

women and discrimination in STEM fields in the essay “The Future Isn’t Female.”

Another significant theme is the economy. Starting with the history of workers’ rights and the industrial revolution, she discusses the future of our economy, considering the rapidly changing role of technology. She expresses many concerns about Big Tech and the economy. At one point she writes, “Did you imagine you owned your face? Owning is so last century. This is a sharing economy. We share. Big Tech collects” (p. 61). She suggests that describing the new economy as the “sharing economy” is ironic since sharing is not a financial transaction, but we are moving in the direction of increased transactions. Using history and descriptions of present-day business practices, all the way through to Big Tech’s COVID-19 profits, she argues that companies should be forced to be more responsible. In envisioning a new economy, she has as many questions as answers, but she lays out principles that may guide reformation.

I have read many books about AI, but I have not found another book that engages with modern AI and technology alongside philosophy in the way that *12 Bytes* does. It respectfully and thoughtfully considers the relationships between religion, philosophy, and technology; I would recommend it for those interested in exploring these connections. The primary question posed by the book is not one about the direction of technology, but rather it asks, *Where does humanity go from here?*

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THE LOGIC OF THE BODY: Retrieving Theological Psychology by Matthew A. LaPine. Bellingham, WA: Lexham Press, 2020. 363 pages. Paperback; \$26.99. ISBN: 9781683594253.

In this book, the author seeks a theological and biblical response to contemporary neuropsychology, stemming from a need for more effective pastoral care and faith-based counseling.¹ LaPine seeks to address a perceived gap between a theological understanding of human agency, and current neuroscience and psychology that leaves pastors and faith-based counselors under-equipped to meet the real mental health and counseling needs they encounter. Although the ultimate purpose is to provide much-needed support for applied pastoral or counseling care, the book is written as a theological reflection to inform a practitioner’s theology of practice.

Anchored in the Reformed tradition, LaPine provides an overview of pre-Reformation and Reformed theological

history in relation to the historical evolution of the field of psychology. Given the scope of these fields, the task of a thorough theology of psychology would take volumes. As a classical Reformed theologian, LaPine uses almost four hundred pages to narrow down the conversation to the theological basis for emotions and neurobiology, specifically through the relationship between the body and mind or spirit. The relationship of will, emotion, biology, spirit, and soul forms the core pieces of this book, around which the chapters revolve.

In his introduction, LaPine presents his “straw man” conflict: the rich spiritual position of faith, against “the modern, reductionist tendency to explain our emotional life exclusively in terms of brain function” (p. xix). At the same time as he points to a distance between (secular) psychology and theology, LaPine also highlights two opposing streams of theology: one that makes the spirit or the spiritual superior to the body or biology, and one that does not. LaPine shows that neuropsychology values the body and integrates it with the biological facts of emotion and volition (will), whereas mainstream Reformed theology does not, valuing the spiritual in primacy. LaPine notes that this dualism leaves Reformed counselors and pastors without a theology for a more holistic account of human psychology. He states that the Reformed mainstream shows a “lack of psychological nuance” (p. 4), leading to “emotional volunteerism,” or the position that people have moral culpability for emotions. In other words, an experience like anxiety becomes a moral sin, to be addressed by prescriptive spiritual re-orientation. The risk here is either a moralistic approach to mental health and human pain, or else abandonment of theology in an attempt to align counseling to contemporary psychological science in practice. Both these options undercut holistic care by undervaluing or ignoring either the body or spirit respectively.

LaPine argues, rightly in my view, that “sufferers simply cannot repent and believe their way out of anxiety” (p. 36); this begs a need for a more robust and nuanced theology, particularly given the current scientific evidence for the neurobiology of emotion. LaPine describes what he calls a “tiered psychology,” for which he finds a better grounding in Thomistic theology. The first three chapters of the book are dedicated to a history of theological attempts to account for psychology, in dialogue with the medical scientific understandings of those times. Chapter four explores the theology of Calvin, covering roots in theology for the current Reformed mainstream demotion of the body, as well as nuances of interpretation that LaPine sees as evidence of threads of Reformed theology that instead carried on the earlier holism. In chapter five, he continues the history of Reformed theology in respect of the debate of the seat of the soul, the place of the will, and the question of the

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influence of the body's impulses on moral or cognitive control.

The overall picture in this historical review is of an emerging dualism and hierarchy in which reason is morally obligated to control the inherently sinful impulses of the "flesh." Chapters six to nine alternate between explorations of natural law, science, and biblical reference to show that a more biblical and authentic (to Calvinism) theology comes closer to Thomas Aquinas's views, as well as to contemporary neuroscience (accepting psycho-emotional struggle as a human phenomenon without inherent moral culpability).

LaPine's Reformed-style writing (dense discussion with heavy footnotes, discussion spiraling around the same theme in different ways for several hundred pages) is admirable for its integrity. He has done his homework on both theological history and many aspects of psychology and neuroscience. As well, he is addressing very important issues in the context of a history of inadequacy in faith-based responses to mental health and counseling across Christian denominations. LaPine's work fills a critical gap at a timely moment in history, when the church needs a better response to human needs, and practitioners need tools for a more robust theology of practice.

At the same time, the author's deep dives into highly technical theological language and footnoted minutiae make a commitment to reading the whole book difficult for anyone who is unfamiliar or uncomfortable with the dense writing style of Reformed theology. There are also inconsistencies in the central arguments. For example, LaPine's opening section pits faith approaches against biological materialism as the current mainstream view, but draws on nonmaterialist views and resources in other areas without acknowledging that materialism is only one among the current views, many of which are more inclusive of spirituality. Materialist determinism is more confined to the medical model, which governs only a fraction of the practice of counseling psychology, most of which has embraced either existential, psychodynamic, or humanistic approaches.

LaPine does an interesting job of trying to pry Reformed theology from a particular tradition of Reformed thought, showing this particular tradition to be just one among many options consistent with core Reformed commitments. The book, however, can't quite get unstuck from its initial strategy of attaching its arguments to highly specific and selective theological and psychological parameters. A therapist or pastor wishing to better anchor their counseling approach in their theology might do well to select from the range of neuropsychotherapeutic theories and approaches in the dialogue between their theology and psychology, rather than start with defining the task as a conversation with materialist determinism.

The theological treatment sometimes loses "the forest for the trees." The discussion of interpretive nuances in Jesus's embodied experience of anguish in Matthew 26 (chap. 7) is a nugget. LaPine's arguments ground the issues well in scripture and in the heart of the Christian faith (the life and death of Jesus), as well as in its roots of Jewish understanding. Nonetheless, the reader loses track of the key salient points in the main theology chapters that lay out the "chess pieces" of the debate—Aquinas (chap. 2), Calvin (chap. 4), Reformed tradition (chaps. 7–8)—after slogging through the tangents and lengthy footnotes. Shortening the book by 200 pages would have been a worthwhile editorial exercise and would also have made the book comprehensible to more readers.

LaPine's neuropsychology discussion sometimes gives an impression of romping loosely through a broad field that never shakes the overgeneralized straw-man role set at the beginning, despite some interesting and pertinent references (such as Panksepp's emotional systems). It is difficult to see the precise connection between the theology and contemporary psychology, despite the enduring relevance of the central debate about moral choice, spirituality, and emotional health. Nevertheless, professionals with psychology training will find interesting points and connections. LaPine's book is a worthwhile exercise in wrestling with one's beliefs about the interactions between body, mind, and soul, and with the place of human agency in mental health and moral life. For this, the book provokes a discussion that is much needed. The book is a worthwhile resource for any faith-based Christian (any denomination) student of counseling or chaplaincy, or for clergy or divinity students who want to take their responsibility for counseling and pastoral care seriously. The cost of the book is very reasonable, and well worth it for the segments a reader may find most useful. As well, the questions addressed (relationship of spirit/soul and body, moral choice vs. mental health) are central to the task of counseling. The church is long overdue for supporting practitioners toward a theology of practice in counseling psychology that integrates current science.

Generally, I give the book a thumb's up. I recommend it for therapists, though those who haven't read theology in a while, will find it hard slogging. I also recommend it for counseling and psychology training in faith-based institutions because LaPine addresses many of the core issues and difficult questions of agency and moral responsibility. The structure of the book could provide a nice framework for a course on topics such as the history of "theology of psychology," development of a theology of practice, or theories of change in pastoral counseling. Readers, however, do need to supplement the contemporary psychology references with further reading for a first-hand understanding of the nuances

of the field, rather than relying on LaPine’s brief and oversimplified summaries.

Note

¹This book is available through the ASA Virtual Bookstore at: https://convention.christianbook.com/Christian/Books/easy_find?Ntt=THE+LOGIC+OF+THE+BODY%3A+Retrieving+Theological+Psychology&N=0&Ntk=keywords&action=Search&Ne=0&event=ESRCG&nav_search=1&cms=1&ps_exit=RETURN%7Clegacy&ps_domain=convention.

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Letters

The Data of Gender Dysphoria

There was so much said, and there was so much not said, in “An Attempt to Understand the Biology of Gender and Gender Dysphoria: A Christian Approach” (PSCF 74, no. 3 [2022]: 130–48) by Tony Jelsma.

The crucial claim, “Mental health usually improves after transition, particularly over time” cites one study.¹ Its conclusion was overturned.² After receiving publicity,³ letters to the editor raised concerns, including its omission of suicides. Upon reanalysis, as Richard Bränström and John Pachankis’ study had also found for hormones,⁴ surgery’s impact was not statistically significant.⁵

Correcting only one data error, the article of the study was reposted. Clicking “View Correction,” top left, finds the correction. It calls the conclusion, “too strong.”⁶ To hunt down exactly what “too strong” means, click “Archive,” “2020,” “August,” scroll to “Letters to the Editor” to click and read the editor’s comment, the seven letters, and the authors’ response—especially table 1.⁷

Today, this nonlongitudinal study still suggests it found a “longitudinal association between gender-affirming surgery and reduced likelihood of mental health treatment”⁸—while the truth—that the study’s design “is incapable of establishing a causal effect of gender-affirming care on mental health treatment utilization”⁹—remains fourteen clicks away. So, “too strong” means “wrong”—“so wrong,” that it’s memorable: Did you know a perpetual motion machine solved the mystery of dark matter? Oops: That statement is “too strong.”

Welcome to the world of transgender science. Commonplace are “small studies with cross-sectional designs, non-probability samples, and self-reported treatment exposures and mental health outcomes.”¹⁰

Jelsma’s reference (p. 136) reporting high satisfaction with genital surgery, used a nonrandomized sample of 71 people. The reference (p. 137), that reported the regret rate is 1%, included studies with short follow-ups. Jelsma noted WPATH (World Professional Association of Transgender Health) standards. If WPATH doesn’t meet standards for evidence-based medicine¹¹ and for conflicts of interest consistent with issuing “Standards of Care,”¹² why follow them?

I’m not saying Jelsma’s research is poor. I’m saying the evidence is poor. Statistics are not science. Jelsma attempted a challenging, controversial topic, adding insights about body perception, and importantly, raised good questions.

By contrast, despite highly uncertain evidence, gender activists, certain they are right, push “affirmation,”¹³ herding people—like cash cows—onto the WPATH (“WrongPATH”) toward sterilization. Their claim that experimental puberty blockers are reversible is “increasingly implausible.”¹⁴

- If a boy bullied by boys, who begins to identify with girls, is better supported by solving his root problems than by “affirmation” toward castration,¹⁵ why denounce it as “conversion therapy”?
- If the unprecedented spike in gender dysphoria among adolescent girlfriends is from influencers like social media,¹⁶ how will double mastectomies solve it? “Affirmation” can be a Pied Piper.

Activists’ “When-the-only-tool-is-a-hammer-every-problem-looks-like-a-nail” ideology first cuts off people’s options, then cuts off their organs. People are being hammered. The number is unknown.

One part of a Christian response, is to seek and speak truth. Healthy sex organs, better futures, and even lives are being sacrificed on the altar of gender ideology. And that statement is not “too strong.”

Notes

¹Richard Bränström and John Pachankis, “Reduction in Mental Health Treatment Utilization among Transgender Individuals after Gender-Affirming Surgeries: A Total Population Study,” *American Journal of Psychiatry* 177, no. 8 (2020): 727–34, <http://dx.doi.org/10.1176/appi.ajp.2019.19010080>.

²“Correction to Gender-Affirming Surgery and Use of Mental Health Services,” *Medscape* (October 13, 2019), <https://www.medscape.com/viewarticle/919822>. *Medscape* removed their news article about the study in note 1 above after the *American Journal of Psychiatry* issued a correction invalidating the results.

³“Correction of a Key Study: No Evidence of ‘Gender-Affirming’ Surgeries Improving Mental Health,” *Society for Evidence Based Gender Medicine* (August 30, 2020): Table 1. Table 1 is found under the heading, “Original Study by Bränström and Pachankis (2019)” and shown by clicking “Click here for more,” https://segm.org/ajp_correction_2020.