

FOREWORD BY ALAN NOBLE

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**RESISTING  
THERAPY  
CULTURE**

**THE DANGERS OF  
POP PSYCHOLOGY AND HOW  
THE CHURCH CAN RESPOND**



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# CONTENTS

Foreword by Alan Noble	1
Introduction	3
What Is Therapy Culture?	
1. What Has Gone Wrong?	11
Church and Therapy Culture	
2. Medicalization and Iatrogenesis	29
The Means and Ends of Therapy Culture	
3. Mental Health and Moral Choices	46
Defining the Indistinguishable	
4. Diagnoses and Treatments	60
Lines in the Sand and Hammers for Pointy Objects	
5. Christianity and Psychology	79
History and Rivalry	
6. Suffering and Mental Illness	97
Finding a Purpose In, Through, or Despite Pain	
7. Stress and Self-Care	117
Cycles of Rest and Choosing to Suffer Well	
8. Attachment and Parenting	133
What We Inherit and What We Learn	
9. Trauma	149
Wounded and Healing	
10. Addiction	166
Desire and Disease	
Conclusion	181
The Good Enough Church	
Acknowledgments	193
Notes	195



## WHAT HAS GONE WRONG?

### CHURCH AND THERAPY CULTURE

THERAPY CULTURE'S ASSAULT on mental health takes three primary forms: the medicalization of normal emotional and spiritual experience, the judgment of all activities by their perceived or potential impact on mental health, and the loss of agency induced by the first two components. Part of the challenge in describing therapy culture lies in the fact that diffuse cultural manifestations of therapy culture are often dependent on more specific medicalization taking place in official academic and clinical settings, but the broader culture of therapy-speak has gotten so far ahead of the clinical world that the two are now frequently conflicting with each other as well.

The stronger therapy culture gets, the more people use the language of mental health in order to make their suffering feel "real" to themselves and others. On the level of institutions, the language of mental health implies medical authority, and so anything under the imprimatur of protecting or improving mental health has become sacrosanct in Western society. The most egregious instances of therapy culture can be found when the concepts and jargon of neuroscience and psychotherapy are bandied about and applied to interpersonal relationships, regardless of how appropriate they are for a particular situation. These concepts are then weaponized to



provide a veneer of medical authority over self-centered behavior. There's a lot of insanity masquerading as insight.

Even if these examples are the apotheosis of therapy culture—and in some cases, they aren't—the greater threat to the church of Jesus Christ and the human flourishing that it promotes comes in therapy culture's more diffuse forms. While there are certainly some Christian holdouts that still reject many assertions of modern psychiatry and stigmatize mental illness along the way, recent years have seen various aspects of therapy culture filtering into churches. Perhaps you have sat through a sermon that felt more like a Brené Brown TED Talk with a Bible verse at the end. You may have worshiped in a church whose statement of faith was impeccable but every other song they sing is about God helping you be well-adjusted. Maybe you've noticed that certain subjects like sin, wrath, sacrifice, or suffering are interpreted primarily through the language of wellness, toxicity, balance, or being well-adjusted.<sup>1</sup> You could even have a friend or loved one whose life and walk with God seem less important than their unending quest for emotional wellness.

You'll find few churches or Christians who will explicitly endorse such a program, but the incursion of therapy culture is most dangerous when it is most insidious. A church's statement of faith may not have changed over the past twenty years, but their language and practices on a week-to-week basis have. Talk of identity, emotional health, and self-care start on the margins and then slowly move to the center. It begins when the practices of therapy are reconceived as applications of scriptural principles, followed by equivocation between psychology and spirituality. Finally, the distinctive doctrines and moral requirements of the Christian life are displaced by the conceptual framework of therapy.<sup>2</sup> A good desire to incorporate insights from psychological research and the practices of therapy



will, if unchecked, choke out the exposition of Scripture and the unique power of the gospel.

Few people would say that they want their pastor to be more like their therapist, but many are subconsciously judging their pastor on whether or not he or she imbues his or her work with the language, practices, and values of therapy culture.<sup>3</sup> Whether they migrate to a more therapeutic-feeling church or stop going altogether, Christians who are more committed to mental health and emotional wellness than they are to their growth in Christ are headed down a slippery slope to rejecting the gospel. This trajectory can happen with any good pursuit, like physical health or raising our children well, but part of therapy culture's danger is that mental health and emotional wellness have been assumed to be the same as our transformation by the Holy Spirit when they are merely close journeymen.

Therapy culture is a broad subject with incomplete and inconsistent cultural penetration. Some Christians have chosen not to kill themselves because of the good work that a therapist has done, and others have been told by therapists that they shouldn't pray because it might make their anxiety worse. There isn't an official Bureau of Therapy Culture handing out guidelines that we can debate or a *Theological Journal of Trauma Studies* advocating for less gospel preaching and more self-affirmation. (You can, however, find many arguments for bringing in various aspects of therapy culture in piecemeal.) Counterexamples abound, and this book will bring them in as often as possible in the interest of fairness.<sup>4</sup>

However, the controversy at hand is only a matter of degree, not substance: No one can deny that Western societies have seen a massive cultural shift in the last few years with regard to certain aspects of mental health that now permeate most of our institutions. (This is especially pronounced in the United States, but I

have even begun to see instances pop up where I work in Africa.) This shift includes a generous exchange between broader cultural phenomena and more official scientific and medical institutions.<sup>5</sup> There is also a plethora of content, especially on social media, that loads up on psychological jargon to endorse ideas that are at best scientifically suspect and at worst spiritually malignant. This cultural shift may be the culmination of many currents that stretch back over a century, but there are now expectations and demands placed on people and institutions that would have been out of place twenty years ago. This book cannot exhaustively document this shift, but it can describe what many Christians are experiencing and give us all principles for balancing our loads before the whole cart overturns.

It's easy to see therapy culture destroying a church when a pastor preaches that the gospel is all about self-esteem, but therapy culture can be even more seductive to otherwise faithful shepherds with orthodox statements of faith who are subconsciously competing with social media for their flocks' attention. We're all fighting against the way of life that therapy culture encourages in one way or another. Christians who pride themselves on their loud and strenuous objections to therapy culture still find themselves over-psychologizing their culture war enemies or encouraging very emotional grievance-mongering. They also want to burden churches and pastors far beyond their capacity when they assert that any psychological disturbance must be traced to sin on the part of the disturbed, which in turn must be extirpated through spiritual disciplines.

### **SOME THINGS CLEARLY AREN'T WORKING**

Before we can talk about the church, we must delineate some of the broader features of therapy culture. Many non-Christians are



already expressing their concerns about therapy culture. Any new craze, especially one that has a lot of potential for good, will lead to early and enthusiastic adoption among some people, followed by a diffusion into the broader cultural mainstream and various attempts at monetization. Social media allows people to distribute and modify different ideas faster than ever, regardless of whether or not they're true. Institutions—especially educational institutions—have felt an incredible amount of pressure to formalize many aspects of therapy culture. But as scientific research and clinical practice have diffused into our social milieu, people have begun to push back on its excesses.

One social media influencer and counselor named RaQuel Hopkins describes many of the problems with therapy culture succinctly: “Discomfort is mistaken for danger. If a conversation makes you uneasy, it must be toxic. If a person challenges you, they must be unsafe. If a situation feels hard, it must be harming you. Boundaries are also being used as walls.”<sup>6</sup> Hopkins is one of the more prominent voices calling for therapy culture to be reined in and returned to a much more rigorous focus on helping people grow in their ability to correct their problems.

In their intriguing paper “Depression: More Treatment but No Drop in Prevalence,” Johan Ormel and colleagues document a simultaneous increase in both mental health treatment and mental health disorders.<sup>7</sup> We’re treating mental illness more aggressively than ever, and yet its rates seem to rise. The authors of this paper speculate that if depressed people “avoid or reduce self-help activities, benefits of [the treatment they are undergoing] may be more than offset by the loss of agency.” While they don’t specifically comment on other inputs that also contribute to loss of agency, it’s easy to connect the dots when there are



institutional and cultural messages encouraging self-diagnosis and discouraging agency.

Psychological well-being is a curious, elusive subject. In her book *Dopamine Nation*, Anna Lembke observes that pleasure and pain operate in a curious balance: If we avoid pain and indulge in too much pleasure, eventually our brains become so sated with pleasurable stimulation that just sitting there “normally” becomes painful.<sup>8</sup> We often use the word *dysphoria* to describe the psychological pain that can manifest in many ways, including sadness, anxiety, or unease. Addiction to drugs or alcohol is perhaps the most acute presentation of this, since a person who is fully addicted to certain substances will, in the absence of that substance, experience cravings and withdrawal that are physically painful and in a few cases even deadly.<sup>9</sup> If you’ve ever experienced dysphoria when you reach for your smartphone but find that you have misplaced it, you’ve felt the balance Lembke describes go out of whack.

Most people exist in an “okay” state most of the time, feeling neither especially happy nor sad. Most people swing between anxiety and confidence throughout the day. Most of us have stressful work that we must do, whether we chose to pursue it (through our jobs, for example) or because it was placed on us (such as when we must care for an elderly family member). If we choose to concentrate on one particular area of life that is troubling us, that focus and introspection can end up making us feel worse just by thinking about it more. When there are pleasures constantly available to us, it is easy to get stuck on the wrong side of the pain-pleasure seesaw.

Chasing a sense of psychological well-being, especially by suggesting repeatedly that common life experiences like procrastination or social anxiety can be signs of a major psychological disorder, can actually *induce* dysphoria.<sup>10</sup> The more dysphoria

someone feels, the more answers and treatments tend to proliferate and the more that less-than-great feelings start to be perceived as some kind of mental illness.<sup>11</sup> Some treatments, whether professional or self-directed, might be helpful, but even if they're neutral, a person could feel more dejected and dysphoric when an intervention doesn't make them feel better. Others could have negative side effects or encourage a sense of helplessness; psychiatrist Allen Frances warns that "patienthood can become a way of life and rationale for people who are struggling for other reasons."<sup>12</sup> Those who think of themselves as ill are extremely prone to self-medication, which easily induces more dysphoria by fostering addiction. Many advertisements for alcohol, marijuana, games, beauty products, or clothes encourage conspicuous consumption as "self-care" or "stress management."

A proliferation of mental health diagnoses and therapy culture have not produced the psychological benefits we might have hoped. In many ways, these forces seem to have made some disorders worse, often because people have a tendency to conform to the symptoms of a diagnosis after it is given.<sup>13</sup> Whether the diagnoses come from a professional or one chooses to self-diagnose, many people are increasing their own psychological fragility and reshaping the terms for human flourishing when they view the world through a therapeutic lens.<sup>14</sup> Katy Waldman, a writer for *The New Yorker*, argues, "Therapy seems to have absorbed not just our language but our idea of the good life; its framework of fulfillment and reciprocity, compassion and care, increasingly drives our vision for society."<sup>15</sup>

Fredrik deBoer, a writer who has lived with bipolar disorder for many years, sums up the tenets of therapy culture in this way:

- You, your feelings, and your goals are always preeminent and in any conflict supersede those of others.



- You are entitled to total and complete emotional safety at all times, and this entitlement supersedes the rights and desires of others.
- Simultaneously, you are a totally, existentially, permanently fragile being.
- Since there is nothing that can be endured or recovered from that is not injustice, the concept of resilience is itself an expression of injustice.
- That which makes you feel better is that which is right to do.
- In any conflict between any two people, there is always one guilty abuser and one blameless victim.
- You argue, they gaslight, you have self-respect, they are narcissists, you are still growing, they are toxic, you have boundaries, they have limitations, you hold space, they stand in the way of your growth.
- Your own behavior is always a trauma response, and thus not your fault; the behavior of others is always freely chosen, and thus responsibility-bearing.
- Any of your behaviors is merely one small step on your journey, and you are still in the process of becoming yourself; any behavior of others you don't like is constitutive of their very being and cannot change.
- Wanting and not getting, for you, can never be an expression of the basic reality of existence, but rather is always evidence of crime, abuse, mistreatment, pathology, and injustice.
- Everything you feel, do, and are is valid, always valid, until the end of time.<sup>16</sup>

Few people would assent to all of these propositions, and you can find many areas where they conflict with other prominent



cultural values. In many ways, therapy culture is a reaction against the less pleasant aspects (or downright misuses) of concepts of sin, salvation, and judgment that Christianity has promulgated in Western culture for centuries. Thus, there are still many people who grew up in families or churches where many of these impulses were discouraged. However, most of us live now in a world deeply shaped by therapy culture.<sup>17</sup> Taken together, these elements that deBoer lists represent a cultural center of gravity that is always pulling us into its sphere of influence—and trapping people in a black hole of lifelong victimization that they can never move on from.

One of the most painful effects in personal relationships has been the weaponization of therapy speak. One common example is the word *gaslight*, which adds a veneer of authority to a simple argument. “Gaslighting,” from the 1938 play *Gas Light*, refers specifically to the practice of deliberately using lies and manipulation to undermine someone else’s mental state. If two people merely have a passionate difference of opinion about some aspect of their relationship, choosing to accuse one of them of “gaslighting” automatically marks that person as a “guilty abuser” while also implying that the other is a “blameless victim.” This turns a relatively uncommon experience into a weapon to be deployed whenever a conflict arises; you can find similar misappropriations of words like *trauma*, *toxic*, *abuse*, *narcissism*, and *triggering*.

On an individual level, therapy culture tends to magnify and medicalize an individual’s emotional disturbances and pain, turning them into never-ending symptoms and encouraging people to think of themselves as lifelong patients afflicted by conditions and circumstances beyond their control.

By contrast, on an institutional level, therapy culture forces leaders to judge their organizations on how well their practices

uphold the values of therapy. This is born of a good desire to evaluate whether an institution helps people be more psychologically healthy. There are some benefits to this sort of evaluation, especially when everyone involved acknowledges that good psychological health often requires deliberate engagement with stress, difficulty, or even suffering in order to be able to deal with the challenges of life. In its crudest and most dangerous form, however, therapy culture vilifies any significant level of psychological disturbance or unease that an institution causes—even unintentionally. In this schema, both the explicit rules and implicit culture of an institution must be reorganized around minimizing these disturbances at whatever cost.

One can see this in schools, for example, wherein the psychological harm of failing students is judged impermissible, leading to no effective accountability. At the same time, accommodations can be piled on to one another until students have few actual requirements to learn. The possibility that some students may have difficulties in learning because of traumatic situations that they are experiencing or have experienced can be transformed into a mandate to begin classes with emotional check-ins that can increase students' distress.<sup>18</sup> It all works together to reorient the mission of schools from one of educating children to helping them be psychologically well—and often failing at both.

In the church, therapy culture incentivizes deliberately avoiding subjects that may be psychologically distressing while also encouraging teachers and preachers to ensure that their audience feels more okay with themselves by the end of the service. Churches that follow these incentives, even subconsciously, will find themselves neglecting large parts of Scripture and cutting their parishioners off from the incredible blessings of God through this neglect. A church that is captive to therapy culture will not only replace the



mandate to preach the gospel with a mission to chase after the ill-defined idol of psychological health, but it will also leave out any portion of the Bible that can't be shoehorned into a therapeutic mindset. This could be as simple as not preaching on certain texts or as complex as only describing sin in terms of that which is not therapeutic. Our new life in Christ grows as the old self within us dies, and avoiding that pain smothers the growth that life in Christ offers us.

That being said, we should also be cautious of holier-sounding models that try to flatten all of our complex inner workings into sins and choices, categorizing our internal experiences as either emotional or spiritual without recognizing the overlap between the two. You can easily find preachers who say there's no such thing as an anxiety disorder, only fear that hasn't been given over to God. Others will claim that conditions like ADHD or PTSD are made-up psychobabble. Still others will assert that counseling people to stop sinning is sufficient to manage any mental illness because all mental illness is a result of sinful thoughts or choices.

These assertions are simply untrue; just because we cannot quantify schizophrenia in the same way that we can quantify diabetes doesn't mean that the abnormalities of dopamine in the brain we find in people with schizophrenia are irrelevant. If our bodies and souls are truly intertwined, then it should not be controversial to say that oppressive psychiatric symptoms have something to do with a patient's neurobiology. Many people have found healing with psychiatric drugs or particular therapies, sometimes after years of trying to pray harder and trust God more. In our attempts to push back against cultural forces making us sicker through medicalization—a process known as *iatrogenesis*—we need to be careful



not to dismiss the immense power that psychological research has given us to heal.

People with mental illness sin, just like the rest of us. They need to repent and trust in Christ, like any other person. It is foolish to assume that surrendering their lives to God will cure their depression, anxiety, psychosis, or trauma flashbacks. Every one of us, mentally ill or not, has to make choices in our lives, and many people with mental illness have a much more difficult time choosing well because their brains are working against them. A genuinely biblical approach to helping them requires that we appreciate the realities of mental illness and the difficulty of those choices.

### **WHAT IS THE CHURCH FOR?**

Churches are not meant to do what psychiatrists and therapists do. Every believer who suffers from mental illness should have the support of their local church and Christian friends, because anyone who is suffering should have that kind of support. The deep truths of Scripture are a balm to many people with mental illness and can, in some cases, even cure people with less severe depression or anxiety. Individual churches *should* help every one of their members who suffer from mental illness by being a loving community full of people worshiping God and proclaiming the truth, but there are some mental illnesses that *also* require more advanced psychiatric care.

We must also distinguish between local churches made up of specific Christians and the Church Universal, which consists of all believers everywhere throughout the world. Local churches have a specific and limited directive to preach and teach God's Word, worship God, and administer the sacraments, while a broader array of mandates falls to the Church Universal (hereafter referred to as big-C Church). This directive will be explained more fully in the



book's conclusion, but we must be very careful when we make a list of "shoulds" for individual churches.

For example, both the Church and any given church have a responsibility to carry out the Great Commission that Jesus gives in Matthew 28:18-20. We proclaim the gospel to those who are lost. However, the particular way that any given church carries out this responsibility will vary, and it is unhelpful to say things like, "Any church that doesn't support foreign missionaries is unfaithful to the Great Commission" or "You should be suspicious of a church that is not bringing in unbelievers on a regular basis." Some churches may focus more on local evangelism, others on overseas missions. Many will financially support people who are working full-time to witness to others, but some churches may have other callings.

In the same way, the Church is meant to carry on in the healing ministry that Jesus began while he was on earth. Every local church should pray for their sick as commanded in James 5:14-16, but some churches or denominations may be led by God to establish more specific medical or health-related ministries. These could be as big as a hospital network or as small as an annual health fair to check congregants' blood pressure. Mental health care can be a part of a local church's ministry by formally partnering with a counseling organization or offering professional counseling services, or a church may simply care for mental health by virtue of its internal commitment to bearing one another's burdens. Perhaps the simplest ministry that a church can offer is a recovery group for people struggling with addiction; such a group will not only be a resource for those within the church but will also bring in people who desperately need the power of Christ in their lives. Yet none of these are necessary for a church as long as it is preaching about the healing power of Christ.



Kathryn Greene-McCreight notes that God can heal our souls because he created them—and thus it is blasphemous to talk about him as if he is like a psychotherapist! Yet he also provides us tools for healing like psychiatrists, counselors, and psychoactive medications in the same way that he provides us doctors, nurses, and physical therapists because he does not want us to remain stuck in our suffering.<sup>19</sup> Mental health is harder to think about in the paradigm of healing because it is in some ways not like physical health, but some of the principles remain the same. Diet and exercise are good for anyone’s physical health, and it’s good for pastors to exhort their congregations to steward the gift of their bodies through healthy activities. However, it would be bizarre for a pastor to talk about the risk reduction of cholesterol-lowering drugs from the pulpit. Pastors should exhort their congregations in the general activities that promote mental health but should not try to do for their congregations as a whole what a therapist would do in his or her counseling room.

While the invasion of therapy culture has led many churches and pastors to act as if their church ought to do the same things for people that therapists do, it is equally unfair in our reaction to therapy culture to expect local churches to manage mental illness with the Bible alone. Therapy culture judges churches and pastors based on how well they meet the ever-shifting standards of what is therapeutic and “trauma-informed,” but sticking to the mandate that God has given us also prevents pastors from being over-extended by the notion that the church and the Bible are sufficient for any person with mental illness. One survey of pastors reported that fewer and fewer pastors keep a list of counselors to refer people to—a concerning sign, given that pastors will often encounter people who need such a referral.<sup>20</sup>



A good church is judged by its faithfulness to Scripture and the traditions that our forerunners in the faith have passed down to us over thousands of years; a good pastor or ministry leader is someone who carries out that mandate from God. Good psychiatrists or therapists are judged by their adherence to the standards of care guided by scientific research and whether or not their clinical application of what they've learned helps patients improve over time. All of them will sometimes have to say difficult things in the course of their work, and many times people will have to feel worse before they feel better. All of them will, despite their best efforts, fail in some way. Those failures can include things like unintentionally alienating their congregants or patients, admonishing too harshly when tenderness is called for, speaking too gently when firm direction is needed, or even losing people to suicide.

A healthy church will be “therapeutic” in the sense that people who attend that church will experience healing as they receive the sacraments and hear the gospel preached to them. A church that is full of people caring for one another will inevitably improve the mental health of those people because every person (irrespective of any mental illness they may have) needs to exist in a caring community by virtue of being human. One professor and teacher of Christian counselors has said that a fair number of his clients would do just fine with a good friend to listen to them, but they simply can't find someone who's willing to do so.

People who are lost, struggling, or suffering will often see their lives improve when they surrender their burdens to God in the context of a church, and obedience to God often brings many emotional and physical benefits. Someone's symptoms of mental illness may go away entirely when they hear some truth of Scripture expounded or enjoy the fruits of love from self-sacrificial neighbors. These benefits are all natural consequences of a church that is



faithful to Scripture, not goals set by a pastor trying to be as much like a therapist as possible.

Healing is an essential theme in the message of the Bible and especially the Gospels,<sup>21</sup> while the healing ministries of the Church over the centuries have shaped the entire history of Western medicine.<sup>22</sup> It is difficult to describe what a flourishing life in Christ looks like without some reference to physical health, just as it is hard to describe any kind of ministry that churches do without invoking the word “healing.” I’ve dedicated my career as a medical missionary to sharing the love of God with people in need through healthcare, so I believe wholeheartedly that ministries of healing are critical aspects of the Church’s mission to the world. But I still hold to a very minimalist definition of any local church’s responsibility and the expectations for pastors when it comes to health, especially mental health, because those ministries thrive the best when pastors are faithful to their narrow mandate of proclaiming Christ and administering the sacraments. A good pastor will teach us about the healing power of God’s love, but he or she will not try to do the job of a doctor or therapist through the pulpit.

## CONCLUSION

The best way to prevent therapy culture from ruining churches is to understand what therapy can do—and what it can’t do. Good therapy helps people solve problems by understanding what’s happening internally and changing their thoughts or actions. When a pastor is burdened with the expectation to be a therapist, they will define their ministry by whether or not they help people with their problems. But pastors are not problem solvers and churches are not places for solving problems.

A pastor’s job is to preach, teach, and administer the sacraments as part of a worship service. What they say during a church service



may help people with their problems, and they may counsel people during the rest of the week using the most cutting-edge therapeutic interventions. Both of those activities are good. The Church as a global, universal body spends billions of dollars and invests millions of hours through the lives of local church members and ministries to help people solve a lot of different problems. But a pastor's proclamation of the Word of God cannot be judged by its therapeutic value, especially when that value is constantly shifting according to the whims of social media influencers.

Pastors should also take care not to say things that are deliberately untrue, especially when (as the backlash to therapy culture builds up) there may be a certain subcultural street cred to bashing therapy and psychology. It is good for pastors to at least be aware that different people who have experienced different kinds of mental health challenges will sit in their pews. If a pastor is going to get into a hard biblical text that deals with suicide or sexual abuse, it behooves them to at least engage with theological resources from people who have reflected on these issues—just as they would read about contemporary issues with the death penalty before they tried to apply a text addressing that topic.

Sometimes, though, I go to church and hear something that makes my Major Depressive Disorder worse. That's part of life with mental illness; we will encounter well-meaning people who say things (true or untrue) that exacerbate our symptoms. I want my pastor to at least consider what he might say before speaking blithely on any topic, but I also don't want my pastor to spend his week worrying about how my illness might get worse during the service. I want the person who's preaching to discern the truths of God's Word and give me the bread and wine that reconnect me to God. If I need to, I'll talk to my therapist about whatever was said. If someone I care about keeps saying stuff that's wrong, I'll find

someone else in the church who's also concerned, and we'll sit down to talk about it together.

Although every church must determine how to be faithful in its cultural and social context, the message of the gospel is timeless and cannot be changed by a new study. People will live healthier lives when churches and therapists are working well, but the two do not have the same mission, methods, mandates, or measures of success. They do not have the same short-term or long-term goals. My plea is that churches should be churches and therapists should be therapists; both should do the very best that they can in the sphere of work that God has assigned.



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