

Biblical Counsel for a Change

Lecture & Notes by Steve Gregg

FOUR MAJOR MYTHS ABOUT PSYCHOLOGY:

1. Psychology is a science and, as such, is truthful and objective;
2. The best kind of counseling utilizes both psychology and the Bible;
3. People who experience mental, emotional or behavioral problems are mentally ill;
4. Psychotherapy has a high record of success.

Psychology as "Science"

William Kirk Kilpatrick:

"Despite the overlap between the two professions...there is still a basic difference between the physician's expertise and the psychologist's. The physician deals with bones and blood, muscles, organs, and nerves; the psychologist with moods and motivations, memory, thoughts and relationships. Or, to put it more directly, the physician's subject matter can be touched and seen, even if sometimes only with the help of surgical instruments or microscopes. It's another matter with the psychologist's subject field. Who has ever seen an ego structure or an inner dynamic? Much of the psychological garment truly is invisible. Which is not to say there is nothing there - Christians, too, believe in many unseen forces - but rather to suggest that psychology, like Christianity, is partly a matter of faith." [in *Emperor's New Clothes*, pp.4-5]

Dr. Karl Popper, considered by many to be the greatest 20th-century philosopher of science, has examined psychological theories about human behavior; and said:

"[these theories] ...though posing as sciences, had in fact more in common with primitive myths than with science...they resembled astrology rather than astronomy...These theories describe some facts but in the manner of myths. They contain most interesting psychological suggestions, but not in testable form." [in "Scientific Theory and Falsifiability", *Perspectives in Philosophy*, Robt. N. Beck, ed., New York: Holt, Rinehart, Winston, 1975, pp. 343, 346] [2]

Psychologist Carol Tavris:

Now the irony is that many people who are not fooled by astrology for one minute subject themselves to therapy for years, where the same errors of logic and interpretation often occur." [in "The Freedom to Change", *Prime Time*, 10/80, p.28] [2]

Psychiatrist-lawyer Jonas Robitscher, concerning the psychiatrist:

"His advice is followed because he is a psychiatrist, even though the scientific validity of his advice and recommendations has never been firmly established." [in his book, *The Powers of Psychiatry*, Boston: Houghton Mifflin Company, 1980, p.8] [2]

Research Psychiatrist E. Fuller Torrey:

"The techniques used by western psychiatrists are, with few exceptions, on exactly the same scientific plane as the techniques used by witch doctors" [*The Mind Game*, N Y: Emerson Hall Publishers, Inc., p.8] [2]

Research Psychiatrist E. Fuller Torrey:

"If anything, psychiatric training may confer greater ability to rationalize subjective conviction as scientific fact." [in "The Protection of Ezra Pound", *Psychology Today*, November 1981, p.66] [2]

Walter Reich:

"...even as a clinical enterprise, psychoanalysis and the approaches derived from it are neither scientific nor effective." [in "Psychiatry's Second Coming", *Encounter*, August 1981, p.68] [2]

Psychiatrist Lee Coleman:

"Psychiatry is not a science...I have testified in over one hundred and thirty criminal and civil trials around the country, countering the authority of psychiatrists or psychologists hired by one side or the other. In each case I try to educate the judge or jury about why the opinions produced by these professionals have no scientific merit." [in his book, *The Reign of Error*, Boston: Beacon Press, 1984, pp. xii, xv] [2]

Psychologist Roger Mills:

"The field of psychology is literally a mess. There are as many techniques, methods and theories around as there are researchers and therapists. I have personally seen therapists convince their clients that all of their problems come from their mothers, the stars, their bio-chemical make-up, their diet, their lifestyle, and even the 'karma' from their past lives." [In "Psychology Goes Insane, Botches Role as Science", *The National Educator*, July 1980, p.14] [2]

Psychology as Religion

Martin Gross:

"When educated men lost faith in formal religion, he required a substitute belief that would be as reputable in the last half of the twentieth century as Christianity was in the first. Psychology and psychiatry have now assumed that role." [in *The Psychological Society*, New York: Random House, 1978, p.9]

Everett Worthington, Jr.:

"Psychotherapy may have its greatest effect on attitudes of a philosophical nature dealing with ethics and religion." [quoting another work in "Religious Counseling: A Review of Published Empirical Research," *Journal of Counseling and Development* 64, March 1986, pp.421-431] [2]

Bobgans:

"Psychotherapy and its psychologies involve rituals, values, and morals. The focus is on the soul (*psyche*) and even the spirit of man. Therapists often deal with religious questions and yearnings from an anti-biblical point of view, and they incorporate a deity and priesthood of some kind or another." [in *Prophets...I*, p.40] [2]

Carl Jung:

"Religions are systems of healing for psychic illness...That is why patients force the psychotherapist into the role of a priest, and expect and demand of him that he shall free them from their distress. That is why we psychotherapists must occupy ourselves with problems which, strictly speaking, belong to the theologian." [in "Psychotherapists or the Clergy", *Modern Man in Search of a Soul*, New York: Harcourt, Brace, 1933, pp.240-241]

Research psychologist Dr. Allen Bergin:

"Values are an inevitable and pervasive part of psychotherapy...there is an ideology in everyone's therapy...Techniques thus become a medium for mediating the value influence intended by the therapist." [in "Psychotherapy and Religious Values", *Journal of Consulting and Clinical Psychology*, Vol. 48, No. 1, 1980, p.97] [2]

William Kirk Kilpatrick:

"Is psychology neutral? Well, yes, in some respects. In some respects, it is what it claims to be, a science and a profession. But if you care to look closely, you will find that in many other respects it looks suspiciously like a liberal and 'progressive' movement. And that usually means antitraditional and antireligious.

"It is suspicious, for example, that the supposedly neutral values espoused by clarification curriculums in our schools turn out to be a kind of basic training in relativism. In these classes, choice is elevated to the status of a virtue. In fact, there appear to be *no* other virtues...The bias is not confined, however, to this or that school of thought within psychology, but extends to the organizational structure itself...The American Psychological Association requires its members to subscribe to a code of ethics that favors abortion rights, gay rights, and women's rights (of the radical variety). If this is neutrality, then, to paraphrase Shakespeare, neutrality should be made of sterner stuff." [in *Emperor's New Clothes*, pp. 6, 7, 8]

Research psychologist Dr. Allen Bergin:

"It will not do for therapists to hide their prejudices behind a screen of scientific jargon." [in "Behavior Therapy and Ethical Relativism: Time for Clarity," *Journal of Consulting and Clinical Psychology*, Vol. 48, No. 1, 1980, p.11] [2]

Dr. Perry London:

"Every aspect of psychotherapy presupposes some implicit moral doctrine." [in *The Modes and Morals of Psychotherapy*, New York: Holt, Rinehart and Winston, 1964, p. 6] [2]

Steven Morse and Robert Watson:

"Thus, values and moral judgements will always play a role in therapy, no matter how much the therapist attempts to push them to the background." [in *Psychotherapies: A Comparative Casebook*, New York: Holt, Rinehart and Winston, 1977, p.3] [2]

Jonathan Adolph:

"Perhaps the most influential ideas to shape contemporary new age thinking were those that grew out of humanistic psychology and the human potential movement of the '60s and '70s. The fundamental optimism of new age thinking, for example, can be traced to psychologists such as Carl Rogers and Abraham Maslow, who postulated that when basic needs are met, people will strive to develop themselves and find meaning in their life, a concept Maslow called self-actualization." [in "What is the New Age," *The 1988 Guide to New Age Living*, published by *New Age Journal*, 1988, pp.11-12] [2]

Dr. Maureen O'Hara:

"It is significant to remember that the present New Age movement has its origins in the counterculture of the sixties and early seventies. Early inspiration came from the writings of Abraham Maslow, Eric Fromm, Rollo May, Carl Rogers, and others." [in "A New Age Reflection in the Magic Mirror of Science," *The Skeptical Inquirer*, Vol.13, Summer 1989, pp.368-374] [3]

Karl Kraus, Viennese journalist:

"Despite its deceptive terminology, psychoanalysis is not a science but a religion - the faith of a generation incapable of any other." [1:23]

Integration of Psychology and Christianity

Dr. Gary Collins:

"The Bible encourages counseling. Jesus, who spoke to the multitudes, didn't preach to Nicodemus, to the woman at the well, to Mary and Martha, to the person caught in adultery, or to the woman with the issue of blood. With these and many others he talked privately, wept, shared their hurts, gave encouragement and guided them as they coped with their problems. Sometimes He taught, confronted and called for repentance. At other times he listened, forgave and called for confession. He served food, washed feet, encouraged humility, drew pictures, asked questions, listened carefully, and often told stories that left people free to draw their own conclusions." [in *Can You Trust Psychology?* in a chapter endeavoring to answer the question, "Why Should a Christian Get Counseling If God Can Meet All Our Needs?" p.23]

One is left to wonder from what extrabiblical sources this picture of Jesus was drawn, and how it contributes to the support of his introductory statement, "The Bible encourages counseling." If Jesus counseled any of the people mentioned in the above paragraph, the gospels neglected to record it. Evangelizing is the best word for what transpired between Jesus and Nicodemus and the woman at the well. The woman caught in adultery was commanded to "sin no more." The woman with the issue of blood was physically healed. Mary and Martha were given their deceased brother back alive. In which situation did Jesus enter into the likes of modern counseling session with these individuals? None of the persons in question were wrestling with special life-dominating habits or attitudes, as far as we know. How can this information support "counseling?" -ed.

Dr. Gary Collins:

"Throughout the New Testament, personal helping is modeled and encouraged. Think, for example of John's tender epistles, Paul's pastoral guidance to young Timothy, Peter's intensely practical letters, James's encouragement or Paul's sensitive letter to Philemon concerning Onesimus. Over fifty 'one another' instructions are given to readers of the Scriptures. Most of these—bear one another's burdens, encourage one another, comfort one another, care for one another, pray for one another, serve one another in love, be kind to one another—are teachings that stimulate believers to help and counsel others." [*Ibid.* pp.23f]

All of the above services can take place in a private counseling session or in a public preaching/teaching session. There is no special support for counseling or psychology in these passages. -ed.

William Kirk Kilpatrick:

"C.S. Lewis once said that he preferred to take his Christianity in the same way he took his whiskey - straight. Since Christianity is strong stuff, there is always a temptation to water it down. But, as Lewis realized, the result of such dilutions is a weakened faith.

"The current recipe for a Christianity that will travel more smoothly down the gullet calls for blending it with psychology. This mix has become extremely popular with Christian educators, since it seems to add a dash of

relevance to the ancient faith. They think of it, of course, not in terms of a dilution, but in terms of the improved product that results when one metal is alloyed with another...attempts to reconcile Christianity to psychology will actually have the effect of undermining the Christian point of view." [in *Emperor's New Clothes*, pp.19-20]

Paul Bartz:

"...well-intentioned but ignorant, Christian leaders have widely adopted psychological models to deal with everything from counseling to church growth." [in "Chemical Man," *Bible-Science Newsletter*, Vol.24, No.2, February 1986, p.1]

Hilton P. Terrell (Ph.D. [psychology], M.D. Family Practice; editor of the *Journal of Biblical Ethics in Medicine*):

"The fondness of Christians for the prolific spawn of popular psychotherapies should be a cause for embarrassment and admonition from church leaders. Instead, Christian psychiatrists and psychologists who rework alien dogmas into facsimiles of biblical truth are immunized against needed criticism. The vaccine is composed of their undeniable personal zeal for Christ, a generous use of Bible passages (albeit of dubious relevance to their desired points) and the Church's ignorance of the true nature of psychotherapy. A Trojan horse full of dangerous psych fantasies has been professionally prepared for us by Christian psychiatrists and psychologists...

"In our early post-Christian culture Christians are increasingly required to stand apart. It is uncomfortable. We want someone to lower our profile by 'Christianizing' competing secular doctrines the way Darwinism was managed. We tell ourselves that Christians should use the best knowledge available in Christ's service.... Whereas observational sciences can build upon biblical presuppositions to our aid, observation offers no brief on issues of the inner man. Only the trappings, the lingo, the aura of science attend psychoanalytic practices...At base, such therapies stand upon dogma, not scientific observations, and the dogma is the odious of Freud and his followers who were some of the century's most anti-Christian teachers.

"No amount of well-intentioned refinement of deadly doctrines will make them clean for use by Christians. Though gems are occasionally found in coal mines, Christians who go fossicking for gems of God's truth in psychoanalytic coal mines will usually emerge empty-handed and filthy. Professional and non-professional Christians of discernment should avoid the dangerous system completely." [in Bobgans: *Prophets...I*, pp.221-222]

Bobgans:

"Because psychotherapy deals with meaning in life, values, and behavior, it is religion in theory and in practice. Therefore, combining Christianity with psychotherapy is joining two or more religious systems." [1:23]

"Christian Psychology" is a misnomer

Sutherland and Poelstra:

"We are often asked if we are 'Christian psychologists' and find it difficult to answer since we don't know what the question implies. We are Christians who are psychologists but at the present time there is no acceptable Christian psychology that is markedly different from non-Christian psychology. It is difficult to imply that we function in a manner that is fundamentally distinct from our non-Christian colleagues...as yet there is not an acceptable theory, mode of research or treatment methodology that is distinctly Christian." [in "Aspects of Integration", paper presented at the meeting of the Western association of Christians for Psychological Studies, Santa Barbara, CA, June 1976] [2]

Bobgans:

"To determine methodological systems used by Christians who practice psychotherapy, we conducted a survey with the Christian Association for Psychological Studies (CAPS), a national Christian organization composed of numerous practicing therapists. In our survey, we used a simple questionnaire in which we asked the psychotherapists to list in order the psychotherapeutic approaches that most influenced their private practices...The results indicated that Client-Centered Therapy (Rogers) and Reality Therapy (Glasser) were the two top choices, and that psychoanalysis (Freud) and Rational Emotive Therapy (Ellis) followed closely behind." [in *Prophets...I*, p.50].

Drs. John Carter & Bruce Narramore (both of Rosemead Graduate School of Psychology):

"Both the Bible and psychology have a great deal of subject matter in common. Both study the attitudes and behavior of the human race." {The Bible does NOT study the behavior of the human race; it is a revelation from God about the human race!} [in *The Integration of Psychology and Theology*, Grand Rapids: Zondervan Publishing House, 1979, p.15] [2]

James D. Foster, et al (reporting results of a study of 177 articles about integration):

"Psychological and theological facts may appear on the surface to be saying the same thing, but a more comprehensive understanding of each may prove that there are significant differences between the secular and Christian concepts identified as parallel." [in "The Popularity of Integration Models, 1980-1985", *Journal of Psychology and Theology*, Vol.16, No.1, 1988, p.4, 8] [2]

Making the Case for Integration:

Jim and Phyllis Alsdurf (Christian experts on codependency):

"...The goal of recovery [from codependency] and Christianity are the same: healthy human behavior that works." [in "The 'Generic Disease'", *Christianity Today*, Dec.9,1988, p.34]

Gary Collins (professor of psychology, Trinity Evangelical Divinity School in Deerfield, Ill., author of *Can You Trust Psychology?*) lists questions facing modern counselors, which (he claims) are not addressed in the Bible (implying that psychology must be invoked to deal with them):

"Some human problems are not mentioned in the Scriptures. They are not discussed specifically, and neither are there examples to show how others dealt with these issues in a way pleasing to God. The Bible was not written as a self-help, question-and-answer book covering every possible human problem. It does not claim to be a textbook of counseling techniques or personal problem solving. Surely, we should not force it to be something that it does not claim to be.

"Think of the kinds of problems people bring to counselors:

'I've been accepted by two Christian Colleges. I can't decide which one to attend.'

'Should I get married now, or wait until I am well launched on my career?'

'I know God has forgiven me for my past sins, but what do I do now that I am pregnant?'

'How can I stop eating so much?'

'I am really depressed. The doctor says there is nothing physically causing this, and I can't think of any sin in my life that might be pulling me down. What should I do?'

'Can you help me? I've got AIDS.'

'I keep failing math. How can I get through the course so I can graduate?'

'My father abused me when I was a child. I have asked the Lord to help me forget. I have forgiven my father, but we can't discuss it because he is no longer alive. Still, I can't shake the hurt, and it is adversely affecting my marriage. What do I do?'

'I am anxious all the time. I have asked the Lord to give me peace, but I still panic frequently.'

"Many, perhaps most, of the problems people bring to modern counselors are never discussed in the Bible." [in *Can You Trust Psychology?* Downers Grove: InterVarsity Press, 1988, pp. 95-96] [2]

Larry Crabb (director, Institute of Biblical Counseling, in Morrison, Colorado, author of *Effective Biblical Counseling, Understanding People, and Inside Out*):

"It's wrong to handle a text like an authorized Ouija board. We are not to read a passage and expect the Spirit of God to mystically impress on our consciousness whatever self-knowledge He wants us to have." [in *Inside Out*, (1988) p.161][2]

"Reminders of God's love and exhortations to meditate on Jesus' care sometimes provide about as much help as handing out recipes to people waiting in a food line." [in *Inside Out*, p.194]

Crabb contends that counsel limited to answering questions addressed in the Bible results in **"a shallow understanding of problems and solutions that sounds biblical but helps very few."** [in *Understanding People*, p.58]

And also: **"no passage literally exegeted directly responds to"** certain "legitimate" questions, like:

-Why does a transvestite have the urge to cross-dress?

-Why does the anorexic feel fat when, in fact, she is very underweight?

-Why does a woman panic at the thought of sex with her loving, patient and considerate husband? [in *Understanding People*, pp.56-58]

(and many other questions beginning with "Why...?")

To answer such questions, he advocates psychological counseling. Crabb recommends more than 20 secular psychologists, including Freud, Adler, Maslow, Rogers, et al. to help Christians become **"better equipped to counsel"**. [in *Effective Biblical Counseling*, pp.52ff] [2]

Must a Counsellor be a Christian?

Gary Collins:

"We may agree that, whenever possible, it is preferable for Christians to seek help from competent Christian counselors. But what do we do when it is not possible to get help from a believer because no Christian counselors are available? Where does one go for help when local Christian counselors are known to be incompetent? Do we tell a concerned mother to send her suicidal teen-age son to an untrained and inexperienced counselor who is a Christian but who may have no understanding of adolescent suicide, the nature of habitual drug use or the physiological aspects of drug addiction? Frequently it simply is not possible to find a competent Christian counselor. At such times we must settle on the most acceptable alternative available." [in *Can You Trust Psychology*, p.32]

Larry Crabb:

"Unless we understand sin as rooted in unconscious beliefs and motives and figure out how to expose and deal with these deep forces within the personality, the church will continue to promote superficial adjustment while psychotherapists, with or without biblical foundations, will do a better job than the church of restoring troubled people to more effective functioning. And that is a pitiful tragedy." [in *Understanding People*, p.129] [2]

Bobgans:

"Surely God does not regret that Freud, Jung, Maslow, and others did not live in the first century so that his apostles might have incorporated their notions into the gospels and epistles." [in *Prophets...I*, p.121]
{*Questions of the heart are "discerned" by scripture (Heb. 4:12). No man, including trained psychotherapists, knows the evil heart of man (Jer. 17:9-10), but God searches and knows the heart (Ps. 139:23-24/Prov. 21: 2). To suggest that anything more than scriptures (and the God of the scriptures) is needed to perfect the believer is to contradict II Tim.3:16-17 and II Pet. 1:3-4. To say that godless psychologists have discovered "God's truth" about spiritual things is to contradict I Cor. 2:14-15 and I John 3:1. To follow these men's ideas is to fail to receive the warning of Col. 2:8 and Ps.1:1.*} -ed.

Bobgans:

"Integration implies that God gave commands without providing all the necessary means of obedience until the advent of psychology." [in *Prophets...I*, p.112]

Kilpatrick:

"If instead of parroting the most recent social science speculations [Christian educators] were to take a closer look at their own tradition, they would find there a more profound understanding of human nature than psychology has yet arrived at. There need be no objection to a truly deep and penetrating psychology, and it is just that - though not only that - that Christianity has always provided." [in *Emperor's New Clothes*, p.24]

William Law:

"Had Eve desired no knowledge but that which came from God, Paradise had still been the habitation of her and of all her offspring...But now corruption, sin, death, and every evil of the world have entered into the church, the spouse of Christ, just as they entered into Eve, the spouse of Adam, in Paradise. And in the very same way, and from the same cause: namely, a desire for knowledge other than that which comes from the inspiration of the Spirit of God alone. This desire is the serpent's voice in every man, doing everything to him and in him which Satanic deception did to Eve in the garden. It carries on the first deceit, it shows and recommends to him that same beautiful tree of human wisdom, self-will, and self-esteem springing up within him, which Eve saw in the garden." [in *The Power of the Spirit*, Dave Hunt, ed., Fort Washington, PA., 1971, p.52]

Effectiveness of Psychological Therapies

Byram Karasu, Director, Dept. of Psychiatry, Bronx Municipal Hospital Center:

"Underneath the melodrama of who's right or wrong, all therapies have one thing in common. Much is promised and little is delivered, as with everything else in life." [in "Maze Bewilders Those Seeking Psychotherapy," *The Dallas Morning News*, 18 January 1981, p. F-8]

Stanton Peele, a top addiction researcher:

"Among people in therapy to lose weight, stop smoking, kick a drug or drink addiction, as few as 5% actually make it." [in "Out of the Habit Trap," *American Health*, Sept./Oct. 1983, p.42]

Berelson & Steiner:

"Psychotherapy has not yet been proved more effective than general medical counseling in treating neurosis or psychosis. In general, therapy works best with people who are young, well-born, well-educated and not seriously sick." [in *Human Behavior, An Inventory of Scientific Findings*, quoted in *Time Magazine*, Feb.14, 1964, p. 43]

Bobgans:

"The Cambridge-Somerville Youth Study is well known to researchers but little known to the public...The study began by selecting 650 underprivileged boys between the ages of six and ten who were high risk with respect to becoming delinquents. Two groups were formed by matching the boys on a number of variables, such as age, IQ, and background. Then by a flip of a coin the boys were assigned to either a treatment group or a control group (no treatment). Those who were treated received, on the average, five years of psychotherapy in addition to academic tutoring, summer camp and other involvement with organizations such as the Boy Scouts and the Y.M.C.A. The boys in the control group were provided no services at all...Surprise turned to downright embarrassment when both groups were looked at thirty years after all the fuss. In looking at both groups in terms of criminal behavior, mental problems, and alcoholism, the researchers discovered that the ones who had received treatment...were doing worse than those who had been left alone. Joan McCord, who conducted the follow-up study, concludes: "The objective evidence presents a disturbing picture. The program seems not only to have failed to prevent its clients from committing crimes - thus correlating studies of other projects - but also to have produced negative side effects." [1:46-48]

The Brain-Mind Bulletin, 4 October 1982, p. 2:

"Research often fails to demonstrate an unequivocal advantage from psychotherapy...an experiment at the All-India Institute of Mental Health in Bangalore found that Western-trained psychiatrists and native healers had a comparable recovery rate. The most notable difference was that the so-called 'witch doctors' released their patients sooner." [2]

Dr. Hans Eysenck, one of the world's leading psychologists (after examining over 8000 cases):

"...roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not...From the point of view of the neurotic, these figures are encouraging; from the point of view of the psychotherapist, they can hardly be called very favorable to his claims." [in "The Effects of Psychotherapy: An Evaluation", *Journal of Consulting Psychology*, Vol.16, 1952, pp.322-323] [2]

Researcher Dr. Allen Bergen does not agree, and the debate has continued since 1952 as to whether or not treatment makes a difference to the counselee. In the 1979 symposium: "The Outcome of Psychotherapy: Benefit, Harm or No Change?", Eysenck reported the results of reviewing the history of cures for mental patients in the hospital where he works. He found that as far back as the 17th century (1683-1703) about two-thirds of patients were discharged as cured...the same as today, though the treatment in those days consisted of fetters, cold baths, solitary confinement and extraction of teeth for extreme punishment. He said, "What I said over 25 years ago still stands." He has even more strongly supported his position in recent years. [in "The Effectiveness of Psychotherapy: The Specter at the Feast", *The Behavioral and Brain Sciences*, June 1983, p.290] [2]

Drs. S.J. Rachman (Prof. of Abnormal Psychology) & G.T. Wilson (Prof. of Psychology):

"Smith and Glass are naive in prematurely applying a novel statistical method to dubious evidence that is too complex and certainly too uneven and underdeveloped for anything useful to emerge. The result is statistical mayhem." [in their book, *The Effects of Psychological Therapy*, 2nd Enlarged Edition, New York: Pergamon Press, 1980, p. 251] [2]

Bernie Zilbergeld:

"Cures in therapy are not common" and "symptoms or presenting complaints rarely disappear." [in *The Shrinking of America*, Boston: Little, Brown and Company, 1983, p.160]

Anthony Storr:

There is no "convincing evidence that even years of analysis in the most expert hands, radically alter a person's fundamental 'psychopathology'." [in *The Art of Psychotherapy*, New York: Methuen, Inc., 1980, p.151]

Professor of psychiatry Dr. Donald Klein (New York State Psychiatric Institute):

"I believe that, at present, the scientific evidence for psychotherapy efficacy cannot justify public support." [in testimony before Subcommittee on Health of the U.S. Senate Subcommittee on Finance, 95th Congress, 2nd Session, 18 August 1978, p.45]

Jay Constantine, Chief, Health Professional Staff (as result of hearings):

"Based upon evaluations of the literature and testimony, it appears clear to us that there are virtually no controlled clinical studies, conducted and evaluated in accordance with generally accepted scientific principles, which confirm the efficacy, safety, and appropriateness of psychotherapy as it is conducted today." [in letter, printed in *Blue Sheet*, Vol.22 (50), 12 December, 1979, pp.8-9] [2]

Drs. S.I. Rachman (Prof. of Abnormal Psychology) & G.T. Wilson (Prof. of Psychology):

"It has to be admitted that the scarcity of convincing findings remains a continuing embarrassment, and the profession can regard itself as fortunate that the more strident advocates of accountability have not yet scrutinized the evidence. If challenged by external critics, which pieces of evidence can we bring forward? The few clear successes to which we can point, are out-numbered by the failures, and both are drowned by the unsatisfactory reports and studies from which no safe conclusions can be salvaged." [in their book, *The Effects of Psychological Therapy*, 2nd Enlarged Edition, New York: Pergamon Press, 1980, p.77] [2]

Michael Shepherd, of the Institute of Psychiatry in London:

"A host of studies have now been conducted which, with all their imperfections, have made it clear that (1) any advantage accruing from psychotherapy is small at best; (2) the difference between the effects of different forms of therapy are negligible; and (3) psychotherapeutic intervention is capable of doing harm." [in "Psychotherapy Outcome Research and Parloff's Pony", *The Behavioral and Brain Sciences*, June 1983, p.301] [2]

Hans Strupp, et al:

"It is clear that negative effects of psychotherapy are overwhelmingly regarded by experts in the field as a significant problem requiring the attention and concern of practitioners and researchers alike." [in *Psychotherapy for Better or Worse*, New York: Jason Aronson, Inc., 1977, pp.51, 83] [2]

Michael Scriven, when a member of the American Psychological Association Board of Social and Ethical Responsibility questioned [in "Psychotherapy Can Be Dangerous," *Psychology Today*, Nov.1975, p.96]:

"The moral justification for dispensing psychotherapy, given the state of outcome studies which would lead the FDA to ban its sale if it were a drug."

Dr. Dorothy Tennov:

"...if the purpose of the research is to prop up a profession sagging under the weight of its own ineffectiveness in a desperate last-ditch effort to find a rationale for its survival, we might prefer to put our research dollars elsewhere." [in her book, *Psychotherapy: The Hazardous Cure*, New York: Abelard-Schuman, 1975, p.83] [2]

Dr. Lawrence LeShan, president, The Association for Humanistic Psychology (AHP):

"Psychotherapy may be known in the future as the greatest hoax of the twentieth century." [in *Association for Humanistic Psychology*, October 1984, p.4] [2]

Professional vs. Non-Professional help

Researchers Truax and Mitchell:

"From existing data, it would appear that only one out of three people entering professional training has the requisite interpersonal skills to prove helpful to patients...There is no evidence that the usual traditional graduate training program has any positive value in producing therapists who are more helpful than non-professionals." [Quoted by Sol Garfield in "Psychotherapy Training and Outcome in Psychotherapy," BMA Audio Cassette/T-305, 1979]

Bobgans:

"Two other researchers estimate that only one-fifth of the therapists are competent." [1:175]

Bobgans:

"In comparing amateurs and professionals with respect to therapeutic effectiveness, Dr. Joseph Durlak found in 40 out of 42 studies that the results produced by the amateurs were equal to or better than by the professionals! In a four-volume series called *The Regulation of Psychotherapists*, Dr. Daniel Hogan, a social psychologist at Harvard, analyzed the traits and qualities that characterize psychotherapists. In half of the studies amateurs did better than professionals. Research psychiatrist Dr. Jerome Frank reveals the shocking fact that research has not proven that professionals produce better results than amateurs." [in *Prophets...I*, p.78]

Dr. Joseph Durlak: (reporting research which compared the effectiveness of professional psychiatrists, psychologists and social workers to that of nonprofessionals, having 0 to 15 hours of training:

"Overall, outcome results in comparative studies have favored paraprofessionals... There were no significant differences among helpers in 28 investigations, but paraprofessionals were significantly more effective than professionals in 12 studies... In only one study were professionals significantly more effective than all paraprofessionals with whom they were compared...The provocative conclusion from these comparative investigations is that professionals do not possess demonstrably superior therapeutic skills, compared with paraprofessionals." [in "Comparative Effectiveness of Paraprofessional and Professional Helpers," *Psychological Bulletin* 86, 1979, pp.80-82]

Ronald Schlensky, forensic psychiatrist:

"Psychologists are no better than other citizens in predicting a human being's conduct." [quoted by Chet Holcombe in "Mental Health Fund Shift Seen," *Santa Barbara News Press*, 3 January 1980, p. C-8]

Bernie Zilbergeld:

"Changes made by the presumably sophisticated methods of therapy are usually modest and not much different from what people achieve on their own or with the help of their friends." [in *The Shrinking of America*, Boston: Little, Brown and Company, 1983, p.221]

Dr. Joseph Wortis, State University of New York:

"The proposition of whether psychotherapy can be beneficial can be reduced to its simplest terms of whether talk is very helpful...and that doesn't need to be researched. It is self-evident that talk can be helpful." [in "General Discussion", *Psychotherapy Research*, New York: The Guilford Press, 1984, p.394] [2]

The "Medical Model" of human behavior

Jay Adams:

"Freud, taking his cue from Charcot, under whom he studied in France, adopted and popularized views of human difficulties under a Medical Model. Prior to this time, 'mentally ill' persons were viewed as malingerers rather than as patients. This Medical Model has been widely spread in recent times by propaganda using the mirror words 'mental illness' and 'mental health.' This model has been disseminated so successfully that most people in our society naively believe that the root causes of the difficulties to which psychiatrists address themselves are diseases and sicknesses." [in *Competent to Counsel*, p.4]

This kind of thinking raises some significant hindrances to helping people:

1. It reduces personal responsibility for behavior, promotes a 'victim' mentality;
2. It places treatment into the hands of a professional elite (like doctors), and makes self-help or help from non-professionals seem impossible.

Bobgans:

"As soon as a person's behavior is labeled 'illness,' treatment and therapy become the solutions. If, on the other hand, we consider a person to be responsible for his behavior, we should deal with him in the areas of education, faith and choice. If we label him 'mentally ill,' we rob him of the human dignity of personal responsibility and the divine relationship by which problems may be met...Calling a person a pedophile, egomaniac, nymphomaniac,

alcoholic, or drug addict with the added label 'mentally ill' denies willful choice. It removes moral responsibility and thus reduces the possibility for improvement." [1:133, 159]

Ronald L. Koteskey:

"During the first half of the nineteenth century, when moral treatment was at its peak, at least 70 percent of the patients who had been ill for a year or less were released as recovered or improved...Moral treatment did all this without tranquilizers, antidepressants, shock treatment, psychosurgery, psychoanalysis, or any other kind of psychotherapy...The use of moral treatment declined during the second half of the nineteenth century. The results were disastrous. Recovery and discharge rates went down as moral treatment gave way to the medical approach." [in "Abandoning the Psyche to Secular Treatment", *Christianity Today*, June 1985, p.20] [2]

Psychiatrist, E. Fuller Torrey:

"The term [mental illness] is nonsensical, a semantic mistake. The two words cannot go together...you can no more have a mental 'disease' than you can have a purple idea or a wise space...The mind cannot *really* be diseased any more than the intellect can become abscessed...It is necessary to return to first principles: a disease is something you *have*; behavior is something you *do*." [in *The Death of Psychiatry*, Radnor: Chilton Book Company, 1974, pp. 36, 40]

Thomas Szasz:

"Mental illness is a myth...the notion of a person 'having a mental illness' is scientifically crippling. It provides professional assent to a popular rationalization - namely, that problems in living experienced and expressed in terms of so-called psychiatric symptoms are basically similar to bodily diseases." [in *The Myth of Mental Illness*, New York: Harper & Row, Publishers, 1974, p.262]

Mary Stewart Van Leeuwen, psychologist:

"Once we concede that people passively 'catch' bad behavior from their environment in the same way they 'catch' measles or bubonic plague, then it is up to the specialists to diagnose the disease and prescribe the cure." [in "A Christian Examination of Applied Behaviorism," *Journal of the American Scientific Affiliation*, Sept. 1979, pp.136-137][1]

Bobgans:

"Psychological counseling does not even deal with the brain itself. Instead, it deals with aspects of thinking, feeling and behaving. Therefore, the psychotherapist is not in the business of healing diseases, but rather of teaching new ways of thinking, feeling, and behaving. He is actually a teacher, not a doctor." [1:135]

The Comprehensive Textbook of Psychiatry [Baltimore: Williams & Wilkins, 1976, p.407] says that the definition of mental disorders:

"...may need to be changed in future years to correspond with a change in the attitude of society and the psychiatric profession toward certain conditions." [1]

Bobgans:

"[Hugh] Drummond [in "Dr. D. is Mad as Hell", *Mother Jones*, Dec.1979, p.56] ...refers to a study which used verbatim transcripts of individuals who 'led normal lives and had average scores on psychological tests.' A group of psychiatrists were told that the individuals were patients and were asked for a diagnosis. Drummond reports, 'Forty percent of the psychiatrists chose 'acute paranoid schizophrenia' to describe these examples of normal verbal behavior.' He goes on to say, 'One result of the study was particularly upsetting: the more experienced the psychiatrist, the more likely he or she was to choose a more pathological diagnosis.' Drummond states, 'While schizophrenia is considered a 'medical diagnosis' like pneumococcal pneumonia or appendicitis, it actually functions as a degradation ritual imposed upon those who have broken some rules of propriety.'" [1:153]

Thomas Szasz:

"There is no behavior or person that a modern psychiatrist cannot plausibly diagnose as abnormal or ill." [in *The Manufacture of Madness*, New York: Harper & Row, Publishers, 1970, p.35] [1]

Psychopharmacology

Gary Collins (integrationist):

“As researchers accumulate more data about mental illness, it is becoming clearer that many forms of psychopathology have a biological basis. Intense anxiety, for example, was once thought to be solely a psychological disturbance or evidence of a spiritual lack of trust. It is now well-established that severe anxiety, including devastating panic attacks, often has a biological basis. Sometimes this chemically induced ‘anxiety disease’ may have a genetic cause. Present research suggests that the best treatment may be a combination of drugs and behavior therapy. Surely there are few people who would deny that medication is a great benefit in such cases.

“Medication can also be beneficial when problems are less severe and the causes less clearly biological. Often a mild tranquilizer or antidepressant will calm a troubled mind and free the individual to work at facing and solving problems. On occasion, taking an anti-anxiety drug will help people feel more relaxed so they can do things like public speaking that would be difficult or impossible otherwise. When taken under the direction of a physician who is careful and knowledgeable, such medication can be helpful.

“Sometimes we forget that many apparent ‘emotional’ problems really result from physical disorders. Attention Deficit Disorder (ADD), for example, is relatively common especially among children. The symptoms are largely psychological—hyperactivity, inability to concentrate, distractibility, nervous mannerisms, impulsiveness, and mood swings—but the cause appears to be physical. It results, most often, from a genetically acquired malfunctioning of the central nervous system, and it is best treated with drugs. What at first seems to be an emotional, spiritual or discipline problem really is a physical problem. Psychiatric textbooks include numerous other examples. Chemical, neurological and medical conditions often create physically based emotional problems that are best treated by medication.” [in *Can You Trust Psychology?* pp.36f]

“Similar distortions are being foisted on patients taking ‘antipsychotic’ and antidepressant’ drugs. First, the patient is led to believe that research has shown that major mental disorders are biological in origin. Next, the patient is given equally misleading information that studies show that the drug corrects the abnormality. While many psychiatrists believe these claims will eventually be validated, as of now they remain wishful thinking.” Coleman, 147-148

“More and more people have accepted psychiatry’s claim that major mental disorder is a sign of a disordered brain and thus a medical problem. Although some psychiatrists still see mental disorder as a sign of a troubled life rather than a troubled brain, psychiatrists are being trained to prescribe medications for an ostensibly physical problem, as other medical doctors do. This position is justified only in a few selected situations where behavioral or mental symptoms might indeed be the result of medical conditions. These include chemical or hormonal imbalances, infections and brain tumors.” Coleman, *The Reign of Error: Psychiatry, Authority, and Law* Dr. Lee Coleman (practicing psychiatrist) [Beacon Press, Boston, 1984] p. xi

“While medicine measures the body and therefore can collect scientific data, psychiatry’s data collection inevitably relies on one person’s opinion about another person’s behavior.” Coleman, *The Reign of Error: Psychiatry, Authority, and Law* Dr. Lee Coleman (practicing psychiatrist) [Beacon Press, Boston, 1984] p. 19

“Drugs certainly influence the brain, and may therefore influence behavior, but this proves nothing about the nature of mental disorders. Even leading advocates of psychiatry’s drug revolution sometimes admit that mental disorders have not been shown to result from faulty brain chemistry. Solomon Snyder, for example, concludes his book, *Madness and the Brain* with a frank admission. After reviewing the drugs used both experimentally and for the treatment of schizophrenia, he comments, ‘No specific biochemical abnormality has ever been demonstrated in the body fluid or brains of schizophrenics.’

“...But at whatever level the problems are approached, reliance on medications hardly seems the answer. Yet today psychiatrists all too often put their primary emphasis on arriving at the ‘right combination’ of mind-altering drugs.

“This is nothing new for psychiatry. Over and over psychiatry has developed new ways to alter the bodies of mental patients, and therefore change behavior and feelings, claiming that these alterations proved that a medical disease was being treated.” Coleman, 151

"A diagnosis or label of mental disorder means primarily that a person *behaves* abnormally. Mental disorder does not imply any necessary scientifically proven findings...No test will demonstrate the presence or absence of a mental disorder other than behavior." Morse, "Crazy Behavior, Morals and Science: An Analysis of Mental Health Law" *Southern California Law Review* 51 (May,1978): 527 pp 543,578

"The neuroleptics are the most frequently prescribed drugs in mental hospitals, and they are widely used as well in board-and-care homes, nursing homes, institutions for people with mental retardation, children's facilities and prisons. They are also given to millions of patients in public clinics and to hundreds of thousands in private psychiatric offices. Too often they are prescribed for anxiety, sleep problems, and other difficulties in a manner that runs contrary to the usual recommendations." [*Toxic Psychiatry*, p.51]

"People suffering from what used to be thought of as 'neuroses' and 'personal problems' are being treated with drugs and shock. Children with problems that once were handled by remedial education or improved parenting are instead being subjected to medical diagnoses, drugs and hospitals. Old people who used to be cared for by their families are being drugged in nursing homes that find it more cost effective to provide a pill than a caring, stimulating environment. Increasing numbers of elderly women are being given electroshock..

Dozens of mass-market books misinform the public that a 'broken brain' or biochemical imbalance' is responsible for personal unhappiness. Yet the only biochemical imbalances that we can identify with certainty in the brains of psychiatric patients are the ones produced by psychiatric treatment itself." (*Toxic Psychiatry*, pp.9-12)

"Some patients seem to benefit from them and take them willingly because they feel the calming effect is worth a degree of diminished alertness. But it makes a difference whether a patient takes medication because he or she finds it helpful or because the patient believes the doctor has discovered a brain abnormality that can be treated with drugs. Millions of patients are now told by their doctors to stay on psychoactive medications for years or even a lifetime." Coleman, *The Reign of Error: Psychiatry, Authority, and Law* Dr. Lee Coleman (practicing psychiatrist) [Beacon Press, Boston, 1984] p.130

"We must ask ourselves why psychiatry is so anxious to promote its theories about a chemical basis of schizophrenia or depression, as if such theories were proven medical fact. To answer this question, we need to examine the relationship between psychiatry and the manufacturers of mind-altering drugs." Coleman, *The Reign of Error: Psychiatry, Authority, and Law* Dr. Lee Coleman (practicing psychiatrist) [Beacon Press, Boston, 1984] p.131

"I see no grand conspiracies or villains among psychiatrists. We are all heirs to a tradition that hems us in. We all have relied on psychiatry for so many decades that we feel naked without its protective garb. And when I suggest that we strip this garb away, I do not mean to imply that society's problems will disappear. The problems we now expect psychiatrists to solve will remain, serious and complex. But only when we stop relying on psychiatry to solve problems it cannot solve will we be free to turn our attention to alternative - and ultimately more effective - approaches." Coleman, xvi

Need Theology

Bobgans:

"Humanistic psychology is based on the belief that people are born good and that society (especially parents) corrupts them. Humanistic psychologists further believe that certain needs motivate everything a person does, that a person's life plan is to fulfill those inborn, unmet needs...when individual psychological needs are met then people will be personally fulfilled and socially responsible...if everyone were to reach self-actualization (all needs met) we would have a utopian society.

"Many Christians have bought into the lie that when people's needs are met, they will be good, loving people. Through the influence of humanistic psychology, they believe that people sin because their needs are not met. Some say that teenager's rebel because their needs have not been met. They contend that failure to live the Christian life is because Christians do not have enough self-esteem or they do not understand that all of those so-called psychological needs are met in Christ. They reduce the Gospel to the good news of self-worth, self-esteem, emotional security, and significance. And they believe that if only Christians would see that God meets all of those needs, they will be able to live the Christian life effectively.

"Scripture, however, does not bear this out. Adam and Eve had it all. There was no need in their lives that was not being met to its very fullest, and yet they chose to sin...And what about Israel? The more their needs were met, the less they relied on God. The more their needs were met, the more sinful they became." [in *Prophets...I*, pp.140-141]

Abraham Maslow:

"...a healthy man is primarily motivated by his needs to develop and actualize his fullest potentialities and capacities." [in *Motivation and Personality*, New York: Harper and Brothers Publishers, 1954, p.105] [2]

Tony Walter:

"It is fashionable to follow the view of some psychologists that the self is a bundle of needs and that personal growth is the business of progressively meeting these needs. Many Christians go along with such beliefs...One mark of the almost total success of this new morality is that the Christian church, traditionally keen on mortifying the desires of the flesh, on crucifying the needs of the self in pursuit of the religious life, has eagerly adopted the language of needs for itself..." [in his book, *Need: The New Religion*, Downers Grove: InterVarsity Press, 1985, Preface and p.5] [2]

Self-love and Self-esteem

Religion, Downers did this emphasis come from?

Dr. Paul Brownback:

"...the bottom line of existentialism [philosophy developed by Soren Kierkegaard, which has influenced modern theological thought] is philosophical selfishness. People have always been selfish, but existentialism provided a philosophical justification for it." [in his book, *The Danger of Self-Love*, Chicago: Moody Press, 1982, p.33] [2]

Bobgans:

"The great emphasis on self-esteem was mainly introduced into the twentieth century through psychologist William James. His study of the self-centered on self-feelings, self-love, and self-estimation. He used the word *self-esteem* to indicate positive self-feelings as contrasted with negative self-feelings. Self-esteem and self-love theories were further developed by humanistic psychologists, such as Erich Fromm, Alfred Adler, and Abraham Maslow." [in *Prophets...I*, pp.87-88]

Paul Vitz:

"Certainly, Jesus Christ neither lived nor advocated a life that would qualify by today's standards as 'self-actualized.' For the Christian the self is the problem, not the potential paradise. Understanding this problem involves an awareness of sin, especially the sin of pride; correcting this condition requires the practice of such un-self-actualized states as contrition and penitence, humility, obedience, and trust in God." [in *Psychology as Religion: The Cult of Self-Worship*, Grand Rapids: Eerdmans, 1977, p.91]

II Timothy 3:1-2/Mark 8:34-35

B. Is Positive Self Esteem Rare?

Douglas R. Groothuis [in his book, *The Inflated Self*, New York: Seabury, 1984, pp.20-21] [3]]

:

"Psychologist David Myers marshals disturbing experimental evidence that darkens the gleam of the supposedly pristine self. Myers concludes that human problems are not rooted in a poor view of the self, but in an inflated self-concept. We are naturally egotistical and unrealistically so...Myers gives 'six streams of data' which 'merge to form a powerful river of evidence,' demonstrating 'the pervasiveness of pride'.

"Stream, one shows that we are more likely to accept credit than to admit failure...

"Time and again, experiments have revealed that people tend to attribute positive behaviors to themselves and negative behaviors to external factors, enabling them to take credit for their good acts and to deny responsibility for their bad acts."

"Stream two reveals our predilection to overestimate ourselves. Almost all people see themselves as better than average...When asked to rate themselves in 'ability to get along with others,' zero per cent of the 829,000 students who answered the poll thought themselves below average, sixty per cent saw themselves in the top ten per cent, and twenty-five per cent rated themselves in the top one per cent.

"Stream three uncovers our propensity to justify ourselves in spite of the facts...

"Stream four Myers labels as 'cognitive conceit.' We consistently overestimate our beliefs and judgements - whether in sports, politics, or personal relations - so as to assume our own infallibility and prophetic eloquence...

"Stream five concerns our unrealistic optimism, or what Myers calls 'the Pollyanna syndrome.' We 'more readily perceive, remember and communicate pleasant [information]...than unpleasant information.'...

"Stream six shows our tendency to overestimate how desirably we would act in certain situations...'we guess that physically attractive people have personalities more like our own than do unattractive people.'

"Myers concludes by saying, 'Unless we close our eyes to a whole river of evidence, it...seems that the most common error in people's self-images is not unrealistically low self-esteem, but rather a self-serving bias; not an inferiority complex, but a superiority complex.'" [in *Unmasking the New Age*, pp.84-86]

Drs. Shelley Taylor and Jonathan Brown:

"Many prominent theorists have argued that accurate perceptions of the self, the world, and the future are essential for mental health. Yet considerable research evidence suggests that overly positive self-evaluations, exaggerated perceptions of control or mastery, and unrealistic optimism are characteristic of normal human thought...These strategies may succeed, in large part, because both the social world and cognitive-processing mechanisms impose filters on incoming information that distort it in a positive direction; negative information may be isolated and represented in as unthreatening a manner as possible." [in "Illusions and Well-Being: A Social Psychological Perspective on Mental Health", *Psychological Bulletin*, Vol.103, No.2, 193-210, 1988, p.193] [3]

Dr. Shelley Taylor:

"Mild positive illusions appear to be characteristic of the majority of people under a broad array of circumstances...The evidence from studies with children suggests that positive illusions may actually be wired in, inherent in how the mind processes and ascribes meaning to information. The fact that positive illusions are typically so much stronger in children than in adults argues against the idea that they are learned adaptations to life." [in her book *Positive Illusions: Creative Self-Deception and the Healthy Mind*, New York: Basic Books, Inc., 1989, pp.244-245] [3]

Dr. David Myers:

"Preachers who deliver ego-boosting pep talks to audiences who are supposedly plagued with miserable self-images are preaching to a problem that seldom exists." [in his book, *The Inflated Self*, New York: Seabury, 1984, p.24] [2]

C. Is low self-esteem dangerous?

John D. McCarthy and Dean R. Hoge, reporting findings of a research study supported by the National Institute of Mental Health investigating the relationship between self-esteem and delinquency:

"The effect of self-esteem on delinquent behavior is negligible...Given the extensive speculation and debate about self-esteem and delinquency, we find these results something of an embarrassment." [in "The Dynamics of Self-Esteem and Delinquency", *American Journal of Sociology*, Vol.90, No.2, p.407] [2]

Patricia McCormack, researcher on a project at Purdue University, which compared two groups of individuals, one with low self-esteem and the other with high self-esteem, in regard to problem solving:

"Self-esteem is generally considered an across-the-board important attitude, but this study showed self-esteem to correlate negatively with performance...The higher the self-esteem, the lower the performance." [in "Good News for the Underdog", *Santa Barbara News-Press*, 8 November 1981, p.D-10] [2]

Larry Scherwitz, et al, reporting the results of a study which linked incidence of coronary heart disease frequent self-reference (i.e. "I," "me," "my," and "mine" in the speech of the subjects:

"It is interesting to note that the Japanese, with the lowest rate of coronary heart disease of any industrialized nation, do not have prominent self-references in their language...Our central thesis, stated in a sentence, is that self-involvement, which arises from one's self-identity and one's attachment to that identity and its extensions, form the substrate for all the recognized psychosocial risk factors of coronary heart disease." [in "Self-Involvement and the Risk Factors for Coronary Heart Disease," *Advances, Institute for the Advancement of Health*, Vol.2, No.2, Spring 1985, pp.16-17] [2]

The Unconscious

Bobgans:

"The unconscious is a reservoir of drives and impulses which govern an individual beyond his conscious awareness...it also motivates present thinking and acting. Furthermore, it is out of reach through ordinary mental activity...But, the idea of the unconscious as a hidden region of the mind with powerful needs and motivational energy is not supported by the Bible or science." [in *Prophets...I*, pp.124, 126]

Dictionary of Psychology (New York: Philosophical Library, 1947):

Unconscious: "the region of the mind which is the seat of the id and of repressions." [2]

Dictionary of Psychology (New York: Philosophical Library, 1947):

Repression: "Freud's term for the unconscious tendency to exclude from consciousness unpleasant or painful ideas. It is a concept of major importance in psychoanalysis." [2]

Dr. David Holmes, having reviewed a large number of research studies having to do with the possible existence of repression:

"There is no consistent research evidence to support the hypothesis...At present we can only conclude that there is no evidence that repression does exist." [in "Investigations of Repression," *Psychological Bulletin*, Vol. 81, 1974, pp.649-650]

Rejection

Depression

Depression

Depression is called "America's number one health problem." Occurs twice as frequently in females as in males; and three times as frequently in higher socio-economic groups. (Minit/Meier, *Happiness is a Choice*, Baker, 1978, p.20)

I. Definition:

- A. Not the same as appropriate sorrow or sadness over tragedy (Job 2:8-13/John 11:35)
- B. Not the same as grieving over sin and its consequences (II Cor.7:10/Jas.4:9/Luke 22:62)
- C. *The American College Dictionary*: "A morbid condition of emotional dejection and withdrawal; sadness greater and more prolonged than that warranted by any objective reason." Those described as "clinically depressed" have physiological symptoms as well.
- D. *A Christian definition*: It is protracted periods of debilitating dejection and despondency issuing in the interruption of one's proper attitude, obedience and service to God.

Researcher Dr. Judy Edelson:

"The traditional approach to depression has been psychoanalytic [Freudian], which is based on the concept of 'anger turned inward'...There are different causes of anger and different causes of depression; neither necessarily 'causes' the other." [in "Depression: Theories and Therapies," *Every Woman's Emotional Wellbeing*, Carol Tavros, ed. Garden City: Doubleday and Company, Inc. 1986, p.397] [2]

The Mayo Clinic:

"Depression has no single cause." [in "Depression." Medical Essay, *Mayo Clinic Health Letter*, Feb. 1989, p.4] [2]

Dr. Robert Hirschfeld, psychiatrist in Bethesda, Md., who specializes in researching and treating depression:

"One can only describe many of the causative theories of depression as creative. They have ranged from humoral imbalances to religious possession to sluggish circulation of blood in the brain to psychological predisposition resulting from adverse childhood experience to abnormalities in chemical neurotransmitter function." [in "That Old Let-Down Feeling" *New York Times Book Review*, Apr. 5, 1987, p.32] [2]

The amine hypothesis, the theory that depression is caused by a depletion of the neurotransmitter's *norepinephrine*, *serotonin* and *dopamine* has not been established as scientific fact.

Researcher Nancy Andreasen:

"[the neurochemical hypothesis is] theory rather than fact." [in *The Broken Brain*, New York: Harper & Row, 1984, p.231] [2]

The Mayo Clinic Health Letter (Dec. 1985, p.4) raises the question:

"Are the chemical changes a cause or a symptom of the problem?" [2]

II. Not medical, but moral:

- A. If medical, no guilt; If moral, personal responsibility
- B. If medical, no hope; If moral, changeable through repentance

III. Triggers:

- A. Physical - sleep loss, fatigue, menstruation, sickness or recovery process
- B. Circumstantial- loss of loved one, relationship gone sour, financial reversal
- C. Moral/spiritual-failure to keep up on responsibilities, violation of conscience, conviction

IV. Sinful responses:

- A. Despair: anxiety (Jer. 18:12/1Thes. 4:13)
- B. Self-pity: jealousy, resentment, bitterness (Gen.4:5/Jonah 4:1-9/Job 3:1ff)
- C. Cessation of activity: rebellion, protest, slothfulness (I Kings 19:4, 9-16/Mal.3:14)
- D. Suicide (II Sam. 17:23/Matt.27:5)

V. Application of liberating truth: walking in the Spirit

- A. Repent of unbelief, sinful action or being dominated by feelings (Psalm 32:1-5,10-11/51:1-3,7-12)
- B. Pray (Phil. 4:6-7/I Peter 5:7/James 5:13)
- C. Embrace biblical hope (Psalm 42:5,11/I Cor.10:13)
- D. Embrace chastening (Heb.12:5-11/Gen.50:20)
- E. Do the right thing (Gen.4:5-7/Psalm 37:3/I Peter 3:10-12/Heb.12:12-13)
- F. Choose contentment and thankfulness (Phil.4:11-13/Heb.13:5/Psalm 37:4-7/I Thes.5:16-18)
- G. Avoid the "feeding factors" (Philippians 4:8/I Cor.15:33)

Scriptures relevant to Depression

"The spirit of a man will sustain his infirmity; but a wounded (or "broken" or "crushed" *) spirit who can bear?" (Prov. 18:14)

"A merry heart does good like a medicine: but a broken (Heb. "wounded" as in 18:14*) spirit dries the bones." (Prov. 17:22)

"A merry heart makes a cheerful countenance: but by sorrow of the heart the spirit is broken (Heb. "wounded" as in 18:14*)." (Prov. 15:13)

"All the days of the desponding afflicted are made evil [by anxious thoughts and foreboding], but he who has a glad heart has a continual feast [regardless of circumstances]." (Prov. 15:15 Amp.)

"And, behold, they brought to him a man sick of the palsy, lying on a bed: and Jesus seeing their faith said unto the sick of the palsy; Son, **be of good cheer**; thy sins be forgiven thee." (Matt. 9:2)

"These things I have spoken unto you, that in me ye might have peace. In the world ye shall have tribulation: but **be of good cheer**; I have overcome the world." (John 16:33)

"Wherefore, sirs, **be of good cheer**: for I believe God, that it shall be even as it was told me." (Acts 27:25)

"My lips shall greatly rejoice when I sing unto thee; and my soul, which thou hast redeemed."
(Ps. 71:23)

"I will greatly rejoice in the LORD; my soul shall be joyful in my God; for he hath clothed me with the garments of salvation, he hath covered me with the robe of righteousness" (Isa. 61:10)

"Who are kept by the power of God through faith unto salvation ready to be revealed in the last time. Wherein ye greatly rejoice, though now for a season, if need be, ye are in heaviness through manifold temptations." (I Pet. 1:5-6)

"Rejoice in the Lord alway: and again I say, Rejoice." (Phil. 4:4)

Grieving

The five stages of grieving:

1. Denial
2. Anger Turned Outward (possibly toward the person who died, etc.)
3. Anger Turned Inward (guilt)
4. Weeping
5. Resolution

Minirth & Meier:

"Every normal human being, after suffering a significant loss or reversal, goes through all five stages of grief." [in *Happiness is a Choice*, p.39][2]

Contrast I Thessalonians 4: 13

Anxiety and other fear-related problems (phobias, paranoia, panic attack, etc.)

I. Definition

A. *The American College Dictionary*: "A state of apprehension and psychic tension found in most forms of mental disorder."

B. Legitimate fear: a God given motivation for positive action

1. Wise precaution against probable dangers (Prov.22:3/John 4:1-3)
2. Spiritual concern for others who are in a genuine spiritual danger (Gal.4:11/II Cor.11:3)
3. Involuntary momentary sensation in a genuinely threatening situation

C. Sinful fear: irresponsible and faithless reaction to the initial sensation of legitimate fear

1. Spiritual compromise: allowing fear to dictate cowardly behavior
2. Paralysis: allowing fear to immobilize
3. Worry over uncertainties in the future: war, earthquakes, health, finances, loved ones

II. No demonstrated biological or genetic cause:

"The biological basis for anxiety overwhelm is so flimsy that one recent textbook, *The New Harvard Guide to Psychiatry*, gives it only a paragraph and labels the exclusively biological approach 'an extreme theoretical position that fails to take psychological facts into account.' The American Psychiatric Press *Textbook of Psychiatry* does discuss

various biological hypotheses as 'promising,' but it endorses none in particular. The 1988 *Comprehensive Textbook of Psychiatry* makes clear that the data are preliminary, conclusions are tentative, and no biological cause for anxiety has been determined...Despite all the hopes for finding a genetic basis of anxiety disorders, none has been demonstrated." (*Toxic Psychiatry*, pp.259,264)

(Of course, a perceived crisis may trigger a release of additional adrenaline into the bloodstream resulting in accelerated heart rate, muscular tension, irritation, dryness of mouth, perspiration and "butterflies in the stomach." These are physical *symptoms* —not causes—of anxiety.)

III. Root cause: failure to apprehend the biblical God: Fearsome, sovereign, and loving

A. The missing elements (spiritual deficiencies):

1. Fear of God: Prov. 14:26/Psalm 112:1, 7-8

Clean Conscience - Prov. 28:1/Lev. 26:36/Rom.8:31/I Peter 3:13-17

2. Faith in God: Matt.6:25-34

a. worry is inappropriate (vv.31-32,34)

b. worry improves nothing (v. 27)

c. worry is unnecessary (vv.25-26, 28-30, 33)

3. Love of God: Perfect Love = denial of self & resignation to God's-Matt.16:24f/John 15:13/

I John 4:18

B. The present element: Self-love - Luke 16:3/Luke 21:34/John 12:25/Phil.2:4

IV. Biblical Responses to fear:

A. Repent - call it by its right name: SIN - Prov.28:13

B. Walk in the Spirit - II Tim.1:7

C. Pray - Matt.26:41/Phil.4:6-7

D. Commit your soul to God - I Peter 4:19/I Peter 5:7/Ps. 56:3

E. Affirm the truth - Hebrews 13:6/I Cor.10:13/I Tim.6:13 (John 19:11)/II Tim.1:12

F. Do not adopt problems that are not yours - John 21:22/Prov. 26:17/I Thes.4:11

G. Fulfill your responsibilities - Ps.37:3-7/I Peter 4:19

From Dr. Peter Breggin, *Toxic Psychiatry*, St. Martins Press, 1991

"In its effort to open new markets, organized psychiatry has made anxiety its promotional campaign of the 1990s. Estimates from 'official sources,' such as NIMH [National Institute of Mental Health], have declared anxiety America's number one health problem, one that afflicts 8 percent of the population. Three million Americans are said to suffer from panic disorder or recurrent attacks of anxiety, while eleven million suffer from such variations as phobias, obsessions and compulsions, and chronic levels of apprehension and dread. The NIMH 'educational' campaign defines anxiety as a medical condition and promotes drugs as the preferred treatment" (pp219-220)

"By targeting people suffering from anxiety, psychiatry should be able to generate an unlimited demand for its drugs. Prescriptions for one class of these drugs, the benzodiazepines, already are estimated at nearly one hundred million a year in the United States, for a cost of about \$500 million...the minor tranquilizers are highly sought after. Even without doctors pushing them, people would want them. Indeed, they are actively sold illegally on the street. This is not surprising, since people often resort to taking anything that that promises even temporary relief from anxiety. Millions drink alcohol, smoke cigarettes, and use marijuana, opiates and other street drugs. Others eat excessively, exercise compulsively, work to exhaustion, watch TV endlessly, escape into books, relentlessly pursue sex...in an attempt to escape their tensions and apprehensions." (240-241)

"Among psychiatric medications for the treatment of anxiety, the most commonly used are the minor tranquilizers, starting in 1957 with the introduction of Librium (chlordiazepoxide). In the 1970s the minor tranquilizer Valium (diazepam) topped the charts as the most widely prescribed drug in America, to be replaced by Xanax in 1986. Most of the minor tranquilizers belong to the group called benzodiazepines and are closely related chemically to Librium,

Valium and Xanax. They differ mostly in their duration of action and in the dosage required to achieve the same effect. *They have nearly identical clinical effects...*All of these drugs have the potential for abuse and addiction. Since all have a calming sedative effect, people addicted to these 'downers' use many of them interchangeably, depending on what is available, often mixing them with alcohol. The minor tranquilizers and alcohol make a very dangerous, frequently lethal, combination...the sedative attributes of minor tranquilizers differ little from those of the barbiturates, such as phenobarbital...even before the barbiturates, there were sedative and hypnotic drugs, many of which are still in use today. People used them, sometimes got short-term relief from them, and sometimes became addicted to them...Earlier, the highly toxic bromides had their day. And before them, opiates were freely dispensed in private practice and in mental hospitals.

"To divest the minor tranquilizers of their medical mystique we need only recall that alcohol was prescribed for generations by doctors as a sedative for anxious patients. As recently as 1943, Torald Sollman's classic text *A Manual of Psychopharmacology* professed:

A certain amount of alcohol, varying for individuals, may be taken occasionally or even daily without demonstrable permanently injurious effects. The relaxation, the easing of strain, of maladjustments, of excessive self-consciousness, of excessive inhibitions, indeed the euphoria, may sometimes be beneficial... (p.718)

"All of the commonly used minor tranquilizers—with the possible exception of BuSpar—are central nervous system depressants very similar to alcohol and barbiturates in their clinical effects. Along with alcohol and barbiturates, they are classified as sedative-hypnotics, meaning that they produce relaxation (sedation) at lower doses and sleep (hypnosis) and eventually coma at higher ones...The basic clinical effect on the mind cannot be distinguished from alcohol or barbiturates." (pp.241-244)

Negative effects of the drugs:

All minor tranquilizers cause impaired mental alertness, physical coordination and mechanical performance. Long-term usage can produce impairment of visual-spatial ability and attention span, and one's own ability to evaluate his own brain dysfunction. There is also evidence of amnesia and brain atrophy or brain shrinkage.

Habit-forming and addictive, withdrawal symptoms:

"All hypnotic-sedatives, including the minor tranquilizers, are habit-forming and addictive and can produce withdrawal symptoms or an abstinence syndrome when they are stopped. In the extreme, the abstinence syndrome can cause life-threatening neurological reactions, including fever, psychosis and seizures. Less severe withdrawal symptoms include increased heart rate and lowered blood pressure; shakiness; loss of appetite; muscle cramps; impairment of memory, concentration and orientation; abnormal sounds in the ears and blurred vision; and insomnia, agitation, anxiety, panic, and derealization. Obvious withdrawal symptoms typically last two to four weeks. Subtle ones can last months...Tolerance, or the need for increasing doses to achieve the same psychoactive effect, is the underlying physical mechanism of addiction. Within two to four weeks, tolerance can develop to the sedative effect of minor tranquilizers taken at night for sleep. This again warns against the use of these drugs for more than a few days at a time...as with most psychiatric drugs, the use of medication eventually causes an increase of the very symptoms that the drug is supposed to ameliorate...

"The minor tranquilizers can produce paradoxical reactions—acute agitation, confusion, disorientation, anxiety, and aggression...The Xanax report in the 1991 PDR [*Physicians' Desk Reference*] states, 'As with all benzodiazepines, paradoxical reactions such as stimulation, agitation, rage, increased muscle spasticity, sleep disturbances, hallucinations and other adverse behavioral effects may occur in rare instances and in a random fashion...'

"As in response to alcohol, some people more readily lose their self-control and become violent when taking minor tranquilizers. There are frequent references to this in the literature, including cases of murder under the influence of minor tranquilizers...

"Minor tranquilizers, like any sedative, can be harmful in the long run not only because they are habit-forming and addictive, but because they cover up anxiety by suppressing the capacity of the brain to generate feelings. The brain, as usual, tries to overcome the suppression and reacts in ways we cannot begin to predict or fully comprehend. As we have seen, drug-induced rebound anxiety is one common effect." (pp.244-249, 256)

Gary Collins (Integrationist):

"As researchers accumulate more data about mental illness, it is becoming clearer that many forms of psychopathology have a biological basis. Intense anxiety, for example, was once thought to be solely a psychological disturbance or evidence of a spiritual lack of trust. It is now well-established that severe anxiety, including

devastating panic attacks, often has a biological basis. Sometimes this chemically induced 'anxiety disease' may have a genetic cause. Present research suggests that the best treatment may be a combination of drugs and behavior therapy. Surely there are few people who would deny that medication is a great benefit in such cases.

"Medication can also be beneficial when problems are less severe and the causes less clearly biological. Often a mild tranquilizer or antidepressant will calm a troubled mind and free the individual to work at facing and solving problems. On occasion, taking an anti-anxiety drug will help people feel more relaxed so they can do things like public speaking that would be difficult or impossible otherwise. When taken under the direction of a physician who is careful and knowledgeable, such medication can be helpful." [in *Can You Trust Psychology?* pp.36f]

Anger

The Hydraulic Model:

Dr. Richard Dobbins, Founder and Director of Emerge Ministries:

"People who try to control anger by clamming up risk damaging themselves... Psychosomatic illnesses feed on unexpressed anger...If you don't develop ways of getting that energy out of you in non-destructive activities, sooner or later it will find symptomatic expression among the weakest of your organic systems." (he recommends tackling dummies, pounding mattresses, and punching bags, etc.) [in "Control Your Anger," *Pentecostal Evangel*, 20 July 1986, p.19]

Carol Tavris:

"Today the hydraulic model of energy has been scientifically discredited." [in *Anger: The Misunderstood Emotion*, New York: Simon & Schuster, 1982, p.38]

"There's little evidence that suppressing anger is dangerous to health...Expressing anger makes you angrier, solidifies and angry attitude, and establishes a hostile habit." [in "Anger Diffused", *Psychology Today*, November 1982, pp.25,33]

Prov. 14:29 - "He who is slow to anger has great understanding, but he who is quick-tempered exalts folly."

Ps.37:8 - "Cease from anger, and forsake wrath; fret not yourself, it leads only to evildoing."

James 1:19-20 - "Wherefore, my beloved brethren, let every man be swift to hear, slow to speak, slow to wrath: for the wrath of man worketh not the righteousness of God."

Eph. 4:31 - "Let all bitterness, and wrath, and anger, and clamor, and evil speaking, be put away from you, with all malice..."

Jonah 4:4 - "Do you do well to be angry?" [proceeded to point out self-pity as the source of anger.]

Theorists and their Theories: (250 competing therapies; 10,000 techniques)

First Force Psychology: Freudianism (Psychoanalysis): emphasizes the unconscious determinants of behavior. Seeks to give the patient insight into his unconscious conflicts and motives.

Sigmund Freud: 1856-1939

Motivated by a desire to inflict vengeance on Christianity for its antisemitism

Argued that religions are delusionary and therefore evil.

Influenced by the earlier work of Franz Anton Mesmer, who in 1779 announced, "There is only one illness and one healing". [1:16]

Id (sex and aggression), Superego (conscience), Ego (the arbiter, the conscious self)

Unconscious

Subconscious determinants

abreaction

Repression

Oedipus complex (based on Gr. play by Sophocles *Oedipus Rex*)

Libido (sexual energy)

Carl (C. G.) Jung: 1875-1961

Raised Protestant, repudiated Christianity for occultism and mythology
taught that religions are imaginary, but good
collective unconscious
anima & animus (unconscious elements of femineity and masculinity)

Alfred Adler

Unlike Freud, did not focus on sexuality, but on the role of society
coined "inferiority complex"
perfection-fulfillment position: basic human tendency to strive for perfection
Two forces at work in the personality: the need to overcome feelings of inferiority; and the drive to do so by becoming superior.

Second Force Psychology: Behaviorism: advocates the study only of what is observable (i.e. behavior), not conscious experience. Particularly interested in learning mechanisms.
[cognitive theory; psychoanalytic theory] Human behavior is explained only in terms of external stimulation. We are animals programmed by our environment, responding to stimuli.

J. B. Watson

B. F. Skinner

Systematized and propagated an all-encompassing behaviorism, basing most theories on experiments with rats and pigeons.
Recent experiments with pigs, raccoons and chickens have challenged the validity of his theory of "operant conditioning": the idea that all behavior can be controlled by positive and negative reinforcement.

Third Force: Psychology Humanistic: emphasizes the self, internal experiences, and natural growth toward good mental health. Rejects the limitations on human freedom imposed by Freudianism and behaviorism.

Abraham Maslow (1908-1970)

book: *Motivation and Personality* (1954)
an atheist, but invested humanity with the attributes of deity: basically, good with unlimited potential for growth within himself.
Hierarchy of needs: "biological"(physiological, safety), "social", and "growth needs"(self-esteem, self-actualization)
self-actualization
smuggled ultimate values, purpose and meaning into psychology (which were absent from the psychoanalytic and behavioristic approaches).

Carl Rogers (Client-Centered Therapy)

one of the founders of humanistic psychology
Attended Union Theological Seminary but "thought [himself] right out of religious work." Eventually renounced Christianity: embraced Secular Humanism.
Became involved in necromancy.
encounter groups (sensitivity training)
unconditional positive regard

Erich Fromm

"God is a symbol of *man's own powers which* he tries to realize in his life, and is not a symbol of force and domination having *power over man.*" [in *Psychoanalysis and Religion*, New Haven: Yale University Press, 1971, 37]
called his position "nontheistic mysticism" : Oneness with the All : joins pantheism with humanism

Rollo May

"Died. Rollo May, 85; humanist, psychologist and author; in Tiburon, California. A founder of existential psychotherapy, May declared in his seminal *The Meaning of Anxiety* (1950) that personal anxiousness is not merely psychological but actually quite natural in an age marked by the death of assuring cultural myths and the reality of H-bombs—and not much can be done to cure it. In such later works as *Man's Search For Himself* (1952) and *Love and Will* (1969), May, who was influenced by the works of Alfred Adler, continued to popularize 'self-realization,' a very non-Freudian insistence that within certain limits, individuals in fact have freedom of choice through inner

resources like love and courage. May's layman-friendly ideas were embraced by a generation." (From *TIME*, November 7, 1994, p.23)

Fourth Force Psychology: Transpersonal: Synthesizes the humanistic position with spiritual traditions (most prominently Eastern pantheistic and monistic religions) and encourages Eastern forms of meditation, yoga and various forms of consciousness expansion.

Ken Wilber

a leading figure in transpersonal psychology. In *The Atman Project*, he traces fourteen stages of psychological growth (mirroring the seven Yogic chakras) with "higher consciousness" as the "most realized" state.

Arthur Janov (Primal Therapy)

Primal Pain, Primal Pool of Pain

Albert Ellis (Rational Emotive Therapy)

examines rational and irrational belief systems that trigger our responses to certain activating events.

One of the twelve most common irrational beliefs is that you need some supernatural power on which to rely.

Glasser (Reality Therapy)

Persons Quoted:

Adolph, Jonathan

Andreasen, Nancy, Medical Doctor and researcher

Bartz, Paul

Bergin, Dr. Allen, Research psychologist

Bobgan, Martin & Deidre, [Martin: four Univ. degrees, including a doctorate in Educational Psychology, v.p. of Santa Barbara City College/Deidre: Masters in English] authors of *Psychoheresy*, and other books

Of *Psychoheresy*, Professor of Psychology, Thomas Szasz has written: "*Deidre and Martin Bobgan are exceptionally able and wise protagonists and protectors of the religious-explicitly Christian – approach to counseling. Their work is important and I recommend it highly.*"

Brown, Dr. Jonathan (with Shelley Taylor)

Brownback, Dr. Paul

Carter, Dr. John, (with Bruce Narramore) both of Rosemead Graduate School of Psychology

Coleman, Lee, Psychiatrist

Collins, Dr. Gary, professor of psychology, Trinity Evangelical Divinity School in Deerfield, Ill., author of *Can You Trust Psychology?*

Constantine, Jay, Chief, Health Professional Staff

Crabb, Dr. Larry, director, Institute of Biblical Counseling, in Morrison, Colorado, author of *Effective Biblical Counseling, Understanding People, and Inside Out*

Dobbins, Richard, Founder & Director of Emerge Ministries

Durlak, Dr. Joseph

Eidelson, Dr. Judy, researcher

Eysenck, Dr. Hans, one of the world's leading psychologists

Foster, James D., et al

Hirschfeld, Dr. Robert, psychiatrist in Bethesda, Md., specialist on depression

Hoge, Dean R. (with John D. McCarthy)

Holmes, Dr. David

Karasu, Byram, Director, Dept. of Psychiatry, Bronx Municipal Hospital Center

Kilpatrick, William Kirk, assoc. prof. of educational psychology, Boston College

Klein, Dr. Donald, Professor of psychiatry, New York State Psychiatric Institute

Koteskey, Ronald L.

Kraus, Karl, Viennese journalist

Law, William

LeShan, Dr. Lawrence, president, The Association for Humanistic Psychology

London, Dr. Perry

McCarthy, John D. (with Dean R. Hoge)

McCormack, Patricia, researcher on a project at Purdue University
Meier, Dr. Paul (with Frank Minirth, both professors at Dallas Theological Seminary, authors of *Happiness is a Choice, Introduction to Psychology and Counseling*)
Mills, Roger, Psychologist
Minirth, Dr. Frank, (with Paul Meier, both professors at Dallas Theological Seminary, authors of *Happiness are a Choice, Introduction to Psychology and Counseling*)
Morse, Steven (with Robert Watson)
Myers, Dr. David
O'Hara, Dr. Maureen
Narramore, are (with John Carter) both of Rosemead Grad School of Psych)
Peele, Stanton, a top addiction researcher
Popper, Dr. Karl, Philosopher of Science
Rachman, Dr. S.J., Prof. of Abnormal Psychology (with G.T. Wilson)
Reich, Walter
Robischon, Jonas, psychologist, lawyer
Schertz, Larry, et al
Shepherd, Michael, Institute of Psychiatry in London
Schlensky, Ronald, forensic psychiatrist
Scriven, Michael, onetime member of the American Psychological Association Board of Social and Ethical Responsibility
Storr, Anthony
Strupp, Hans
Sutherland and Poelstra
Szasz, Dr. Thomas, Professor of Psychiatry, State University of New York
Tavris, Carol, Psychologist
Taylor, Dr. Shelley
Tennov, Dr. Dorothy
Terrell, Hilton P., Ph.D. [psychology], M.D. Family Practice; editor of the *Journal of Biblical Ethics in Medicine*
Torrey, E. Fuller, Research Psychiatrist
Van Leeuwen, Mary Stewart, psychologist
Vitz, Paul
Walter, Tony
Watson, Robert (with Steven Morse)
Wilson, Dr. G.T., Prof. of Psychology (with S.J.Rachman)
Worthington, Everett, Jr.
Wortis, Dr. Joseph, State University of New York
Zilbergeld, Bernie

Sources:

1. Bobgans; *Psychoheresy*
2. Bobgans (1989); *Prophets of Psychoheresy I*
3. Bobgans (1990); *Prophets of Psychoheresy II*
4. Kilpatrick; *The Emperor's New Clothes*
5. Adams; *Competent to Counsel*
6. Hunt; *Seduction of Christianity*