

Psychotherapists Gone Amok

In 1964, the publication *Fact* published an article which reported that 1,189 psychiatrists considered U.S. Senator Barry Goldwater to be “psychologically unfit to be president.” A lawsuit for libel, *Goldwater v Ginzberg*, ensued, resulting in a large settlement for Goldwater and a new rule being added to the American Psychiatric Association’s (APA) Principles of Medical Ethics.¹ The new rule, known as the Goldwater Rule states: “On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.”²

The American Psychological Association has a similar statement. In a letter to *The New York Times*, the president, Susan McDaniel wrote: “When providing opinions of psychological characteristics, psychologists must conduct an examination ‘adequate to support statements or conclusions.’ In other words, our ethical code states that psychologists should not offer a diagnosis in the media of a living public figure they have not examined.”³

Then in March, 2017, the American Psychiatric Association issued the following statement: “APA’s Ethics

Committee asserts that while it is perfectly fine for a psychiatrist to share their expertise about psychiatric issues in general, it is unethical to offer a professional opinion about an individual without conducting an examination.”⁴

“In October [2017],” Daniel Greenfield reports, “125 psychologists and assorted mental health professionals marched to New York’s City Hall while wearing red tags warning, ‘DANGER.’” The experts in the “Duty to Warn” march “demanded that Trump be removed from office based on their inability to understand the 25th Amendment [to the Constitution].”

“A major impetus behind this tendency to psychiatrize social problems arises from the vacuum of absolutes in our culture.”

Dr. E. Fuller Torrey

Greenfield further reports on the concurrent book: *The Dangerous Case of Donald Trump*, which contains “unsolicited accusations and diagnoses from ‘27 psychiatrists and mental health experts.’” A psychiatrist, Bandy X. Lee, who is not licensed to practice in the United States, but who claims to have been “licensed on two continents,” edited the book. Greenfield says she was also “the organizer of Yale’s ‘Duty to Warn’ conference... on Capitol Hill to ‘brief’ Dem politicians about Trump’s mental illness that she diagnosed over Twitter.”⁵

Not all psychiatrists, psychotherapists, and mental health workers agreed. The American Psychiatric Association (APA) rose to the occasion and on January 9 stated: “We at the APA call

for an end to psychiatrists providing professional opinions in the media about public figures whom they have not examined, whether it be on cable news appearances, books, or in social media. Armchair psychiatry or the use of psychiatry as a political tool is the misuse of psychiatry and is unacceptable and unethical.”⁶ They could see how politically driven proclamations, pronouncements, and professional sounding accusations regarding the president’s psychological fitness could harm the credibility of psychiatry and psychotherapy.

James L. Knoll, IV, MD, and Ronald W. Pies, MD, both professors of psychiatry, also responded in an article titled “Psychiatry, ‘Dangerousness,’ and the President.” They begin by saying: “It’s hard to keep up with the flurry of books, articles, op-eds and letters addressing the issue of President Trump’s mental state, many written by well-known psychiatrists.” They further say, “We recognize that opinion among psychiatrists is often sharply divided as regards the Goldwater Rule. Nevertheless, we find the above claims regarding ‘dangerousness’ deeply problematic. When psychiatric terms of art are used capriciously to label a public figure, this stigmatizes not only the person labeled but also those with genuine mental illness. This impedes our ability to provide vitally important psychiatric care and diminishes the credibility of our profession.”⁷

Psychotherapizing Social Problems

Both psychiatrists and clinical psychologists are trained to do psychotherapy. While psychiatrists, as medical doctors, can perform both medical and

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Dear Martin & Deidre,

Your work has helped us sort through this dark, psychobabble nonsense. Our Savior conquered death, hell and the grave. On voice command the stormy seas obey Him. He has equipped His body, preserved His word and He is coming back. Your ministry is part of the oil for our lamps. You're truly appreciated.

New Jersey

Dear Bobgans,

The Sodomy of Christians is the best I have ever read on the subject. Having spent a third of my life working with livestock and being around wildlife, I know that sodomy is not natural.

Wyoming

Dear Deidre and Martin:

I want to thank you for the earnest and needed effort to put into print a publication [*The Sodomy of Christians*] that previously has been in a spiritual vacuum for quite some time. I have sent a copy to my former pastor. In writing to him, I have also notified my present pastors of the need that every spiritual leader in the country needs to be informed on this topic from the text you have provided. It is well-documented, honest and open in its diagnosis, and desperately needed by all who call on His Name for salvation in truth.

May the Lord give you a wide reading of this publication. It may just be the sine qua non on this subject for Christendom of this generation. It has exposed what has been the underpinning downfall of this country, and in our spiritual leadership since the rapid rise of the internet and its offshoots over the past 20 years. We are lifting you up before

the throne of grace for His blessing and passing of conviction on all our hearts in this country of Christian leadership.

Thank you for being our Lord's prima facia source on such a sensitive topic of sexual perversion. His grace be on you two in the days to come.

North Carolina

Martin & Deidre,

I was somewhat surprised by the title of your book *The Sodomy of Christians The Biblical View* and the obvious theme of the book, but so pleased that this issue is being addressed by the two of you.

First of all, this is going to be a foreign concept to many within the church. You will probably either be highly praised or unmercifully scorned, but I'm sure you have experienced those opposing poles many times on this journey.

I saw that you had cited Dr. Reisman. She is a good friend of mine. She is the one who explained these things to me (plus, I read all her books). She has patiently answered my questions over the years. However, you brought in a distinction that I truthfully had never considered. That is that the heterosexual practice of sodomy made it a quick leap to accept the same practice by homosexuals. Of course! You are so correct.

Your message is one of restoring the teaching of Biblical purity. Our society has fallen so deeply into a bottomless pit of depravity that even Christians are comparing themselves amongst others and thereby justifying their own behavior. After all, there is always someone out there who is more vile.

The only point I would add to your long-overdue book—is that our children are being taught to be sexual beings from very early ages. If these same children ever do get married, they are bringing these practices to the marriage bed. I can show that the children are learning these practices from both secular and so-called Christian sources....

I guess the hardest idea to get a grasp of is that your book is necessary. It

shouldn't be. Wrong has become right and right has become wrong. *Woe unto them that call evil good, and good evil; that put darkness for light, and light for darkness; that put bitter for sweet, and sweet for bitter!* Isaiah 5:20.

My generation and on has been so conditioned in these areas that we lost sight of even wondering if certain practices were right or wrong. We were conditioned to believe the lie. Most of us did not know what the Word of God said, although we attended church on a regular basis. This is a shocking indictment on the church, but, even more so, on a personal level. After all, we had the Word of God. It was readily available to us, but it remained unopened and unread.

I hope the readers will read your book to the very end as that last chapter was a call to repentance and a reminder of the loving and forgiving God we serve. May God use this book to open Christian's eyes to the truth about sodomy and convict hearts to turn from this egregious sin.

West Virginia

Martin & Deidre,

Your latest book, *The Sodomy of Christians*, was gross! But it needed to be said, so thanks for writing the book. It must have been pretty unpleasant to research and write this book. But sometimes work is like that; sometimes you have to shovel manure. I boil it down to two reasons: 1) Sodomy is wrong because it's not the way God designed sex. 2) Sodomy is wrong because it is disrespectful to the other person.

Thank you very much for including a discussion of God's grace and forgiveness at the end. We all absolutely need that, whether our sin has been sodomy or anything else.

Iowa

Thank you for writing to us. We read every letter, even though we are not able to answer each one personally.



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psychological services, we are discussing their nonmedical work of diagnosing and treating mental-emotional-behavioral problems and primarily their diagnostic and predictive activities. Psychotherapists setting themselves up as authorities and publicly diagnosing and predicting future dangerous behavior of a public figure, as described above, reveals the penchant in this country to psychotherapize social and personal problems. All one has to do is slap a psychological label on a person or group of persons and the solution is on the horizon, just like the pot of gold at the end of the rainbow.

Dr. E. Fuller Torrey, known best for his excellent medical research on schizophrenia, gives the reason for this nonsense. He says, “A major impetus behind this tendency to psychiatrize social problems arises from the vacuum of absolutes in our culture. This vacuum is associated with the decline of religious influence—the death of God, some claim. In the past, it has been religion which has supplied absolute values upon which we could base decisions.... As religious influence has died, however, there has been a search for a new set of absolutes. Psychiatry has been willing to sanctify its values with the holy water of medicine and offer them up as the true faith of ‘Mental Health.’ It is a false Messiah.”⁸

Torrey’s book *The Death of Psychiatry* reveals why non-medical psychiatry (psychotherapy) should never have become a medical specialty. He explains: “Diseases are something we have; behavior is something we do.”⁹

Kangaroo Court

Although this psychotherapeutic pretension, marching the streets crying, “danger,” and descending on the capitol to protect the nation, appears to be politically driven and therefore aimed at one person, **this article is not a defense of**

Donald Trump, but rather an exposé of the fraud of the kind of psychology that would come to a Kangaroo Court conclusion about anyone in contradiction to the Goldwater Rule and other professional and ethical violations.

Dr. Thomas Szasz authored over three hundred articles and numerous books. He was one of the most distinguished professors of psychiatry during the past 100 years. Szasz was known during his lifetime as the “great deflator of psychiatric pretensions,” because he questioned the assumptions and practices of his own profession: psychiatry. No matter what his opinion of any sitting president might have been, Szasz would not have involved himself in such psychiatric craziness. In fact, he would surely shame any psychiatrist or psychologist whose testimonies would condemn any person they had not personally and responsibly examined.

The DSM is a very subjective system that could be used to label perfectly normal people with a psychiatric label.

Psychotherapy deals with thoughts, emotions, and behavior, but not with the brain itself. Psychology does not deal with the brain’s biology, but with the mind’s activity and the individual’s social behavior. In medicine we understand what a diseased body is, but what is a parallel in psychotherapy? It is obvious that in counseling psychology “mental illness” does not mean brain disease. If brain disease were the case, the person would be a medical patient, not a mental patient. Szasz very sharply refers to the “psychiatric impostor” who “supports a common, culturally shared desire to equate and confuse brain and mind, nerves and nervousness.”¹⁰

The assumption that medical illness and “mental illness” are alike only

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brings confusion. Although one may result from the other, medical illness and “mental illness” are simply not the same. Biological and psychological are not synonymous. One has to do with the organic processes and the other with the thought and emotional life. The word *illness* after the word *mental* should have been rejected from the very beginning.

Whores of the Court

Are psychiatrists or psychologists truly experts at diagnosing behavior and can they predict future dangerousness of a client? Dr. Margaret A. Hagen reveals their failure to do so in her book *Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice*. We quote from the jacket cover description of her book: “Lawyers often refer to them as ‘prostitutes’ or ‘whores.’ They are the growing ranks of clinical psychiatrists, psychologists, social workers, and other mental health professionals who give expert testimony in our courtrooms today. And in far too many cases their testimony—on subjects as varied as determination of competency, memory, parental fitness, custody, personal injury, memory, sentencing, and rehabilitation—helps determine the final verdict.”

Hagen’s book “reveals how expert psychological testimony is a *total fraud*, showing how the courts have increasingly embraced not a cutting-edge science but, instead, a discipline that represents a terrifying retreat into fantasy and a discipline propelled by powerful propaganda, arrogance, and greed. There are now thousands of self-styled soul doctors running amok in our courts, bedazzled by spectacular fees and wielding unchecked power and influence in the courtroom.” Hagan’s book highlights “statistics that damn the reliability of clinical psychology” and shows how it “is fundamentally

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Ψ Psych Notes

Psych Notes are selected from numerous articles from professional journals and other publications. The ones used are chosen for their possible interest to readers, but not necessarily because this ministry recommends them.

UK Psychotherapy Failure

“Almost 10 years ago, England embarked on what would become one of the nation’s largest expansions of mental health care coverage. The architects of the Improving Access to Psychological Therapies (IAPT) initiative had an ambitious goal: to expand mental health care to as many people who needed it as possible, through evidence-based methods like cognitive behavioral therapy (CBT). In 2005, when the plan was first pitched to Parliament, one in four adults suffered from at least one diagnosable mental health problem, according to statistics from the National Institute for Clinical Excellence (NICE), the government body that sets standards on clinical treatments. And according to research published a year earlier in *The British Journal of Psychiatry*, depression alone was costing the English economy nearly nine billion pounds annually in lost productivity and unemployment benefits. If at least some suffering people recovered and went back to work, proponents argued, unemployment payouts would drop and the program would pay for itself. But could psychotherapy—at its core, most clinicians would argue, a process based on the development of relationships—really be systematized on a nationwide scale?

“What began as a highly anticipated experiment quickly fell flat. To start, retention rates have been low: reports released in 2015 by the National Health Service (NHS) revealed that only 37 percent of those who’d entered the IAPT program—after going through the required referrals from their general

practitioners—completed the allotted 12-session treatment, while those providing treatment have been criticized as unprepared. Exclusively green-lighting methods like CBT has also caused an uproar among many in the clinical community. An October 2014 article in *The Daily Mail*, “Is the NHS’s Therapy for Depression a Total Waste of Time?” was just one to take IAPT to task. In the piece, contributing psychologist Oliver James offered a withering critique. ‘Cognitive behavioral therapy is all about marketing—it is a cheap, quick fix,’ he wrote, citing research that, claimed those who received CBT showed no more signs of recovery than those who forewent treatment” (excerpted from Chris Lyford, “Did England’s Ambitious Mental Health Care Experiment Deliver?” *Psychotherapy Networker*, Vol. 42, No. 1, p. 13).

“Leafy Greens and Dementia”

“Dark, leafy greens rich in lutein, folate, beta carotene, and other valuable nutrients could help slow age-related mental decline and ward off dementia, new research suggests. Scientists at Rush University and Tufts University analyzed the dietary habits and monitored the brain function of 960 older people, with an average age of 81, for about five years. They found that the participants who reported eating at least one daily serving of kale, spinach, or another leafy green vegetable had the brain function of someone 11 years younger, reports the *Los Angeles Times*. ‘It’s almost unbelievable,’ says senior author Martha Morris. ‘Eating these leafy greens was independently associated with slower cognitive decline. That tells you this single food group contains so many nutrients, it could be brain-protective.’ Scientists speculate that the nutrients in leafy greens could help protect against stress and inflammation, as well as chronic conditions such as heart disease and diabetes, which take a

long-term toll on the brain” (excerpted from “Health & Science,” *The Week*, Vol. 18, Issue 855, p.18).

Deadly Mix

“Taking opioids to deal with pain while also taking antianxiety medication can be a deadly combination. A research team at the Columbia University Medical Center, led by Mark Olfson, M.D., looked into the medical service histories of 13,000 adults who died of an opioid overdose. They found that more than 6 in 10 had been diagnosed with chronic pain during the last year of their lives, and many also suffered from depression and anxiety. Over half the people with chronic pain issues had gotten prescriptions for both opioids and antianxiety drugs like Valium and Xanax in the year they died.

“This medication combination is known to increase the risk of unusually slow and shallow breathing, which is the primary cause of death in most fatal opioid overdoses,’ Olfson said. The study looked at a population that was up to age 64. ‘I think we’d see at least as high and probably a higher death rate among people in the Medicare population,’ Olfson said” (excerpted from “Pain, Anxiety Meds Are a Deadly Mix,” *AARP Bulletin*, Vol. 54, No. 1, p. 4).

Third Gender Option

“Washington state residents who don’t identify as male or female will soon be able to choose X as their gender on birth certificates. Starting January 27, they will be able to identify as male, female or X on birth certificates. The policy lets Washingtonians change existing documents; it does not apply to new ones.

“The rule, announced Thursday by the state Department of Health, defines X as the following: ‘A gender that is not exclusively male or female, including, but not limited to, intersex, agender, amalgagender, androgynous, bigender,

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demigender, female-to-male, genderfluid, genderqueer, male-to-female, neutrois, nonbinary, pangender, third sex, transgender, transsexual, Two Spirit, and unspecified”

“For adults seeking to change their birth certificate from male to female or vice versa, the rule removes an existing requirement of a doctor’s letter. Minors who want to change their designation must have written consent of their parent or legal guardian and documentation from a licensed health care professional” (excerpted from Emanuella Grinberg, “Washington State Offers Third Gender Option on Birth Certificates,” CNN, Jan 4, 2018).

“Life’s Simple 7”

“The American Heart Association’s ‘Life’s Simple 7’ guidelines were originally produced to provide easy-to-follow steps for improved cardiovascular health. But these basic lifestyle guidelines have also been shown to improve memory and other brain functions, according to an advisory panel of the American Heart Association and American Stroke Association. The panel noted that the same risk factors that cause atherosclerosis—the deposit of harmful, fatty plaques in the arteries that restricts blood flow—are also major contributors to cognitive decline and Alzheimer’s disease later in life. Philip Gorelick, MD, MPH, chairman of the panel and executive medical director of Mercy Health Hauenstein Neurosciences in Michigan, said that by following ‘Life’s Simple 7’ people may be able to prevent heart attack and stroke, as well as cognitive impairment. ‘Life’s Simple 7’ outlines health factors that help define and promote cardiovascular health. These factors are also associated with promoting brain health. **The seven factors are: managing blood pressure; controlling cholesterol; keeping blood sugar levels normal; being physically**

active; eating a healthy diet; losing extra weight; and quitting smoking or never starting. A healthy brain is defined as one that can receive and recognize information from our senses; communicate; pay attention; solve problems; make decisions; support mobility and everyday functioning; and regulate emotions. Cognitive impairment can interfere with any or all of those functions. The advisory panel notes that because atherosclerosis—which can lead to heart attacks and strokes—takes years to develop, it’s important to start following ‘Life’s Simple 7’ as soon and as consistently as possible” (“Life’s Simple 7 Benefit Heart and Brain Health,” *Mind, Mood & Memory*, Vol 14, No. 1, p. 1, used with permission from Massachusetts General Hospital, bold added).

New Alzheimer’s Trials

“The number of potential new Alzheimer’s disease (AD) therapies that are in the pipeline and/or nearing their completion suggests that breakthroughs in drugs and treatments may be just a few years away, according to a press release issued by the research group UsAgainstAlzheimer’s. It has been 14 years since a new treatment for AD has been approved in the United States or Europe. According to information provided by the group, as of July 18, 2017, a total of 27 therapies were in Phase 3 clinical trials, and eight were in Phase 2 clinical trials. The group reported that 23 of the experimental drugs target the brain buildup of toxic beta-amyloid proteins, a hallmark of AD. Others are focused on changing the activities of brain chemicals called neurotransmitters, which transmit messages among cells” (“New Alzheimer’s Research Expected to Bear Fruit in Next Five Years,” *Mind, Mood & Memory*, Vol. 13, No. 11, p. 2, used with permission from Massachusetts General Hospital).



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26 Kimio Moriyama, quoted by Hiroshi Matsubara, “Diet mulls fate of mentally ill criminals,” *The Japan Times*, 8 June 2002.

27 Terrence W. Campbell, “Challenging Psychologists and Psychiatrists as Witnesses,” *Michigan Bar Journal*, Jan. 1994, quoted by Hagen, op. cit., p. 165.

28 Seena Fazel et al., “Use of risk assessment instruments to predict violence and antisocial behaviour in 73 samples involving 24,827 people: systematic review and meta-analysis,” *British Medical Journal*, 7/24/2012, <http://www.bmjjournals.org/content/345/bmj.e4692>.

29 Christina Hoff Sommers and Sally Satel. *One Nation Under Therapy: How the Helping Culture is Eroding Self-Reliance*. New York: St. Martin’s Press, 2005.

30 Garth Wood. *The Myth of Neurosis*. New York: Harper & Row Publishers, 1986, p. 3.

31 Lee Coleman quoted by Richard Aguirre, “Psychiatrist: Colleagues Too ‘Naive, Trusting,’” *Santa Barbara News-Press*, 3/18/1986, p. B-1.

32 O. Hobart Mowrer. *The Crisis in Psychiatry and Religion*. Princeton: D. Van Nostrand Co., Inc., 1961, p. 60.



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Unless otherwise indicated, articles are written by Martin and Deidre Bobgan.

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inadequate in diagnosing past, present, or future behavior" (italics in original).¹¹

Diagnosis Problems

In their book *Making Us Crazy, DSM: The Psychiatric Bible and the Creation of Mental Disorders*, Herb Kutchins and Stuart Kirk say the following about the claim of reliability for the *DSM (Diagnostic and Statistical Manual of Mental Disorders)*: "No study of *DSM* as a whole in a regular clinical setting has shown uniformly high reliability. And most studies, including the *DSM* field trials themselves, provide little evidence that reliability has markedly improved, much less been 'solved' as a problem."¹²

Twenty years after the reliability problem became the central scientific focus of *DSM*, **there is still not a single major study showing that *DSM* (any version) is routinely used with high reliability by regular mental health clinicians**" (bold added).¹³

Kutchins and Kirk further say "The illusion that psychiatrists are in agreement when making diagnoses creates the appearance of a united professional consensus. In fact, there is considerable professional confusion. Serious confusion about distinguishing mental disorders from nondisordered conditions and the inability of clinicians to use the manual reliably make the development and use of *DSM* vulnerable to a host of nonscientific pressures. If well-trained and well-intentioned therapists often fail to agree on specific diagnoses, how can the incompetent or purposely deceptive diagnostician be identified?"¹⁴

Granted, Kutchins and Kirk were criticizing the *DSM IV* (the 1994 edition), but Allen J. Frances, a leader in writing the 1994 edition of the *DSM*, is very concerned about the latest edition, *DSM 5*. He warns practitioners to ignore "Its Ten Worst Changes" and declares that the "*DSM 5* Is Guide Not Bible."¹⁵

(See brief summary in "PsychNotes," *PsychoHeresy Awareness Letter*, Vol 25, Nos. 5 and 6.) The *DSM* is a very subjective system that could be used to label perfectly normal people with a psychiatric label. Indeed, some people's behavior may be "sickening," but that does not mean they are sick. The *DSM* is also used for obtaining third-party insurance payments. In other words, a mental health practitioner must give a diagnosis to receive insurance reimbursement.

"The ability of psychiatrists or any other professionals to reliably predict future violence is unproved."

Brief Amicus Curiae for APA

The Council for Evidence-Based Psychiatry in the United Kingdom, which consists of psychiatrists, academics, withdrawal support charities and others, clearly states concerns about the *DSM-5*: "Psychiatric diagnostic manuals such as the *DSM* and ICD [International Classification of Diseases] (chapter 5) are not works of objective science, but rather works of culture since they have largely been developed through clinical consensus and voting. Their validity and clinical utility is therefore highly questionable, yet their influence has contributed to an expansive medicalisation of human experience."¹⁶

Indeed, unless there are physical tests (such as blood tests), there is no way to diagnose so-called "mental illness" apart from a subjective analysis with the help of a list of possible behavioral or emotional symptoms that may be indicative of any one of the many psychiatric designations or a false alarm. Therefore, psychotherapists who attempt to diagnose individuals are dangerously susceptible to being wrong, especially when presumptuously diagnosing someone from a distance and proclaiming it on Twitter.

The University of California *Berkeley Wellness Letter* reports: "Mental illness is both extremely common—one in five Americans will experience a mental disorder in any given year—and extremely hard to diagnose in some cases, since no simple biological tests exist to detect them. There's no blood test for, say, depression or a personality disorder; no scan that can reveal attention-deficit hyperactivity disorder (ADHD). Instead, a clinician must rely solely on a patient's symptoms and observation of his or her behavior to reach a diagnosis."¹⁷

Dr. Jeffrey Lieberman, who is chairman of psychiatry at Columbia University and the current president of the American Psychiatric Association, says: "With rare exceptions such as narcolepsy, which can be diagnosed by testing cerebrospinal fluid, there are no objective biological measures for mental illness."¹⁸ What does this say about the 300 *DSM* non-medical designations, which are being used to diagnose many individuals, including public figures like Donald Trump?

Prediction Problems

In 1979 the American Psychiatric Association presented a Brief Amicus Curiae regarding whether psychiatrists are able to reliably predict the future "dangerousness" of persons who have committed a crime. The APA Task Force stated in the brief: "The state of the art regarding predictions of violence is very unsatisfactory. The ability of psychiatrists or any other professionals to reliably predict future violence is unproved."¹⁹ The Brief also quoted from a study comparing psychiatrists' predictions and students' predictions of future dangerousness of individuals based on personality characteristics, which reveals that "psychiatric judgment is not based upon any special knowledge or expertise beyond that educated laymen."²⁰

In an article titled "Employing Psychiatric Predictions of Dangerous

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Behavior: Policy vs. Fact,” Dr. Henry J. Steadman says that one of the purposes of his paper is “to update the documentation that psychiatrists are poor predictors of dangerousness when the ratio of false positives or criminal justice system tenets are considered.”²¹ He says: “Psychiatrists make predictions of dangerousness under a wide variety of circumstances. These circumstances may be civil or criminal and they may relate to admission, institutional placement (within or between institutions), or discharge.” Steadman notes: “This belief in the psychiatrists’ capacity to make such predictions is firmly held and constantly relied upon, **in spite of a lack of empirical support**” (bold added).²²

Dr. Seymour Halleck, Chief Psychiatric Consultant to the Wisconsin Division of Corrections, says: “In addition to criticisms of the theoretical basis of psychiatric testimony and the deficiencies of any legal test of criminal responsibility, it must be noted that many practical inconsistencies and injustices can arise through psychiatric involvement in the courtroom.”²³

Halleck further said: “Medical involvement in issues of criminal responsibility is **without a scientific basis**, is socially impractical, and has probably done harm both to society and to the psychiatric profession” (bold added).²⁴ Halleck declared that ‘if the psychiatrist, or any other behavioral scientist, were asked to show proof of his predictive skills, objective data could not be offered.’²⁵

The vice president of the Japanese Psychiatrists’ Association says that it is “impossible for medical [psychiatric] science to tell whether someone has a high potential to repeat an offense.”²⁶

In *Whores of the Court*, Margaret Hagen quotes researcher Terrence Campbell’s article in the *Michigan Bar Journal*: “The accuracy with which clinical judgment predicts future events

is often little better than random chance. The accumulated research literature indicates that **errors in predicting dangerousness** range from 54% to 94%, averaging about 85%” (bold added).²⁷

Reviews of the research on the accuracy of predicting dangerous behavior indicate that a large number of persons who have been predicted to repeat a crime do not, in fact, repeat the crime or reveal any other dangerous behavior.

Worse than the nation being “under therapy,” the church eagerly places herself under the pronouncements and pretensions of psychotherapists, instead of trusting Christ.

The conclusion of a large study reported in the *British Medical Journal* states: “Although risk assessment tools are widely used in clinical and criminal justice settings, their predictive accuracy varies depending on how they are used. They seem to identify low risk individuals with high levels of accuracy, but their use as sole determinants of detention, sentencing, and release is not supported by the current evidence.”²⁸ In other words, **predicting behavior of high risk individuals lacks accuracy and ends up over-estimating the possibility of danger**.

One Nation Under Therapy

Christina Hoff Sommers and Sally Satel, M.D., wrote a book with a title that aptly describes the United States: *One Nation Under Therapy: How the Helping Culture is Eroding Self-Reliance*.²⁹ Indeed citizens live under the dominance of psychotherapeutic guesses, questionable treatment, and a conglomeration of psychological ideas that not only contradict each other, but nevertheless carry a weight of authority. Why? Because: people have a high regard for psychotherapeutic pronouncements, practices, and practitioners, in spite of the damage that has been wrought through this “sci-

ence falsely so called” (1 Timothy 6:20).

Contrary to the general, acceptable, cultural view, psychotherapy is riddled with myths. Psychiatrist Garth Wood, in his book *The Myth Of Neurosis*, describes the bankruptcy of psychotherapists: “Cowed by their status as men of science, deferring to their academic titles, bewitched by the initials after their names, we, the gullible, lap up their pretentious nonsense as if it were the gospel truth. We must learn to recognize them for what they are—**possessors of no special knowledge of the human psyche**, who have nonetheless chosen to earn their living from the dissemination of the myth that they do indeed know how the mind works, are thoroughly conversant with the ‘rules’ that govern human behavior” (bold added).³⁰

In testifying at a murder trial (for the prosecution) psychiatrist Lee Coleman said, “**I think common sense wins hands-down in a race with psychiatry**” (bold added).³¹

The Church Under Therapy

Worse than the nation being “under therapy,” the church eagerly places herself under the pronouncements and pretensions of psychotherapists instead of trusting Christ, who died for her and has espoused her to Himself. For years pastors have looked to psychology and psychiatry for answers to problems of living instead of trusting in the sufficiency of Scripture regarding why we act the way we do, how to change, and how to live. A pastor may preach about how God uses trials of living to conform believers into the image of Christ but then send his suffering sheep out to a psychotherapist or a psychologically contaminated so-called “biblical counselor.” We pray that the church will wake up and renounce such influence. Psychotherapy and its underlying theories are false gospels.

Paul was concerned when the Galatians added Judaism to the Gospel and

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wrote: "I marvel that ye are so soon removed from him that called you into the grace of Christ unto another gospel: Which is not another; but there be some that trouble you, and would pervert the gospel of Christ" (Gal. 1:6-7). He asked them:

O foolish Galatians, who hath bewitched you, that ye should not obey the truth, before whose eyes Jesus Christ hath been evidently set forth, crucified among you? This only would I learn of you, Received ye the Spirit by the works of the law, or by the hearing of faith? Are ye so foolish? having begun in the Spirit, are ye now made perfect by the flesh? (Gal. 3:1-3.)

Christians need to ask themselves the same questions, because psychotherapeutic theories and therapies comprise a humanistic, man-made religion with a conglomeration of other gospels. Just as when the Judaizers added circumcision to the Gospel, they actually took away the essence of the Gospel, so also, when Christians add the psychological way to the Word of God, they are subtracting from the Gospel. But, they are worse than the Judaizers, because they are adding the wisdom of men and the works of the flesh. They are following another religion, one with many gods and many conflicting ways. They are turning to other gospels, which are no Gospel at all. They are returning to the ways of the flesh.

In writing to the Colossians, Paul declared:

As ye have therefore received Christ Jesus the Lord, so walk ye in him: Rooted and built up in him, and stablished in the faith, as ye have been taught, abounding therein with thanksgiving. Beware lest any man spoil you through philosophy and vain deceit, after the tradition of men, after the rudi-

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ments of the world, and not after Christ. For in him dwelleth all the fulness of the Godhead bodily. And ye are complete in him, which is the head of all principality and power: (Col. 2:6-10.)

Believers are complete in Christ, but they will be running on empty as they turn to psychological counselors instead of the Lord and His Word.

Too many Christians are being beguiled by the enticing humanistic "philosophy and vain deceit, after the tradition of men, after the rudiments of the world, and not after Christ." And too many pastors are sending their sheep out to psychological counselors rather than establishing them in the faith and in their knowledge of the Lord Jesus Christ, in whom "dwelleth all the fulness of the Godhead bodily." Believers are complete in Christ, but they will be running on empty as they turn to psychological counselors instead of the Lord and His Word.

In his book titled *The Crisis in Psychiatry and Religion*, psychologist Dr. O. Hobart Mowrer asks the following question: "Has evangelical religion sold its birthright for a mess of psychological pottage?"³² Christians need to remember their birthright and carefully, objectively, seriously, and prayerfully examine and eradicate this mess of psychological pottage.



Endnotes

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20 R. Kirkland Schwitzgebel, "Prediction of Dangerousness and its Implications For Treatment," in W. J. Curran, A.L. McGarry & C.S. Petty, *Modern Legal Medicine, Psychiatry, and Forensic Medicine*, 1980, p. 786.

21 Henry J. Steadman, "Employing Psychiatric Predictions of Dangerous Behavior: Policy vs. Fact," <https://www.ncjrs.gov/pdffiles1/digitization/54293ncjrs.pdf>, p. 133.

22 *Ibid.*, p. 125

23 Seymour L. Halleck, M.D., "A Critique of Current Psychiatric Rules in The Legal Process," *Wisconsin Law Review*, Vol. 1966, No. 2, Spring, p. 389.

24 S. L. Halleck and W. Bromberg. *Psychiatric Aspects of Criminology*. Springfield, IL: Charles C. Thomas, 1968.

25 Seymour Halleck quoted in Steadman, *op. cit.*, p. 25.

(Endnotes continued on page 5)