The Church as a Culture of Care - Class 3 (Chapter 3)

EXAMINING THE PROBLEM

I have noticed at least three overarching reasons why the church struggles with the task of soul care. The first is due to secular philosophies the church has embraced. The second, which is interwoven with the first, is that the church has abdicated many of its primary duties of discipleship and care…in favor of techniques and methods born from worldly philosophies. Third, while we may know and believe the right things about God and his Word, obeying and applying them can be challenging. (38)

> 1) Modern thought has redefined the word 'soul' to describe what could be observed in outward behavior. Therefore, psychology was redefined as the study of human behavior, experiences, and emotions. This meant that the soul was no longer viewed as the inner person described as the seat of our emotions, affections, thinking, desires, and volition…[As a result, it is assumed that] the physician is for the body, the psychologist is for the soul, and the pastor is for the spirit. (54-55)
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> Most of the population is convinced that our emotional or psychological problems are simplistically explained by some sort of biological malfunction. But, at this point, science has not definitively supported that narrative. The cumulative result, however, is that many of the problems common to humanity are seen as outside the scope of the Scripture. When we become convinced that the Bible does not address these human struggles and sorrows, the church disengages from the work of soul care because we are convinced the tools we have been given to proclaim and the culture we have been asked to cultivate are powerless to overcome some of our most significant problems or provide hope in the midst of our sorrows. (44-45)
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> DSM introduction: 'The symptoms contained in the respective diagnostic criteria sets do not constitute comprehensive definitions of underlying disorders, which encompass cognitive, emotional, behavioral, and physiological processes that are far more complex than can be described in these brief summaries. Rather, they are intended to summarize characteristic syndromes of signs and symptoms that point to an underlying dis- order with a characteristic developmental history, biological and environmental risk factors, neuropsychological and physiological correlates, and typical clinical course.' The information described here is crucial to understanding the DSM. It does not provide insight into causality of the disorders. (41)
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> Allen Frances, the DSM-IV task force chairman, said that the DSM diagnoses are only 'fictive placeholders,' or 'useful constructs.' He continued to explain his concerns with the path psychiatry continues to move down: 'The absence of biological tests is a huge disadvantage for psychiatry. It means that all of our diagnoses are now based on subjective judgments that are inherently fallible and prey to capricious change. It's like having to diagnose pneumonia without having any test for the viruses or bacteria that cause the various types of lung infection.' (40)

2) In order to remove the guilt and shame from a person who bears such a label, the secular culture made the symptoms a person experiences as a part of their identity. There is no true freedom from diagnostic labels. The hope behind the labels is that the guilt and shame of a person's experiences are removed. The system mimics a religious movement, offering care and relief from guilt and shame, all the while under a completely different paradigm. (45)

3) [In some cases, churches] have been guilty of admonishing when we should have been comforting and encouraging. But equally we have been guilty of excusing sin rather than having the courage to confront the destructive effects of sinful desires and behaviors. We have ostracized sinners and dismissed our own sins by promoting self-made righteousness. We have also been guilty of compromising biblical morality, welcoming open and unrepentant sinfulness in our midst. Both approaches are wrong and neither demonstrate the quality of care required of us in the Scripture. We are guilty, and may the Lord grant our...repentance. (44)

The contributing factors which have directly affected the church's ability to care well for the broken [sinner]: First, the modern American church's reluctance to practice church discipline has removed a critical method God intended to preserve the purity of his church and to care for his people. Church discipline was deeply affected by the church growth movement, and further detriment has been done by the therapeutic model of care influencing the church...
The second factor harming the church's practice of soul care is the specialization of pastoral ministry...Pastoral ministry must not be reduced to only preaching or to only counseling. Neither the public nor the private ministry of the word should be neglected...
The third factor is closely related to specialization, because one of the results of specialization has been the professionalization of [soul] care...[As the 20th century progressed] No longer was the pastor viewed as an expert trained in soul care, so church members began patronizing the trained professionals. The fourth factor is the approach to discipleship that is so prevalent among churches in America today. No longer is discipleship viewed as an intentional relationship that promotes the growth and sanctification of another individual by teaching them to obey all that Christ commands (Matthew 28:18-20). Now, discipleship is viewed as solely [educational]…However, the simple passing along of information does not create a disciple. Discipleship is a whole-life pursuit, not simply an intellectual one. Discipleship incorporates both hearing and doing from a devoted heart. (60-63)

BIBLICAL SOLUTIONS

1) Church purity–Titus 2:11-14; 1 Cor. 5:1-2, 9-13 (Matt. 18)

2) Comprehensive leadership–1 Pet. 5:2-4

3) Ministering to one another–Rom. 15:14; 1 Thess. 5:14

4) Discipleship defined–Luke 9:23-25, 14:26-27; 1 Cor. 11:1; 1 Pet. 2:21-25