Session 3: Ministry to Therapeutically-Minded People

Disclaimer: this is an automatically generated machine transcription - there may be small errors or mistranscriptions. Please refer to the original audio if you are in any doubt.

Date: 26 July 2025

Preacher: Andy Farmer

[0:00] So this is Ministry to Therapeutically Minded People. Don't you love my vivid titles?! I was there one time years ago, I just stopped because I was looking at something and I just stopped by myself and there was an old man who came up to me when I was there and he said I'm a fair taker. He said, what are you looking for? He said, I'll show you that but let me show you something else. So he took me to this grave and he would have found it otherwise.

And the guy, the employee told me, he said, I've been here for 50 years. I've been here 50 years. And so he took me to this grave and it was the grave of the guy named William Han, William H. H. N. And the gravestone said, all it said was I told you I was sick. That was the grave of the grave. And so, he said, well, Bill Han was a guy who lived in the area of the grave. And his family owned this plot. And he was a hypochondriac. And as he would come and he would sit in the family plot with a folding chair and he would just sit here and he would just lament because he kept thinking he was dying and his family wouldn't agree. And he said, he did this for years.

He said, well, I'm sort of with this. If I got six blinds, that's all, you know, and he would never die. And so, and so eventually, they got to be in a relationship where he said, listen, I want you to make sure that all my tombstones are, I told you I was sick. Because one of these times, I'm going to be right.

And he was, right? The point is, we are in self-incessant self-diagnosticians. We love diagnosing ourselves. It's, again, a very Western mindset. Self-orientation. We diagnose everything about us. We hack ourselves.

We're self-assessors. We're self-hackers. We're self-diagnosers. We're attracted to personality tests. We're attracted to life coaches, to self-understanding through talking. We're enamored with influencers. Am I healthy? Am I smart? Am I socially aware? Am I too aware? Am I conservative enough? Am I too conservative? Am I emotionally healthy? Am I emotionally at risk?

[3:13] Am IOOO over racial and ethnic, and particularly age, generational lines. And we talk about things.

We talk about a lot of stuff. But we did an episode on fitness. Because Jared's a college wrestler. And we learned that a 30-year-old and a 65-year-old have very different ideas of what it means to be fit.

And what it takes to get there. So he was describing his workout routine, and I was describing mine. And it was just, you know. So we shouldn't be surprised when our friends, our family members, reach for ways to understand themselves that are different than ours.

And sometimes people who reach for those understandings reach into the therapeutic world. So I've said that we're all psychologically oriented.

That's the worldview that we have. But there are people in our lives, and it could be us, who in some sense have really kind of gone into the world of therapy and have found the meaning and self-diagnosis from the therapeutic world.

[5:05] And so we as Christians, if you're tracking what I'm saying today, need to recognize that that world doesn't easily translate toward a biblical understanding of life, and therefore translate into a real hope in the gospel.

It's a false gospel. And it presents false hopes, and false savings, and false sanctification, and false eternities.

And so we have to recognize that, but some people who are Christians, well-meaning, in their search for how to make sense of who they are, what they're dealing with, what's going on in life, they find the therapeutic world giving them answers, and those answers seem to fit their experience.

So how do we relate to this? How do we minister to people who seem more comfortable with therapeutic diagnosis than biblical diagnosis in their self-understanding?

I was talking to Sean for a second there, and we were talking about how do you deal with somebody like this, and do you just confront that language? And I, and I, and I'm going to share this. My experience is that people who use therapeutic language in a self-descriptive language or even have a diagnosis that they, that they hold to will only tend to defend that if they feel like their, their, their understanding is being threatened.

[6:32] They don't have a depth of understanding of what they're saying. They have something that makes sense to them, like we do with everything. What do we do when we do, when we do internet searches?

How many people go on an internet search looking for something that's different than what they think? Nobody does. Internet search is about self-validation.

We go and refine something that fits what we already think to validate what we're thinking. That's proven study after study after study. 90% of the people who do internet searches are actually validating something they already think that they didn't get from anywhere.

They just think it and the internet supports it. That's what happens and so, so people can have these ideas about things that they feel very supported but they're really not that deep in their self-understanding so we don't necessarily want to just, that's wrong, you've got to stop thinking like that.

All that's going to do is create antagonism and not really help us serve somebody. So I want to talk a bit about this and talk about therapeutic terms and language. There are a few categories of terms and language and language is not simply words, language is the expression of meaning.

[7:45] all our language matters. So eventually we have to let the language of God's word shape how we view things.

So there are different functions of terms and language. There are categories of terms and concepts that scripture claims authority over.

For example, love. love is defined in the Bible. If you have a view of love, and frankly, I mean, it's just unbelievable how much the word love is used and defined in a way that is so destructive in our culture.

love. But love has a specific understanding and definition of the Bible. And so we never want to use the word love in a way that is contradictory to how the Bible, we are in a relationship with someone.

Do we love them or not? The world would say, how do you feel? What's your attraction? The Bible says those are not what love is.

[9:11] Love is, do I care, do I want to live for the betterment of this person? When we get married, we don't get married based on attraction. I think we're not attracted.

Don't go find out the person you're least attracted to. Attraction sometimes gets you there, gets you close to it, and even connects you to the person, mutual attraction.

But, at the end of the day, if you're getting married and you're a Christian, it's not because you feel love. It's because you want a covenant together that my life lived out with you will draw you closer to the world.

That's what marriage is meant to do. The effect of my life on you is to draw you closer to the world. It's not to draw you closer to me. Culture says it's to draw you closer to me. The Bible says it's to draw you closer to the world.

You cannot give up on it. You cannot give way on that issue. Truth. We're talking about my truth. What is your truth? Everybody has a truth. The truth for you.

[10:15] The truth as you see it. Truth is not a word you can put into play because it has specific meaning. It means truth as in Jesus Christ who is the way and the truth.

And so we can't give that word over. We can't say if someone says to us in the context of ministry or counseling well I just like that's my truth. In a gracious way say I don't think you have your own truth.

Let's look at how the Bible defines truth. So see there are certain terms in English that we can't give over to the culture. They must remain biblically defined.

Whatever we think about these terms they must be submitted to the scriptures. There are categories of terms and concepts, second point, that have both biblical weight and cultural weight.

A couple of those words might be freedom. Freedom is a word that has significant biblical implication. It's also a word that has significant cultural implication and political implication.

[11:31] And they're both relevant. What do you mean by freedom? Freedom in the culture is the right to do or not to have something done to you.

Freedom in the scriptures is liberty from sin through redemption purchased out of bondage into freedom for the sake of obeying Christ.

That's freedom in the Bible. So we have to understand, we have to say, what do you mean by freedom? I still feel free to do that. What does that mean to you? It may mean they're using a cultural definition, which they're okay to make.

Okay, that's great. You probably don't have the freedom to do that. You don't have the freedom to kick your 14-year-old out of the house because that's against the law in the states. You know, that's not a freedom you have.

But you, so freedom needs to be understood. Another one is trust. Trust is a major word. Guess what? The Bible nowhere says we're called to trust one.

[12:39] It doesn't exist in the Bible. We're not called to trust pastors. We're not called to trust each other. We're not called to trust institutions. Trust is only in God.

But in our vernacular, culturally, we trust various things. You know, I trust my government to do this for better or worse. I trust this. I trust my pastor.

In other words, the nature of trust in culture is something that is earned. We earn trust.

God doesn't need to earn trust. God is trustworthy. So again, if someone uses the word trust, how are they understanding that word? Are they using it in the way the Bible uses it?

And sadly, people will say, I feel like I can no longer trust him. What does that mean to you? Can you begin to trust him again?

[13:37] Can you? Well, no. Well, it sounds like your view of trust, you place trust in him that should have only been placed in God in the first plan. Did he let you down?

Because he's a sinner like you. So you see, those are words that have meanings. They have meanings clearly in scripture and clearly in the culture.

And then there are categories of terms that are largely defined from human experience and culture. Words like diversity, equity, and inclusion. Most psychological, and I'm not evaluating those words, I'm just saying they're not in the Bible.

They don't categorize people from a biblical perspective. Most psychological language is non-biblical language. These kind of terms need to be evaluated with biblical language.

What are the biblical concepts that come into play when people use these words? Otherwise, people end up using, Christians end up using a lot of non-biblical words that actually don't lend themselves to thinking biblically about life.

[14:50] So we get three categories of words. And this is important for your language as you're listening to people. These are important. Are they using terms that the Bible defines and they're using it in unbiblical ways?

Are they using the terms that the Bible does speak to and they're speaking to it this way? How do they understand that? What are they really saying? And then are words that are clearly not biblical that at some point we're going to have to challenge if they're attaching them to their self-understanding.

So any question about that? Language is huge. And understanding how people use languages and expressions of how we love them is how we understand.

unbiblical life meanings and that's what happens.

Language that's unbiblical creates life meanings that are unbiblical and they're like a maid. You can always find a way to move around within the problem but you're lost if you're trying to find a way out.

[15:55] If you're really trying to help somebody and they're insistent on using non-biblical language you're going to find yourself trying to figure out how to help them but nothing actually taking root.

Nothing actually making a difference. They need redemptive reality that comes from the scriptures defining their problems and helping them think through them.

We must understand how a person is using language to know how counsel. So how is therapeutic language used? It's used in three ways.

This is really important these days because of the nature of the way we get stuff off of social media and how quickly terms proliferate and become commonly understood.

We have to really be aware of this when we're talking to people because people grab things off whatever sites they're on and they make them fit themselves.

[17:00] So there are three ways therapeutic language is used. One is in diagnostic categories. Diagnostic language has a formalized consensus meaning which is necessary to allow conditions to be categorized for the state of consistent assessment and treatment.

So the DSM-4, 5 uses diagnostic categories. They're defined categories. They're understood a certain way. When somebody's looking at it there's no question about what this means.

Now there's question about whether diagnosis is appropriate or not. That's a judgment call. But the terms themselves that's why you have various kinds of depression because there are different categories for those depression tendencies.

And so these diagnostic categories when someone says they're clinically depressed what they mean is that their experience has been categorized according to the DSM-5 as a depression category.

And it's specific. Nobody's clinically depressed without having a further definitive reality. Depression type this, potentially this, it's going to have, if they're really clinically, so that's why when someone says they're clinically depressed, often what they mean is that they ran it on a medical site.

[18:27] It doesn't mean that they actually had somebody diagnose them. If you're clinically, anything means you've been diagnosed in a clinical setting. So the first one you see, and this is the highest level, is what I would call these diagnostic categories.

The second is what I call descriptive terms. Descriptive language is language that can be deployed in a general way to help a client or patient make sense of a particular experience or struggle.

So then, in this one, you may go into a therapist and they may not feel qualified to diagnose. That may not be what they feel their specialty is. They may not be able to do this.

But they can look at you and they can talk to you and based on their training and based on their experience of other people, they can say, I feel like what you're dealing with is depression. Let's use depression, for example. I feel like you're depressed.

That's descriptive. There's a certain weight to it because it's coming from someone who's doing some level of evaluative view of you. And they're not biased in that.

[19:31] They're simply trying to describe this. This, to me, presents like depression or anxiety, whatever it is. That's what someone says, my therapist has said I'm struggling with depression.

It's a totally appropriate way to understand it. It's descriptive. It's not a formal diagnosis. The third level is what I would call definitive labels, labels that define this language that individuals and groups employ to galvanize identity and meaning with their experience or struggle.

In other words, this is where I adopt language that gives me a certain sense of identity or defines my experience, but I'm the one who determines it.

So I'm depressed. I feel depressed. I'm depressed is not the same as clinical depression. I'm depressed is not the same as a reasonably trained therapist saying, you know what, yeah, I think what you're dealing with is depression.

It's me saying I feel this way. The danger we face is most people who are using terms, and you will find this if you're talking to folks, they're using that language in the third category.

[20:53] It's self descriptive. It's self defiant. They pulled something up. They've researched it. Maybe they've talked to other people.

Based on what this person has said, I think I got what they have. This is what it is. The large majority of people we're going to relate to are not diagnosed in these terms.

They're self-diagnosed. the other thing that happens with this, the other thing that happens is because we have this phenomenon now of being able to diagnose my experience based on a group experience, somebody else.

somebody else might have done work, even studies to describe this and I can fit myself into that. Now I can take that whole cloth into my life regardless of my experience simply because I'm an oppressed!

individual. That has extra validity in them, but it's still a self-diagnosis. What I do, just to make it simple, if I've got somebody sitting down there using a category, we're going to talk about trauma at the end of this, to apply this trauma.

[22:25] But if someone is coming talking to me and they're using therapeutic language, I want to engage them. I want to get to know what they're saying, what they mean.

It's part of my loving and understanding them. I want them, I want to esteem them as a person, I want to make sure they know that their experience is valid to me, I'm not questioning very time.

I just want to hear, I want to know their story. I want to know a person in their story. In that story, I might hear language that I have questions about. I might want to engage that language.

So when you said this, how did you know that? And I don't do it trying to kind of, I'm not investigating, I'm just simply trying to understand.

So you say you have dealt all your life with depression. What is that like? Tell me what that's like. And let them describe what that's like. Sometimes you'll find that they tend to have a negative outlook on life and tend to prefer me time.

[23:33] Sometimes they'll presume that because I'm not a big social person and because I have a difficult time developing relationships, I must struggle with this. that's the answer they come up with that makes most sense to them.

That's a chance to reinterpret that. So we listen to understand and we seek to engage. Tell me what that's about. We want to understand.

The goal though, and this is where biblical counseling comes into play and its function, is eventually we want to reinterpret. Not get rid of, not destroy their self understanding, but help them reinterpret it through redemptive lens.

If Jesus Christ is real, and if he has died for you, and if you know him, what is that reality? Often you'll find people who profess to be believers have so downgraded that reality that it doesn't function in their life.

But if that's true, it should have an impact on how they view themselves. And so you'll find deficiency there, and so that's where you go to work. How therapeutic practices emerge, this kind of goes back a little bit, because I just want you to know, when people go to counseling, for the most part, I'm not talking about hospitalization, I'm not talking about high-end intensive mental health treatment, but just counseling, practices emerge, it begins with psychological research.

[25:16] I just mentioned some of the challenges with psychological research, but we want to acknowledge that responsible academic work is producing psychological research, and that research has value as it relates to understanding the human condition.

Again, it's rarely, if ever, going to have God involved. they may talk about religion, but they talk about religion in terms of particular religious beliefs and how that affects psychology, but there's nothing I want you to hear from me today that would denigrate the fact that in these schools here, there's responsible, credible, helpful, academic research being done in psychological departments.

I'm not saying that at all. It is very helpful. It's helping a lot of different ways. But here's the key.

Upstream psychology, this level of study that results in these papers with their abstracts and everything, when you read them, if you have a chance to read them, you will find that their conclusions are very circumscribed.

They don't make broad claims. And if they're good, they stick close to the data. The data seem to show this. We can't say this. Further study needs to be this. And so the claims of most studies, if they're responsibly done, are fairly limited.

[26:54] So when someone says studies show blank, and they make a broad statement about studies show it blank, typically they're not reading the studies. They're reading what someone else has said about the studies.

The actual academic studies are very responsibly handled. And most often if they find something significant, they say further studies needed, and that happens when you develop more detail in something.

And upstream psychology rarely offers specific treatment recommendations. These studies are not about treatment. They're about data, and how to understand the implications of data.

So then out of that, sometimes a theory creates the need for studies. Sometimes studies reveal or begin to orient themselves into theory.

Psychological research is utilized to develop theories of motivation, thinking, motivations, and behavior. New descriptive terminologies are developed to fill out theoretical understandings and categories.

[28:02] If this works well, this is what happens. They're trying to, okay, we're seeing this data. What do we call this? And so you come up with these different labels and names, and they're responsibly handled, and those kind of things.

Theories, though, are drawn from research, but are prone to broad inferences based on finite data pools. Basically, just saying the tendency in theories is to make claims that are larger than the data themselves propose.

So the research can't keep up with theories. The one challenge these days is a lot of these terms, a lot of terms aren't really drawn from studies.

A lot of terms that are most often used these days are not drawn from any studies. I use the word neurodiversity for one. Neurodiversity is not drawn from any studies.

It was coined by a sociologist who was trying, and actually she wanted to say, Judy Singer, I think she made it, she actually said, the reason I used that term is because I wanted to make a political statement.

[29:15] I wanted to attach diversity into something so that this understanding of people who didn't fit a certain norm would be now understood as a potentially oppressed category.

She was politically motivated. She says that. It's not an expert base, it's what she says. It doesn't mean there isn't neurodiversity. It doesn't mean that we shouldn't be aware that people have different strengths and weaknesses related to neurological things in the brain.

The question is it's not based on study, and it's not really verified by studying, because what do you study? The range of possible variations of diversity compared to neurology is impossible to quantify.

Who knows what the standard mean is? What is the norm out of which you determine whether it's diverse or not? It's always been a challenge with psychology. It presumes a norm that nobody can establish.

So the point is that these terms which have a scientific feel are often not scientific in the way they're oriented and they're generated.

[30:36] But out of theories come therapies. General theories lead to downstream applications in the form of therapies. Therapies tend to become popular because they claim to address current cultural psychological problems.

Therapists tend to be pragmatists who are not married to any particular psychological theories and will tend to move toward whatever seems to be working for the clientele they're seeking to serve. So they're out shopping for what might work.

So EMDR was a very popular therapy and everybody was doing EMDR. It's kind of played out now.

What tends to happen in these different therapies is that it works in some ways for some people. It's used to cover a lot different things. It's proven to not be as reliable and effective as it is.

Then it falls by the wayside and something else comes in. So therapies are very prone to fatism not only in popular culture but also in treatments. And really at this level there's very little research-based therapy.

[31:44] People are not basing it. It doesn't mean that people aren't reading studies. And I don't want to portray anyone who's doing therapy as being somebody who doesn't care about what the studies show. I'm just saying by the time people are doing therapy not to make a lot of money because they don't.

And they're doing therapy not because they love science. They're doing it because they want to help. So what's going to help? That's what drives people to do the therapy. And so we want to know that so we don't think that they're operating from a knowledge base that they don't really have.

Over time, research findings tend to change relatively little. Theories morph and fall out of fashion and therapy lose their popularity.

That's what a fad is. So there's very little of the changes up at the upper stream. Things change at a certain level and things change wildly at the bottom end. Particularly through publishing.

So bottom line there, an important point, don't be intimidated by the therapeutic world. Don't be intimidated when someone says I'm going to a counselor.

[32:54] That person like you is most likely someone who just wants to help and is trying to find something that will help this person. They're not a threat.

And most people who find that they have, my experience with most people who find that they live with a counselor who has a very definitive approach they want to take and they're pushing that way, they don't keep clients long.

Because you have to have a pretty compliant client. And people don't want to pay to be told what to do. So most often the best therapists are ones who basically fall back on this idea that I know how to use a help to describe yourself.

I know how to speak to you in ways that give you a sense of agency and personhood and I'm able to walk you along steps toward changes that you want to make. That's most therapists that are good to do.

Four ways people acquire therapeutic diagnosis. There's a DSM diagnosis, professionally trained, follows the DSM-5 category to assess patients.

[34:04] Practical categorization is another one where basically a high-level psychologist or therapist may not always be able to offer formal diagnosis according to DSM-5 but they'll put DSM-5 codes into charge we just talked about so insurance companies will accept responsibility and pay for treatment.

That's still responsible in my mind. It's just the nature of the industry that you have to do it that way. Therapeutic description. Typical therapists using diagnostic language to label a client's self descriptions without considering requirements formal diagnosis.

I do get concerned about this. I get concerned when I hear from somebody at my church where the counselor they're going to is throwing terms around as if they really know what they're talking about.

And I get concerned about that. It's hard to know what to do because I don't want to necessarily confront somebody who's not in my room. But I start to be concerned when I feel like the person is enamored with terminology because it sounds medical and isn't really understanding what they're doing.

And then self diagnosis. Online tests furnished by various therapy practices. You'll go online. You can say, do I struggle with this or this? There's going to be an online test you can take.

[35:30] Five questions, ten questions. Yes, you probably do. Usually they're a lead-in to therapy. Please call us. Those kind of things. It doesn't mean they're illegitimate.

It just means they're superficial. And some people are like, okay, I've got my diagnosis now. I filled out the questionnaire. I've got my diagnosis. Good to go. Instagram, TikTok, and social media influences are probably the major way people get diagnosis at this point.

And then opinions of others or internalized self-definition. Somebody you trust or tells you something about yourself and you buy into that. We must not be disfaceted with a person's use of therapeutic language.

We know we can do better with biblical truth. We must also do better with a biblical attitude. My biggest concern for pastors in particular, but I think also for people in the church, is a condescending attitude.

I feel like my use of Bible language is superior to your use of therapeutic language. I'd much rather say we're both trying to figure out how to understand something.

[36:33] The Bible speaks to this. Can we consider what the Bible says? And let's learn together. So let's talk about trauma. This is kind of where we'll end up. Trauma is the thing right now.

How do we apply this to trauma? There's four ways. Again, we'll go through these ways that diagnosis happens. There's a trauma diagnosis.

There's different kinds of trauma. There's PTSD, different categories of PTSD, acute distress disorder, post-traumatic stress disorder.

Again, this requires somebody who is trained in the field to diagnose trauma. There are certain things you look for when it comes to trauma to do a PTSD diagnosis.

That's one way they get it. There's a practical categorization that's done by a psychologist or therapist. They're not always following the DSM, but they'll, again, use a trauma diagnosis.

[37:50] Call something PTSD or ESD because insurance is required. That becomes the diagnosis from an insurance standpoint, but they're not convinced it fits all the categories.

There's a therapeutic description of trauma. It's not uncommon for therapists to use trauma-related language to label a client's self-descriptions without considering the requirements for formal diagnosis.

trauma-informed screening tests which provide a relatively simple self-assessment for trauma experiences that is meant as a basis for establishing a therapeutic approach.

Again, you can go online. You can do a trauma assessment of yourself. And again, the same thing. So the way we diagnose this, the way trauma is diagnosed now, either at a formal PTSD or ESD level, at a trained observant level, at a general descriptive level, trauma, and then as a self-diagnosis.

Same with language. Same with language. When someone says, you know, trauma is my struggle, targeting this where that comes from. That's fairly rare. PTSD is not an overly common diagnosis because of the nature of the various aspects of it that need to come into play to describe it that way. Most often you'll see it with people who've come out of first responders in military situations, disasters, common there, but in general population not so much. The second way people get it is someone knowledgeable but not necessarily diagnostically says you're dealing with trauma. And right now I just find therapists are so quick to call and experience trauma and what you're dealing with is trauma. And I think that's a real problem because

[40:22] I think that it's robbing people of a way to deal with what they're experiencing because it's not giving any antidote. It's just saying that's what you deal with and it becomes a self description. I start with trauma. And then the third way you do it yourself. You just, this is a traumatic experience for me. You take what you have heard from other places that you self describe. Here's the challenge with trauma in particular. If someone, and I don't want to say this is a really good fully understanding of this, but the treatment approach for trauma, particularly fully diagnosed trauma, is to move somebody from life controlling traumatic response trauma to a level of resilience to what that response might be to a level of freedom to no longer being entrapped by that trauma response. That's what trauma treatment is meant to do. When someone is just, in this day and age when trauma is everything, what trauma diagnosis, whether it's done informally or done itself, does the exact opposite of what the treatment is supposed to do.

It actually says live in your trauma. Find identity in your trauma. Demand from others, acknowledgement of trauma. Don't become resilient. Don't get free. Create an identity around it.

And so you, so in this case with trauma, this is my concern about trauma, is the way you would treat trauma is exactly the opposite of the way people understand and self-treat trauma.

And that creates the danger, particularly for believers, because they're led to this idea that my trauma is a self-definitive limitation on my life.

What is trauma-informed care? Do I even talk about this? This is more people who are... I thought we should get that.

[42:49] Yeah, let's get that. Thoughts on unhelpful use of trauma languages is where we'll kind of end up. Our current cultural climate emphasizes an absolute right to self-definition, and we've already covered this, but importantly, emphasize an expression, my truth, and the absolute obligation of others to validate me in that.

It also promotes a category of group political oppression that validates a collective or identity-based trauma mentality, even if a person cannot point to personal traumatizing experiences.

But because my ethnicity or my social status or my gender or my whatever it is, because they've experienced it, then I can claim to it. But a growing concern in the mental health world is that the proliferation of trauma diagnoses will undermine identification for diagnosable ASD and PTSD.

When everybody has it, it's very difficult to know who's really struggling. Except, you know, I know we talked about this before, the goals of trauma care are the exact opposite of what cultural trauma response tends to be.

And for the believer, this is where he tried to help somebody who's living in this. We're dealing with a woman right now in our church who has imbibed this trauma self-description.

[44:27] And we're just, over time, just trying to see wherever that colors her life, the gospel gets lost. There's no salvation. There's no redemption.

Jesus is not your shepherd if he isn't your shepherd in your trauma. Jesus has no power for you if he doesn't have power in your trauma. If you protect your trauma in self-identity, though it may have come from a horrific experience, the last thing you want to do is let that horrific experience find you for the next 40 years.

Is that how you want your life to go? Somebody who's in their 20s doesn't think that far away. They're laying the groundwork for a life of living, defending their trauma as opposed to life, freedom from it.

So I want to go back to the previous outline and close. I'm actually going to close at the end. I wrote something. I'm just going to read it. I don't know if it's even in there.

But this is kind of my part. And then we can take questions. Sixty years ago, C.S. Lewis saw the epistemological implications of a naturalistic view of the self when he wrote, If minds are wholly dependent on brains and brains on biochemistry and biochemistry in the long run on the meaningless flux of the atoms, I cannot understand how the thought of those minds should have any more significance than the sound of the wind in the trees.

[46:13] And this is where the Bible needs to be heard. The significance of the mind, the innate dignity of personhood, and the purpose and meaning of suffering, the frailty of our mortal bodies, the need for life and community, the value of moral choices and character in a world filled with evil, the eternal destiny of mankind.

These are the things that the culture sacrifices in the reliance upon psychological solutions and pharmacological treatments as the ultimate answer to life problems.

This is precisely where the gospel will make a difference. The gospel honors the personhood of people, even people in disorder and sin.

Our deepest essence is not our chemistry. It is our existence as image bearers of our Creator with the potential to reclaim that dignity in union with Jesus Christ.

The gospel proclaims that the greatest need underlying any other need is still reconciliation with God and deliverance from sin. We stand before a holy God as unholy people and deep down below our presenting problems we know it.

[47:29] The fact that properly administered medication can be helpful means to allow someone with a significant struggle with a mental disorder to begin to address the conditions of their soul before God is not a problem for the church.

It's the place of opportunity. It's exactly at the limits of medicine that the power of the gospel always shines bright. As pastors, we want to help people see that they're more than just wearers of diagnostic labels.

We want to help people create in the image of God, live lives for their eternal happiness and His ultimate glory. We want to tell people if you're struggling with a diagnosed mental disorder, depression, anxiety, bipolar, trauma, whatever, we're glad you're here.

This is the place of hope for you. Believe it or not, the people around you are more like you than they're different. We're all on the spectrum of life controlling problems in some way.

But we and you are not stuck there. Even in our suffering, we're here on this earth for far greater purposes than simply playing out the string of human existence.

[48:39] As the scriptures say, 1 Peter 1.3, Blessed be the God and Father of our Lord Jesus Christ. According to His great mercy, He has caused us to be born again to a living hope. Attach this on to your understanding of mental illness.

He's caused us to be born again to a living hope through the resurrection of Jesus Christ from the dead. To inheritance that's imperishable, undefiled, and unfading, kept in heaven for you.

You, by God's power, are being guarded through faith for a salvation ready to be revealed in the last time. In this you rejoice. Though now for a little while, if necessary, you've been grieved by various trials.

So the tested genuineness of your faith, more precious than gold, that perishes through it though it's tested by fire, may be found to result in praise and glory and honor at the revelation of Jesus Christ.

Though you have not seen Him, you love Him. And you can say this to someone in the throes of depression, in the battle with anxiety. If they are known by God, they know Him, even in those dark times.

[49:51] Though you do not now see Him, you believe in Him and rejoice with joy that is inexpressible and filled with glory, obtaining the outcome of your faith, the salvation of your souls.

The U. Warfield said, if ever the evils of this life are to be relieved, the forces of disease and decay, of injury and death, to be broken.

It would be only by Jesus that it will be done. Only His name, by faith in His name, can give that perfect soundness for which we long. That's where we're going to end up.

Before we close, any questions, any comments? I suggested this to Sean because I feel like you guys, where you're located, and the population who you will interact with and serve, are going to be people who think in a very sophisticated way about food, but maybe buying the things because they're cultural, and you need something to gird you up to say, you know what, no, we don't have to have this choke out the room to go to the house.

We can think through this. We can establish the goodwill. We can navigate through this difficult situation and keep Jesus Christ, who is the person of salvation at the center of everything we do.

[51:21] That's cool. And can you, during our brief conversation before lunch, you have kind of an outline of the process that you have in mind to get to read the education in the office?

Yeah, yeah, yeah. Yeah, basically, if somebody, you know, even if it's somebody I don't know, somebody who comes into the church and that's my first time I'm chatting with them, and they're coming in and they're just, you know, you can just tell in the conversation that this is their self-description, and they're therapeutically oriented that way.

They just use those kind of words. And so, at that point, I just, I kind of say, I just want to, I want to engage. Engage, yeah. Yeah, I want to, by engagement, I mean, I want to get to know how they use language.

How does language serve them? Are they, are they storytellers, and they just like to use language to fill out the story? Are they engineers, and they have very precise categories?

Are they, you know, what, how strong does it seem that these things matter to them? I mean, I have people in my church who, they'll come in and say, oh yeah, I was diagnosed with depression, I was diagnosed with this, I was diagnosed with this.

[52:40] You know, and they're like, you know, I don't know, I got somebody diagnosed, I don't do it at all. Okay, that person's not married to their diagnosis. You know, then I got some people who come in and that's what they want to know.

You know, before you know anything about me, they're not saying it like this, but before you know anything about me, you need to know this is my struggle. And now you're on, now you're on, you're up, you're in the docket.

And I'm, I'm drilling you on whether you're going to buy it or not. So you get to know them a little bit, you get to know how they want to use that language. And then you want to understand, you want to understand in the bigger picture of their story.

Sometimes that language is not even the most significant thing that's going on in their lives. You realize they're using this term, but they've got a wreck happening over here.

Why are they not giving attention to the wreck that's happening over here? But they're very fixated on this. They're leading with this when this seems to be a much more significant issue.

[53:44] They're starting with this, but they've got this diagnosis of a physical illness, you know, a cancer, you know, something like that. That, you know, that becomes something you're trying to understand why this is important to them and how they want me to understand it.

The goal though is that you're trying to kind of come alongside. I want to look at your, yourself the way you look at yourself. And then I want to just, as a friend, if they're professing believer, as a brother or sister, Christ, how do you think about this the way God wants us to think about it?

Have you thought about, where would you go in the Bible to find help for this? People who live in the therapeutic world have a very thin Bible. They've usually got a few Psalms, or maybe just Psalm 23.

That's it, that's a whole Bible. You're going to say, well, let's fatten up our Bibles a little bit. Let's see what else might be in there. Or maybe they don't trust God's Word at all. Maybe they've already given over the fact that, well, I don't think that's God's Word.

If someone gives you the language where they're really giving over the essence of faith, then I think it shapes how we approach people. You know, you may not confront, but eventually you say, I think one of the challenges you face is, you sort of say you are Christian, but the things that define a Christian don't define you.

[55:16] So why do you say this? Why does this? This doesn't seem like it should be that important to you if you call yourself a Christian. You know, you seem to be insistent on that, but the way you're defining what it is seems to be your own thinking.

Is that a religion that you necessarily want to hold to? I mean, you set that up, and you set the terms up. Who is God? One of the things I try to do is at some point, in an almost only account, I stop talking about theology.

And I start talking about Jesus as if he's in the room. Right? So Jesus, what do you think Jesus wants from us right now? I don't want to do theology today.

I've got a friend who sits closer to the road, and he wants to help us both. And I'd like to invite you in, and we bring him into the room. In counseling training with pastors, we talk also about a trial on that whenever I'm in conversation with somebody, if I'm a believer, there's a third party, and that's the Holy Spirit.

And he wants to speak. So as I'm interacting, I don't really care that much about whether somebody engages in what I have to say. I want to find a way. Where is the Spirit of God?

[56:42] I want to get in the way of that. You have to be biblical to do that. He's not going to bless your semi-lack of biblical clarity. But I want to do it in a way that I've invited the Spirit of God to speak into this.

Sometimes confessionally. This is where I struggle. This is where I, you know, as I hear your story, I think about this. Does that have any relevance for you? This happened to me. You've got to be very careful using your own story as if I get it.

I understand your struggle. But you can say, you know what, I'm trying to understand this better. I had this experience. Is that at all? Or this is how I feel?

You know, it's totally okay. You're creating relationship. But you're looking to reinterpret. You're looking to sort of say, I love our conversations ultimately resolve. And you have different categories.

Maybe you don't agree with them. But you're certainly going to wrestle with them now. I just dropped something into your life that you can't ignore. And I'm going to let the Spirit of God go on.

[57:46] Our evangelism at the bridge is simply that. We're just dropping things into people's lives. And watching this work. That's the beauty of evangelism, right? We don't have to close the deal into something.

And then we're what God knows who is to use. So it's that. It's reinterpreted. For professing believers, there are times, let's say, we began to say something like, you know what I think, I think one of the problems is your self-understanding isn't rooted in the Bible's understanding of you.

It's rooted in something else. What do you think, can you articulate the Bible's understanding of you? And I may have to do that. You meant to be gravitational, but you know.

Rarely are you shouting at someone and saying, stop! You know, you're just inviting them into something better. Engage, understand, reinterpret.

And they reinterpret. Yeah. The kind of mirrors Paul Tripp's love, knows, speak, do. Yeah. But it's a little bit more descriptive. Yeah, yeah. And you know, you're doing it in a way that you're conscious of the fact that it's not my agenda.

[58:56] That's Paul Tripp. It's not my agenda. It's Christ's church. Any other questions? Any other questions? You guys have been very, very gracious and patient to sit on a beautiful day like this and talk about this kind of stuff.

So thank you so much. Yeah, I have a question. When you're having conversations and I feel like you live in a society where it's a lot about yourself. Yeah.

And like you're saying self-diagnosis is very common. And as someone who's not a counselor but talks more with people and shares relationships with people, how do you navigate a conversation where you feel like a self-diagnosis is incorrect?

Or maybe like they just are, have suppressed so much in their lives that they just can't even like realize that maybe they are going through trauma or maybe like they can't even self-darn.

Yeah, yeah. How do you have that? Yeah, yeah. Well, I think that's a great question.

[60:01] I want people to tell their story, not give a self-description. They may start with a self-description but I want to move past that and know their story. Because their story is what's going to be alive to me.

Their story is their, is their life interpretation. Their, what we might be getting in their diagnosis, possibly, is just simply some categories. If the person can tell a story, and kind of, if they're going to tell a story, I'm hearing that right now, who just can't tell a story.

He's just, he's just so on the side of logic that he can't put himself in his own story. He just describes, as if he's not ever there. You know, he's not ever there.

Someone goes through something and they were there when they went through it. Just have it around them. So, that's where I'll use emotion questions. How do you, how do that make me feel? What do you, again, I'm not trying to base everything on feelings, but I'm trying to get an idea of what the effect.

Because somewhere, there's been an effect on them. And they, they process it in a way that's left them sure of what God wants for them.

[61:14] And I don't want to confront that. I want to help them see that there's a better way. You know, so it's, so I don't really get hung up too much on the other language as much as I just want to hear your story.

If you can tell it to me. So you're building trust all the time. You know? And you're refraining from saying things that you know they eventually need to hear. You're holding back.

If you are meeting with someone, if there's a tendency you have to sort of say, I gave them everything I had. You probably gave them too much. Right? What is one thing, they tell you something about one truth or one situation.

Let's leave it at that. As we mature as counselors realize, less said better. Just carefully said. And usually the world needs that because people are not used to talking to people who are developing the skill of listening.

They're talking to people who you want to talk to others and who are fighting them to tell their self story. Right? Isn't that what most conversations are? Well, you know, that's true. Well, I got this story.

[62:23] And then you know, like, if my story's been into your story, let's talk about me. You know? That's enough of what I was talking about. About you. That's not talking about me. And to be able to let somebody talk about themselves actually can be more free and more.

And open them up to me as they're here for me. I have a question. So like, if you're in that conversation and you're listening, right? Yeah. But at some point you find that maybe it's a narrative that's not always accurate or it's unhelpful to them.

Yeah. And you discern that. Like, what do you do to, yeah, what do you do about that? Like, at some point, like, do you just listen and kind of let them continue on in that narrative?

Or do you, like, yeah, try to speak into it? Yeah. Yeah. Well, memory's a funny thing, right? Yeah. Memory's interpretive. Yeah. And so we interpret ourselves in the best possible way and most of the stories we tell. And so I don't presume on accuracy. Accuracy is never ignored.

The way people choose to tell certain things and not tell other things reveals more to me than whether they're accurate. Yeah. Yeah. Yeah. And some people, if there are, you know, mentally they're, if they're, if they're sequence oriented, they're getting it right and it flows and working and you know, right?

[63:33] Other people are mosaic. I call them mosaic and they start to think about it. Yeah. And so I think that's the way people choose to tell certain things and not tell other things reveals more to me than whether they're accurate or not. How do they do this detail? Yeah. How do they do this detail? Yeah.

How do they do this detail? How do they do this detail? Yeah. How do they emphasize that detail? That's much more significant to me. Yeah. Whether they got the sequence right or whatever it is. Yeah, yeah. And some people are, you know, mentally they're sequence oriented, so getting it right and it flows and it works and it works and it's important.

Yeah. And I'm like, other people are mosaic, I call them mosaic and they start talking and you're like, ah, I lost you. You know? Okay. And I'm not going to interrupt and say, well, tell me what happened next. Yeah.

This is a way to tell a story and I've got to pick out. Okay. So, that doesn't get to me too much. Yeah. If I feel like over time somebody is changing their story and I get a different version of it depending on what they seem to be trying to get from you, which can happen, then I'll say, what happened?

Like, last time I talked about this, I'll say, am I missing something? Did I misunderstand that? Mm-hmm. And that's a general way to catch them and say, you better clean up your own.

[64:41] I am paying attention. Mm-hmm. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. These are real, I mean, these are, if you're working on this level of stuff, it's really fairly sophisticated ministry if you're weeding through this.

So, I don't want to portray this as just easy. This takes, you usually get it through failure. Oh, that didn't work. You know? I have to recover that. I have to, you know, and, or I was jacked up on coffee and I talked too much.

And I was done. Well done. Which I have done. Or, I was after lunch and I was very boring. I did fall asleep on somebody one time in California. So, I know that feeling. So, great.

So, thank you so much. Yeah. Thank you, Andy. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you.

Thank you.