



The
Biblical
Counseling
Movement

{HISTORY AND CONTEXT}

David Powlison

“I have watched with much interest the developments in Christian counseling over the past forty years. The issues discussed here are still very important, and this book is a good introduction to them. Even readers already familiar with this movement will learn new things. David’s book is entirely judicious, careful, and balanced in its treatment of Adams, his opponents, and the events affecting the biblical counseling movement. I hope the book attracts a large readership.”

John M. Frame, D.D.

Professor of Systematic Theology, Reformed Theological Seminary; author of *The Doctrine of the Christian Life*

“Powlison is provocative and delightful: provocative because he addresses fault lines within pastoral care; delightful because he does it with honesty and kindness. Thank you, David, for showing us where we need to be heading!”

D. Clair Davis, Dr. Théol.

Professor of Church History and Chaplain, Redeemer Seminary

“David Powlison and I share a deep commitment to biblical counseling and to church history. Dr. Powlison unites these twin themes in his excellent work, *The Biblical Counseling Movement: History and Context*. Everyone interested in the modern biblical counseling movement over the past generation needs to read this well-researched and well-written book. This is a fair and balanced presentation of one of the most important movements in the evangelical church over the past forty years. Readers will be equipped not only with historical insight but, more importantly, with wisdom for how to speak the truth in love.”

Bob Kellemen, Ph.D.

Author of *Soul Physicians*, *Spiritual Friends*, *Beyond the Suffering*, and *Sacred Friendships*

“It is difficult to overestimate the importance of this book. The ‘counseling wars’ of the past half century have ignited passions often characterized by labels rather than by careful analytic thought. This is the first broadly comprehensive history of these developments. Although Powlison is one of the important players, he takes extraordinary pains not to misrepresent those with whom he disagrees. Above all, while trying to be open to truth and insight whatever their source (after all, the reaches of common grace are vast), Powlison faithfully argues that the Christian faith must play a constitutive role in building a robust model of Christian counseling. Amen and Amen.”

D. A. Carson, Ph.D.

Research Professor of New Testament, Trinity Evangelical Divinity School; author of *The Gagging of God*, *Christ and Culture Revisited*, and *An Introduction to the New Testament*

“David Powlison has written the definitive account of a biblical counseling movement that arose in the 1960s and continues to influence the field of Christian counseling today. The reader is taken on a journey through the historical development of nouthetic counseling, its origins, influences, theological content, organizational fault lines, and key figures. Powlison is not a dispassionate outsider. He is clear in what he believes, but he approaches his subject with such a thoroughness and fairness in his research and assessment that he will leave readers from all sides of the Christian counseling field with a new comprehension of the theological, philosophical, personal, social, and cultural components of the movement. This book is a must-read for anyone interested in understanding the rapid and turbulent growth occurring in faith-based counseling in the latter part of the twentieth century.”

Ian F. Jones, Ph.D.

Director, Baptist Marriage and Family Counseling Center; Professor of Psychology and Counseling, Southwestern Baptist Theological Seminary; author of *The Counsel of Heaven on Earth*

“Understanding history enables us to make better sense of people’s ideas and practices. Biblical counseling has been around now for over forty years, and it has developed. This definitive and reflective examination of its origins in the story and work of its founder, Jay Adams, provides the necessary context to appreciate its important contributions to the Christian counseling world from a second-generation leader in the movement.”

Eric L. Johnson, Ph.D.

Director, Society for Christian Psychology; Lawrence and Charlotte Hoover Professor of Pastoral Care, Southern Baptist Theological Seminary; author of *Foundations for Soul Care*

“David Powlison has well served the church of Jesus Christ with this historical survey of the biblical counseling movement. His writing style is informative, engaging, and full of grace. You feel like an old friend is telling you a story by the fireside. At Faith, we consider this book to be so important that it will be a required textbook for several of our biblical counseling training programs.”

Steve Viars, D.Min.

Senior Pastor, Faith Baptist Church,
Lafayette, IN

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HISTORY AND CONTEXT

David Powlison



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This book is dedicated to the memory of
PETER ANDREWS POWLISON (1922–1987).
He would have found great pleasure in this day.

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Preface

It delights me that this book has been read by so many readers and has been so well received. It is, after all, a “dissertation.” That genre does not usually promise a stimulating read—more an Esther 6:1 soporific for sleepless nights than a spine-tingling page turner!

This new edition makes two changes from the original dissertation. The first is minor but significant. The second is more substantial. We have also corrected many small errors of spelling, punctuation, fact, and format.

The minor alteration is a title change from the original. It is now, as you have seen, *The Biblical Counseling Movement: History and Context*. This accurately describes both the topic: biblical counseling; and the intellectual task: to trace the history and to set that history in its sociocultural context, both ecclesiastical and professional.

Why the change? It is a matter of intended audience, in order to clear up a common misunderstanding. The original title was *Competent to Counsel?: The History of a Conservative Protestant Anti-Psychiatry Movement*. This PhD dissertation completed my studies in the history of science and medicine at the University of Pennsylvania in 1996. Like all dissertations, it was written primarily for practitioners in its particular field. To an audience of historians of medicine, “anti-

psychiatry movement” describes a well-known genre. Under that label come studies of various proposed alternatives to the reigning psychiatric orthodoxy. These have included feminist, Marxist, Szaszian, and liberal Protestant alternatives to the ideas and professional assumptions of the mental health establishment. Historically, biblical counseling is one of many proposals to reconfigure psychiatric thought and practice (and it is one of the few that generated a significant social movement). As an historian, I was able to justify and to locate my topic by portraying the biblical counseling movement as one more alternative to mainstream psychiatry and psychotherapy. So “conservative Protestant” parallels “feminist” or “Marxist” as an adjective, and “anti-psychiatry movement” is the genre that each adjective describes.

What communicated well to professional historians too easily miscommunicates to counseling practitioners trying to sort out the history of a movement in which they are actively involved or about which they are curious. “Anti-psychiatry” tends to be read as a defining characteristic of the biblical counseling movement, as if a negative rhetoric of attack is the leading edge. But, as both the dissertation and a reading of relevant literature make clear, the biblical counseling movement has never been “anti-psychiatry” in the way

that adjective tends to be heard by nonhistorians. Negative rhetoric appears on occasion (see chap. 7), but the movement essentially voiced a positive and practical intention: to enrich the practical theology and ministry of the church of Jesus Christ (for example, see chaps. 4–6). Regarding psychiatry, it has tried to redefine how a properly reconfigured psychiatric profession would go about useful medical business, while not trespassing into the work and theology of the church. Chapters 1 and 6 of this dissertation (and the citations therein) orient the reader to this question.

You will find a discussion of the technical definition of “anti-psychiatry” on pages 9–10. Chapter 7 (p. 143) will discuss what Jay Adams said about psychiatry in 1975, answering questions often posed by his critics:

Are you saying that psychology and psychiatry are illegitimate disciplines? Do you think that they have no place at all?

No, you misunderstand me. It is exactly not that. . . . My problem with them is that they refuse to stay on their own property. . . .

If [the psychiatrist] were to use his medical training to find medical solutions to the truly organic difficulties that affect attitudes and behavior, the pastor would be excited about his work.

Given this fundamentally positive vision, it is no accident that many Christians with mental health credentials—psychiatrists, neurologists, psychiatric nurses, social workers, psychotherapists—embraced biblical counseling, believing that it offered a truer understanding of people and a better cure for troubled souls.

The second change is more substantive. I have added several appendices not included in the original dissertation. In a personal note on page 15, I commented on the challenge of writing dispassionate history when one is a passionate participant in the events described: “I hold views

on many of the issues that will be described. . . . I have written some of mine down.” What was true in 1996 is even truer by 2009. I think readers have appreciated that this book is written from the standpoint of a professional historian, seeking above all else to be accurate, comprehensive, and fair minded. But for this new edition I’ve added three articles that show explicitly where I stand. “Cure of Souls (and the Modern Psychotherapies)” (2007) updates the history but in a way that openly reveals my commitments and hopes. “Crucial Issues in Contemporary Biblical Counseling” (1988) outlines my assessment of balances and imbalances in Jay Adams’s model. “Biological Psychiatry” (1999) updates the discussion of what constitute “truly organic difficulties” in the light of developments in psychiatry decades after Adams wrote his views.

Given these additions, you may want to consider your reading strategy as you begin. My preference is for readers to plunge into the history first, later going on to the appendices where I give my point of view. I suspect that this preference expresses my instincts as a counselor—listen carefully to people and to all that’s going on, then seek to make sense of it all! But some readers may want to start with the appendices, then double back to ponder the historical flow. Either way, I trust you will gain a vivid sense for the challenge of embodying two things simultaneously. A *scholar* and *historian* aims to be self-critical, observant, and evenhanded in describing persons, ideas, and events. An *advocate* and *counselor* should embody those same strengths but also care deeply about what happens, applauding or lamenting at every turn, always hoping to influence what happens next. By instinct, I’m an advocate and counselor. I care deeply about the outcome of this story. But the discipline of learning to be a fair-minded historian brought incalculable benefits. I hope that you, too, benefit from the combination.

Wise ministry is always “occasional” and particular, rather than timeless and general. It takes place with reference to the particulars of person, place, time, and current challenges. Locating ourselves in history is extremely valuable. I hope that you find *The Biblical Counseling Movement: History and Context* both informative and helpful. I hope that one fruit of your reading will be to further the development of counseling ministries that worthily glorify Jesus Christ. After all, Christian faith and practice is the original “cure of the soul”—the pastoral phrase which supplied the Greek etymology for both “psychiatry” and “psychotherapy.” The reinvigoration of cure of souls

in our time and in our varied places is one great challenge that currently faces each of us and all of us together.

Now may the God of peace who brought again from the dead our Lord Jesus, the great shepherd of the sheep, by the blood of the eternal covenant, equip you with everything good that you may do his will, working in us that which is pleasing in his sight, through Jesus Christ, to whom be glory forever and ever. Amen.

— Hebrews 13:20–21 ESV

David Powlison
February, 2009
Glenside, Pennsylvania

Acknowledgments

I would like to thank the people who helped in various ways to bring this project to completion. Charles Rosenberg, my advisor, modeled for me what it means to be an historian. My readers, Ronald Numbers, Riki Kuklick, and Clair Davis offered not only their comments but also their encouragement. Charles Bosk told me to prepare to be changed by participant research. He was right in more ways than I could have imagined; in fact, the history itself was changed in some small way by becoming subject to participant research.

Jay Adams, my prime subject, and Betty Jane Adams generously gave their time and hospitality, for which I am very thankful. I owe thanks also to many others who appear in these pages, with whom I conversed or corresponded over the years, in particular Donald Capps, John Carter, John Coe, Gary Collins, Larry Crabb, Howard Eyrich, Bill Goode, Vernon Grounds, Lloyd Jonas, Stan Jones, Wayne Mack, Bruce Narramore, Robert Roberts, George Scipione, Bob Smith, and Richard Winter, along with numerous attenders at AACC, CAPS, and NANC. Of those listed, George Scipione's diligence and insight were particularly helpful.

Edmund Clowney first suggested I study history. John Bettler suggested the specific topic and

contributed in many other tangible and intangible ways. Paul Tripp, Ed Welch, and my other colleagues managed to know when and when not to ask how the dissertation was going. Barb Bradley provided invaluable help on CCEF's client database. Brad Beavers and Bill Smith helped to find sources. Librarians at the University of Pennsylvania, Westminster Theological Seminary, Fuller Theological Seminary, and Biola University patiently assisted and guided me.

Others provided moral and material support along the way. Without Bob Kramer's steady and practical encouragement, this project could not have happened. The encouragement of many other friends—the Blakemans, Covingtons, DeHarts, Groves, Millers, Yenchkos, and others—carried me along. Maryanne Soper tidied up countless details at the proofreading stage. Jane Burns's hospitality at St. Clare's and St. Julian's came at a crucial point in the writing process. My mother, Dora Powlison, quietly but persistently encouraged me, as did my parents-in-law, Frank and Eloise Gardner. I would like to thank Peter, Gwenyth, and Hannah, who grew up with "Dad's dissertation" as a somewhat mysterious backdrop throughout their lives. Finally, I would like to thank my wife, Nan: it is not without reason that "love is patient" heads the list.

Abstract

In 1970 Jay Adams, a Presbyterian minister, launched an anti-psychiatry movement among American, conservative Protestants. Partly inspired by O. H. Mowrer and Thomas Szasz, Adams made a threefold claim. First, modern psychological theories were bad theology, misinterpreting functional problems in living. Second, psychotherapeutic professions were a false pastorate, interlopers on tasks that properly belonged to pastors. Third, the Bible, as interpreted by Reformed Protestants, taught pastors the matters necessary to counsel competently. Adams's "nouthetic counseling" rapidly developed the institutional forms that typically signal a profession. But it was envisioned by three powerful professional neighbors. Secular psychological professions dominated twentieth-century discourse and practice regarding problems in living. The mainline Protestant pastoral counseling movement had shaped religious counseling from the 1940s. A rapidly professionalizing community of evangelical psychotherapists shared Adams's conservative Protestant faith but looked to integrate that faith with modern psychologies. A conflict over professional jurisdiction ensued between Adams and evangelical psychotherapists. This conflict has never been

documented historically. I studied it almost exclusively from primary sources: interviews, publications, case records. Adams's intellectual system contained six main parts. First, his epistemology arose from Reformed Protestantism and featured the Bible. Second, he defined problems in living morally as expressions of sin. Third, he treated physiological and social constraints as the context of personal problems, not their cause. Fourth, he proclaimed the grace of Christ as the comprehensive solution to life's problems. Fifth, he defined counseling as pastoral and church-based. Sixth, he subjected secular psychologies to a program of suspicion, debunking their intellectual and professional claims. Adams gained followers among pastors and their parishioners but largely lost the interprofessional conflict. In the 1980s evangelical psychotherapists successfully asserted their claim to cultural authority over problems in living, extending their institutional power in higher education, publishing, and the provision of care. The nouthetic counseling movement became isolated from the mainstream of conservative Protestantism; its institutions languished; fault lines emerged internally. But in the 1990s, nouthetic counseling again began to prosper.

CHAPTER 1

Introduction

I am convinced about you, my brothers, that you are competent to counsel one another.

— Paul to the Roman church, c. AD 60¹

Nearly all the wisdom we possess, that is to say, true and sound wisdom, consists of two parts: the knowledge of God and of ourselves. . . . [A] veritable world of miseries is to be found in humankind. . . . Accordingly, the knowledge of ourselves not only arouses us to seek God, but also, as it were, leads us by the hand to find him.

— John Calvin, 1559²

Has Evangelical religion sold its birthright for a mess of psychological pottage?

—O. Hobart Mowrer, 1961³

A good seminary education rather than medical school or a degree in clinical psychology is the most fitting background for a counselor.

—Jay Adams, 1970⁴

In 1970 Jay Adams, a forty-one-year-old Presbyterian pastor and seminary professor, published an inflammatory book about counseling. Written for an audience of theologically conservative Protestants—chiefly pastors and seminary students, but including laypeople and mental health professionals—*Competent to Counsel (CtC)* attacked the hegemony of the psychiatric establishment over the church’s thinking and practice in the area of problems in living. Stimulated by the anti-psychiatry of O. Hobart Mowrer, William Glasser, Perry London, and Thomas Szasz, Adams intended a particularized revolution: he wanted conservative Protestants to take care of their own, to defer and refer to psychiatric authority no longer.⁵ The agitator succeeded in the way

that agitators often do, gaining both loyal converts and resolute foes.

Adams and the movement he created present the historian with an unusually discrete case study in jurisdictional conflict. Both the intellectual and the institutional boundaries between Adams and his opponents were remarkably clear. Unlike, for example, the conflicts between doctors and nurses in medical settings, this is not a story of infighting to reallocate privileges and responsibilities within a set of shared cognitive and institutional assumptions. In this story, an intellectual and institutional paradigm attacked the dominant paradigm and created a parallel world of practice. At the same time, the fiercest conflicts in this story occurred between people who apparently had a great deal in common:

Adams and the rapidly professionalizing community of conservative Protestant psychotherapists. *The Biblical Counseling Movement: History and Context* traces the historical, intellectual, and social dimensions of this jurisdictional conflict.

Adams's dispute with the mainstream understanding of personal problems was organized around a knowledge system framed in explicitly theological terms. He objected to the prevailing notions of mental illness and mental health. In his view, the medical model, as an interpretive schema mapped onto troubled emotions or troubling behavior, excised human life of its fundamentally moral character. It defined men and women as basically nonresponsible, both for themselves and to God. Corresponding to this presumed misdiagnosis of the human condition, the medical model misinterpreted the therapeutic ideal, contenting itself with producing untroubled emotions and untroubling behavior. Adams did not think that either peace of mind or socially acceptable behavior prescribed an adequate goal for the "cure of souls." He asserted instead that the church should understand the vast majority of problems in living in terms of an explicitly moral model.

Given this diagnostic framework, he established goals for the church's counseling that employed the ingredients of the traditional Christian message. First, because "man's greatest need is forgiveness,"⁶ the forgiving grace of Jesus Christ was essential to solving problems in living. Adams believed that God worked within the human personality, and that those who were forgiven would also be helped by the Holy Spirit to alter patterns of thinking, feeling, and behavior. Second, as thankful recipients of such grace, "human beings should look like Jesus Christ."⁷ Thus Adams defined the change process, again in frankly theological terms, as "progressive sanctification." Both normal- and extreme-range sin and misery would find progressive resolution as

people began to live according to the pattern of "faith and practice" taught in the Bible.⁸

Given his redefinition of both the human dilemma and its solution, Adams logically objected to the institutions of the psychiatric and psychotherapeutic professions. In Adams's eyes, the systems of education, training, and licensing; the instruments of publication and public relations; the agencies that delivered services—all these were enemies, not friends, because they were prejudiced against the beliefs and purposes of the conservative Protestant churches. Adams's redefinition of the counseling task as explicitly "pastoral" brought with it a number of institutional ramifications. Expert authority in the personal problems jurisdiction needed to be reallocated to pastors and pastoral theologians—away from mental health professionals who did not interpret or address problems in living in terms that Adams found acceptable. He claimed that people needed a pastoral cure-of-souls, not the ersatz of psychotherapy or psychiatry. Such counseling practice needed to be relocated into local churches—away from hospitals and professional offices.

Predictably, Adams suspected those fellow conservative Protestants who sought to acquire secular credentials and to replicate professional mental health structures, ideas, and practices within the Christian community. Their growing control over higher education, publication, and counseling services during the time period of our story seemed to Adams simply to cloak the wolf in sheep's clothing. Pastor and church were the primary institutions in Adams's proposed reconstruction of counseling practice, intended to replace the characteristic institutions of America's twentieth-century mental health system. Adams, however, did pour a great deal of energy into creating secondary institutions that paralleled the forms of the established mental health system: programs to provide various levels of training and education, a

professional journal, an association for accrediting counselors, links with publishing houses willing to print his books.⁹

Given the theological and institutional assumptions that Adams brought to interpreting personal problems, he logically objected to prevailing therapeutic methods. In his view, such methods were predicated on commitments regarding human nature, God, and the role of the human community inimical to conservative Protestant beliefs. Central to his vision was the notion that human life is meant to be lived under benign authority—parental, pastoral, ecclesiastical, and, ultimately, immediate theocratic authority as articulated in the Bible—whose purposes were to transform human nature, not actualize it. In particular, he excoriated the notion that the counselor’s stance should be detached, nonevaluative, nondirective, and all-accepting in the attempt to elicit healing forces from within the troubled individual. Such a stance only pretended to neutrality in Adams’s view. It obscured the value-laden character of the counselor’s covert commitment to a notion—“the solution to man’s problems lies in the man himself”¹⁰—that Adams deemed unacceptable, given that Christianity believed in an external Savior and in a necessary conversion from those evils presumed to operate deep within human nature. He conceived of the counselor’s role as activist—even intrusive. He believed that counselors needed to become caring mentors: advisory, consultive, didactic, informative, confrontive, guiding. In a phrase, Adams called on counselors to be “lovingly frank” or “irenicly direct” in impressing a biblical worldview on counselees.¹¹ Adams coined a name for his approach: “nouthetic counseling.”¹²

Adams’s system sought to apply conservative, Reformed Protestantism to counseling. The adjective “Reformed” highlights the distinctives of Adams’s theological position within Protestantism. He was heir to that particular tradition of the

Reformation deriving from John Calvin. Within the Reformed tradition he was most influenced by nineteenth-century American Presbyterianism and by certain elements of twentieth-century Dutch Calvinist philosophy. Adams presented his system as a comprehensive worldview, explicitly denying that it was “scientific,” or could be validated or invalidated scientifically:

The conclusions in this book are not based upon scientific findings. My method is presuppositional. I avowedly accept the inerrant Bible as the Standard of all faith and practice. The Scriptures, therefore, are the basis, and contain the criteria by which I have sought to make every judgment. Two precautions must be suggested. First, I am aware that my interpretations and applications of Scripture are not infallible. Second, I do not wish to disregard science, but rather I welcome it as a useful adjunct for the purposes of illustrating, filling in generalizations with specifics, and challenging wrong human interpretations of Scripture, thereby forcing the student to restudy the Scriptures. However, in the area of psychiatry, science largely has given way to humanistic philosophy and gross speculation.¹³

As a worldview, Adams’s counseling had totalitarian qualities, like other comprehensive worldviews.¹⁴ It thus entailed a sweeping critique of systems founded on other assumptions. In *CtC* and subsequent books Adams repeatedly attacked the three major schools of personality theory (psychodynamic, humanistic, behavioral), along with medical model psychiatry and all forms of secular psychotherapy, for misconstruing the human dilemma. He expressed guarded appreciation only for experimental psychology, for strictly somatic psychiatry, and for anti-psychiatrists such as O. H. Mowrer, William Glasser, Perry London, and Thomas Szasz.¹⁵

Mowrer was particularly catalytic. Adams read his works and studied with him during the summer of 1965. Adams subsequently wrote:

Reading Mowrer's book *The Crisis in Psychiatry and Religion* . . . was an earth-shaking experience. In this book Mowrer, a noted research psychologist who had been honored with the Presidency of the American Psychological Association for his breakthrough in learning theory, challenged the entire field of psychiatry, declaring it a failure, and sought to refute its fundamental Freudian presuppositions. Boldly he threw down the gauntlet to conservative Christians as well. He asked: "Has Evangelical religion sold its birthright for a mess of psychological pottage?"¹⁶

Adams answered yes to Mowrer's question, picked up the gauntlet, and called on his fellow conservative pastors to join him in reclaiming their birthright. He urged ministers to retake the personal problems domain for those people under their pastoral care.

The precision with which Adams defined both his program and his audience contributes unique features to this case study in interprofessional relations and intellectual conflict. For example, Adams evidenced little interest in suggesting public policy for a pluralistic society; he intentionally constructed a sectarian counseling system for a limited audience. He showed no interest in contributing to forms of counseling that could be tailored to the diverse worldviews of people who did not share his belief system. He thought others should come to share his beliefs, hence he was explicitly evangelistic in counseling. He had no interest in simply gaining an increased role for pastoral counselors within the existing mental health system; he intended to build a parallel, alternative system.

Another noteworthy feature is that little direct confrontation occurred between Adams and those

theoreticians and institutions he opposed. He had little interaction with mental health professionals. His reiterated opposition to "Freud, Rogers, and Skinner" served in large part as a symbolic resource for his ongoing feud with other Christians who more or less embraced the theories and practices of secular psychologists. He collided with the two groups wielding cultural authority over the personal problems sphere within Protestant churches, groups claiming authority in the same jurisdiction as Adams. First, Adams occasionally criticized theoreticians of the "pastoral counseling movement," who had defined pastoral counseling for both liberal and conservative seminaries. The pastoral counseling movement had been extremely influential in the 1950s and 1960s, mediating Carl Rogers, Alfred Adler, Carl Jung, Sigmund Freud, and others—packaged in liberal theologies—to liberal pastors, and to those few conservative pastors who thought at all about counseling. Second, Adams more frequently argued with evangelical psychotherapists who, beginning in the mid-1950s, articulated a nonpastoral psychotherapy to explain and address the personal problems of conservative Protestants.¹⁷ The nascent psychotherapy movement among theologically conservative Protestants—who called their program the "integration" of psychology and theology—mediated the same set of secular psychologists to a community increasingly interested in thinking about and practicing counseling.¹⁸

If *CtC* had simply offered one more attack from the borderlands of the disaffected and disenfranchised, Adams would merit only a minor footnote in the history of his generation's anti-psychiatric writings. But he was only secondarily disaffected from the mental health establishment in which he had received a fair bit of instruction, and under whose intellectual and institutional hegemony he had chafed. He was primarily an entrepreneurial system builder, with aspirations to retake turf for

a particular constituency. Attacks on psychiatry, psychotherapy, theoretical psychology, and the mental health system¹⁹ served defensive functions for Adams's positive intentions. He sought to offer—in particular to conservative Protestants—an intellectual, methodological, and institutional alternative to the mental health system.

Adams possessed two resources lacking in most anti-psychiatry. First, he could draw on a well-developed body of articulated belief and practice, the vast intellectual resources of classic Protestantism. To the extent that Adams was an innovator, it was in suggesting a new range of contemporary implications and applications of traditional Calvinist beliefs. Second, Adams belonged to a community that found those beliefs compelling, and had a teaching position at one of the leading educational institutions, Westminster Theological Seminary.²⁰ His social location within conservative Protestantism gave him a ready—if, as we shall see, ambivalent—constituency for institution building. Many anti-psychiatrists must content themselves to play the role of intellectual guerrilla or gadfly; Adams was able to establish a homeland.²¹

The Genesis and Development of This Project

In conceptualizing this project, I have been chiefly influenced by two writings: Charles Rosenberg's "The Crisis in Psychiatric Legitimacy" and Andrew Abbott's *System of Professions*.²² Let me briefly indicate the impact of these two pieces on the definition and framing of my topic. Rosenberg's analysis of the status of psychiatry prompted the questions I asked. Abbott's systematic analysis of jurisdictional disputes—particularly his chapter on how psychiatry replaced the pastorate's jurisdiction over personal problems—suggested the lineaments of an historical narrative.

Rosenberg noted how psychiatry's social legitimacy depended on its maintaining a distinctly medical identity. Promises of rationality and efficacy—a science and technology of human dysfunction and dysphoria, as it were—define psychiatry's badge of authority. Yet the profession has been unable to provide "either understanding or relief consistent with the pretentiousness of such demands" for cognitive and therapeutic authority.²³ The truth contents are often dubitable assertions of faith: "We still debate the fundamental basis of the most common psychiatric diagnoses and their relationship to belief systems and the realities of social structure."²⁴ Therapeutics are equally problematic. Only the "hard medicines"—psychotropic medication, electroconvulsive therapy, lobotomy—and physical care of the chronically disabled are easy to categorize as medicine. Professional claims to possess effective psychotherapeutic methods only too easily wobble in the face of both dubitable efficacy and the intrinsic difficulty of staking sustainable claims to the methods and contents of talking cure.²⁵ Psychiatry's identity as a distinctly medical specialty is sometimes tenuous.

A further complication arises because those affiliated with psychiatry's most overtly "medical" institutions and clientele—mental hospitals treating people with chronic organic syndromes—have occupied the lowest status within the profession. The high-status activities of psychiatrists have been those least distinguishable from philosophy, theology, and pastoral care: "much of our century's most influential psychiatric writing has consisted of general statements about the human condition."²⁶ Such high-status activities—to teach the meaning of life and to cure the soul's ailments—contribute a great deal to psychiatry's status as more than a custodial profession. But the meaning of life is difficult property over which to sustain a professional claim.²⁷

Rosenberg noted that psychiatry has been assigned an immense social role in secular

America. This profession has assumed responsibility for the varied ills, dysfunctions, and pains of the human soul. Yet the profession's knowledge and efficacy lag seriously behind its responsibility to provide aid. The call to love and help overwhelms the resources of truth and power. The "embittering gap" between social expectation and professional performance continually threatens the profession's legitimacy.²⁸

Within this general framework, Rosenberg made two specific comments that catalyzed this project. First, "We are no more willing, many of us, to suffer the pain of depression or anxiety than that of some more readily localized and meliorable physical ailment; in our society neither stoicism nor traditional religious viewpoints seem ordinarily to provide a context of meaningfulness for such ills of the soul."²⁹ Psychiatry not only must deal with society's most intractable problems: the demented or behaviorally deviant. It also must deal with the gamut of Everyman's troubles in life, a responsibility inescapably mirroring in reverse the fortunes of religion in modern society. Rosenberg's description of the usual—the modern failure of both stoicism and traditional religion—invited an exploration of the unusual. Jay Adams wrote within a cultural context that frequently still found traditional religious viewpoints meaningful in addressing the soul's ills.

Second, Rosenberg observed, "Because the specialty of psychiatry has so diffuse a responsibility and possesses so little limit-defining knowledge, it is prone to border disputes."³⁰ That last phrase turned on lights. There are many possible configurations of jurisdictional conflict. For example, the institutional politics within inpatient psychiatric facilities often find psychiatrists, psychologists, and social workers contending for the territory of psychotherapeutic intervention (with nursing staff—psychiatric nurses and mental health workers—occasionally thrown into the mix).³¹

This is "normal" politics. But the biblical counseling movement presents a case study of a different sort of border dispute: "secessionist" politics. The case study before us is no contest for relative allocations of power and responsibility within psychiatry's heartland; it is a breakaway republic. Theologically conservative Protestants never fit easily into a mental health system that claimed to explain and treat the wanderings and woes of the soul as a medical ailment. Jay Adams experienced and capitalized on such unease and turned it into an intellectual and institutional program.

Rosenberg concluded that psychiatry's legitimacy is tenuous but sustainable within the medical profession, mainstream American society, and public policy. But Adams found an eddy of society within which psychiatric claims could be fiercely and—given the presuppositions of his constituency—persuasively opposed. Few anti-psychiatry programs have had a social and institutional base from which their claims might be sustained with relative success and turned into the legitimating basis for an alternative institutional structure. Jay Adams was able to make a case both for his anti-psychiatry polemic and for his biblical counseling agenda within the institutions of conservative Protestantism. His success was modest, for he was opposed more often than embraced, especially among the cultural gatekeepers of his natural constituency. But he won a hearing and adherents to his program in certain local churches, conservative theological seminaries and Bible colleges, mission agencies, and publishing houses.

If Rosenberg suggested the broad contours of my project, Andrew Abbott suggested many particulars. He asserted that "it is the history of jurisdictional disputes that is the real, the determining history of the professions."³² *The Biblical Counseling Movement* will trace a multifaceted conflict between professional groups for authority—both intellectual dominance and control over tasks.

Abbott gave a nuanced set of categories for understanding this conflict.

For example, Abbott emphasized the significance of knowledge systems, rather than trivializing cognitive content as the cost of recognizing the importance of economics, politics, professional organization, and rhetoric. “Knowledge is the currency of competition.”³³ This proved very illuminating for my project, in part because it fit so well the self-conscious beliefs and practices of my subjects, people who taught, wrote, and preached because they never doubted that structured knowledge mattered supremely.

In Abbott’s terms, a profession’s ability to control a jurisdiction hinges on the viability of its system of abstract knowledge. “Only a knowledge system governed by abstractions can redefine its problems and tasks, defend them from interlopers, and seize new problems—as medicine has recently seized alcoholism, mental illness, hyperactivity in children, obesity, and numerous other things.”³⁴ Jay Adams would have read that list and accused medicine of trespassing into functional problems in living. He attempted to seize back what he would call drunkenness, flight from responsibility, willfulness, gluttony, and numerous other things also in need of relabeling.³⁵

Abbott’s chapter tracing the modern history of the personal problems jurisdiction in America proved fruitful for my purposes. He described how “legitimate psychotherapy was to be an official, public monopoly of the medical profession” from the 1930s into the 1970s.³⁶ During this period of relative professional peace, “neurologists’ gave organic treatments to patients who had diseases with organic etiology, and ‘psychiatrists’ gave psychic treatments to patients who had diseases with psychic etiologies,” including those who were “anxious, depressed, and upset with their everyday life.”³⁷ Abbott, following the trail of the professional fortunes of psychiatry, noted that in the 1970s and

subsequently competition from psychologists and social workers prompted a “rebiologizing” of personal problems by psychiatrists.

We will follow the fortunes of the other professional group that figures prominently in Abbott’s story: the clergy. Abbott describes the clergy’s historical decline this way. In the nineteenth century “clergy analysis remained primitive. . . . The clergy’s failure to provide any academic foundation for their practice with personal problems ultimately proved their undoing.”³⁸ The absence of a compelling knowledge system—to explain and treat problems in living, to interact critically with newly ascendant systems—accelerated marginalization. “By the 1920s the clergy had lost any vestige of cultural jurisdiction over personal problems.”³⁹ They had clearly lost such jurisdiction over high culture; and even in their own self-image and among their own religious constituency, the authoritative voices increasingly spoke *to* the church from the outside, not *from* the church. Abbott summarized the eclipse of the clergy in these words: “There emerged in this period [the 1920s] a clinical pastoral training movement aiming to give young clergymen direct experience with the newly defined personal problems. Seminarians would learn the rudiments of human nature from psychiatrists, psychologists, and social workers who ‘knew’ those rudiments, that is, from the professionals who currently controlled the definitions of them.”⁴⁰ Abbott cited the career of Anton Boisen as an object lesson in the fate of those who fail in conflicts for jurisdiction. Boisen “became a guerrilla in the psychiatric heartland. . . . But few rallied to the flag Boisen raised.”⁴¹ Jay Adams agreed with Boisen that problems in living had a moral-spiritual explanation, but he eschewed both the psychiatric heartland and the mainline Protestant churches that Boisen had sought to address.⁴² Adams averred that the controllers of knowledge, who claimed to know

the rudiments of human nature, had brokered error not truth, and he proposed a different set of definitions. He raised his flag in a different country, and there won converts.

Abbott concluded his discussion by noting the “drift of pastoral counseling towards secular psychotherapy.”⁴³ Pastoral counseling was supplanted by secular psychotherapy in large part; it also drifted toward secular psychotherapy even where it continued to claim a distinct identity. This dual phenomenon provoked Adams’s anti-psychiatry. He launched his jurisdictional offensive by seeking to redefine both personal problems and the counseling task in opposition to secular psychotherapy. He sought to debunk both secular professionals (psychiatrists, psychologists, social workers) and religious professionals (pastoral counselors and evangelical psychotherapists) who drifted toward a secular and medicalized psychotherapy.⁴⁴

In many other ways, Abbott’s paradigm helped me both to understand and to tell my story. For example, his discussion of the different ways claims may be settled was provocative—even prescient. He thought that a “jurisdictional reconstruction seems to be imminent in psychotherapy,” as he described that form of settlement in which a jurisdiction is divided along the lines of different client constituencies.⁴⁵ He observed that such client differentiation is crucial to the success of a group that invades the jurisdiction of another group. “The pattern of attacking groups emerging from the paraprofessional periphery, serving ignored clientele, and urging reform is the most common.”⁴⁶ This is exactly what happened as Jay Adams and the biblical counseling movement identified and engaged conservative Protestants as a client type.

All this is of interest historically. On the one hand, the most frequently studied religious counseling movements—for example, the Emmanuel movement, clinical pastoral education, and the

pastoral counseling movement—tell stories of thorough-going psychiatric dominance. In each case mainline clergy attempted to retake at least a significant portion of the jurisdiction of everyday life problems. But in each case religious practitioners ended up in a distinctly subordinate role: they were either dismissed or assimilated, or they consciously placed themselves in the student role. On the other hand, the most frequently studied influences of religion on secular counseling—for example the influence of “positive thinkers” on twentieth-century American systems of counsel—trace themes characteristic of optimistic, mainline, liberal Protestantism.⁴⁷ The biblical counseling movement yields a different kind of story. Its anti-psychiatric obstinacy continued into the 1990s. The pessimism of its view of human nature assailed optimistic liberalism in both its religious and secular forms. To the historian’s gaze, this movement presents a coherent set of culture-, time-, place-, and people-specific ideas and practices. Jay Adams articulated a distinctive knowledge system that a particular kind of people believed. He built an alternative institutional structure that those same people chose to inhabit.

Relevant Literatures

The Biblical Counseling Movement: History and Context is based on primary sources.⁴⁸ No secondary literature exists because the events and ideas described have thus far existed under conditions of invisibility to the wider culture. But the story told is related to other stories. Many bodies of literature have proved helpful for understanding my topic; I hope this project might also contribute to a number of different scholarly discussions.

History of medicine naturally frames my story, particularly the history of psychiatry and the numerous discussions of the “medicalization” of problems in living since the late nineteenth

century. If the ailments of the human body provide “raw material for the imprinting of cultural messages,”⁴⁹ how much more transparently do problems in living carry messages. Matters of value and philosophy appear in the problems of living domain explicitly rather than covertly. The intellectual constructs, therapies, and institutions of medicine respond to the physical constraints of the human condition. We might say, analogously, that psychotherapy, broadly defined, responds to the psychosocial constraints of the human condition. Psychotherapy has its origins in the social response to timeless realities: dysphoric emotion, interpersonal conflict, the search for meaning, decision making, the varied psychological and behavioral responses to suffering, child-rearing, uncertainty about the criteria of truth and goodness, disorders of the conscience, and those habitual behaviors variously (and tellingly) labeled either sin, vice, deviancy, or addiction. Hence the history of psychotherapy is the history of attempts to explain and ameliorate the “moral” drama of the human condition.

The *anti-psychiatry* literature also frames our story. A diverse literature of criticism has arisen in the broad wake of such pioneer critics of institutional psychiatry as Foucault, Goffman, and Szasz. Psychiatry’s attempts at asserting normativity and eternity have been assailed from many directions for many different reasons. Some revolutionaries made sweeping policy suggestions. For example, Szasz suggested the dismantling of coercive institutions in service of a libertarian social agenda. Marxist historians, such as Scull, made the same suggestion based on a different analysis and aiming for a different social effect. Other critics have weighed in with intentions more reformist than revolutionary. Mowrer wished to displace the dominant psychodynamic therapies and explanations in favor of a moral behavior model. Showalter pursued a psychiatry sensitive to feminist per-

spectives. Other more moderate reformers have suggested modifications of emphasis in public and professional policy. For example, Gerald Grob urged that psychiatry vigorously assume a caring and custodial role, as an act of social compassion toward some of the most helpless members of our society.⁵⁰

Like many other anti-psychiatries, the biblical counseling movement arose in the 1960s. But unlike them, it has not had its chroniclers. This was most likely due to the relative invisibility of the conservative Protestant subculture until recently, a product of scholarly inattentiveness on the one hand and cultural separatism on the other. Adams is a different sort of revolutionary or reformer: the builder of a sectarian, parallel system of thought and practice. His most noteworthy accomplishment—as I have suggested—is having succeeded in developing a constituency so that his alternative to the mental health assumptions of modern American culture has become institutionalized. But both Adams’s accomplishment and the turf battle between him and conservative Protestant psychotherapists have been invisible to the wider culture.

As a member of a separatist subculture, Adams’s social vision was very different from that of other anti-psychiatrists. He focused his attention almost exclusively on local churches and on sectarian schools and seminaries, intending that they should provide an alternative to public therapeutic institutions. In his few comments on public policy he contended that well-defined organic problems constitute psychiatry’s legitimate sphere.⁵¹ He added to this a further rationalization for psychiatric hospitals. They might serve as protective and disciplinary social consequences. People whose behavior became so unacceptable that they threatened themselves, others, or the social order faced the psychiatric hospital as a freedom-limiting consequence.⁵² The social agenda Adams proposed

was not liberationist—like Szasz, Rothman, or Showalter—but conservative, like Mowrer. He did not see people as slaves of coercive mechanisms of social control, needing freedom in order to act autonomously. He saw people as slaves of their sins, needing freedom to act responsibly. But even my description is culled from stray comments, for Adams only rarely alluded to a general social vision. Unusual among anti-psychiatrists, Adams spoke only to his well-defined constituency.

I have found the literature on *alternative medicine and science* in America during the nineteenth and twentieth centuries stimulating. This body of work suggests numerous parallels—and contrasts—and helps to frame my story.⁵³ Biblical counseling was clearly deviant, an alien amid the dominant psychotherapeutic culture. It replayed many of the themes of disenfranchised medical therapies. For example, the often-noted linkage between religious interests and alternative therapeutic schemas explicitly appears in my narrative. The history of nouthetic counseling offers a case study that both complements and contrasts with Ronald Numbers's *The Creationists*.⁵⁴

Studies of alternative medicine have provided a window on cultural meanings embedded in both diagnosis and treatment. Alternative systems appear to incarnate their worldview “obviously”; they enable a backward glance that reveals less obvious worldviews incarnated in dominant medical philosophies. As mentioned earlier, even more dramatically than with somatic misery and dysfunction, problems of living lend themselves to a great variety of constructions which reflect the views of practitioners and constituencies. The medicalization and moralization of life play tug-of-war, as do competing moralizations.

Biblical counseling not only sought to “seize back” behavioral problems that had been medicalized in the relatively recent past; it also sought to reach into areas long a part of standard medical

practice. One subtheme of this history will be the extensive writing on psychosomatics and lifestyle diseases published by medically trained nouthetic counselors. Medical doctors contributed about one-fifth of the articles in the *Journal of Pastoral Practice* and addressed the physical effects of poor dietary habits (gluttony or self-starvation); sleep loss; sexual promiscuity; use of cigarettes, alcohol, and both prescription and street drugs; worry and unresolved anger; and so forth. Articles targeted not only presumed moral causes of physical problems but also moral responses to unavoidable physical problems such as illness, pain, disability, menstrual cycle dysfunction, and aging.⁵⁵

Like many alternative medical philosophies and practices, a populist strand ran strongly through the biblical counseling movement. Adams's writing exhibited a tension between the well-trained pastor as “God's professional” and the traditional Protestant theme of the priesthood of all believers, defining anyone with life wisdom as “competent to counsel.” It provides a case of relatively deprofessionalized knowledge and practice, offering truths and techniques that the common person was intended to grasp and apply in self-care and care for family, friends, and neighbors.

The biblical counseling movement was also striking in its differences from most alternative therapies that have been studied by historians. For example, in contrast to spiritual psychotherapies—the Emmanuel movement, Christian Science, and contemporary “inner healing” movements—biblical counseling did not pursue “healing” as the goal of face-to-face resolution of emotional and behavioral problems. Adams saw healing only as a metaphor when it came to problems in living, and he contended that the metaphor had lost virtually all utility because of the medicalization of human moral existence.⁵⁶ Adams did not view problems in living as dysfunctions to be diagnosed, nor did he conceive of counseling as therapeutic treatment.

Rather he claimed to offer a rational assessment of problems, and then counsel, things meant to be believed and acted upon. Adams was distinctly nonmystical and decidedly hardheaded: “I don’t have a mystical bone in my body.”⁵⁷ Even when he spoke of the Holy Spirit as the power of God to change sinful beliefs, attitudes, and behaviors—and he reiterated this at the beginning of nearly every book—he meant “Holy Spirit” as a reference to an enabling person, the third person of the Trinity in historic Christian belief, who intended to enact a rational agenda for cognitive, behavioral, and motivational renovation. Similarly, the “Word of God” for Adams contained a rational message, and prayer was meant to be focused toward specific, describable goals.⁵⁸

As already mentioned above in discussing Andrew Abbott, *histories of the professions* also bear on the story of biblical counseling. The clergy is one of the classic professions, and the degrading of their status in the modern age has been repeatedly noted. An eddy against the historical flow, in which clergy take the offensive intellectually and institutionally, merits notice.⁵⁹

Histories of pastoral care also frame my story. For example, Holifield traced the development of pastoral care in America from the eighteenth century to the 1960s. His major thesis is that a theocentric concern for “salvation” was replaced by an anthropocentric concern for “self-realization.” Holifield significantly breaks off his story with this comment: “My narrative comes to its conclusion at the end of the 1960s. . . . I would argue that the end of that decade did mark a turning point.”⁶⁰ The story of pastoral care and counseling evidenced a marked “liberalizing” drift for most of two centuries. But at the end of the 1960s a number of more conservative tendencies emerged: from theological self-criticism by liberal pastoral counselors, to the evangelical psychotherapy movement, to Adams’s biblical counseling movement. Pastoral

counseling in the twentieth century was generally a story of religionists making derivative adaptations of the dominant paradigms.⁶¹ But from 1970, theological liberals and conservatives alike increasingly sought to ground their counseling practice more explicitly in their (various) conceptions of the faith.

The rapidly growing body of literature on *American conservative Protestantism* proved very helpful for setting and interpreting my story.⁶² American evangelical religion is notoriously fluid. Semantic precision in describing religious groups is notoriously difficult to attain. A rather extensive literature has grown up in recent years attempting to map contemporary conservative Protestantism. Adjectives such as conservative, evangelical, Reformed, separatist, fundamentalist, and Bible-believing express a wide range of denotative and connotative meanings. I ran through the gamut in considering the original title of this book before settling on perhaps the most generic term: “conservative protestant.”⁶³

Already I have used a variety of terms to locate Jay Adams: conservative Protestant, Calvinist, Presbyterian, Reformed. To this list other terms might be added. Some terms are relatively precise but obscure to the general reader: the scholarly Calvinism of “Old Princeton” Seminary, Old School Presbyterianism, the presuppositional apologetics of Westminster Seminary. Other terms are more popular but less precise: evangelical, fundamentalist, separatist, Bible-believing. Each of these terms helps to a degree to locate Adams theologically, ecclesiastically, and sociologically. But many of them, unfortunately, bear a freight of meanings that varies substantially from reader to reader.

Adams is easiest to describe precisely in terms of his theological commitments. He was a thoroughgoing Calvinist, self-consciously Reformed theologically.⁶⁴ For Adams, God sovereignly controlled everything, and that assumption saturated

his counseling system both in theory and practice.⁶⁵ The “Five Points of Calvinism” described his view of how God’s grace works.⁶⁶ Adams also held more particular theological positions within generic Calvinism: for example, the children of believers should be baptized as members of the covenant community; the mode of baptism is pouring or sprinkling, not immersion;⁶⁷ the proper form of church government is rule by elders—Presbyterian—rather than by bishops or by the congregation;⁶⁸ the millennium is currently realized in the reign of Christ spreading his kingdom worldwide—amillennialism—rather than occurring in the future as postmillennialists and premillennialists believe;⁶⁹ epistemology and apologetics must be presuppositional, in the way of Calvinistic philosopher Cornelius Van Til, not positivistic and evidential.⁷⁰

Adams’s ecclesiastical affiliations occurred within a series of small conservative Presbyterian denominations, several of which had splintered from the northern Presbyterian Church in the 1930s during the modernist-fundamentalist controversies. His academic career as a professor of practical theology took place at Westminster Theological Seminary, which had broken off from Princeton Seminary during those same controversies, and was also generally Presbyterian in orientation. But locating Adams ecclesiastically is complicated by the wider impact he had. He found respondents across a wide spectrum of conservative denominations: various Presbyterians; Dutch Christian Reformed; fundamentalist and independent Baptists; the milder sorts of charismatics and Assembly of God Pentecostals; inner-city, black independent churches; Brethren churches; Mennonites; Episcopalians and Congregationalists involved in conservative “renewal” movements in their mainline denominations; and even an occasional “renewed” Roman Catholic. He also found opponents—for many different reasons—in the same circles.

Historical analyses of conservative Protestant phenomena illuminate many of the themes and subthemes that play out in and around the history of Adams’s nouthetic counseling. The movement was a hybrid, combining intellectual and practical features of both the Reformed tradition and the fundamentalist tradition. It hatched within Reformed circles but found its widest reception in fundamentalist audiences. Adams himself combined Reformed commitments with certain fundamentalist tendencies that made him acceptable to some moderate fundamentalists. These moderate fundamentalists who received Adams often were criticized by more militant fundamentalists for deemphasizing the significance of traditional distinctives: premillennial eschatological preoccupation, believer’s baptism, sectarian separatism, instant experiential sanctification, exclusive use of the King James Version of the Bible, and biblicistic proof-texting. Moderates were willing to embrace an amillennial, paedobaptist Presbyterian who taught a more painstaking progressive sanctification and employed Reformed biblical scholarship.

Yet Adams also stressed traditional fundamentalist themes: the authority and scope of Scripture; the antithesis between Christian and secular thought; a relatively uncomplicated counseling method promising relatively rapid progress; an activistic call to arms and action, rather than to reflective or scholarly concern; a populist, grass-roots emphasis; a separatist style of disengagement from both the wider Christian counseling community and the culture at large; a communication style that emphasized rhetorical abilities and public speaking rather than measured scholarly subtleties. What Noll terms “fundamentalist Manichaeism”⁷¹—construing the world as an immediate battleground between Christian forces of light and demonized forces of darkness—finds articulation in Adams, yet with Reformed subtleties that his followers sometimes did not retain.

Lastly, my small story is naturally embedded in one of the largest of historical narratives: the *secularization of the West*, a story whose further telling and analysis preoccupied so much of twentieth-century scholarly work. The biblical counseling movement envisioned itself as a counterculture. But to what degree its pretensions to swim against the current will succeed is a story for a future historian. It can at this point in history be considered a reactionary eddy, or perhaps a small ripple in an upstream direction. Rearguard action, reactionary retreat, accommodation, reconstructive engagement, and aggressive debunking have typically been the themes of churchly reactions to modernity. Strands of defense, flight, surrender, engagement, and offense can be seen—in varying proportions—in the story of nouthetic counseling that follows.

I hope to contribute in some small way to each of these bodies of literature. Though my story is small and self-contained, it is also a story worth pondering in other communities of historians. It bears on the histories of medicine, alternative medicine, anti-psychiatry, and the professions; it bears on histories of pastoral care and conservative Protestantism; and, finally, it bears on histories of secularization and resacralization.

The Historian's Stance

How will I parcel out my attention and purposes between the descriptive, the explanatory, and the evaluative? I have sought to stand chiefly in the role of historian-as-narrator. This study plows in previously unbroken soil; therefore, my chief purposes will be descriptive. There is a story to be told and positions to be explicated. It is a story worth entering the repertoire of contemporary historians of medicine, psychiatry, psychology, and religion. I have labored to establish basic facts—both narrative and intellectual—

and to provide an extensive bibliography of primary sources.

I will offer my explanations with a cautious hand. There are two reasons for this. First, my subject matter is contemporary, and in good conscience I can only be tentative in offering historical explanations for a movement that is still rapidly developing. To extend the apt metaphor of warfare for professional territory, at times I have felt like a war correspondent dropped near the front lines of a fluid battle. Events have swirled before my eyes. But to probe cause and significance demands more historical distance. Second, I admit to a certain agnosticism when it comes to determining the weight of the numerous forces presumably contributing to historical causality. I am sure that my story happened; I am less sure of why it happened.

Nouthetic counseling was only conceived in the mind and practice of its founder during the summer of 1965. Rudimentary courses in a theological seminary were developed during the late 1960s. The first book was published in 1970, and other institutional forms were created in the late 1970s. As a social movement, nouthetic counseling enjoyed an initial spurt of popularity in the decade after 1970, leveled off through the 1980s, and then has become resurgent since about 1990. My initial intention, at the point I chose this book topic (1988), was to cover the history of a movement that seemed to have peaked historically, leveled off, and even stagnated. I intended to concentrate on the initial trajectory of the movement, cutting things off at the mid-1980s. But at present biblical counseling is in an expansive mode. Books by new authors are being published, conference attendance and course enrollments are swelling, fresh conflicts are occurring both outside and inside the movement, and institutions are being developed or redeveloped. My story will sketch events into the 1990s. The movement is less than fifty years old;

many of the principals are still active; interesting things are happening as news, not history. The contemporaneity of my subject matter demands that the purposes of narrative predominate over purposes of explanation. I will avoid evaluative commentary, neither indicting nor extolling my subjects. Neither will I speculate on the trajectory of a movement that currently appears to be in early adolescence: headstrong, with signs of greater institutional and cognitive maturity collocating with certain conflicts and uncertainties about identity.

Here is the place for an autobiographical aside. Let me say outright that I am a sympathetic critic of my subjects. My sympathies arise from sharing similar Christian convictions, of a Reformed persuasion, nurtured through master of divinity studies at Westminster Theological Seminary. My sympathies are also nurtured by my participation and friendship with many of the individuals and institutions studied. To a minor degree, I am even an actor in the later phases of my story. I teach pastoral counseling at Westminster Theological Seminary and succeeded Adams as editor of the *Journal of Pastoral Practice* in 1992 (an appointment that both slowed and enriched this book).

My criticisms of nouthetic counseling also arise from Christian convictions: the critical, historical gaze is extremely valuable. Most of life is lived within the self-justifications of parochial and partisan bias. But the glimpse from afar can reveal the ambiguities, contradictions, and rationalizations endemic in human affairs. George Marsden described his work as an historian in words I cannot improve on.

Inevitably one's point of view will shape one's work. Since it is impossible to be objective, it is imperative to be fair. One way of being fair is to say something about one's point of view so that others can take it into account and discount it if they

wish. . . . [H]istorians . . . can provide critical perspectives, especially on traditions that they take seriously. Partisanship, then, although to some degree inevitable, is to be suppressed for the purposes of such historical understanding.

This approach will not entirely please those who see Christian history as adequately understood only as a battle in which it is perfectly clear who stands with the forces of light and who with the forces of darkness.⁷²

I also see many ways where my own thinking has been shaped by that relativizing of self and society that an historical and cross-cultural consciousness produces. I grew up in a place that was as Asiatic as Eurocentric—Honolulu—and most of my schoolmates were Amer-Asians. My father taught Asian history, and our dinner guests were as often as not from South or East Asia. Subsequent educational and practical experience—a degree in social relations at Harvard College, '60s-style alienation from capitalist and nationalist values, three years of work on the wards of McLean Psychiatric Hospital, and doctoral studies at the University of Pennsylvania—have reinforced habits of critical disenculturation and dislike of Whiggish triumphalism. As an adult convert to Christianity, and as a participant in a sometimes triumphalist and parochial movement, I can still find myself a stranger in the sometimes strange land of conservative Protestant Christianity.

Both debunking and apotheosizing one's subjects shape myths. In both actions the really interesting things about history are lost in the interests of self-justification. I don't believe that either angels or demons determine human affairs. My intent is to put both relative sympathy and relative reserve to work, to the end of being a good historian. The reader will have to weigh the cumulative effect of both my sympathetic and critical biases.

Let me mention three effects of which I am immediately aware.

First, I differ in many ways from “fundamentalists”—theologically, culturally, politically, ecclesiastically, temperamentally—but I respect them. When fundamentalists and other conservative Protestants appear in my story, I will make none of the disparaging and caricaturing remarks that one frequently reads when scholars discuss those who believe in a living, speaking, authoritative God.

Second, I have sought to write this history as a relatively detached observer, but I hold views on many of the issues that will be described. Doubtless my opinions have shaped both the selection of data and the manner of presentation. Though every historian of psychology and theology has his or her opinions about both the human and the divine, unlike most, I have written some of mine down. In a number of articles I have articulated criticisms of both biblical counseling and its critics, and I welcome the reader becoming informed of ways I am not simply a dispassionate historian. The appendices of this book include three articles expressing my personal views in a context of historical analysis.

Third, in doing research for this project I have developed friendships with my interlocutors—on both sides of the jurisdictional conflict that will be portrayed. My reactions to written words have often been tempered by personal experience. I have come to know the people I discuss in many modes: published writings, interviews, correspondence, public lectures and debates, counseling transcripts and case studies, casual personal hospitality. This has undeniably affected my “reading” of what I have read and, hence, what I write. Familiarity may breed contempt on occasion, but it can as easily breed sympathy.

For example, some of Jay Adams’s written statements sound dogmatic, harsh, polemical, trium-

phalistic, simplistic, legalistic, impudent, reductionistic. Many readers have reacted to this, sometimes with violent antipathy. But I found my reaction tempered by a number of things. First, I read Adams both widely and thoroughly, which exposed me to many nuances and balances in his thought. Matters that other readers have described as seriously lopsided after reading one or two books by Adams, I often tended to see as understated or overstated matters of emphasis. Second, Adams discussed his rhetorical strategy freely. Blunt overstatement sounds different when understood as a conscious strategy rather than as the summary of a person’s position. In person he offered a rationale for conscious overstatement: as a populist strategy for engaging in turf warfare, it pushed people to decide either for or against. He then criticized scholarly understatement as ineffective strategically, and frequently pusillanimous. He went on to acknowledge lacunae, nuances, qualifications, and debatable and vexing questions in the counseling field and in his own writings. Third, I found Adams in person to be engaging and humorous, even riotously so. His generosity with time and materials, his genuine kindness on the occasion of my father’s death, his evident love for those he counseled and taught—these things could not help but make an impression.

My hope is that the reader will also reserve judgment, and enter into the life and logic of the narrative. Adams’s views (and those of his leading critics, as well) may seem inconceivable from the standpoint of modern culture’s absolutes; and from within the deeply internalized relativism of postmodern culture, he may seem sinfully absolutist. In the modern or postmodern West, the gods of traditional faith are dead, and truth and morals relative. Yet for Jay Adams, God is alive, and truth and morals are absolute and revealed. He was self-consciously premodern, which at the very least should enable us to see prevailing assumptions and their implications more clearly.

For a number of reasons, Adams makes an intriguing case study. First, he thought and practiced with remarkable consistency to his premises. To enter a full-blown alternative, intellectual and professional culture cannot help but make us see our dominant intellectual and professional culture in new ways. Second, Adams was an unusually self-conscious turf-warrior. What sociologists of professional competition say people do, he did, intentionally and out loud. And, as with any case study, nuances and variations emerge that enrich accepted models of interprofessional relations. Third, Adams was unusual among alternative psychiatries, psychologies, and psychotherapies because he emerged from a community that was once culturally dominant—conservative, Reformed Protestant orthodoxy. The voice of this community, though variously muffled, still catches the ear and arouses the passions of modern Americans. Adams offered “religious” counseling but from a perspective that derived neither from sentimental Protestant modernism (e.g., Emmanuel movement, strands in the mental hygiene movement, clinical pastoral education, positive thinking), nor from a religious fringe movement (e.g., Christian Science, New Age), nor from pietistic conservative Protestantism (e.g., demon exorcism, mystical subjective experience, moralizing). He represented a religious tradition that valued rational, hardheaded, and systematic thought, just as it valued principled action. Each of these factors—consistency, boldness, and historical memory—makes this case study unusual.

An Outline of the Narrative

Chapters 2 and 3 trace the history of Jay Adams’s development of “nouthetic” counseling and its leading institutions through 1979. His historical context included three professional competitors: the secular mental health system, mainline Protes-

tant pastoral counseling, and evangelical psychotherapists. He emerged out of a sectarian religious community that had long stressed the epistemological antithesis between secular and biblical systems for interpreting human experience. He and his cohorts founded institutions to provide counseling services and education.

Chapter 4 explores Adams’s success as an aspirant for jurisdictional authority by analyzing the counselee population of CCEF. Numerous would-be counsees chose or were referred to nouthetic counseling when seeking help for their personal problems.

Chapters 5, 6, and 7 look at Adams’s cognitive system. The first two chapters examine the positive system by which he defined problems and solutions in frankly theological, ecclesiastical, and pastoral terms. Then chapter 7 considers Adams’s polemics, tracing the nuances of his position and rhetoric regarding secular psychologies. The biblical counseling movement arose into a context of well-institutionalized alternatives, and its authors rarely ventured far without doing battle.

Chapter 8 considers the various opponents of nouthetic counseling. Interprofessional conflicts occurred occasionally with secular mental health professionals and with the liberal pastoral counseling movement, and continually with evangelical Christian psychotherapists. Opposition from the last group was particularly fierce, as they directly competed with nouthetic counselors both for cultural authority among conservative Protestants and for clientele.

Chapter 9 will briefly trace the story of Adams’s nouthetic counseling through the 1980s and into the 1990s. It will describe the lines of tension and conflict that arose within the biblical counseling movement, and the results of the jurisdictional conflict between that movement and the evangelical psychotherapists.

Chapter 1 Notes

1. Excerpted from Romans 15:14, as translated in Jay E. Adams, *The Christian Counselor's New Testament: A New Translation in Everyday English with Notations* (USA: Presbyterian & Reformed, 1977), 437.
2. John Calvin, *Institutes of the Christian Religion*, trans. Ford Lewis Battles, ed. John T. McNeill, The Library of Christian Classics (Philadelphia: The Westminster Press, 1960), 35–37.
3. O. Hobart Mowrer, *The Crisis in Psychiatry and Religion* (Princeton: Van Nostrand, 1961), 60.
4. Jay E. Adams, *Competent to Counsel* (USA: Presbyterian & Reformed, 1970), 61.
5. *Ibid.*, 18.
6. Jay E. Adams, *More Than Redemption: A Theology of Christian Counseling* (Phillipsburg, N.J.: Presbyterian & Reformed, 1979), 184.
7. Jay E. Adams, *Change Them? . . . into What?: Counseling in America Today* (Laverock, Pa.: Christian Counseling and Educational Foundation, 1977), 12.
8. Chapters 5–7 will explore in greater depth Adams's intellectual system, but this brief summary gives some sense of how he performed an explicit theologization of problems in living.
9. Chapter 3 will trace the founding and initial development of the alternative set of institutions created by Adams and his confreres.
10. Adams, *Competent to Counsel*, 81; cf., 78–82.
11. *Ibid.*, 62; Jay E. Adams, *The Christian Counselor's Manual* (USA: Presbyterian & Reformed, 1973), 59.
12. For a summary of the distinctives of such “nouthetic” counseling, see Adams, *Competent to Counsel*, 41–56. We will discuss it in detail in chapter 6. Adams derived “nouthetic” from the Greek word *noutheteo*, which underlies the quotation at the head of this chapter, “competent to counsel.” Adams commented, “I have no great zeal for the label ‘nouthetic’ beyond its obvious advantages. However, since every school of thought eventually must be identified by an adjective, I should prefer to choose that adjective for myself” (*infra*, 52). In New Testament usage, the Greek word *noutheteo*—literally “to place in mind”—meant reproof, admonition, or other pointedly personal, constructive conversation. The word was often paired with expressions of intense love: for example, Paul’s “admonishing with tears” (Acts 20:31) and his “as my beloved sons I admonish you” (1 Corinthians 4:14). It served as a summary word for wise and constructive conversation: whether as a general description of mutual counsel (“competent to counsel one another,” Romans 15:14) or as counsel delivered with pastoral authority (1 Thessalonians 5:12). It also summarized the verbal aspects of a parent raising children (e.g., “bring them up in the admonition of the Lord”; Ephesians 6:4). *Noutheteo* in New Testament usage presumed objective criteria for the message presented: according to Colossians 3:16, the “word of Christ” was to be spoken to others both publicly (“teaching”) and personally (*noutheteo*). Adams’s intention as a biblicist was to replicate these sorts of activities in a twentieth-century context.
- Adams believed that the Bible’s objective authority mandated a style of counseling that was direct and directive. This emphasis

was prominent in the ways both Adams and his critics characterized his system. But it is worth noting that Adams qualified this directiveness in three ways. First, he noted that the bias of assumptions in any system creates at least a covert directiveness; hence, he only made explicit what he believed was concealed by duplicity in professedly nondirective systems. Second, he declared that nouthetic counselors could operate in other modes than the directive and gave examples of such. He chose to emphasize the directive in order to highlight one significant contrast between his approach and the counseling ethos that prevailed since the 1940s (deriving from Carl Rogers’s nonintrusive, client-centered therapy: Carl R. Rogers, *Counseling and Psychotherapy* [Boston: Houghton Mifflin, 1942]; Carl R. Rogers, *On Becoming a Person: A Therapist's View of Psychotherapy* [Boston: Houghton Mifflin, 1961]). Third, though emphasizing more problem-centered, remedial counseling, he frequently alluded to “preventive” counseling that partook of other modes of human discourse. For example, he mentioned or alluded to all three of these qualifiers in the following quotation. After citing Carl Rogers’s list of differences between directive and nondirective counseling, Adams commented: “Rogers . . . fails to recognize the subtle directiveness that even his method must employ. Yet, no nouthetic counselor would consider his activity limited to the items Rogers describes as ‘directive.’ He does all those things that Rogers calls directive but also does many of those things that Rogers calls nondirective. The fact is that the whole range of appropriate Christian responses is available to the nouthetic counselor. He does not force every case into one limited role. Rather, in responding appropriately to each client and each problem, the entire gamut of possible Christian responses may be used in nouthetic counseling.” Adams, *Competent to Counsel*, 89.

13. Adams, *Competent to Counsel*, xxi.

14. On the totalitarian interpretive qualities of nonscientific conceptual systems, note Michael Polanyi’s skeptical comments about Freud, how believers “regarded the all-embracing interpretive powers of this framework as evidence of its truth; only when losing faith in it did they feel that its powers were excessive and specious.” Michael Polanyi, *Personal Knowledge: Towards a Post-Critical Philosophy* (Chicago: University of Chicago Press, 1958), 288. Adams’s system made its faith assumptions overt, and he never lost faith in its interpretive powers.

Similar to Polanyi, Karl Popper described the “apparent explanatory power” of Freud and Adler as akin to myth not science because their systems were “able to explain practically everything that happened within the fields to which they referred. The study of them seemed to have the effect of an intellectual conversion or revelation, opening your eyes to a new truth hidden from those not yet initiated. Once your eyes were thus opened you saw confirming instances everywhere: the world was full of *verifications* of the theory. Whatever happened always confirmed it. Thus its truth appeared manifest.” Freud’s and Adler’s theories “describe some facts, but in the manner of myths.” Karl R. Popper, *Conjectures and Refutations: The Growth of Scientific Knowledge* (New York: Harper & Row, 1963, 1965), 34–38. Adams’s system was self-consciously “mythical,” in Popper’s terms, rather than pretending to validation as “science.” He literally called for conversion on the basis of a revelation.

15. William Glasser, *Reality Therapy: A New Approach to Psychiatry* (New York: Harper and Row, 1965); Perry London, *The Modes and Morals of Psychotherapy* (New York: Holt, Rinehart and Winston, 1964); Mowrer, *The Crisis in Psychiatry and Religion*; Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper & Row, 1961). I will delineate the nuances in Adams's view of psychology-related fields in chapter 7.

16. Adams, *Competent to Counsel*, xvi. Citation of Mowrer is from Mowrer, *The Crisis in Psychiatry and Religion*, 61.

17. "Evangelical" is perhaps the broadest term for nonfundamentalist conservative Protestants. See George M. Marsden, "The Evangelical Denomination," in *Evangelicalism and Modern America*, ed. George M. Marsden (Grand Rapids: William B. Eerdmans, 1984), vii–xix; George M. Marsden, *Reforming Fundamentalism: Fuller Seminary and the New Evangelicalism* (Grand Rapids: William B. Eerdmans, 1987), 1–11; George M. Marsden, *Understanding Fundamentalism and Evangelicalism* (Grand Rapids: William B. Eerdmans Publishing Company, 1991), 1–6. See the discussion of terminology later in this chapter and a sketch of the history of the evangelical psychotherapy establishment in chapters 2, 3, and 9. A full history of the evangelical psychotherapists, the "integrationists" who squared off against Adams, remains to be written.

18. Chapter 8 will treat the criticisms of Adams emerging from the pastoral counseling and evangelical psychotherapy movements. For an intellectual history of the pastoral counseling movement, see E. Brooks Holifield, *A History of Pastoral Care in America: From Salvation to Self-Realization* (Nashville: Abingdon Press, 1983). Pages 231–69 trace the development of the clinical education movement from the 1920s until World War II. Pages 269–348 trace the resurgence of postwar pastoral psychology. Holifield cuts off his story in the mid-1960s. For a sketch of developments subsequent to 1965, see Donald Capps, "The Bible's Role in Pastoral Care and Counseling: Four Basic Principles," in *The Church and Pastoral Care*, ed. Leroy Aden and J. Harold Ellens (Grand Rapids: Baker Book House, 1988), 41–55; and Donald Capps, *Reframing: A New Method in Pastoral Care* (Minneapolis: Fortress Press, 1990).

19. Rather than continually repeating these four variously overlapping terms—referring respectively to a profession, a protean form of practice employed by several adjoining professions, protean intellectual constructs, and a complex institutional arrangement—I will vary my terms depending on the primary referent. But typically I will intend loose, mutually inclusive meanings, rather than precise differentiation.

Anti-psychiatry—as used, for example, in my original subtitle—usefully provides a historiographic reference, connecting my subject to other anti-psychiatry and my work to other histories of anti-psychiatry. Though even Szasz has distanced himself from the term—see Thomas Szasz, "Mental Illness Is Still a Myth," *Society* 31, no. 4 (1995): 34–39—I think the appellation still usefully applies to Szasz, et al., who have generally opposed attaching medicalistic labels to human behavior.

Anti-psychology is ambiguous and potentially misleading but may serve as a synecdoche with appropriate qualifications. Adams was frequently termed an "anti-psychologist" or "psychology basher" by the conservative Protestant psychotherapists who

occupied the immediate jurisdiction for which Adams aspired. Yet Adams often expressed high regard for psychology as a discipline that studied psychological, psychophysiological, and psychosocial topics. His explicit objections were to psychologists acting in what he saw as the proper role of theologians and pastors: as theoreticians and therapists of the human condition.

Anti-psychotherapist is probably the most accurate description of Adams's central concern. The term captures his opposition to both the intellectual systems and practical methods operating in secularized versions of generically "pastoral" activities. But even that term doesn't capture Adams's objections to psychotropic medications being given to redress functional problems in living.

Some of Adams's critics eventually even labeled him the founder of an "anti-counseling" movement. In fact he was an energetic promoter of counseling—a certain kind of counseling—into a community that was often resistant to and suspicious of counseling activities under any guise. His polemics were directed toward secular counseling and toward what he perceived as secularizing tendencies in those conservative Protestants he criticized.

Strictly speaking, then, he is the founder of an "anti-secular-psychotherapy-and-psychiatry" movement, in the interests of his own system of personal, pastoral counsel. Adams primarily objected to attempts to minister secularized explanations and solutions—whether psychological or medical—to people experiencing problems in living. This footnote ought to be borne in mind when for concision I employ various shorthand terms in the pages that follow. It also ought to be borne in mind when I seek to disentangle the rhetoric of attack and counterattack in chapters 7 and 8.

20. Westminster's founder, J. Gresham Machen, authored *Christianity and Liberalism*, one of the defining works in the religious controversies of the 1920s. He is the subject of a recent critical biography, D. G. Hart, *Defending the Faith: J. Gresham Machen and the Crisis of Conservative Protestantism in Modern America* (Baltimore: The Johns Hopkins University Press, 1994).

21. Chapters 3, 4, and 9 will look at the ground Adams's biblical counseling movement gained—and lost.

22. Charles E. Rosenberg, "The Crisis in Psychiatric Legitimacy: Reflections on Psychiatry, Medicine, and Public Policy," in *American Psychiatry Past, Present, and Future*, ed. George Kriegman et al. (Charlottesville, Va.: University Press of Virginia, 1975), 135–48 (reprinted in Charles Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* [New York: Cambridge University Press, 1992], 245–57); Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988).

23. Rosenberg, *Explaining Epidemics*, 140.

24. *Ibid.*, 137.

25. The literature debating psychotherapeutic efficacy is vast. During the 1960s, two influential works were H. J. Eysenk, "The Effects of Psychotherapy," in *Handbook of Abnormal Psychology*, ed. H. J. Eysenk (New York: Basic Books, 1961); and Charles B. Truax and Robert R. Carkhuff, *Toward Effective Counseling and Psychotherapy: Training and Practice* (Chicago: Aldine Publishing, 1967). Jay Adams would cite Eysenk (Adams, *Competent to Counsel*, 2f.) to the effect that patients did not get better under psychotherapy. Evangelical psychotherapists frequently cited Truax

and Carkhuff's description of the conditions for successful therapy (e.g., Andre Bustanoby, "Without These, Don't Start," *Christianity Today* [August 1973]: 38f.; William T. Kirwan, *Biblical Concepts for Christian Counseling: A Case for Integrating Psychology and Theology* [Grand Rapids: Baker Book House, 1984]).

26. Rosenberg, *Explaining Epidemics*, 142. For example, Carl Jung's *Modern Man in Search of a Soul*, Alfred Adler's *Understanding Human Nature*, along with Sigmund Freud's *Introductory Lectures on Psychoanalysis* are texts of enduring influence that illustrate Rosenberg's thesis. Psychologists have written similar works: e.g., B. F. Skinner's *Beyond Freedom and Dignity*, Carl Rogers's *On Becoming a Person*, Rollo May's *Man's Search for Himself*, and Abraham Maslow's *Toward a Psychology of Being*.

27. Similar observations underlie Thomas Kuhn's claim that most aspects of the social sciences are prescientific and function more like the arts, being "still characterized by fundamental disagreements about the definition of the field, its paradigm achievements, and its problems." Thomas S. Kuhn, *The Essential Tension: Selected Studies in Scientific Tradition and Change* (Chicago: University of Chicago Press, 1977), 222; cf., 118, 228–32.

28. Rosenberg, *Explaining Epidemics*, 144.

29. *Ibid.*, 139.

30. *Ibid.*

31. My own experiences as a mental health worker at McLean Psychiatric Hospital (Belmont, Mass.) during 1973–1976 bear this out. I remember a sharp dispute between psychiatrists and social workers over the appropriateness of the latter doing "psychotherapy." And in the professional ecology of that hospital at that time, clinical psychologists did no counseling but were restricted to diagnostic testing. Nursing staff who talked too often and too long with patients were occasionally reprimanded for attempting to do therapy.

32. Abbott, *System of Professions*, 2.

33. *Ibid.*, 102.

34. *Ibid.*, 9; cf., 30.

35. Jay E. Adams, *The Language of Counseling* (Phillipsburg, N.J.: Presbyterian & Reformed, 1981) illustrates the degree to which Adams was scrupulous to give away as little terminological ground as possible.

36. Abbott, *System of Professions*, 302.

37. *Ibid.*, 303.

38. *Ibid.*, 286. Adams had commented in similar fashion: "With notable exceptions, there has been a general failure of the church since apostolic times to enter into the study and pursuit of personal counseling with the enthusiasm and vigor that must characterize any serious endeavor. No large body of theoretical thought or case study data has been accumulated. The meager amount of discussion concerning the work of counseling that has been preserved seems to view counseling as little more than a subhead of Church Discipline. As a result, personal counseling was carried on largely in unsystematic ways. It is no surprise, then, that personal counseling by ministers so readily was supplanted by psychiatrists." Jay E. Adams, *Shepherding God's Flock: A Handbook on Pastoral Ministry, Counseling, and Leadership* (Grand Rapids: Zondervan, 1974–75), 168.

39. Abbott, *System of Professions*, 308.

40. *Ibid.*, 309.

41. *Ibid.*, 309f.

42. See chapters 2, 7, and 8 for further discussion of mainline pastoral counseling and its relationship to Jay Adams.

43. Abbott, *System of Professions*, 310.

44. Adams hoped to foster a sharp-edged division. "[The] incursions of psychiatry and clinical psychology into areas that require one to determine ethical norms as the basis for the alteration of attitudes and behavior, therefore, should have been met by a significant response from the church. . . . O. Hobart Mowrer, William Glasser, E. Fuller Torrey, and others have been exposing the fundamentally nonmedical nature of the psychiatric enterprise for more than a decade and have awakened even many sleeping members of the church to the reasons for the growing disenchantment and disillusionment with psychiatry. Increasingly, the basically ethical nature of psychiatric activities has become apparent and has resulted in a growing concern over the attendant dangers involved in an uncritical acceptance of these activities. . . . The future of the relationship between the mental health movement and conservative biblical Christianity . . . can hardly be predicted. But it would seem that in the period immediately ahead the antithesis between clinical psychologies and psychiatries that are based upon non-Christian presuppositions and biblical Protestant Christianity will come into sharper focus, thus separating the two into distinct camps in which the issues that divide them and the discussions that shall ensue will center about the ethical question." Adams, *Shepherding God's Flock*, 167–70.

45. Abbott, *System of Professions*, 77f.

46. *Ibid.*, 95.

47. Donald Meyer, *The Positive Thinkers: Popular Religious Psychology from Mary Baker Eddy to Norman Vincent Peale and Ronald Reagan* (Middletown, Conn.: Wesleyan University Press, 1988).

48. See the Note on Sources that precedes the bibliography.

49. Rosenberg, *Explaining Epidemics*, 4.

50. Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Pantheon Books, 1965); Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Garden City, N.Y.: Anchor Books, 1961); Gerald N. Grob, *Mental Illness and American Society, 1875–1940* (Princeton: Princeton University Press, 1983); Mowrer, *The Crisis in Psychiatry and Religion*; Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (New York: St. Martin's Press, 1979); Andrew Scull, ed., *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981); Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (New York: Penguin Books, 1985); Szasz, *The Myth of Mental Illness*.

51. His view of the social role of psychiatry resembled Gerald Grob's on this point (see previous footnote for reference).

52. Adams was not averse to using the mental hospital as a threat to recalcitrant counselees exhibiting bizarre behavior or as a protection for suicidal counselees. Interview, December 4–5, 1990. Cf., Jay E. Adams, "The Christian Approach to Schizophrenia," in *The Construction of Madness: Emerging Conceptions and*

Interventions into the Psychotic Process, ed. Peter A. Magaro (New York: Pergamon Press, 1976), 143.

53. See, for example, Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988); Steven C. Martin, "The Only Truly Scientific Method of Healing: Chiropractic and American Science, 1895–1990," *Isis* 85, no. 2 (1994): 206–27; John Harley Warner, "Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine," in *Medical Fringe and Medical Orthodoxy, 1750–1850*, ed. W. F. Bynum and Roy Porter (London: Croom Helm, 1987), 234–60. The references in Gevitz (pp. 265–91) provide a thorough bibliography of this literature—both primary and secondary sources—as of 1988.

54. Ronald L. Numbers, *The Creationists* (New York: Alfred A. Knopf, 1992).

55. Adams respected medical doctors and gained a significant following among physicians. Chapter 5 will explore Adams's views of medicine and the body, and his interactions with conservative Protestant doctors.

56. Interview, October 7, 1991, Lafayette, Indiana. In biblicist fashion, Adams cited chapter and verse to support his view: "The metaphor has been detached from its referent. Jesus said, 'It is not those who are healthy who need a physician, but those who are sick; I did not come to call the righteous, but sinners.' People take the first half of that and read into it any meaning they want."

57. Interview, October 5, 1994, Lafayette, Indiana.

58. Consistent with this, biblical counseling was highly skeptical of mystical religious approaches to healing physical ailments, for example, the ministrations of healer-evangelists such as Oral Roberts.

59. Joseph Ben-David, "Professions in the Class System of Present Day Societies," *Current Sociology* 12 (1963): 247–98; Eliot Freidson, *Professional Powers: A Study of the Institutionalization of Formal Knowledge* (Chicago: University of Chicago Press, 1986); Everett C. Hughes and Agostino DeBaggis, "Systems of Theological Education in the United States," in *Education for the Professions of Medicine, Law, Theology, and Social Welfare*, ed. Everett C. Hughes et al. (New York: McGraw-Hill, 1973), 169–200.

60. Holifield, *A History of Pastoral Care in America*, 12f.

61. Abbott, *System of Professions*, 309f. Howard Clinebell is exemplary in this regard. Anton Boisen's co-opted revolution was a "sport" that found no ecological niche. Some mainline Protestant pastoral counselors were hostile to the modern therapeutic paradigms: e.g., Thomas Oden assailed the practice of "aping ineffective psychotherapies" by "secularized, hedonically oriented, fee-basis 'pastoral psychotherapists.'" Thomas C. Oden, *Pastoral Theology: Essentials of Ministry* (San Francisco: HarperCollins, 1982), 4f, 8f.

62. Martin Marty and R. Scott Appleby, eds., "Fundamentalisms Observed," *The Fundamentalism Project* (Chicago: University of Chicago Press, 1991); Martin Marty and R. Scott Appleby, eds., *Fundamentalisms and Society: Reclaiming the Sciences, the Family, and Education* (Chicago: University of Chicago Press, 1993); Richard T. Hughes, ed., *The American Quest for the Primitive Church* (Urbana, Ill.: University of Illinois Press, 1988); Marsden,

Reforming Fundamentalism; George M. Marsden, *Fundamentalism and American Culture: The Shaping of Twentieth-Century Evangelicalism, 1870–1925* (New York: Oxford University Press, 1980); Marsden, ed., *Evangelicalism and Modern America*; Marsden, *Understanding Fundamentalism and Evangelicalism*; Martin Marty, *Modern American Religion* (Chicago: University of Chicago Press, 1986ff); Mark A. Noll, *The Scandal of the Evangelical Mind* (Grand Rapids: William B. Eerdmans, 1994).

63. Cf., preface for discussion of the change in title for this edition.

64. Adams described his approach to the tasks of counseling this way: "I can speak only from my conservative, Calvinistic viewpoint as a Christian" (Jay E. Adams, "Grief as a Counseling Opportunity," in *The Big Umbrella and Other Essays and Addresses on Christian Counseling* [USA: Presbyterian & Reformed, 1972], 68). Similarly, "What has been going on in the practical theology department at Westminster [Theological Seminary] in the area of counseling has issued from a tight theological commitment. The position that has been developed and articulated is the direct result of Reformed thinking." (Jay E. Adams, "Counseling and the Sovereignty of God," in *Lectures on Counseling* [Grand Rapids: Zondervan, 1975–77], 72).

65. Jay E. Adams, *Counseling and the Sovereignty of God* (Philadelphia: Westminster Theological Seminary, 1975); Jay E. Adams, *How to Overcome Evil* (Nutley, N.J.: Presbyterian & Reformed, 1977); Jay E. Adams, *How to Handle Trouble: God's Way*. Phillipsburg, N.J.: Presbyterian & Reformed, 1982); Jay E. Adams, *The Grand Demonstration: A Biblical Study of the So-Called Problem of Evil* (Santa Barbara, Calif.: EastGate, 1991).

66. In Jay E. Adams, *Counseling and the Five Points of Calvinism* (Phillipsburg, N.J.: Presbyterian & Reformed, 1981). He applied these traditional Reformed emphases to counseling issues. The Calvinistic "TULIP" consists in the following:

Total depravity: though people are never as bad as they could be, every part of human nature—intellect, volition, emotions, passions, body, conscience, memory, and so forth—is affected by sin in some way;

Unconditional election: God saves people from sin based on his choice, not because of any good or anticipated good in them;

Limited atonement: the death of Christ was personal and effective, forgiving the sins of those whom God chose unto eternal life;

Irresistible grace: God makes the dead alive, and those in whom he works will come to faith;

Perseverance of the saints: all whom God makes alive will continue in faith unto death and the fulfillment of their hopes at the return of Christ.

67. Jay E. Adams, *The Meaning and Mode of Baptism* (Phillipsburg, N.J.: Presbyterian & Reformed, 1975).

68. Adams, *Shepherding God's Flock*, 167–70.

69. Jay E. Adams, *The Time Is at Hand* (Greenville, S.C.: A Press, 1966).

70. Adams, *Competent to Counsel*, xxi.

71. Noll, *Scandal of the Evangelical Mind*, *infra*.

72. Marsden, *Reforming Fundamentalism*, xi.