

Book Reviews

Book Notes: Volume 3



by MICHAEL GEMBOLA

The goal of this column is to highlight books relevant to the tasks of pastoral care and counseling by providing summaries, reviews, and some commentary. I hope to orient you to what is available by including new releases that are thought-provoking or helpful or merit constructive, critical engagement. In a field flooded with books, I also hope to help you identify the right resource so you can decide what to purchase. My goal is also to follow David Powlison's example.¹ He believed that the Scriptures uniquely give us what we need to make sense of people and problems. But he also read broadly, believing that many other resources were useful given the right framework, especially when they provoke deeper Christian thought.

I aim to be primarily informative and descriptive, though at times I will raise questions or counterarguments. I will engage more with some books than others, and I will often highlight one or two representative

1. David Powlison was the senior editor of the *JBC* for more than twenty-five years.

Rev. Michael Gembola (MAR, LPC) is the executive director of Blue Ridge Christian Counseling in Roanoke, Virginia, and consulting editor for the Journal of Biblical Counseling. He is the author of the book Anxious about Decisions: Finding Freedom in the Peace of God.

chapters rather than summarizing a whole book. A book's inclusion or exclusion is neither an endorsement nor a criticism.

With that introduction, here is Volume 3 of "Book Notes." I have reviewed nine resources and placed them into topical categories. Within each category, the books are reviewed in alphabetical order by book title.

CHURCH LIFE

Beyond the Clinical Hour: How Counselors Can Partner with the Church to Address the Mental Health Crisis, by James N. Sells, Amy Trout, and Heather C. Sells (Downers Grove, IL: IVP, 2024), 264 pages.

Beyond the Clinical Hour makes the case that the field of mental health, in its present state, cannot effectively address the increase in mental health problems in the United States. By depending on the therapeutic hour as the basis of care, the system is "time intensive and extremely expensive" (p.14).

The church, however, is in a good position to serve on the front lines of helping people with their troubles (p.xii and p.33). It is "a figurative army of people who wish to lend a supportive ear, a soothing voice, and a wise word" (p.6). The authors discuss an older study that suggests that peer providers with less than 100 hours of training can match the effectiveness of experienced care providers for most common counseling problems (p.148–61). This is consistent with what Siang-Yang Tan and others have summarized from research for a long time.

Yet the authors argue that mobilizing lay leaders requires professional counselors to function (and be trained as) consultants for church leaders, as well as trainers and supervisors for lay counselors (p.148–68).² They explain, "Because we are proposing some type of triaged care with experts attending to the most complicated situations and fundamental or straightforward concerns to be addressed by lay counselors, the discipline of supervision must be employed" (p.81). This argument is not presented in a condescending way to church leaders, who typically supervise

2. "The professional counselors of the future must also become supervisors" (p.163).

congregational care. Rather, it recognizes that seminaries do not usually train church leaders as counselors or provide any direct supervision or mentoring. The authors argue that “the church lacks the technical expertise to plan, implement, manage, assess, and improve its programs and services in mental health ministry” (p.20). In the book’s argument, the church and the Christian professional counselor offer mutual benefit: “The partnership between church and clinic is symbiotic, both human and structural, to address the mental health need in a way that the profession cannot” (p.20).

However, the authors also recognize that many Christian therapists are vulnerable to the charge of not being fluent in the church’s theology. They can miss the opportunity to serve in the church, or they can lose trust when they do. They relay Eric Johnson’s story of a church that disbanded their clinical counseling service for a traditional biblical counseling approach. When the clinically trained therapists “were doing therapy with members . . . they didn’t talk about Jesus, they never brought the Bible into it and so they played into these stereotypes . . . [and] the therapists couldn’t dispute the criticism” (p.89). They summarize Johnson’s argument that the clinical therapists would have been less vulnerable to the charges if they had articulated and practiced an approach that was theologically and biblically grounded.³

As I raise some points and counterpoints, I take the risk of imagining how another person would approach the issues raised here. David Powlison’s doctoral studies focused on the professional jurisdictions for personal problems. After reading this argument, I imagine he would advocate placing the church’s care within its own pastoral theology traditions (which the authors might say they are doing), rather than seeing the church as a purveyor of mental health resources (the language the authors use). Though the authors do not entirely escape this critique, they also speak in ways that are less vulnerable to this charge. In

3. To work from Johnson’s categories, this change took the church from the “weak integration” approach on the left side of the spectrum to the furthest end of the counseling spectrum on the right, the “traditional biblical counseling view,” which he often speaks of as “Bible-only.” This is Johnson’s way of making a distinction between what he calls traditional biblical counseling (e.g., the Association for the Certification of Biblical Counselors) and progressive biblical counseling (e.g., the Association of Biblical Counselors).

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The Journal of Biblical Counseling

(ISSN: 1063-2166) is published by:

Christian Counseling & Educational Foundation

1803 East Willow Grove Avenue

Glenside, PA 19038

www.ccef.org

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