



CHRISTIAN  
RESPONSE

— to —

MENTAL  
ILLNESS

MUTUAL CARE  
IN THE BODY OF CHRIST

**Martin & Deidre Bobgan**

AUTHORS OF *PSYCHOHERESY*

Scripture quotations are taken from the Authorized King James Version of the Bible, except as otherwise indicated.

***Christian Response to Mental Illness:  
Mutual Care in the Body of Christ***

Copyright © 2019 Martin and Deidre Bobgan  
Published by EastGate Publishers  
4137 Primavera Road  
Santa Barbara, CA 93110

Library of Congress Control Number:2019946367  
ISBN 978-0941717-28-1

All rights reserved. No portion of this book may be reproduced in any form without the permission of the Publisher.

**Printed in the United States of America**

*Let the words of my mouth,  
and the meditation of my heart,  
be acceptable in thy sight, O Lord,  
my strength and my redeemer.*

**Psalm 19:14**

## Table of Contents

Preliminary Remarks .....	7
Chapter 1 The Rise and Use of the Medical Model of Mental Illness.....	11
Chapter 2 The <i>DSM</i> and Mental Illness .....	41
Chapter 3 Misdiagnosis and Maltreatment .....	57
Chapter 4 The Medical Model of Mental Illness .....	71
Chapter 5 Disease, Diagnosis, and Prognosis.....	83
Chapter 6 The Labeling Game.....	95
Chapter 7 Mental Illness and Irresponsibility .....	105
Chapter 8 Organically Generated Difficulties.....	121
Chapter 9 Sinful Counseling.....	141
Chapter 10 Christian Response to Mental Illness: Mutual Care in the Body of Christ.....	183
EndNotes.....	221

# Preliminary Remarks

## Use of Terms

We use the term *mental illness* according to its common usage, even though we argue that it is a confusing, catch-all misnomer. Therefore we do not put quotes around *mental illness*.

Our references to psychiatry and psychiatrists are in relation to the psychotherapy they practice, unless otherwise indicated.

We use the terms *counselor*, *counselee*, and *counseling* when what we say is related to the psychological or biblical counseling movement, because these are their preferred terms. Whenever we use the term *counseling* by itself in reference to biblical counseling, it refers to problem-centered biblical counseling, and when we use the designation “problem-centered counseling” by itself, it refers to both psychological and biblical counseling.

When we use the word *problem* we are referring to those problems normally talked about in psychological or biblical counseling. They are the mental-emotional-

relational-behavioral problems for which people seek counseling help.

All references to *biblical counseling* refer to the psychologically formatted counseling adopted by those in the biblical counseling movement (see Chapter 9). We will not use quotes around the word *biblical* when used with the word *counseling*, but let it be understood that, as we demonstrate in our writing, **biblical counseling is not biblical, because it is sinfully problem-centered like psychological counseling.**

### **Psychotropic Medications**

**We want to make it clear that we do not recommend that individuals get on or off psychotropic medications.** We generally do not write about psychotropic medications, but we do say that such medications are grossly over prescribed and greatly over used. Through the collaboration of psychiatrists and pharmaceutical companies, psychotropic drugs have been unnecessarily foisted upon millions of naïve individuals. Mental disorder labels are often recklessly and fecklessly applied by doctors to people who are undeserving of them. Moreover, based upon recommendations from friends and pharmaceutical advertising, consumers request such psychotropic medications from their doctors, and doctors who are on tight timelines too readily prescribe them. There are many skeletons in the psychiatric closet of the past and too many questionable practices of today, including sometimes clandestine relationships between psychiatry and the pharmaceutical industry. **Nevertheless, all decisions regarding whether to take or stop**

**psychotropic medications should be done only under the supervision of a medical doctor.**

### **Use of the Word *Sin***

We often use the word *sin* or a variation of it, such as *sinful*. There are many definitions for *sin*. However, the definition we use is “disobedience to the Word of God.” We have written about and given examples for the sinful conversations that occur in both psychological and biblical counseling. We do not use the word *sin* lightly. Nevertheless, after seeing and/or hearing literal counseling conducted by both psychological and biblical counselors, we conclude that these conversations are often sinful.

# 1

## The Rise and Use of the Medical Model of Mental Illness

The Christian response to mental illness is one of the great tragedies to ravage the church today. This tragedy began with the rise of the medical model of mental illness. The medical model used in the world of medicine has been hopelessly hijacked by those in the field of mental illness. The implications threaten the very foundations of psychiatry, as they depend on the medical model for diagnosing and treating mental disorders. These implications also threaten the foundations of psychotherapy and the biblical counseling movement as they follow the psychological counseling format. The very terms *mental illness*, *mental disorder*, and *mental disease* have become a blight to society, as they have been misunderstood, misapplied, misconstrued, and misused by many in both society and the church.

### Introduction

The purpose in writing this book is to encourage believers to minister to all who seek biblical, spiritual care,

including individuals who are suffering from mental illness or who are suffering from other mental-emotional-behavioral issues, known in Scripture as trials and tribulations, without throwing them into an either/or category (biological or spiritual). Therefore, we scientifically discredit the prolific, promiscuous, and popular use of the metaphor *mental illness* and later reveal that **one does not always need to know the answer to the following question**: Do those individuals who suffer from mental-emotional-behavioral symptoms or who have been diagnosed with a mental illness without objective biological markers have a true disease needing medical treatment, a psychological problem calling for the worldly system of psychotherapy, or a spiritual problem needing a biblical solution?

To help those who would give mutual care in the Body of Christ, we describe the origins of the medical model of mental illness and its numerous ramifications. However, we reveal that, **in most cases** of personal ministry, it is both not possible and not necessary to know for sure whether or not such disorders or challenges are the result of an objective biological illness.<sup>1</sup> In this perilous, peculiar, and puzzling area of not truly knowing whether or not a mental-emotional-behavioral issue is biological or spiritual, one can nevertheless assume that **people are responsible for their behavior and can benefit from biblical ministry** (see Chapter 7).

We recommend that Christians who minister to others begin with the understanding that individuals, regardless of their mental-emotional-behavioral symptoms or designations, can be ministered to, **as long as a rational conversation can take place and that the content of**

**the conversation is undergirded by love and biblically-based.**

In our past writings we have revealed the sinful nature of both the psychological and the biblical counseling that follows the conversational format of psychological counseling. Over the years we have exposed counseling conversations of both psychological and biblical counselors that violate biblical admonitions.

As we have said many times: The best way to recognize the unbiblical nature of psychological and biblical counseling that explores personal relationships is to read or hear and evaluate available literal, live (**not simply playacted**) counseling by using biblical standards. There one can see and hear how the counseling problems are discussed and what sinful conversations are actually involved.

To Christians who support, promote, or practice either psychological or biblical counseling, we continue to offer the following challenge: “Provide one live, literal (not enacted) psychological or biblical counseling session that does not violate Scripture.” To date no one has been able to provide one for us! This is proof positive that Christians should not be involved with psychological (psychotherapy) or biblical counseling as participants or practitioners!

In contrast to the expectation and practice of the usual counseling sessions with sinful conversations, we encourage what the church has provided through the years—mutual care (see Chapter 10), in which believers minister care for one another and encourage fellow believers to know the Lord, believe His Word, and learn to walk according to their new nature in Christ, rather

than according to the old Adamic nature. Such ministry is for all believers to give and receive within the Body of Christ.

### **History of the Medical Model**

As we describe the history of the medical model of deviant human thinking and behaving from its beginnings to its present, be aware that there is, in most cases, a lack of objective biological markers for almost all the diagnoses. Research psychiatrist Dr. E. Fuller Torrey describes the earlier predecessors of the medical model as similar to, but not as sophisticated as the contemporary idea that “for every distorted thought there is a distorted molecule.”<sup>73</sup> All the medical models of mental illness from the beginning are theoretical ideas that are not directly supported by objective biological markers. The early predecessors of the medical model of irrational thinking and behaving were based upon speculation and conjecture. In other words, they were hypothetical ideas that lacked scientific proof.

### **Four Humors**

The origins of the medical model date back at least to the Greek theories of humors and their derivative personalities. From ancient times through the Middle Ages, physicians and philosophers used their understanding of the four humors (bodily fluids), the four temperaments, and signs of the zodiac to treat diseases and understand individual differences among people. Torrey says that in the Greek theory of humors, “Irrational behavior of various kinds was attributed to an imbalance of the humors—depression, for instance, was due to excessive bile.”<sup>74</sup> However, the “imbalance of the four humors” as

an explanation for irrational behavior is a hypothetical idea that is not scientifically provable.

### **Middle Ages (Circa 500 AD to 1500 AD)**

During the Middle Ages the medical model declined and religion was used to explain deviant thinking and behaving. It was conjectured that the mental-emotional-behavioral deviancy of mankind was attributable to demons or evil spirits. Many symptoms of irrational thinking and behavior were described during this period of time, but no objective biological markers were needed as the speculation was that the symptoms were due to the spiritual world.

### **Renaissance (Circa the 14<sup>th</sup> through the 17<sup>th</sup> Centuries)**

During the Renaissance religious explanations for deviant thinking and behaving ebbed and medical treatment began for those individuals suffering from irrational behavior. The thinking and behaving symptoms were considered medical illnesses, though usually no objective biological markers were named.

### **18<sup>th</sup> Century**

Franz Anton Mesmer (1733-1815) was another contributor to the medical model. Mesmer believed that he had discovered the great universal cure of both physical and emotional problems. In 1779 he announced, "There is only one illness and one healing."<sup>5</sup> Unlike the bodily humors, Mesmer presented a hypothetical idea that an invisible fluid was distributed throughout the body. He called the fluid "animal magnetism" and believed that it influenced illness or health in both the mental-emotional

and the physical aspects of life. He considered this fluid to be an energy existing throughout nature. He taught that proper health and mental well-being came from the proper distribution and balance of the animal magnetism throughout the body. All of this was based upon Mesmer's say-so.

Mesmer's ideas may sound rather foolish from a scientific point of view. However, they were well received by many at the time. Furthermore, as they were modified, they formed much of the basis for present-day psychotherapy. The most important modification of mesmerism was getting rid of the magnets. Through a series of progressions, the animal magnetism theory moved from the place of the physical effect of magnets to the psychological effects of mind over matter. Thus the awkward passing of magnets across the body of a person sitting in a tub of water was eliminated and all that was needed to cure the irrational disturbance was a conversation.

Mesmer's far reaching influence gave an early impetus to scientific-sounding religious alternatives to Christianity. He also started the trend of medicalizing religion into treatment and therapy. Nevertheless, he only gave the world a false religion and a false hope. Distinguished Professor of Psychiatry Thomas Szasz describes Mesmer's influence this way:

Insofar as psychotherapy as a modern "medical technique" can be said to have a discoverer, Mesmer was that person.... Mesmer stumbled onto the literalized use of the leading scientific metaphor of his age for explaining and exorcising all manner of human problems and passions, a rhetorical device that the founders of modern depth

psychology subsequently transformed into the pseudomedical entity known as psychotherapy.<sup>6</sup>

This was a pseudomedical entity because Mesmer still maintained his idea of “one illness, one healing” and the “animal magnetism” that flowed through the body, even when the magnets were no longer necessary for cure. Only the words between the counselor and client were needed. Mesmer created a mechanistic medical model built on symptoms, but absent objective biological markers, that produced the counseling movement that followed. The counseling that followed and continues right up to the present day deals with symptoms through a hypothetical framework for cure without the necessary objective biological markers to qualify as a disease.

### **19<sup>th</sup> and 20<sup>th</sup> Centuries**

It was not until the 19<sup>th</sup> Century when rationalism and positivism promoted the belief that man was governed by natural laws and that these laws could be discovered and clarified through science.

### **Hypothetical versus Symptomatic**

In medicine there were major advances in the discovery of bacterial reasons for diseases, such as syphilis, tuberculosis, and typhoid, which sometimes resulted in deviant thinking or behaving. It was reasoned that other such thinking or behaving must be caused by other diseases or for other bodily reasons. Up until the mid-nineteenth century the rationalization behind irrational thinking and behaving was speculative and hypothetical.

**The first of two significant changes** occurred that initiated a different medical model profile for such irra-

tional thinking and behaving. The first significant change in the medicalization of deviant thinking and behaving resulted from the work of Emil Kraepelin (1856-1926). Kraepelin was a German psychiatrist **who believed that the psychiatric diseases had physical causes and established a classification system of mental disorders.** The classification system involved symptoms that are subjective evidences of disease. Kraepelin considered psychiatry to be a branch of medical science and should be treated as such. Kraepelin's classification system preceded the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)* and certainly influenced them. The *DSM* and *ICD* are predicated on the idea that deviant thinking and behaving are medical issues, i.e., diseases, even though there are no objective biological markers for the disorders listed.

**The second significant change** was brought about by Sigmund Freud (1856-1939), who is responsible for rapidly advancing the medical model. Instead of moral treatment by means of religion and philosophy, Freud advanced the medical model with its psychological underpinnings. Freud molded his hypothetical psychological themes into a pseudo-scientific framework that propelled them further into medicine. Yet even prior to Freud, deviant thinking and behaving had been quite firmly established as diseases. Under Freud deviant thinking and/or behaving constituted a "disease" and curing such was "medicine." In short, Freud devised a psychotherapy (psychoanalysis) that he represented as a scientific theory and as medical therapy. This was the second significant change in the use of the medical model for mental

and behavioral disorders and a significant, unique, and historical precedence-setting act on the part of Freud. This set the standard for future psychotherapies to function without the need for objective biological markers to qualify behaviors as diseases.

Freud is the most prominent name in psychotherapy and is considered the father of the psychotherapy movement. Freud invented psychoanalysis as a method for treating mental-emotional disorders and particularly for investigating what he considered to be the unconscious mind. Psychoanalysis is known as the fountainhead of Western psychotherapy. As such, it has influenced most of contemporary psychotherapy. With Freud's doctrine of the unconscious and its related theories, his work set a standard and framework for others to follow and modify. His ideas permeate later theories and therapies and have significantly influenced the thinking and writing of the twentieth century and beyond. E.M. Thornton says in her book *The Freudian Fallacy*:

Probably no single individual has had a more profound effect on twentieth-century thought than Sigmund Freud. His works have influenced psychiatry, anthropology, social work, penology, and education and provided a seemingly limitless source of material for novelists and dramatists. Freud has created a "whole new climate of opinion"; for better or worse he has changed the face of society.<sup>7</sup>

Indeed, Freud's constellation of theories about the human psyche is merely a set of one man's fantasies. Regrettably his theories have been elevated from fantasy to

fact, accepted as gospel truth, and applied to almost every area of human endeavor. Therefore, it is essential to remember that Freud's ideas and theories are simply unproved opinions, not facts; his own notions, not reality.

In truth, Freud's psychological model and treatment methodology (psychoanalysis) were merely unprovable constructs of his imagination, which became the universal medical model behind all the psychotherapy that followed—absent objective biological proof of disease. Through the malevolent machinations of his mind, Freud brought the psychological into the medical world by giving a scientific-appearing façade to the human mind absent any scientific evidence of disease. And the monstrous acceptance of his scheme, first by the medical community and later by federal funding to universities, became the means of therapizing not only deviant thinking and behaving for veterans at first, but eventually for all problematic thinking and behaving, absent any need to prove that a disease existed. After all, what psychotherapists regard their individual, marital, family clients as having a mental illness? And what psychotherapists show forth objective biological markers for the symptoms of their clients?

## **Psychotherapy**

Szasz asks an important question:

What is psychotherapy? In the conventional view, it is, generally, the treatment of mental disease—particularly by psychological, social, or environmental, rather than physical or chemical means. In this imagery, psychotherapy is real and objective in the same sense that prescribing peni-

cillin, surgically removing a brain tumor, or setting a fracture are real and objective. Hence we commonly speak of psychiatrists “giving,” and patients “receiving,” psychotherapy. In my opinion, this view is entirely false.<sup>8</sup>

Szasz later answers that question:

Actually, psychotherapy is a modern, scientific-sounding name for what used to be called the “cure of souls.” The true history of psychiatry thus begins not with the early nineteenth-century psychiatrists, but with the Greek philosophers and the Jewish rabbis of antiquity; and it continues with the Catholic priests and Protestant pastors, over a period of nearly two millennia, before the medical soul-doctors appear on the stage of history.<sup>9</sup>

Szasz adds: “The spiritual needs of man were thus well understood in Greek antiquity; and they were well articulated in the religious and artistic images and terms appropriate to them.”<sup>10</sup>

Counseling therapy based upon symptoms absent objective biological proof of disease continued to expand through psychiatry. Freud and other such individuals as Carl Jung and Alfred Adler represented popular psychological approaches. However, because these therapies were very intensive and very expensive and because they required meeting 3-5 times a week with a medical doctor, they involved only a small number of individuals who could afford the time and money.

The field of clinical psychology was developed in colleges and universities circa 1950. This relatively new

field later produced degreed individuals who would become licensed and enabled to offer a shorter, therefore less expensive, means of dealing with problems of living in the psychiatric tradition of dealing with symptoms without the objective biological evidence of disease, yet depending on the medical model.

After World War II the federal government invested heavily in universities to produce therapists, primarily for returning veterans, never doubting the questionable medical model connection. These additional monies, along with private foundation grants, were used in universities to expand the clinical psychology departments in order to train individuals to conduct therapy. Clinical psychology, out of which come psychotherapists, was a relatively new profession at that time but is now one of the most popular majors in colleges and universities across America.

Ellen Herman, in her book *The Romance of American Psychology*, describes the rise of psychological counseling in America. She says:

Throughout the entire postwar era, the United States has trained and employed more psychological experts, per capita, than any other country in the world.... Before World War II, professional healers and counselors were few; most individuals allied with psychology did work unrelated to "helping."<sup>11</sup>

Herman describes the omnipresence of psychology as having "seeped into virtually every facet of existence," but she says, "that does not mean that it has

always been there or that what experts say has always mattered as much as it matters today.”<sup>12</sup>

Dr. Jonathan Engel, in his book *American Therapy: The Rise of Psychotherapy in the United State*, describes the increase in the use of psychotherapy. The dust jacket states:

Therapy has percolated into the American mindset—Engel believes there is something uniquely American about the way that we have taken to it as a form of health care and as a kind of self-improvement. Today we are a “counseled nation,” where the prescription of antidepressants is widespread and terms like *emotional baggage* are used colloquially. Therapy today reflects the American can-do attitude and it furthers many of our collective goals: emotional well-being, social adjustment, happier marriages, and more productive lives.<sup>13</sup>

In his Preface, Engle makes a significant statement about the uniqueness and ubiquitousness of American psychotherapy. As to its uniqueness, Engel says: “Nowhere else in the world do people explore their deepest and most intimate secrets with total strangers with such alacrity and enthusiasm.”<sup>14</sup> As to its ubiquitousness, Engel speaks of the multitude of places and the many reasons and ways that Americans are involved in counseling. It is everywhere!

Aside from individual meetings and brief advice giving, this problem-centered professional counseling mania did not exist in or out of the church prior to World War II. At the same time problem-centered counseling

based upon the medical model came in, the bar was lowered as to what constitutes problems that should lead to counseling. The bar was first lowered in society through problem-centered counseling and then some years later the church followed suit. The bar that was lowered was what problems constitute a need for counseling. Whereas, in the past, people were embarrassed and even ashamed about anyone knowing they were in counseling, today seeing a counselor is considered a badge of honor. Clients and counselees in counseling publically reveal not only that they are in counseling, but even say whom they are seeing and what they talk about.

### **From the Spiritual to the Fleshly**

With the rise of affluence after World War II, there was a shift from interest in the supernatural (spiritual) to the natural (fleshly) and from the eternal to the here and now. Instead of seeing the trials and tribulations of life as challenges to faith as a normal part of the Christian experience and even as something to build endurance while looking ahead to a blessed eternity with God, there was an increased desire to seek present happiness through counseling. This also impacted the church where there was a shift from dependence upon God to a dependence upon self to deal with the trials of life. The wisdom of men became the standard of change, and counseling became the means to accomplish happiness here and now. In order to attain here and now happiness, people seek to have the normal twists and trials of life adjusted through problem-centered counseling. Once the objective biological markers were no longer needed to qualify a problem of living for medical insurance coverage, the bar was not

just lowered, but practically eliminated when it came to what problems are fair game for the counselor's office.

In her chapter on "The Growth Industry," Herman describes how psychotherapy, absent the need for objective biological markers, grew from treating those with extreme mood disorders to individuals who did not think of themselves as "mentally ill," but wanted what they regarded as the benefits of treatment. Herman concludes her chapter on growth with a section titled "Psychotherapy for the Normal as a Postwar Growth Industry." At the end of it she says:

Each of the developments described in this chapter expanded psychology's jurisdiction applying the theories and technologies of clinical expertise to more people in more places for more reasons than before.... Strengthening feelings of human connection and identification, struggling to adjust, gain insight, and become fully human—these were gradually transformed into important social goals as well as widespread individual pre-occupations during the postwar decades.<sup>15</sup>

Herman later says, "As a result, psychological help [absent the need for objective biological markers] was defined so broadly that everyone needed it."<sup>16</sup> In the last half of the 20<sup>th</sup> century, the supposed need for psychological counseling and the practice of counseling psychology, rationalized by the medical model, but absent objective biological markers, accelerated rapidly. Instead of having psychoanalysis and its few offshoots, we presently have about 500 different, often conflicting psychological counseling approaches and thousands of

not-compatible techniques with various incompatible underlying psychological theories all dependent upon the psychological medical model of mental illness, absent any necessary objective biological markers.

Deviant behaving and thinking first morphed into being called mental illness, absent objective biological markers. Conversation became the treatment for deviant behaving and thinking as it was brought into the field of medicine under the medical model. Later, as the less intensive and less expensive psychotherapies came along, the mental illness/medical model became a façade for counseling problems of living and other mental-emotional-behavioral disorders (absent the needed objective biological markers) instead of or in addition to medicine.

### **The Public Undressing of Private Lives**

“There is a way which seemeth right unto a man, but the end thereof are the ways of death” (Prov. 14:12). Throughout church history the Bible has been sufficient to minister to the personal and interpersonal problems of living without resorting to the very wisdom of man about which God warns His people (1 Cor. 2:5, etc.). How did the church move from the comfort and confidence in the Word of God and the work of the Holy Spirit in the fellowship of the saints to its current condition where solutions to the issues of life are found in the unbiblical evil speaking (Eph. 4:31) that takes place in problem-centered counseling and in the public undressing of private lives? In attempting to provide something better than the world, Christians nevertheless followed the problem-centeredness of worldly counseling along with its sinful speaking. Not only have these Christians

opened Pandora's Box, but apparently they believe that its evil contents of exposing the sins and failures of others are necessary in the process of helping people who are suffering from the trials of life. Like the Israelites during the time of the Judges, they are doing what is right in their own eyes (Judges 21:25).

Two main streams of influence occurred historically to promote this evil, both of which began in the secular society and eventually weaseled their way into the church. Like the proverbial camel's nose in the tent, unbiblical evil speaking became the common parlance of God's people. God's Word was first replaced by the "camel" of communication called "counseling," and then Christians went public by expressing instead of suppressing their private emotions, thoughts, and lives. The first stream is counseling, beginning with the psychological counseling movement and followed by the biblical counseling movement, where sinful speaking became part and parcel of the lingua franca of the people of God in the counselor's office. The second and tandem stream is the progression from personal privacy regarding thoughts and lives, once considered sacrosanct and kept private from public disclosure, to public exposure with sinful speaking and its ptomaine touchy-feely talk, with grumps and grumbles rumbling beneath a facile façade of pseudo righteousness. The **publication of private lives first began in the confines of counselors' offices** and eventually evolved into the broadcast blather of talk shows. Jeremiah 17:9 reveals the human depravity from which the sinful problem-centered mania began and is the dreadful abyss of mankind out of which the publicizing of private lives erupted.

The movement in the United States began with private thoughts about self and others being shared in the counseling office and then moved to private lives becoming publicly proclaimed with many defamed. Both of these streams set the stage for counseling conversations running roughshod over the “faith which was once delivered unto the saints” (Jude 3) and ignoring biblical admonitions regarding the tongue (James 3).

### **Publicizing Private Lives**

Once upon a time there was no licensed problem-centered counseling as we know it today, except for psychoanalysis. There were no degreed and licensed counselors who charged money for ongoing conversations about the issues of life. That was sixty years ago. Now this sinful problem-centered counseling has become so much a part of our culture that speaking out against it, as we do, raises eyebrows and hackles. However, the problem we have with counseling is that it is problem-centered and inevitably leads to sinful speaking.

Problem-centered counseling attempts to deal with personal and relational troubles, difficulties, and dilemmas normally taken to a psychological or biblical counselor and discussed in detail and at length with the counselor. They are the mental-emotional-behavioral problems of living that are normally surfaced in counseling and constitute the center of the conversation. Although counselees generally come in with a problem-centered mind-set, the counselors are the ones who are primarily responsible for the corrupt counseling conversations that follow, through their questions and responses.

Problem-centered counseling **is not** like a Catholic confessional in which a person comes alone as a penitent, sorrowful about some sin or wrongdoing on one's own part and seeking forgiveness.<sup>17</sup> Note the person (penitent) is confessing one's own sin and not that of others. Contrary to the Catholic confessional, problem-centered counseling generally flows in the opposite direction in that the client or counselee is typically confessing sins of others who are usually not present, thus making public to a third party what was formerly private and at the same time violating biblical admonitions to the contrary. The Catholic confessional does not consist of repeated meetings about problems with on-going discussions comprised of confessing the sins of others, unbiblically accusing and blaming them, and publicizing their personal and private lives. Repentant sinners who confess their own sins without excuse or blame, rather than the sins of others, are the exception in biblical counseling. While in many instances it would be beneficial if the one in need would first confess one's own sins before discussing the reason for seeking help, it is unlikely to happen because we live in a 2 Timothy 3, last-days era. At least it has not happened in the biblical counseling we have seen, heard, and read. And, it has not happened in almost forty years of our own ministry to others.

Conversations between and among people have been going on ever since the Garden of Eden. Conversation is the sharing of thoughts, feelings, and ideas by spoken communication and includes both informal and formal sharing of words. The kind of conversation to which we are referring is both. It will sound informal and casual at times. It is formal in that it is the kind of conversation

that occurs when one or more persons with a personal or interpersonal problem come to a particular person known as a counselor or psychotherapist in order to receive help. The help is given within the formal framework of the counselor's particular theory, techniques, and training. But the backdrop is that the counselee generally reveals confidences and confesses sins of others. The counselor enables the counselee to do so through particular learned theories and techniques, which generally expand the confidences revealed, but fail to find out the truth behind what is said. When one crosses the line from confessing one's own sins to confessing the sins of others, the fleshly tendency in such a setting will inevitably turn to revealing confidences and private matters resulting in speaking evil of others. The depravity of one's flesh generally takes over in such a problem-centered setting.

This publicizing of private lives is umbilically tied to the psychologizing of the American public and began primarily by corrupting the strengths and virtues of women as a conduit through which private lives became publicly exposed and emotively displayed. Janice Peck, in her book *The Age of Oprah: Cultural Icon for the Neoliberal Era*, says:

Epstein and Steinberg suggest that therapy, as a "language of self and interpersonal relationships, and even as a way of life," had become so pervasive in late-twentieth-century American culture "that it is virtually impossible to live in the United States without being interpolated into the therapeutic experience in some way."<sup>18</sup>

These kinds of talk shows should be renamed as “therapy talk shows” because that is what they are. Such talk show conversations, almost regardless of the topic, are framed in the psychotherapeutic ethos of the current culture.

The United States has privately and publicly become a therapeutic society, where private and public trash talk, which was first led by men counselors and later mainly by women counselors, was primarily fueled by female inclinations and interests. These new private and public personas for women have overshadowed traditional women’s roles. Men are being cajoled or cudged into the counselor’s office in greater numbers than ever before, and in the process they are being brainwashed to think womanly thoughts and to learn that, to save their marriages and salvage their other relationships, they “have to become a woman.”<sup>19</sup> If women were not in counseling as counselees, the men would not be there and the whole counseling mania would disintegrate. As to the public puffery of the privacy of personal lives by women, men were later enticed to join the melee of media voices, but to this day the public undressing of private lives is female friendly territory and a dysfunctional environment for traditional men. However, the online era has dramatically expanded such therapeutic interchanges to include men in the social networking and the public exposure of private lives and appears to be the penultimate era prior to the Lord’s return. While these streams of discourse have seriously affected the church, we will primarily pursue the curse of problem-centered counseling and the reasons why it should be stopped.

### **Self-Centeredness**

Psychological counseling and its penchant for sinful speaking is a Western phenomenon that has been copied by those in the biblical counseling movement. In her book *In Therapy We Trust: America's Obsession for Self-Fulfillment*, Eva Moskowitz reveals the contrast between "Americans' proclivity for the couch" and other contrasting nations world-wide. She says:

Though we recognize the therapeutic gospel's grip on our culture, we have little idea how we came to this point. Perhaps this is because the therapeutic has snuck up on us. Perhaps it is because we are only dimly aware that America has not always been obsessed with the psyche. But our therapeutic faith is neither timeless nor universal. Our nation has not always been so preoccupied with personal dilemmas and emotional cures, nor are other nations so preoccupied today. The citizens of Asia, Africa, and Europe do not share Americans' proclivity for the couch. There are fewer psychological professionals in China, Israel, and Korea combined, for example, than there are sex and art therapists in America.<sup>20</sup>

Dr. Frank Furedi, a professor of sociology at the University of Kent, reports in his book *Therapy Culture*:

A study of "seeker churches" in the US argues that their ability to attract new recruits is based on their ability to tap into the therapeutic understanding of Americans.<sup>21</sup>

Although corrupt-talk counseling is a Western activity, other countries are beginning to adopt it because of

Western influence. While it is on the increase, there has been little of this counseling in East Asian countries. One major reason it is almost non-existent there is because East Asians have typically **not** been **self-oriented** or personal problem-centered. They have typically been **we-oriented**, while Westerners are typically **me-centered**. Also, the culture and tradition of East Asians has been to regard the family as sacred. Therefore one would not blame family or parents for one's present life.

One specialist writing on "psychotherapy in Japan" refers to the "family's sacrosanct character" and the reluctance to blame "a parent or parent's role in a patient's neurosis or, especially, the ways in which a maternal figure may not be all-loving and good." The article says, "A Japanese, instead of investigating his past, romanticizes it: Instead of analyzing his early childhood, he creates fictions about it." The contrast to Western individualism is seen in the following: "Even for [Japanese] adults, expressions of individuality are often considered signs of selfish immaturity."<sup>22</sup>

One writer describes the East/West cleavage this way:

The world can be divided in many ways—rich and poor, democratic and the authoritarian—but one of the most striking is the divide between the societies with an individualist mentality and the ones with a collectivist mentality....

You can create a global continuum with the most individualistic societies—like the United States or Britain—on one end, and the most collectivist societies—like China or Japan—on the other.<sup>23</sup>

Many Latin American cultures also represent a contrast to the Western “me” culture. While there are some regional differences, Latin American cultures are generally “we” cultures. Mexican writer Octavio Paz describes this tendency:

I am another when I am, my actions are more mine if they are also everyone’s. So that I can exist I must be the other, I must leave myself to look for myself among the others, those who would not exist if I did not, those who give me my own existence. I am not, there is no I, **always it is we.**<sup>24</sup> (Bold added.)

In comparing the aspect of collectivism/individualism between Spanish Speaking South Americans (SSSAs) and English Speaking North Americans (ESNAs), Skye Stephenson says that for SSSAs, “the opinions of others are often given significant weight in evaluating personal behavior and deciding upon appropriate actions” and that the “focus on others’ opinions, especially for self-evaluation, is encouraged in most SSSAs from a very young age” and is shown in the way children are scolded.<sup>25</sup> SSSAs are encouraged not to shame the group, while, in contrast, ESNAs are encouraged to follow their own personal beliefs.

Geert and Gert Jan Hofstede describe collectivism, in contrast to individualism, as “societies in which people from birth onward are integrated into strong, cohesive in-groups, which throughout people’s lifetimes continue to protect them in exchange for unquestioning loyalty.”<sup>26</sup> They say that “in a collectivist environment” family and group ties are very strong, “it is immoral *not*

to treat one's in-group members better than others," and shaming is used to correct bad behavior because it makes the family or group look bad"<sup>27</sup> (italics theirs). So we see a similarity to East Asian culture in many Latin American cultures where the group and family are sacred and where focusing on the self and condemning the group or family are discouraged. Without North American influence, such Latin American cultures are **not** naturally fertile territory for psychotherapy and counseling.

### **Cure of Souls (Spiritual Model) or Cure of Minds (Medical Model)?**

From the very beginning of the Christian church there was a method and a ministry for dealing with mental-emotional problems. The method depended upon the Word of God, which describes both the condition of man and the process of relief for troubled minds. The ministry was a prayer and healing ministry which dealt with all nonorganic mental-emotional disturbances. This entire process was known as the "cure of souls." John T. McNeill in *A History of the Cure of Souls* describes this ministry as "the sustaining and curative treatment of persons in those matters that reach beyond the requirements of the animal life."<sup>28</sup>

### **Sin or Sickness?**

Whereas the church once believed in, spoke of, and practiced the cure of souls, it has shifted its faith to a secular cure of minds. Szasz very ably describes how this change came about: "With the soul securely displaced by the mind and the mind securely subsumed as a function of the brain—people speak of the 'cure of minds.'"<sup>29</sup> The brain is a physical organ; the mind is not. With this

subtle semantic twist, the mind (disguised as an organ of the body) was falsely elevated as a scientific and medical concept in contrast to the soul, which is a theological idea. A choice was made between a so-called scientific concept and a theological one. The average person does not see that both mind and soul are abstract concepts. One is an abstraction of psychotherapy and the other is an abstraction of religion. Neither the mind nor the soul can be discovered through medical or scientific means.

At the same time as a physical organ (the brain) was confused with an abstraction (the mind), another change took place. Whereas the church had believed that there was a relationship of sin and circumstances in many mental-emotional disorders, the psychotherapist introduced the medical concept of sickness, absent objective biological markers, to explain such disorders. Nevertheless, mental suffering itself is not synonymous with sickness; it is a symptom. Mental suffering may be a primary symptom, but it is not sickness itself. We have only been deluded into thinking that it is. We easily accepted the word *sickness* to refer to mental-emotional problems because that was the “loving” and “understanding” way to cover up moral responsibility—ours as well as theirs.

One of Szasz’s main purposes in writing *The Myth of Psychotherapy* was this:

I shall try to show how, with the decline of religion and the growth of science in the eighteenth century, the cure of (sinful) souls, which had been an integral part of the Christian religions, was recast as the cure of (sick) minds, and became an integral part of medical science.<sup>30</sup>

The words *sinful* and *sick* in parentheses are his. These two words mark the dramatic shift from the cure of souls to the cure of minds.

There is a serious problem when people confuse passion with tissue and sin with sickness. Such confusion of words leads to erroneous thinking. And this very confusion and error virtually ended the cure of souls ministry in the church. Through a semantic trick, the mind was confused with the brain and the misnomer of sickness replaced the concept of sin. And the entire subjective, theoretical process of psychotherapy ensconced itself safely in the realm of science and medicine under the guise of the medical model. But, in reality, psychotherapy is a misfit as medicine and an impostor as science.

The recipe was simple. Replace the cure of souls with the cure of minds by confusing an abstraction (mind) with a biological organ (brain), and thus convince people that mental healing and medical healing are the same. Stir in a dash of theory disguised as fact. Call it all science and put it into medicine and the rest is history. The medical model that justified psychoanalysis was no longer needed as the later psychotherapies, following psychoanalysis, were developed. The new psychotherapies no longer needed the medical model to support their existence and use. With the rise of psychotherapy, there was a decline in the pastoral cure of souls. Secular psychotherapy has taken over to such an extent that Szasz says, "Actually, psychotherapy is a modern, scientific-sounding name for what used to be called the 'cure of souls.'"<sup>31</sup> Thus we have the shell without the power, without the life, and without the Lord.

Christianity is more than a belief system or a theological creed. Christianity is not just what happens in church. Christianity is faith in a living Lord and in His indwelling Holy Spirit. Christianity involves the entire life: every day, every action, every decision, every thought, every emotion. One cannot adequately treat an individual apart from this life force. Nor can we segment the mental and emotional from the belief system of a person. For too long we have looked to the church to answer our theological questions and looked elsewhere for answers to our life problems. Christians who have God's Holy Spirit living in them are spiritual beings; therefore they need spiritual answers to life's dilemmas.

It is understandable that the world would reject the Living Water of the Word of God in seeking to understand and help individuals suffering from mental-emotional-behavioral problems. However, as the world rejected the biblical answers, the church began to doubt its own doctrine of sin, salvation, and sanctification in relation to mental-emotional-behavioral issues. Many ministers even left their pastorates to become licensed psychotherapists.

We maintain that God and His Word provide a completely sufficient foundation for living the Christian life, which would include mental-emotional-behavioral soundness. We further maintain that the Bible contains the healing balm for all nonorganically-based problems of living that might be labeled as mental-emotional-behavioral disorders. The Bible should also be used to minister encouragement in the Lord to the souls of those who are suffering from biological diseases, even when they are under the care of a medical doctor.

## Conclusion

As we have shown, religion was previously the main way of dealing with the issues of life, including deviant thinking and behaving, but gradually the medical model, absent objective biological markers, eclipsed the biblical model and mutated into a psychological model. Szasz clearly states, “I regard psychotherapy as a moral rather than a medical enterprise.”<sup>32</sup> He also says: “In ancient Israel and Greece the healer of the soul is thus not the physician but the rabbi and the philosopher.”<sup>33</sup> In his chapter on “Origins of the Medical Model,” Torrey says:

It has taken medicine over 3,000 years to seize the province of irrational behavior from the fiefdoms of law, religion, and philosophy; once seized there was an obligation to protect it against non-medical usurpers.<sup>34</sup>

As we have shown in detail elsewhere, psychotherapy is religion and is truly pseudoscience and, therefore a pseudo-medical practice.<sup>35</sup> The significance of psychotherapy being religion and pseudoscience is that this religious pseudoscience has replaced the cure of souls throughout many areas of the church, including Christian schools, colleges, universities, seminaries, denominations, and mission agencies.