

Understanding the Influences on the Human Heart



BY MICHAEL R. EMLET

Introduction

How many times have you heard a person you counsel say something like the following:

- “I became angry because he belittled me.”
- “Does the Lord really expect me to love my wife sacrificially when she does not treat me with respect?”
- “I can’t treat my husband with respect when he’s been unkind and neglectful.”
- “I’m depressed because I suffer from a chemical imbalance.”
- “I have lost all hope in the midst of my chronic pain.”
- “You cannot imagine the pressure I feel to perform in my role as a CEO.”

How many times have *you* said or thought something like these? Each of these statements suggests a specific *context* that impacts in some way the counselee’s *response*. In counseling ministry, it is critically important to understand the multiplicity of influences that test our counselees’ hearts to respond in either a godly or an ungodly manner.

These influences on the human heart might be considered in three categories: intra-

personal, inter-personal, and extra-personal. Put a different way, the influences that shape the response of the human heart might be characterized as somatic, relational, and societal-cultural.¹ The purpose of this article is to develop a helpful diagram that seeks to explain the relationship between the initiating, moral center of the person (the heart) and the aforementioned three arenas of influence. Hopefully it will help both counselor and counselee avoid two extremes that ultimately short-circuit the process of biblical change: either *ignoring* the context in which we live life or concluding that the context is *determinative* of the way we live life. Either extreme truncates the transformative message of the gospel. How so?

Ignoring the influences on us results in a failure to engage with counselees, to incarnate the love of Christ, and to truly understand the context in which beliefs and motivations become expressed. But, on the other hand, concluding that the influences on us determine our actions results in self-justifying, blame-shifting, or a fatalistic lack of hope for change. The following diagram and discussion seek to find the biblical middle ground between these

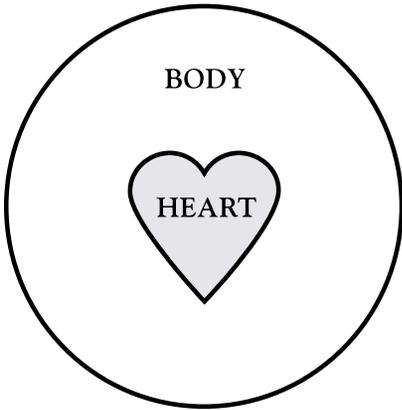
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¹From a secular standpoint those three influences might be characterized as “nature” (the somatic or physiological factor) and “nurture” (which incorporates the more narrow relational and the more broad societal-cultural influences).

two extremes.

Intra-Personal Influences: The Interaction of Body with Heart-Soul

How do we communicate to our counselees the Scriptural truth that human beings are composed of two different substances, inextricably linked throughout life on earth, material (body) and immaterial (heart or soul)? I often start by drawing the following:

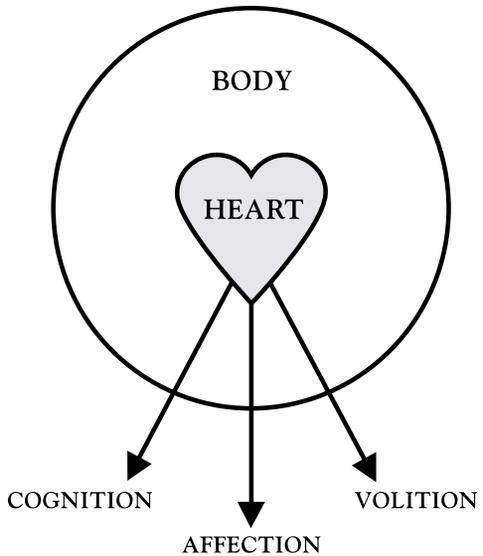


The biblical view of the person affirms an “inner” and “outer” aspect, which function together as a unity to live before God and others, either righteously or unrighteously. One common designation that Scripture employs to denote the inner aspect of a human being is the word “heart.” The heart, both in the Old and New Testaments, refers to the basic inner disposition of the person who lives either in covenant obedience or in covenant disobedience before God. The term expresses the fact that all human beings at their core are worshipers, either of the Creator or of created things, as emphasized in Romans 1. The word “heart” captures the totality of the fundamentally moral nature of a human being as creature-before-Creator.²

Other terms that Scripture uses to reflect the “inner” or covenantal aspect of the human

being include spirit, soul, mind, will, conscience, hidden self, and inner nature.³ Although not exactly synonymous, they greatly overlap in their essential meaning, and together vividly portray the critical importance of the inward disposition of the heart before God.

If the heart is the seat of a person’s spiritual-moral life, then thoughts, emotions, and the will to action originate in the heart. That is, from the heart flow cognition, affection, and volition. The heart thinks and remembers;⁴ the heart feels and experiences;⁵ the heart chooses and acts.⁶ What the heart initiates in these three spheres comes to fruition through the mediation of the body. The body carries out the heart’s desires. Every thought, emotion, or decision to act *will* be represented materially at a brain/body level. We cannot move from the heart to the world around us without utilizing the body. The relationship between the initiating heart and the mediating body can be diagrammed as follows:



²Cf. Deut. 6:5; Josh. 22:5; 1 Sam. 13:14; 1 Sam. 16:7; 1 Chron. 28:9; Ps. 14:1 (and many other psalms); Prov. 4:23; Prov. 27:19; Jer. 24:7; Matt. 5:8; Matt. 6:21.

³Cf. Ezek. 11:19; Matt. 10:28; Col. 1:21; John 7:17; Heb. 8:10; Rom. 2:15; 1 Pet. 3:4; 2 Cor. 4:16.

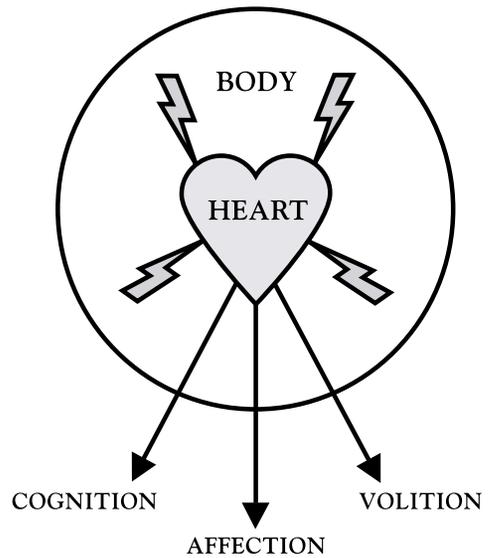
⁴Cf. Gen. 6:5; Deut. 8:5; Prov. 2:10; Eph. 1:18; Eph. 4:18; Heb. 4:12.

⁵Cf. Gen. 6:6; Lev. 19:17; Prov. 13:12; Prov. 14:13; Prov. 24:17.

⁶Cf. Exod. 25:2; Luke 6:45; Eph. 6:6.

It is important to realize that the body is the context in which the heart functions. That context may be health or it may be disease (or somewhere on that spectrum). Hormones may be balanced or unbalanced. A person may be able or disabled. Either situation demands a response of the person as he or she stands before God, and the initiation of this response resides in the heart. This means that while we may speak of the heart in moral-covenantal terms—righteous or unrighteous—the body cannot be spoken of in the same terms. As mediator, the body in and of itself is not the source of sin, but is spoken of in terms such as weakness/strength, limitation, and dependence.⁷ This discussion is not meant to suggest an ultimate dualism in which one part of us sins or obeys (the heart) while one part of us passively carries out the desire for sin or obedience (the body). When we sin or obey we do it heart and body. The material and immaterial elements of our being are absolutely integrated, but it is critical to note that nowhere does Scripture affirm clearly that the bodily aspect of personhood *initiates* morally. That initiation is the domain of the heart.

Ultimately our bodies do not have “the final say” when it comes to whether or not we live in faith or idolatry. At most, the body can only *influence* our hearts to make that righteous or sinful choice. The Scriptures affirm the active, responsive-to-God heart, *while not ignoring* the powerful influences of the body on the heart. These bodily influences range from a missed night’s sleep or the common cold, to traumatic brain injury, paralysis, a cancer-riddled, pain-wracked body or a brain shriveling in the wake of Alzheimer’s disease—or even a body in robust good health that feels great. These powerful and important influences of the body, which test the response of the heart, might be demonstrated pictorially as follows:



The big question is how will we and our counsees respond to the “pressure” that the body imposes through its weakness, limitation, and dependence (and it may be extremely significant)—with obedience or with disobedience?

We must seek to differentiate between the pressures of the body and the response of the heart in order that we might counsel wisely. We want to call people to obedience and responsibility to the extent that it is appropriate, in view of bodily strength and/or weakness. We more easily do this for problems that are *clearly* physical (a fractured bone) or *clearly* moral-spiritual (fornication). We would call counsees to repentance in the latter, but certainly would not call a counselee to “repent” of a broken leg!⁸ Other situations (including psychiatric issues) require much wisdom (and a certain appropriate tentativeness) in differentiating the role of the body and the role of the heart.

This diagram is particularly useful as an organizing principle for both the counselor and counselee. Take, for an example, a counselee

⁷See Edward T. Welch, *Blame it on the Brain?* (Phillipsburg, NJ: P&R Publishing, 1998), 40. This entire book explores the relationship between the heart and the body and the very practical implications for ministry to those with definite or possible physiological concerns. This article is an attempt to simply and schematically represent the foundational anthropological truths explored in much greater depth in Part I of Welch’s book.

⁸Of course, the situation of a broken leg (which in and of itself is morally “neutral”) can become an occasion for the heart to respond in praise and trust in God’s wise and loving purposes, or it can become an occasion for grumbling and distrust of God’s goodness.

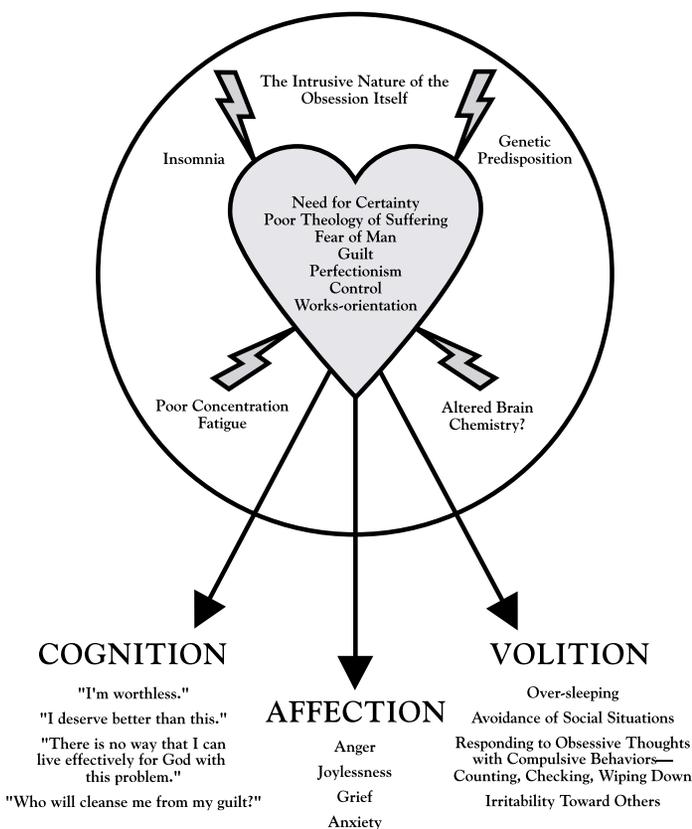
who comes to you complaining of recurrent and persistent concerns regarding the cleanliness of the various office tools that he must work with on a daily basis—telephone, copier, fax machine. He fears they might be contaminated. When he tries to ignore or suppress these intrusive thoughts, his anxiety increases. He finds temporary relief for his anxiety by a repetitive “wiping down” of the office items with rubbing alcohol, but the cycle recurs at different points throughout the day. He has lost several jobs because of this behavior and is in danger of losing his present position. He has even been placed on Zoloff by a physician, with only modest improvement. How should you think of his problem? Is it a heart issue? Is it biological? Both?

Having the biblical categories of heart and body allows a *reinterpretation* of data, which on first glance might be characterized as purely somatic/biological. In fact, the *Diagnostic and Statistical Manual of Mental Disorders* might well label this counselee with “Obsessive Compulsive Disorder (OCD).”⁹ Because such a secular biomedical model can only “see” the somatic

component since it has no category of “heart-soul,” it must assign a biological causation and (usually) mandate a biological cure for the counselee’s problems. The body-brain is the problem. The person is a sufferer, yes, but surely not a sinner.

But the Bible is never so reductionistic! It compels us to look at *both* potential bodily weaknesses *and* the sin that arises out of the heart. The riches of the gospel apply not to generic “hearts,” but real flesh and blood people struggling in specific situations with specific heart issues. Robust biblical counseling must walk the tightrope of acknowledging real somatic influences while rejecting any worldview that minimizes the *coram deo* aspect of living, as expressed in obedience to the first and second Great Commandments. Put another way, faith and repentance never occur in a vacuum, but are expressed in the midst of the unique bodily pressures that provoke the heart.

After a thorough data-gathering process, a “fleshed-out” diagram that distinguishes between heart issues and bodily weakness might look something like this:



Inter-personal Influences: The Role of Relationships

This same diagram can then be expanded to include relational influences. While the current dominant secular model for explaining human behavior is a biological one (“nature” over “nurture”), the role of significant relationships in defining the person is still considered influential.¹⁰ A boy who grows up under the constant displeasure of a distant, alcoholic father moves from relationship to relationship as an adult, yearning for the affirmation he never received. An adolescent girl with controlling, perfectionistic parents wastes away with anorexia. An abused child becomes an abusing parent. Experience seems to cry out that other people—their beliefs, words, and actions—shape who we are for better or for worse.

The Scriptures also affirm the influence of others, *but* without suggesting that these influences (these people) must be *determinative* of who we turn out to be or how we act in a specific situation. Other people simply do not have that kind of power. Nurture, like nature, is conditioned by the heart. Other people can create a context that will make obedience either easier or more difficult, but they ultimately cannot coerce our hearts (us!) to sin.¹¹ And that is good news—that we are not held captive to respond sinfully to the sin of others. At the same time, the good news of the gospel of Christ is a great balm to those who are indeed suffering at the hands of others. The grace and mercy of Christ the Redeemer is as rich, variegated, and deep as the situation of our counselees. The better we understand the

interpersonal pressures in the lives of our counselees, the better equipped we will be to minister the truth of the gospel and to speak a word in season.¹²

Extra-personal Influences: The Role of Society and Culture

In many ways, this is an extension of the preceding discussion. The people around us have a more immediate, direct influence on our hearts. But the ethos of the surrounding culture exerts a mediate, perhaps more indirect influence. While this is a subject worthy of a greatly expanded discussion, suffice it to say that the gospel is also meant to challenge and redeem the established norms of the world’s culture, and therefore, it is both wise and loving to assess and understand the societal-cultural factors that seek to mold our own hearts and the hearts of our counselees. Calvin described our hearts as “idol-making factories” and indeed, this would be true even if we were stranded alone on a desert island. But we must recognize the influence of the world in aiding in the construction of these idol-factories.

This is a plea to understand the broader situational challenges in which we and our counselees live. The writers of Scripture did not propagate “generic truth” by distributing it in a mass-mailing format to God’s people. Each book of the Bible targets a specific audience in a specific situation at a particular point in redemptive history. The truth of the gospel is not ministered into a relational-sociocultural vacuum, but it is done with an acute awareness of the multiplicity of challenges that press the hearts of God’s people to respond in either obedience or disobedience.¹³ Similarly, as we

⁹American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (Washington, DC: American Psychiatric Association, 2000), 4th ed., text revision, 456-463.

¹⁰See David Powlison, “Biological Psychiatry,” *Journal of Biblical Counseling* 17, no. 3 (Spring 1999), 2-8.

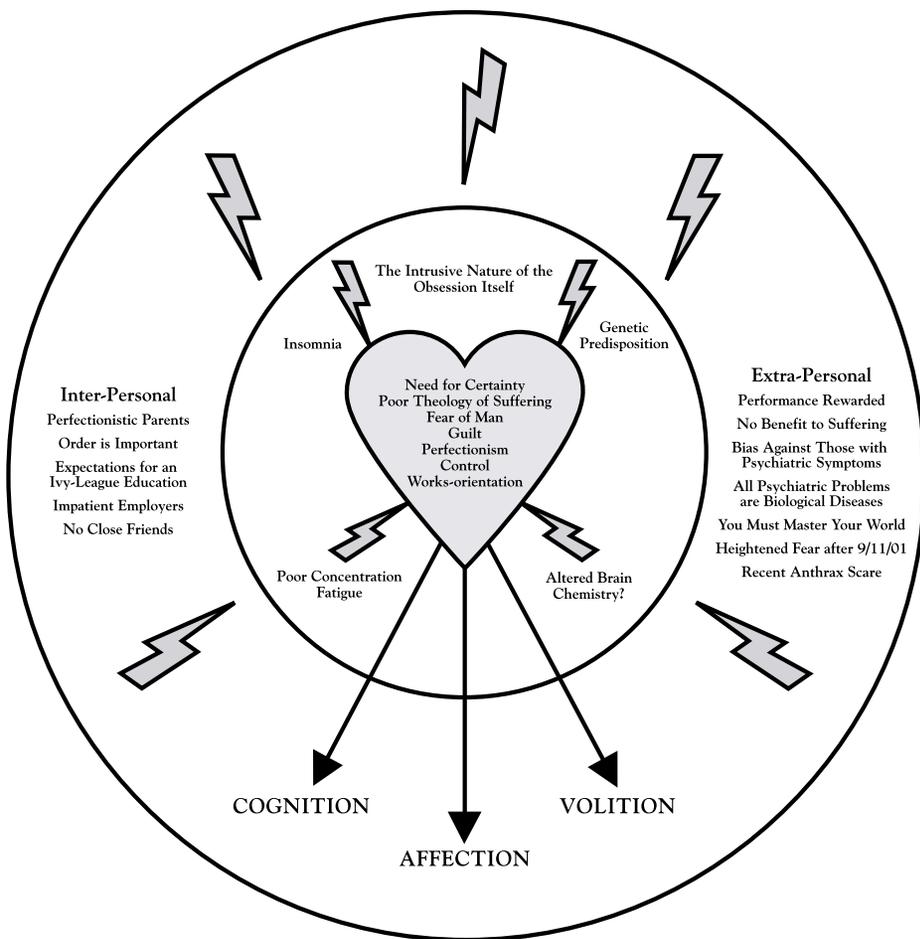
¹¹“But each person is tempted when he is lured and enticed by his own desire,” Jas 1:14 (ESV).

¹²Consider the number of times the Apostle Paul applies the truths of the gospel to specific situations of interpersonal conflict/relationships in the church (e.g. Rom. 16:17-18; 1 Cor. [especially chapters 3, 5, 6, 12]; Gal. 2:11-14; Eph. 4-6; 1 Tim. 3, 5; Philemon).

¹³This can be illustrated medically as well. Two patients may have the same problem, e.g. high blood pressure, which requires treatment. However, I consider a multiplicity of factors before prescribing a medication—severity of the hypertension, age and ethnicity of the patient, other concurrent medical conditions, cost and side-effect profiles of the medications, and potential interactions with other medications. Similarly, the approach to the same heart problem in two counselees—e.g. anger—will vary depending on the particular situations of the counselees. The call to “Be angry and do not sin” (Eph. 4:26) will look different applied to a man who struggles with road-rage and a woman who suffers the incessant verbal abuse of her husband.

share the transforming message of the gospel with our counselees, it must map onto the reality of their life situation, even as that message *reinterprets* their experience and clears their vision to see life with God's gaze.

With this in mind, how might an awareness of both inter-personal and extra-personal influences help us to flesh out the experience of the previously described counselee? Perhaps it would look something like this:



Additional specific details can be filled in, just as with the interplay of heart with body. This sets up the grace and truth of Christ to meet *this* person in *these* circumstances.

Conclusion

The preceding diagram is a tool to assist in distinguishing the somatic, relational, and societal-cultural influences that face our counselees, while maintaining that these influences are not ultimately determinative of their responses. This differentiation allows the breadth, length, height, and depth of the gospel to be riveted to their lives in loving, truthful, wise, and effective ways. Ultimately, we must

help our counselees to see the Redeemer who has gone before us, Jesus Christ, our Great High Priest and the author and perfecter of our faith. He was tempted in every way and in every context—bodily, relationally, socioculturally—as we are, yet was without sin. What then should be our response? “Let us then with confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need.”¹⁴ This availability of mercy and grace specific for our time of need gives hope to face the multiplicity of influences that press upon our lives.

¹⁴Heb. 4:14-16.