The Tradition of Counseling and Physiology
by Gideon Teo

Is the Reformed faith relevant to human physiology? Harvard professor Charles Rosenberg argues, “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 ordinary to provide a context of meaningfulness for such ills of the soul.”⁴ If Rosenberg is correct, our faith amounts only to a set of intellectualized doctrines that have no relevance to our personal problems. Physiology, in this perspective, is independent of our Spirituality; therefore, physiology must only be addressed by modern scientific experts. Such perspective not only provides modern psychology authoritative jurisdiction over our doctrine of man, it also renders the Reformed faith practically useless in this present world. We have become “no longer good for anything except to be thrown out and trampled under people’s feet” (Matt 5:13b).

I believe that Rosenberg is wrong. The Reformed faith has always been effective in addressing both body and soul. Two significant works in the Reformed tradition on the relationship between spirituality and physiology are: “The cure of Melancholy and Overmuch Sorrow by Faith and Physick”⁵ by Richard Baxter, and “Thoughts on Religious Experience”⁶ by Archibald Alexander. Baxter was a 17th Century puritan pastor who was also one of England’s most renowned preachers in the reformed faith.⁷ Alexander was an American Presbyterian minister who was one of the founding professors at Princeton Seminary.⁸ Both men are not only giant defenders of the Reformed Faith, they are also model physicians of the body and soul.

The purpose of this paper is threefold. First, this paper seeks to explore the tradition of Counseling and Physiology in the Reformed Faith through the eyes of Baxter and Alexander. Specifically, it seeks to assess their approach in dealing with Melancholy, a condition commonly understood in our modern times as Depression. Second, it seeks to reflect on the difference between medieval and modern physiology; at the same time reflecting on its implications to us as pastors of a flock. Third, it seeks to argue that proper doctrine is essential for a proper analysis of Melancholy. Without proper and biblical doctrines as our guide, we will not help, but ultimately harm others.

Traditional perspectives on Counseling and Physiology

Baxter and Archibald were constant in their emphasis that both theology and physiology have a role to play in addressing the issue of Melancholy. “There is danger,” said Alexander, “that the bodily physician will look no further than the body, while the spiritual physician will totally disregard the body, and look only at the mind.”⁹ Baxter wrote, “For the soul and body are wonderful co-partners in their diseases and cures; and if we know not how doeth it, yet when experience telleth us that it doeth it, we have reason to use such

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³ Archibald Alexander, Thoughts on Religious Experience. Philadelphia: Presbyterian Board of Publication, 1844
⁵ Ibid.
⁶ Alexander, Thoughts on Religious Experience, 37
Both Baxter and Alexander agreed that Melancholy is not only a spiritual issue; it is also a physiological one. Arguably, both of them were working from a presupposition of a dualistic human anthropology: that we are an embodied soul.\(^7\) They were convinced that there is an intrinsic connection between the body and soul; therefore, it is essential that both body and soul must be edified. Therefore, it is essential that “physiology knowledge must be combined with an accurate acquaintance with the experience.”\(^8\)

Both Baxter and Alexander argued that physiology plays an important role in the development of Melancholy. First, both men affirmed that individuals may have a unique set of traits that favors the development of Melancholy. Alexander reasoned that “religious exercises are very much modified by the temperament, and in some cases, by the idiosyncrasies of the individual.”\(^10\) Similarly, Baxter was also willing to affirm physiological contributions to the disease. Some individuals, Baxter argued, possesses “a natural passionateness, and weakness of that reason that should quiet passion.”\(^11\) Therefore, these individuals are more prone to Melancholy than others. It can be seen thus that both men agreed that people differ from each other; therefore individuals will have different influences operating on their hearts dependent on their natural physiology.

Second, both men argued that Melancholy may be understood as a form of physiological disease. Baxter argued, “the thinking faculty is diseased, and becomes like an inflamed eye, or a foot that is sprained or out of joint, disabled for its proper work.”\(^12\) Alexander also contended that “(melancholy) is, in fact, a bodily disease, by which the mind is influenced and darkened.”\(^13\) Both men are vivid in their description in comparing physical disabilities to the suffering of Melancholy. Surely, their emphasis here is not only on the spiritual, but also on the physiological.

However, both men seem to differ when discussing the root cause of this disease. Although Alexander and Baxter agreed that there are physiological reasons to the development of Melancholy, Alexander seemed to be more willing than Baxter to affirm the primacy of physiology. Alexander argued, “It generally begins in the body, and then conveys its venom to the mind.” He seemed to be suggesting that the body is the initiator and responsible agent of the disease; therefore, the person suffering from Melancholy is a victim of an external persecution. Baxter, on the other hand, proceeded with a far more complex analysis of the causes of Melancholy, “With many there is a great part of the cause in distemper, weakness and diseasedness of the body.”\(^14\) In other words, Melancholy is not solely nor primarily caused by our physiology because it is caused by both internal reason (distemper) and external reasons (weakness and diseasedness of the body).

Despite this difference, it is important to note here that Alexander did recognize the role of the heart in the development of Melancholy, “Physical causes are not the only ones which produced this painful state of feeling. It is often produced, in a moment, by hearing some

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\(^7\) Baxter, *Preservatives against Melancholy and Over-Much Sorrow*, 287

\(^8\) For a more through study on the topic of dualistic human anthropology, see John Cooper's *Body, Soul, and LifeEverlasting: Biblical Anthropology and the Monism-Dualism Debate.* (Grand Rapids, MI: Eerdmans, 1989)

\(^9\) Alexander, *Thoughts on Religious Experience*, 42

\(^10\) *Ibid.*, 49

\(^11\) Baxter, 258

\(^12\) *Ibid.*, 286

\(^13\) Alexander, 44

\(^14\) Baxter, 258
unpleasant intelligence, or by the occurrence of some disagreeable event.”\textsuperscript{15} Despite this, Alexander seemed to nevertheless attribute physiology as a possible primary cause of Melancholy, which this paper disputes. In Alexander’s view, Melancholy seemed to be reduced into a mere physiological reaction of one’s heart to one’s environment instead of a proactive response to difficult situations. Baxter’s view in this regard seems more agreeable because he had considered the role of human sin in the development of this disease, “One of the most common causes is sinful impatience, discontents, and cares proceeding from a sinful love of some bodily interest.”\textsuperscript{16} Baxter further developed the movement of sin to the outward function of the body that develops into Melancholy, and the following chart summarizes his argument:\textsuperscript{17}

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Even though both men may have held different views on the causes of Melancholy, both men will agree that Melancholy brings disastrous results. First, it restricts the ability to think rationally. Alexander argues, “Melancholy incapacitates them for thought or action: it confounds and disturbs all their thoughts and fills them with vexation and anguish.”\textsuperscript{18} Similarly, Baxter describes, “Overmuch sorrow disableth a man to govern his thoughts; and ungoverned thoughts must needs be both sinful and very troublesome.”\textsuperscript{19}

Second, it threatens their relationship with God. Baxter wrote, “Too many persons, in their sufferings and sorrows, think they are only to be pitied; and take little notice of the sin that caused them, or that they still continue to commit.”\textsuperscript{20} Similarly, Alexander argued, “Melancholy hug their disease, and are unwilling to give it up.”\textsuperscript{21} Both men argued that there is a presence of a self-centered focus that encourages the continual growth of Melancholy. God has been removed as their object of worship! Therefore, they now worship their own sins of self-pity and are not willing to give it up. As a result, self-pity eventually develops into an addictive Melancholy that will ultimately consume them. In other words, even if Melancholy has a sufficient physical cause, the spiritual life must

\begin{itemize}
\item[15] Alexander, 35
\item[16] Baxter, 263
\item[17] Ibid., 264
\item[18] Alexander, 37.
\item[19] Baxter, 256.
\item[20] Ibid., 268
\item[21] Alexander, 39.
\end{itemize}
always be taken into consideration because such a condition is ultimately related to a broken relationship with God.

In regards to the remedy for Melancholy, both men agreed that the spiritual should be addressed prior to the physical. For Alexander, “Religion is the most effectual remedy for this disease.”"22 Similarly, Baxter counseled, “Though we cry out that we cannot believe, and we cannot love God, and we cannot pray aright, Christ can help us. Without his grace we can do nothing.”"23 Arguably, their approach of dealing with Melancholy is deeply entrenched in the belief of sola gratia. Men who suffer from Melancholy are helpless to cure themselves. It is only by grace alone that they may be healed. In other words, no human effort can save anyone from the chains of Melancholy. One can cry, fight, even pray, but ultimately, such a one is helpless in the face of his disease. Yet, we do not lose hope, for it is because of our helplessness that we see the necessity of Christ! Just as we are utterly dependent upon Christ for our salvation, we are utterly dependent on God to save us from this disease. Our personal piety to God, then, must not be shaken even by its presence."24

While both men were adamant about addressing spiritual issues in combating Melancholy, both men had also insisted that physical issues must be addressed. Baxter wrote, “Neglect not the physic; and though they (the counselee) will be averse to it, as believing that the disease is only in the mind, they must be persuaded or forced into it.”"25 Baxter is so convinced of the balance between the body and soul that he is even willing to force his counselees to care for their bodies for the sake of their souls.

Both men also wrote on how friends should assist those suffering from Melancholy. Two observations can be made. First, friends are to be extremely gentle and compassionate to such weakness. Alexander followed the advice given by his fellow minister Timothy Rogers, “Never use harsh language to your friends when under the disease of Melancholy. This will... never benefit them.”"26 Similarly, Baxter proposed that “a great part of their cure lieth in pleasing them, and avoiding all displeasing things, as far as lawfully can be done.”"27 This is comparable to Timothy Lane and Paul Tripp’s analogy of ‘turning the heater (that affects the heart) down’."28 As the body of Christ, we are called to carry other’s burden and help each other to run the race with perseverance.

Second, both men advised friends to remind Melancholy sufferers about the gospel of Christ. Baxter advised, “Labor to convince them frequently how great a wrong it is to the God of infinite love and mercy, and to a Savior who hath so wonderfully expressed his love, to think hardlier of Him than they would do of a friend.”"29 Alexander also counseled, “Endeavor to revive their spirits by declaring that God can give them relief in a moment,

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22 Ibid., 46
23 Baxter, 279
24 Part of the reason is because there was no 17th or 19th century equivalent of Prozac. I would argue that modern day medication (such as Prozac) had unfortunately taken the place of God who provides an alternative salvation to faith. For a more thorough study of the effect of Prozac on our world view, see Peter Kramer’s Listening to Prozac. (New York: Viking, 1993)
25 Baxter, 285
26 Alexander, 37
27 Baxter, 283
28 Lane and Trip argues that our environment is like a heater that influences the heart. The heat encourages the sinfulness within our heart to manifest itself. By appeasing those who suffers from Melancholy, we help them to be in a place where they could deal with their heart issues more effectively. See How People Change (Vantage Point. Winston-Salem, NC: Punch Press, 2006).
29Baxter, 284
and that He has often done so with others.” Alexander's advice does sound perplexing at first. If God can give them relief, why wouldn’t he? Again, *sola gratia* must be taken into account in our attempt to understand Alexander. Since it is only by grace alone that we may be rescued from our suffering, we are thus called to wait upon God to provide his grace according to his sovereignty. It seems that both Alexander and Baxter presupposed that we have an insufficient knowledge of God; thus it is through suffering that we gain new insights about the character of God. The suffering Melancholy is then seen as an instrument for our progressive sanctification.

**Black Bile versus Serotonin**

Our analysis brings us two further insights into our calling as modern day physicians of the body and soul. First, we should now gain a deeper appreciation of modern pharmacological and medical developments. While these two men are richly equipped with spiritual truths of the Reformed faith to address the human soul, they are limited to an ancient view of human anthropology. It was believed that health was regulated by certain fluids, or humours, of the body. Melancholy was attributed to “black bile”; therefore, there was a great emphasis on maintaining good diet and healthy exercise to “purify the blood.” Baxter interestingly advised people to not sit or walk once they have awoken in the morning, but to stand upright for fifteen minutes to help the excrement to descend. Baxter also offered some medication prescription for his members; most of his prescription consists of herbs and plants, including senna; whey; borage; spleen wart; agrimony; and others.

Such advice may sound archaic; however, Baxter's sermon actually engenders respect. As the shepherd of his flock, Baxter is genuinely fighting for the lives of his members. Medicine was not as developed then, and most of Baxter's congregation may be too poor to see a doctor. Early death was a common thing. Plagues terrorized them. It is unimaginable to think how many painful eulogies Baxter had to read even while proclaiming the word of God. It really brings to perspective the cross that a pastor had to be burdened with. Not only did Baxter feed his flock with spiritual food, he also functioned as a small-time doctor who provides cheap medical prescription to his members. Baxter cared not only for the spiritual health of his members, but he also cared for their physical health. In our modern day era, it is easy to hide behind the pulpit and give a sermon filled with theological jargons. However, if a pastor really believes that man have a dualist anthropology, he should also be concerned of his member's life and well-being. Therefore, a pastor's sermon is not merely presenting a list of theological propositions, but exhorting a person with regards to his spirituality as well as physiology. One modern day example would be to preach about the role of sex in the marriage and the risks of Sexually Transmitted Disease. Another example would be to preach about the role of families in the church as well as family life development. Although we may not be experts on human physiology, we are still called to learn as much as we can in order to minister to our flocks most effectively.

**Importance of proper doctrine**

Second, we are reminded that an accurate understanding of Melancholy must be grounded upon proper and biblical doctrines. In his article, Baxter interestingly mentions that Melancholy can also be caused by wrong beliefs, such as “mere perplexities of your

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30 Baxter, 287
31 Ibid., 291
mind, about religion, or the state of your souls, as fearing God's wrath for your former sins, or doubting of your sincerity and salvation.” 32 Here, Baxter has moved beyond the discussion of the interaction between the body and soul; instead, he is addressing our worldview that we use to interpret our body and soul with. In a counseling session, we as counselors are presenting our counselee with a world view to help explain our situation. Baxter's insight brings grim warnings to us: A man who is led by a false prophet will fall into despair because he is not taught about the one and only true God.

It is our responsibility then as biblical counselors to point our counselee back to the God who made His covenant with us. As created beings, we are essentially covenantal creatures who were created by God for His good pleasure and purposes. In other words, our soul/body anthropology makes absolutely no sense apart from our covenant with God! For we are created worshipers, designed as *imago dei* to reflect the image of God and receive our definition only in relation to God Himself. The Westminster Shorter Catechism states, “Man's Chief End is to Glorify God, and to enjoy him for ever.” 33 The Catechism also states that, “God's works of providence are, his most holy, wise, and powerful preserving and governing all his creatures and all their actions.” 34 Even though man had broken the covenant of works at the Fall, God remains sovereign over all His creatures. In other words, God's governing authority is still in effect even though our Melancholy experience may testify otherwise. God is still in control, and the reality of His power is independent of our experience. What great news is this to one who is suffering, for he is invited to have hope in the wisdom of our almighty God! It is no wonder that man may become depressed when he does not understand or have a covenantal relationship with God.

Our analysis of Baxter and Alexander had brought us fresh new ways to understand the relationship between Counseling and Physiology. First, it highlights the need for proper theological education in order to counsel adequately. While I will agree that we are competent to counsel, we need to be careful about who and where we are counseling our counselee towards. If we are pointing them to a wrong covenant, we will be doing more harm than good because we will be separating them from their essential role as *imago dei* 35. Therefore, counseling should not be seen as simply utilizing a set of communication skills, but it is intrinsically related to the way God communicates his revelation to us.

Second, it helps us to see that every form of suffering is intrinsically related to God. Any anomaly in our body or our heart is ultimately related to our relationship with God 36; therefore, suffering by itself makes absolutely no sense unless it is understood in relation to God's covenantal revelation to us.

Third, it helps us to see that even without the best form of medicine or pharmaceutical drugs, we are still able to make important contribution in helping people. Since our body is intrinsically related to our heart as well as our relationship with God; therefore any positive

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32 Ibid., 272
34 Ibid., S2
35 Since we are created as *imago dei*, we are to live out our lives as *imago dei* even when we are struggling with Depression.
36 Since the connection between our body and soul is so intricate and connected, they must be understood together as a whole. E.g. Physical disease is ultimately an evidence/reminder of our broken covenant with God and points us to the consummation where all disease will be gone. In contrast to the Prosperity Gospel, we advocate that God has called us into suffering. Suffering is therefore understood not only as a physical issue, but ultimately a spiritual issue.
improvements in the other two factors will ultimately help the body in the long run. I am not advocating for a health and wealth gospel. Instead, I am advocating that relieving the suffering of the body is part of God's Kingdom. Ultimately, this points to the centrality of the cross because it is only through the blood of Jesus that we may have a covenant with God. Praise be to God, for “He himself bore our sins in his body on the tree, that we might die to sin and live to righteousness. By his wounds you have been healed.” (1 Peter 2:14)

Thanks be to God!
Bibliography


