but there are areas of anxiety/depression that I’ve found need a few sessions of specialist help and can have hugely beneficial impact not just in the short-term but in building new habits of thinking and acting for the long-term. Nothing spooky here! Just well-trained and experienced practitioners who have helped many to see themselves and their world more truthfully and realistically.”

I responded:

“I’m sorry you have not found many biblical counselors who are good practitioners in these areas. I have found many who are. In fact, if we are not good in these areas, I don’t think we are good, compassionate, comprehensive biblical counselors.

That does not mean that every individual counselor is an expert in every area. It does mean that, as Stuart Scott and Heath Lambert indicate in their book, [*Counseling the Hard Cases*](#), biblical counseling by definition should be able to address the types of issues you mention.

A compassionate, comprehensive biblical counselor should be skilled in the very areas you raise: 1.) changing thinking patterns, 2.) addressing anxiety/depression (see my work [*Anxiety: Anatomy and Cure*](#) as one example, 3.) in building new habits of thinking and acting for the long-term, and 4.) helping others to see themselves and their world more truthfully and realistically.

I believe that biblical counselors *do much more comprehensive work than those four areas you outline*—but they at least should be able to provide loving and wise counsel in those four areas.”

Why recommend that a depressed Christian go for cognitive-behavioral therapy, when you could recommend that a depressed Christian go for grace-based-spiritual-social-self-aware-relational-rational-mental-beliefs-mindsets-volitional-motivational-behavioral-emotional biblical counseling that compassionately and comprehensively also understands that we are embodied beings (and thus the possible need for medical intervention)?

In David’s post, he also says:

“If our thoughts are fixated on spiritual matters like God, sin, and guilt, paralyzing and debilitating us, then usually scriptural truth can transform us over time by renewing our minds. But what if our thought habits are on everyday matters like being obsessed with cleaning door handles, or irrational fears about our health, or phobias about open spaces? What if we’ve got into any number of negative thought patterns about our children, our ability to cope, our work situation, etc.? That’s where CBT can be so helpful. (Yes, with Scripture, prayer, fellowship, etc. too).”

To me, this creates an unbiblical dichotomy between the sacred and the secular, between the spiritual and the non-spiritual. Biblical counseling, as Scott and Lambert (see above) illustrate, addresses all of the issues mentioned by David—in a compassionate, comprehensive way.

“Stop It!” Counseling?

David then discusses “Stop It!” Counseling. Whether intended or not, that reminds me of the old Bob Newhart skit on “Stop It!” Counseling. That’s certainly not what robust, rich, relational biblical counseling is all about.

David believes you need extra help to stop habitual thinking—and says that extra help is CBT. I happen to disagree that CBT is *necessary* for stopping habitual thinking.

I believe that the comprehensive means of grace given to us are effectual in helping us to stop conforming to the thinking of the world (about all types of life issues) and to start renewing our minds so we think like Christ (about all types of life issues).

David might counter by saying that, “CBT is one of those means of grace.”

I would counter by recommending the much more rich, robust, relational, comprehensive, compassionate biblical counseling, and not CBT.

Join the Conversation with Three Questions

David leaves you with the question:

- “Is CBT of the Devil?”

I leave you with two questions:

- “Can Unregenerate Cognitive-Behavioral Therapists Provide Christ-Centered, Gospel-Saturated, Grace-Focused, Jesus-like Counseling?”
- “Is CBT Comprehensive Enough, or, Should We Recommend Compassionate, Comprehensive Biblical Counseling?”

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Is Cognitive-Behavioral Therapy the Same as Biblical Mind/Heart Renewal? (Romans 12:1-2; Ephesians 4:22-24; Colossians 3:1-10)

By Bob Kellemen

URL: <http://bit.ly/1eg00sp>

My short answer is, “Absolutely not.”

I’ll develop my longer answer in a moment.

Thus far, I’ve shared three posts on depression, medicine, and counseling: [here](#), [here](#), and [here](#).

These have been part of my interactions with my friend, David Murray.

In one of David’s posts, he stated regarding cognitive-behavioral therapy that:

“It’s actually one of the ways way the Bible describes and portrays how we work as well (Psalm 42; 73, 77; Proverbs 23:7; Romans 12:12; Philippians 4:8-9). If CBT is guilty of anything, it’s of unwittingly plagiarizing the Bible’s insights!”

Now, David doesn’t specifically mention Romans 12:1-2; Ephesians 4:22-24; or Colossians 3:1-10). (I’m not sure if his reference to Romans 12:12 was meant to be Romans 12:2?)

However, many Christians who equate CBT with the Bible’s thinking on mind/heart renewal, attempt to link CBT with the three major passages where Paul discusses the biblical concept of putting off and putting on a whole way of life—Romans 12;1-2; Ephesians 4:22-24; Colossians 3:1-10.

Let’s think about that attempted linkage.

The Christo-Centric Context Foundational to All 3 Passages

All three passages follow Paul’s extended discussions of Christ alone—Christ alone for salvation, Christ alone for sanctification, Christ alone for all of life. We can’t read Romans 1-11, Ephesians 1-4, and Colossians 1-2, and miss the gospel-foundation of everything!

Before Paul ever talks about renewed minds in Romans 12, he has spent eleven chapters discussing works, the law, and self-effort versus grace, the gospel, and redemption in Christ alone.

Before Paul ever talks about putting off the old unregenerate way of life in Ephesians 4:22-24, he spends Ephesians 1:1-4:21 grounding the Ephesians in their gospel identity in Christ.

Before Paul ever talks about putting on the new self in Christ, he spends two chapters building the foundation that wisdom for living is found in Christ alone *and* in warning believers not to be taken captive by shallow, hollow, and deceptive human philosophies about how to live a healthy, holy, whole life in Christ.

So...for secular cognitive-behavioral therapy to be correlated to biblical mind/heart renewal and putting off/putting on, it would need to build on a Christ-centric foundation. Of course, it does not, and that makes all the difference in the world.

We must be incredibly careful not to “baptize” a secular concept as a Christian concept simply because they both appear to cover similar terrain: cognitions and behaviors. Yes, they both address beliefs and behaviors, but from diametrically opposed worldviews—one that is Christo-centric and the other that is self-centric.

The Unregenerate/Regenerate and the Folly/Wisdom Focus in All 3 Passages

In all three passages, Paul’s central theme is an eternal contrast between the unregenerate and the regenerate way of thinking and living. Paul develops the same theme we find in Psalm 1—the eternal contrast between folly and wisdom.

Paul is not simply saying, “Change some thoughts which will then change behavior which will then positively impact your feelings.”

Paul is clearly saying, “Put off the worldly way of thinking/living/being and put on in Christ the scriptural, biblical, Christ-focused, redeemed way of thinking/living/being.”

Romans 12:2: “Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind.” CBT is *not* saying that. It is *not* addressing foolishness versus wisdom. Just because CBT talks about cognitions, does not mean its worldview about cognitions has anything to do with Paul’s discussion in Romans 12:2.

In Ephesians 4:17-21, Paul’s entire point is to insist that we must no longer think like and live like the unsaved do in the futility of their thinking about the source of life. They are darkened in their understanding and separated from the life of God. Paul is saying:

“Don’t go to those who are separated from the life of God to find out how to live wisely for and through God!”

In Colossians 3:1-11, Paul highlights that since we have been raised with Christ, we are to “set our hearts on things above, where Christ is seated at the right hand of God, and set our minds on things above, not on earthly things.” He goes on to say that “we have to put on the new person we already are in Christ—the new self, being renewed in Christ-centered knowledge and wisdom in the image of the Creator.”

Paul's entire point in these passages is that the Christian must eschew the old unregenerate, foolish, self-effort, non-Christ, works-based way of thinking about life. That is *not* the message of CBT.

So, if someone wants to practice CBT, fine, but please, let's not make a simplistic equation between CBT and Romans 12:1-2; Ephesians 4:22-24; and Colossians 3:1-10. They are not covering the same terrain in any similar foundational way.

The Richer, More Robust, More Relational Emphasis Embedded in All 3 Passages

Someone might say, "Well, then, are you suggesting we ignore cognitions and behaviors just because CBT may handle them in a non-Christian way?"

Not at all.

Instead, with Paul, I am suggesting that we address beliefs and behaviors in the much richer, more robust, much deeper way Paul does in these three passages.

Why take the shallow scraps from secular thinking when we have the full feast in Christlike thinking?

Ephesians 4:17-24 is just one example that is illustrative of all three of these rich passages. In this passage, Paul dissects our thinking, our understanding, our relationship to Christ, our hearts, our volitions, our motivations, our emotions, our longings and our lusts, and much more.

In in each case, Paul talks not simply about individual beliefs, actions, or emotions to put on or off. Instead, he talks about *deep-seated patterns* of relational affections, rational mindsets, volitional motivations, and emotional mood states that we put off and put on. Paul talks about "the attitude of your mind"—the very spirit, core, or center of the depths of the heart—Paul goes deep.

And Paul does all of this in the context of holiness versus sinfulness. Our relationships, thoughts, beliefs, motivations, actions, and emotions *are not neutral*. We do all that we do *in relationship to God as coram Deo beings*.

Additionally, Paul does all of this in the context of the believer *already having been changed by Christ*. "Since you *are already* a new creation in Christ, no longer live like the old you. Instead, live like the new person you already are *in and through Christ*."

The question is not so much, "How do people change?" The question is, "How has Christ changed people?" Then we ask, "How do we, through the Spirit of God, Word of God, and people of God live out the changed life that we already have in Christ?"

So, I am *not* saying and Paul is *not* saying to avoid cognitions and behaviors. Instead, Paul *is* saying to address the depths of the full human personality with Christo-centric richness. That is *not* CBT.

The Body Life Context Embedded in All 3 Passages

Others might say, “Well, this is all the domain of the ‘professionals’ and the ‘experts,” and certainly not something a lowly pastor, or heaven forbid, a lay person, should get involved in!”

Well, let’s use Colossians 3 as one example of how all three passages are embedded in a body life context.

Throughout Colossians, Paul is talking about the very matters that send people today to a psychologist. Read Colossians 1-4, and we quickly see that Paul is talking about relational problems, anger, addictive behavior, family matters, lust, poor parenting, emotions, habitual behavior problems, suffering, etc., etc., etc. And he’s always talking about how to handle these significant life issues in a Christlike way.

And who does Paul send the Colossians to in order to address these significant life issues?

To one another!

It is right in the context of all these matters that we need to put off and put on that Paul writes:

“Let the peace of Christ rule in your hearts, since as *members of one body* you were called to peace. And be thankful. Let the word of Christ dwell in you richly as you teach and admonish *one another* with all wisdom, and as you sing psalms, hymns, and spiritual songs with gratitude in your hearts to God” (Colossians 3:15-16).

Paul is saying to the Church:

“Don’t take a back seat to anyone in addressing your significant life issues!”

So What?

Is cognitive-behavioral therapy the same as biblical mind/heart renewal?

Absolutely not!

- CBT’s foundation is *not* Christo-centric.
- CBT’s focus is not unregenerate foolish thinking/living versus regenerate wise thinking/living.

- CBT's emphasis is not nearly as rich, robust, and relational as biblical mind/heart/soul/motivation/emotion renewal.
- CBT's mindset is that there is some superior, expert, secret knowledge necessary to help struggling people, rather than the encouragement that members of the body of Christ can minister effectively to one another.

Do we need to address beliefs and behaviors?

Absolutely.

But let's do so from a Christ-centric foundation, with a focus on regenerate wisdom thinking, with an emphasis on a rich, robust, relational comprehensive whole-person renewal in Christ, and with a respect for the calling and ministry of the body of Christ.

Join the Conversation

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My Posts

Post 1: *“I’m Thinking about Going to the Doctor for Depression Meds”—What Is a Compassionate, Comprehensive Response?* <http://bit.ly/1e9Rpm5>

Post 2: *David Murray and Bob Kelleman Interact about Depression* <http://bit.ly/1bv2ycl>

Post 3: *Can an Unregenerate Cognitive-Behavioral Therapist Be Christ-Centered?* <http://bit.ly/1cq85pa>

Post 4: *Is Cognitive-Behavioral Therapy the Same as Biblical Mind/Heart Renewal?:* <http://bit.ly/1eg00sp>

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