

# MENTAL ILLNESS

*VOLUME 1 of 5*

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The Necessity for Faith & Authority

by  
Dr. Daniel R. Berger II

*Mental Illness: The Necessity for Faith and Authority, Volume 1*

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To  
my wonderful grandparents  
Dr. Walter and Trudy Fremont.  
This series of books was in many ways  
made possible through their  
example, support, teaching, prayer,  
and love for God and others.

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## DISCLAIMER

The material contained in this book is the result of years of experience, research, professional interviews, but it is not intended in any way to be taken as medical advice. Rather, the views and material expressed in this book are philosophical and historical in nature and written in order to provide truth and hope that will enable pastors, clinicians, therapists, counselors, university professors, and other professionals to be better equipped to offer genuine truth, love, and hope to those in their care.

## ABBREVIATIONS

ANS	Autonomic Nervous System
APA	American Psychiatric Association
ADHD	Attention Deficit-Hyperactivity Disorder
DSM-5	<i>Diagnostic &amp; Statistical Manual of Mental Disorders 5</i>
ESV	<i>English Standard Version</i>
FDA	Federal Drug Administration
ICD	International Classification of Disorders
JAMA	<i>Journal of the American Medical Association</i>
KJV	<i>King James Version</i>
NAMI	National Alliance for the Mentally Ill
NEJM	<i>New England Journal of Medicine</i>
NIH	National Institute of Health
NIMH	National Institute of Mental Health
NIV	<i>New International Version</i>
WHO	World Health Organization



## BOOK SERIES

This book is one volume of five in a series on the current construct of mental illness. Each volume builds upon the other in a logical and progressive explanation. Although each volume can be read separately and out of order, following the designed order will provide the most benefit to the reader.

Volume 1 – *The Necessity for Faith and Authority*

Volume 2 – *The Reality of the Spiritual Nature*

Volume 3 – *The Reality of the Physical Nature*

Volume 4 – *The Influence of Nurture*

Volume 5 – *The Necessity for Dependence*

## BOOK SERIES PREFACE

Mental constructs of reality are imperfect, but indispensable, ways to organize the otherwise bewildering phenomena of the world.<sup>1</sup> –psychiatrist and chairman of the *DSM-IV* task force, Allen Frances

The problem of mental disorder is probably as old as man. Recorded history reports a broad range of interpretations of abnormal behavior and methods for its alleviation or eradication, which have generally reflected the degree of enlightenment and the trends of religious, philosophical, and social beliefs and practices of the times.<sup>2</sup> – *Abnormal Psychology*

Since the 1950s, psychiatry has controlled both the definitions, theories, diagnoses, and suggested remedies for mental illness.<sup>3</sup> Many intelligent, well-educated, and well-meaning people have blindly accepted the secular construct of mental illness without investigating the underlying theories or answering foundational questions necessary to form a construct of mental illness. Some have chosen to refrain from conversations out of ignorance or fear of hurting and distancing themselves from friends or family who are labeled as mentally ill. Still others have taken dogmatic positions often erring on the side of ignoring truth or disregarding empathy. The time for society and especially for Christians to logically and carefully examine the current mental health system is well overdue.

Many mental health professionals understand that the current construct and system are broken and that mental health reform must be a priority. Psychiatrist Gina Nikkel remarks,

Since the modern version of our mental health system was initiated over 60 years ago, it has grown exponentially and has become more rigid and, ironically, far less responsive to the needs of persons labeled with psychiatric distress and their families despite all the efforts, costs, rules, regulations, and reimbursement strategies applied to reduce psychological distress.

Like Dr. Nikkel, the British Psychological Society in 2013 claimed,

There is no scientific evidence that psychiatric diagnoses such as schizophrenia and bipolar disorder are valid or useful. . . . In a groundbreaking move that has already prompted a fierce backlash from psychiatrists, the British Psychological Society's division of clinical psychology (DCP) . . . [declared] that, given the lack of evidence, it is time for a "paradigm shift" in how the issues of mental health are understood. The statement effectively casts doubt on psychiatry's predominantly biomedical model of mental distress – the idea that people are suffering from illnesses that are treatable by doctors using drugs. The DCP said its decision to speak out "reflects fundamental concerns about the development, personal impact and core assumptions of the (diagnosis) systems," used by psychiatry. Dr Lucy Johnstone, a consultant clinical psychologist who helped draw up the DCP's statement, said it was unhelpful to see mental health issues as illnesses with biological causes.

Similarly, neuroscientist Elliot Valenstein asserts,

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<sup>1</sup> Allen Frances, *Saving Normal: An Insider's Revolt against Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life* (New York: HarperCollins, 2013), 21.

<sup>2</sup> Walter Coville, Timothy Costello, and Fabian Rouke, *Abnormal Psychology: Mental Illness Types, Causes, and Treatment* (New York: Barnes and Noble, 1960), 11.

<sup>3</sup> Specifically, those who hold to the paradigm set forth by the father of psychiatry Emil Kraepelin currently control the mental health system.

<sup>4</sup> Gina Nikkel, "How to Fix the Broken Mental Health System: Ten Crucial Changes," *Psychiatric Times* (November 7, 2014), <http://www.psychiatrictimes.com/career/how-fix-broken-mental-health-system-ten-crucial-changes#sthash.bWF2sHtk.dpu>.

<sup>5</sup> Jamie Doward, "Psychiatrists under Fire in Mental Health Battle," *Guardian*, (May 11, 2013), [http://www.theguardian.com/society/2013/may/12/psychiatrists-under-fire-mental-health?CMP=share\\_btn\\_tw](http://www.theguardian.com/society/2013/may/12/psychiatrists-under-fire-mental-health?CMP=share_btn_tw).

These ideas [fundamental to the current mental health system] are simply an unproven hypothesis, but . . . they are heavily promoted as a well-substantiated explanatory theory. Because these ideas have enormous implications, there is a great need to examine the evidence and basic assumptions much more critically than has been done up to now.<sup>6</sup>

The pressing need to examine what is normal and abnormal caused the chair of the American Psychiatric Association's *Diagnostic and Statistical Manual-IV (DSM-IV)*,<sup>7</sup> Allen Frances, to write a book called *Saving Normal*<sup>8</sup> in which he questions the past, present, and future of the current mental health construct. So many problems and unanswered questions now exist that a number of psychiatrists and clinical professionals claim that psychiatry and the current construct it espouses are in a major crisis, and that consensus continues to grow.<sup>9</sup> These sentiments represent those of many once-prominent professionals who admit that the current ideas about mental illness are not helping society advance, but rather they are turning normal into illness and, more often than not, failing to meet the needs of individuals who are struggling. Many clinicians not only realize that things must change, they are actively involved in making sure these changes come to fruition.<sup>10</sup>

If secular professionals are willing to question, to consider the current system as broken, and to look more critically at its existence, then certainly Christians must do the same. Since investigation and criticism of the current foundations of mental illness are clearly needed, an alternative, reliable and valid solution must be offered as well. Likewise, such an alternative must address the many unanswered questions that the current secular construct of mental illness has failed to supply.

If we are to repair what is clearly broken, we must be willing to examine underlying presuppositions of the current construct, to discuss sometimes taboo topics, question current positions, and accept the objective conclusions. Psychiatrist Emmanuel Stip once suggested, "If we wish to base psychiatry on evidence-based medicine, we run a genuine risk in taking a closer look at what has long been considered fact."<sup>11</sup> Yet, if we truly desire to help those suffering under the diagnosis of mental illness, we must be willing to question dogma and be prepared to change our minds as necessary.

Some of these dogmas are foundational to the current construct's existence and social acceptance. Two of the most prevalent underlying beliefs are 1) science is the key to understanding mental illness and 2) medicine provides the only viable remedy to mental struggles. When these propositions were created and why they must be maintained in order for the current construct of mental illness to continue its control over society are important issues that must be objectively explored. Andrew Scull remarks in his book, *Madness in Civilization*:

Besides, the manifestations of madness, its meanings, its consequences, where one draws the boundary between sanity and insanity--then and now--these are matters that are deeply affected by the social context within which unreason

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<sup>6</sup> Elliot Valenstein, *Blaming the Brain: The Truth about Drugs and Mental Health* (New York: Basic Books, 1998), 3.

<sup>7</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR* (Washington, DC: American Psychiatric Association, 2000).

<sup>8</sup> Frances, *Saving Normal*, 17.

<sup>9</sup> For more on this subject, see Lawrie Reznick, *Peddling Mental Disorder: The Crisis in Modern Psychiatry* (Jefferson, NC: McFarland, 2016). See also Richard Bentall, *Madness Explained: Psychosis and Human Nature* (New York: Penguin, 2003).

<sup>10</sup> "I believe that many psychologists and psychiatrists can sense that a new way of thinking about psychiatric disorders is emerging, but few will have had the opportunity to try to gather together the many different strands of research that are contributing to this shift in thinking" (Richard Bentall, *Madness Explained: Psychosis and Human Nature* [New York: Penguin, 2003], 111).

<sup>11</sup> Emmanuel Stip, "Happy Birthday, Neuroleptics!" *European Psychiatry* 17 (2002): 115-19.

surfaces and is contained. Context matters and we cannot attain an Archimedean view from nowhere, beyond the partialities of the present, from which we might survey in a neutral and unbiased fashion the complexities of history.<sup>12</sup>

The history of madness, which most secular historians focus on when discussing mental illness, is relevant, but it is a small part of the discussion. Attention must primarily be given to the underlying belief system and philosophies that guide both the perception of abnormal and the approaches to mental illness. In the process, this series of books will seek to demonstrate that faith, authority, and dependence are far more relevant issues than they may appear, and that a proper perspective of them can lead to a valid remedy more readily than can alleged science and current medical practices.

Another equally popular tenet of faith within the current mental health construct is the suggestion that religion and science are conflicting ideas. Secular authorities propose that one or the other must be accepted, and that though a religious perspective was once an accepted approach, science has now taken its place.<sup>13</sup> In their view, to reject their construct and claims of scientific discovery is inhumane. Yet as we will see, even prominent psychiatrists understand and admit that there exist various empathetic and alternative theories and approaches to the same problems.<sup>14</sup>

Throughout most of history, soul care<sup>15</sup> was the privilege and responsibility of people of faith and not the physician. This privilege and responsibility remains a biblical mandate—a task which many Christians willingly practice. In fact Christian counseling is still practiced and flourishing.<sup>16</sup> However the secular construct is not a replacement theory of caring for souls<sup>17</sup> but an alternative theory from a worldview contrary to the Bible.

In 1770 German-born Franz Anton Mesmer first suggested that the explanation and care for the soul should lie within a physiological framework.<sup>18</sup> Former president-elect of the APA Dr. Jeffery Lieberman remarks on this point of history,

In the 1770s [Mesmer] rejected the prevailing religious and moral accounts of mental illness in favor of a physiological explanation, making him arguably the world's first psychiatrist.

Like modern psychiatric theory, Mesmer's theory of "animal magnetism" was proposed and accepted on scientific claims but with faith and speculation as its reality.<sup>20</sup> One historian explains the power of faith involved in both theory and treatment outcomes,

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<sup>12</sup> Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton, NJ: Princeton University Press 2015), 15.

<sup>13</sup> Frances, *Saving Normal*, 35-76.

<sup>14</sup> *Ibid.*, 36.

<sup>15</sup> The term *psychiatry* means "medical treatment of the soul" (Jeffrey A. Lieberman, *Shrinks: the Untold Story of Psychiatry* [New York: Little, Brown and Company, 2015], 27).

<sup>16</sup> Stuart Scott and Heath Lambert, eds., *Counseling the Hard Cases: True Stories Illustrating the Sufficiency of God's Resources in Scripture* (Nashville: B&H Publishing Group, 2012).

<sup>17</sup> Roy Porter, *Madness a Brief History* (New York: Oxford University Press, 2002), 33.

<sup>18</sup> Most secularists believe that Mesmer was the first psychiatrist, though some, like Allen Frances, suggest Philippe Pinel (Frances, *Saving Normal*, 56).

<sup>19</sup> Jeffrey A. Lieberman, *Shrinks: the Untold Story of Psychiatry* (New York: Little, Brown and Company, 2015), 27.

<sup>20</sup> Joe Dispenza, *You Are the Placebo: Making your Mind Matter* (New York: Hay House, 2014), 25-26.

As Mesmer's fame spread, more and more people flocked to be cured by him, and even people of rank began to notice the doctor from Vienna. . . . They soon reached the conclusion that the magnetic rays were nonexistent and any beneficial result from such treatment was due to self-suggestion.<sup>21</sup>

In Mesmer's day, the power of faith ("self-suggestion") was key to the proposal, acceptance, and efficacy of his theory. However belief in Mesmer's theory lingered beyond his time, at one point being endorsed by *The New England Journal of Medicine*:

Many positive reports of magnetism applied to nervous conditions and endorsements of autointoxication as the cause of mental diseases were, however, published in the *Journal*. Most of these quaint notions *simply reflected the medical ideologies* of the time. . . . [Mesmer's theory] "which some thirty years ago excited great attention . . . has since been viewed as one of the remarkable impositions on the credulity of mankind."<sup>22</sup>

Although the "medical ideology" of "animal magnetism" proposed by Mesmer and later taught by others would eventually be exposed as fraud, such a theory was believed to be valid and such belief even produced some efficacy.<sup>23</sup> It would take Louis XVI's committee, which included Benjamin Franklin, to ultimately expose Mesmer's biological theory as "nothing more than the power of imagination,"<sup>24</sup> what we now call the placebo effect.<sup>25</sup> However, for Mesmer and even for the modern medical community, faith and science have always been intermingled in forming constructs of mental illness and suggesting remedies. Still, modern psychiatrists and scientists have convinced many people that faith and science cannot legitimately coexist. Today, anyone who disagrees with or questions the current construct that holds to a physiological explanation of the soul is too often marginalized and labeled as uncaring. Jeffrey Oliver remarks,

Indeed, to the modern psychiatric mind, rejecting the legitimacy of mental illness is not just an error but an act of inhumanity, leaving the sick without the hope of a cure. [They] are not just fools but monsters.<sup>26</sup>

However, there is a vast difference between rejecting the current construct of mental illness and denying that people have legitimate mental problems that need a remedy. One can reject the construct while still acknowledging and seeking to remedy mental struggles from a differing worldview.

Faith and science are not opposing realities and were once commonly understood and accepted to be harmonious and necessary elements of philosophy, anthropology, and sociology, that is, until Darwin introduced his theory of origins and the philosophy of materialism or positivism became widely accepted. The professor of psychiatry and atheist Thomas Szasz writes,

In Europe in 1933, religion was not the enemy of science; scientism qua psychology and scientific materialism was. When people like Copernicus and Newton studied nature, they regarded their work in essentially religious terms. They were studying God's handiwork: created by God, the universe worked according to certain rules or laws; discovering what those laws were was a way to discover and know more about God. This outlook protected them from the scientific political megalomania that came to dominate Freud's world, and ours.<sup>27</sup>

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<sup>21</sup> "Franz Anton Mesmer," <http://www.anton-mesmer.com/>.

<sup>22</sup> Allan H. Ropper, "Two Centuries of Neurology and Psychiatry in the *Journal*," *New England Journal of Medicine* 367 (July 5, 2012): 58-65.

<sup>23</sup> Lieberman, *Shrinks*, 29.

<sup>24</sup> *Ibid.*

<sup>25</sup> Dispenza, *You Are the Placebo*, 25-26.

<sup>26</sup> Jeffrey Oliver, "The Myth of Thomas Szasz," *New Atlantis*, no. 13 (Summer 2006): 68-84. Also available from <http://www.thenewatlantis.com/publications/the-myth-of-thomas-szasz>.

<sup>27</sup> Thomas Szasz, *Psychiatry: The Science of Lies* (New York: Syracuse University Press, 2008), 56.

As we will discover and as Copernicus and Newton realized, acceptance of God's creation is paramount to having valid scientific views and conclusions. In fact (as Szasz observed), one's view of man's origin will determine his approach to science, to anthropology, and also to mental illness. Ultimately such an unavoidable presuppositional faith establishes one's worldview and a subsequent construct of mental illness.

If in fact God created the world as He asserts, then He and His physical creation are not oppositional realities though their nature may differ. What God does oppose, however, is pseudo-science or scientism, which claims validity when none exists. What prominent figures within the mental health field often present as science amounts to a belief that the scientific process will one day provide empirical evidence to justify the current construct's continued acceptance. Sadly, this scientism or pseudoscience and faith in human wisdom undergird the current secular paradigm. In fact, Dr. Bessel van der Kolk remarks on his former Harvard University psychiatry professor's thinking:

Our great teacher, Elvin Semrad, actively discouraged us from reading psychiatry textbooks during our first year. Semrad did not want our perceptions of reality to become obscured by the pseudocertainties of psychiatric diagnoses.<sup>28</sup>

As a whole, society has accepted these "pseudocertainties" and "pseudoscience" as if they were validated truth. But the current system of mental health not only lacks validity and is being questioned by a growing number of professionals;<sup>29</sup> it is also unproven and relatively new within history.

Though critical analysis of the current mental health paradigm are pressing and long overdue, its controversial nature has clouded the enormous need to discuss, define, and rely on a validated and proven paradigm of mental illness. This need becomes greater as the number of people identified with mental, emotional, and behavioral problems grows each year. Christians are no exception, as churches are filled with people searching for help in regards to mental, emotional, and behavioral issues. The National Institute of Mental Health (NIMH) found in 2005 that

an estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million people.<sup>30</sup>

Other research suggests that this problem is even more common than what the NIMH has reported,<sup>31</sup> and if statistical trends remain constant, another large increase should be expected. To make matters worse, people who are labeled as mentally ill, according to the director of the NIMH Thomas Insel, end up living on average twenty-three years less than those who are not identified as mentally ill.<sup>32</sup>

While we need to discuss mental illness and all issues surrounding the topic, we must also be precise in order to eliminate confusion. This clarity requires, at the outset, that we establish that *mental illness* is a

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<sup>28</sup> Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin Group, 2014), 26.

<sup>29</sup> Richard Bentall, "Madness Explained: Why We Must Reject the Kraepelinian Paradigm and Replace It with a 'Complaint-Orientated' Approach to Understanding Mental Illness," *Medical Hypotheses* 66, no. 2 (2006): 220-33.

<sup>30</sup> National Institute of Mental Health, "The Numbers Count: Mental Disorders in America," <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>. Other studies suggest 28%. See Jaak Panksepp, ed., *Textbook of Biological Psychiatry* (New York: John Wiley and Sons, 2004), 18.

<sup>31</sup> Charles L. Whitfield, *The Truth about Mental Illness: Choices for Healing* (Deerfield Beach, FL: Health Communications, 2004), preface xvi.

<sup>32</sup> Thomas Insel quoted by Liz Szabo, "A Manmade Disaster: A Mental Health System Drowning from Neglect," *USA Today* (May 12, 2014), <http://www.usatoday.com/story/news/nation/2014/05/12/mental-health-system-crisis/7746535/>.

broad construct which encompasses a wide variety of alleged disorders and diseases. Some of these proposed disorders are biological or neurological in nature and not actually mental (though such diseases can certainly influence thinking and affect behavior). Others are theorized to be biologically-based and mental in nature (referred to as the brain-dysfunction theory), though no evidence for this hypothesis yet exists. Still others are clearly spiritual issues that are not biological at all (though such spiritual issues can certainly affect the physical brain and body). In other words, any practical and truly helpful definition of mental illness will take these critical distinctions into account. In fact, chief editor of the *Diagnostic and Statistical Manual-IV*, head of Duke University's school of psychiatry, and considered at the turn of the twenty-first century to be one of the most powerful psychiatrists in America, Allen Frances, remarks:

I have reviewed dozens of definitions of mental disorder (and have written one myself in *DSM-IV*) and find none of them the slightest bit helpful either in determining which conditions should be considered mental disorders or not, or in deciding who is sick and who is not.<sup>33</sup>

He would later restate that "there is no definition of a mental disorder . . . I mean you can't define it."<sup>34</sup>

Likewise, the former president-elect of the APA, Jeffery Lieberman recognizes that a definition of mental illness, especially one that fits everyone's opinion, is difficult to establish.<sup>35</sup> Dr. Karl Menninger also declares,

To define illness and health is an almost impossible task. We can define mental illness as being a certain state of existence which is uncomfortable to someone. The suffering may be in the afflicted person or those around him or both, but a disturbance has occurred in the total economics of a personality.<sup>36</sup>

Still others, such as Dr. Barbara Wootton, are more confident and believe that mental health should be defined as "ability to live happily, productively, without being a nuisance."<sup>37</sup>

Though we will sort through these differences, we need to be clear at the outset that mental illness is a social ideology or construct that is very broad and terms are not well-defined. Former trial clinicians for previous *DSMs*, Drs. Herb Kutchins and Stuart Kirk, explain:

First, you must appreciate that the notion of mental disorder is what social scientists call a construct. Constructs are abstract concepts of something that is not real in the physical sense that a spoon or motorcycle or cat can be seen and touched. Constructs are shared ideas, supported by general agreement. . . . Mental illness is a construct. . . . The category itself is an invention, a creation. It may be a good and useful invention, or it may be a confusing one. *DSM* is a compendium of constructs. And like a large and popular mutual fund, *DSM's* holdings are constantly changing as the managers' estimates and beliefs about the value of those holdings change [emphasis added]. . . . Some of these latest changes are rather difficult to decipher, as the constructs keep changing and multiplying like guppies. The constant revising provides the illusion that knowledge is changing rapidly.<sup>38</sup>

Like Kutchins and Kirk, the once-prominent and influential chair of the *DSM-IV* task force, Dr. Allen Francis, states, "We saw *DSM-IV* as a guidebook, not a bible—a collection of temporarily useful diagnostic constructs, not a catalog of 'real' diseases [emphasis added]."<sup>39</sup>

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<sup>33</sup> Frances, *Saving Normal*, 17.

<sup>34</sup> Quoted by Gary Greenberg, *The Book of Woe: The DSM and the Unmaking of Psychiatry* (New York: Blue Rider Press, 2013), 23.

<sup>35</sup> Lieberman, *Shrinks*, 288-89.

<sup>36</sup> Karl Menninger, *The Vital Balance: The Life Process in Mental Health and Illness* (New York: Viking Press, 1968), 77.

<sup>37</sup> Barbara Wootton, *Social Science and Social Pathology* (Putney, London: Allen & Unwin, 1968), 98.

<sup>38</sup> Herb Kutchins and Stuart A. Kirk, *Making Us Crazy: DSM: The Psychiatric Bible and the Creation of Mental Disorders* (New York: Free Press, 1997), 22-25.

<sup>39</sup> Frances, *Saving Normal*, 73.

Although many believe that mental illness is a medical field, in truth, it is a construct that attempts to describe and approach common human mindsets, behaviors, and emotions through medicinal terms and means. A construct is simply a social theory built around or on an existing reality; it represents one way to describe and/or approach an issue or problem.

The current paradigm's ambiguity and imprecision have led to much confusion and hurt and facilitated its continued acceptance and place of authority. Furthermore, the reality that mental illness is a poorly defined construct has also led to avoidance within the church where there should be direct confrontation and empathetic help.

The church's lack of clear perspective, knowledge, and empathy represents an equally disappointing if not greater failure of God's people to offer help to believers and society as a whole. In many Bible-believing churches, care of the soul has been relinquished to secular professionals who claim to have biological coping-mechanisms readily available. As we will see, these failures are overwhelmingly the result of dismissing or ignoring the gospel and its practical application in people's lives. But the church can change the recent trend and become educated, empathetic, and responsible in providing God's answers to man's greatest needs.

While it is important that believers establish truth, it is also essential that they consider the genuine pain and suffering of others and approach them in love. In fact, without truth, we cannot love others as we should, and our care may cause further damage. Furthermore by discovering truth we are better equipped to offer genuine love. Truth and love represent the character of God and must guide all of our relationships and our thinking especially in regards to the discussion of the mind. Thus, in agreement with God's Word and wisdom, this series of books sets forth love and truth as essentials in dealing with such issues.

In order to accomplish our goals of both love and truth, we must base our construct of mental illness primarily on Scripture. This necessity is not to say that we ignore science, for valid science further testifies of God's sovereign design according to His revealed Word.

Furthermore, we do not ignore the genuine pain and emotional hurt that has led to many being labeled as mentally ill. After all, the greatest commands are to love God and love others (Matthew 22:37-38).<sup>40</sup> Additionally, we cannot overlook (as the secular construct most often does) that a person's own character can cause him or her mental turmoil. As we understand God's truth about His design for humanity, we will learn how to love those with mental turmoil and anguish.

What complicates any endeavor by the church to become gospel-centered in its approach to mental illness is the existence of the well-established and heavily marketed secular paradigm. This popular secular view rests on overwhelming numbers of unanswered questions, ever-changing hypotheses, invalidated claims, outright deception, and, most troubling, the underlying worldview that denies both the existence of God and the spiritual/moral nature of humanity. The reality of the spiritual mind and its condition in the fallen world is a legitimate cause for careful consideration rather than blind acceptance.

To understand the true nature and premise of the secular construct of mental illness requires the discerning believer to examine history, alleged facts and theory, visible behaviors, objective neuroscience,

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<sup>40</sup> The *ESV* is used throughout this book unless otherwise noted.



and of course Scripture. From this exercise will emerge a valid understanding of human nature and an appropriate and reliable remedy for the human mind.

This series of books will begin that examination by answering foundational questions that are often overlooked or not logically considered, such as: Who decides what is normal and abnormal? What is a definition of normalcy? Is the field of mental health a medical, scientific, or religious study? Who created the current construct of mental illness and why? Are humans strictly material, spiritual, or are they psychosomatic in nature? What is the mind-brain connection?

Once these important questions are answered, the series will explore the underlying philosophy that governs the current paradigm of mental illness and focus on providing an understanding of the brain-dysfunction theory as well as how the issue of nurture must be considered. We will also compare secularist's ideas with God's wisdom about the same mindsets, emotions, and behaviors. To end our discussion, we will examine not only what remedies are suggested by secularists and Scripture, but also explore what causes efficacy/healing in each suggested treatment.

What I intend to argue is that faith, authority, and dependence are relevant and even vital issues in our discussion of mental illness. Furthermore, my prayer is that this series of books will help those who minister to others in need to be better equipped to provide hope and lasting change that benefits the counselee, helps better society, and glorifies God.

Finally, I encourage Christians to be gracious in their dialogue and interactions with others who do not hold to similar positions, especially those who have embraced the current construct. Christians can certainly choose to disagree, but they cannot forsake the reality that they are not fighting other people, but, as will be discussed, Christians are wrestling against spiritual darkness and worldly powers.

While we may walk away from conversations in disagreement, we must all be resolute to graciously interact and communicate God's love and truth to those around us. The gospel of Jesus Christ demands that we exalt God's truth, love each other, and expose and reject all doctrines and philosophies which oppose the gospel of Jesus Christ; these are the goals of this project.

## INTRODUCTION

“Your beliefs define your vision of the world; they dictate your behavior; they determine your emotional responses to other human beings. . . . They become part of the very apparatus of your mind, determining your desires, fears, expectations and subsequent behavior.”<sup>41</sup> – neuroscientist and atheist, Sam Harris

“It is not gene-directed hormones and neurotransmitters that control our bodies and our minds; our beliefs control our bodies, and our minds, and thus our lives.”<sup>42</sup> – former research professor at Stanford University Medical Center, Bruce Lipton

Imagine seeing a close friend who had been a happy and outgoing person; however, when you meet him this time, he fails to recognize you or any of his other friends. In fact he seems to struggle to remember his own identity. As you begin to talk with him, you realize that he has become uncharacteristically irritable, irresponsible, and withdrawn. He acts anxious and dissociated around you, and when he does talk, his speech is slurred. Furthermore, within brief conversations, his mood swings are surprisingly extreme: he exhibits deep sorrow and weeping and then suddenly becomes irate and aggressive. His whole person seems to be enveloped by deep anxiety, and his words and behavior indicate that he is delirious.

Observations may indicate that this individual is mentally ill and that he needs medication and professional therapy, especially if these behavioral patterns persist. Some may even conclude that he is demon-possessed. These conclusions stem from preconceived ideas about human behavior that are now prevalent and accepted to be true. If, however, we investigate this man’s history and the true cause of such behaviors, an entirely different diagnosis/ judgment may very well emerge.

In actuality, the man previously described is not mentally ill or demon-possessed as we might expect; he is instead sleep-deprived. In fact, the description supplied above contains common symptoms in most sleep-deprived soldiers, and these specific symptoms are taken directly from the book *On Killing* written by West Point professor and retired soldier Dave Grossman.<sup>43</sup> Had we known this man’s life context and more information about who he was prior to our evaluation, we could have made a more accurate judgment and realized a more profitable remedy to his seemingly irrational existence. Yet, our perceptions founded upon our beliefs – whether in the current secular construct of mental illness or not – guided our thinking toward interpreting this man’s condition.

The current construct of mental illness demands that we believe a person’s testimony or judge their behavior often without considering their moral character or fully understanding their history. While our

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<sup>41</sup> Sam Harris, *The End of Faith: Religion, Terror, and the Future of Reason* (New York: Norton and Company, 2005), 12.

<sup>42</sup> Bruce H. Lipton, *The Biology of Belief: Unleashing the Power of Consciousness, Matter & Miracles* (New York: Hay House, 2005), preface xxvi.

<sup>43</sup> Dave Grossman, *On Killing: the Psychological Cost of Learning to Kill in War and Society*, rev. ed. (New York: Back Bay Books, 2009), 45.

evaluation is based on our interpretation of other's behavior, our interpretation is based on our faith in a social/religious construct. The science of mental illnesses is limited to observing only physical characteristics, behavior, and biological effects in order to form judgments. This reality makes faith essential to understanding immaterial realities of man – such as the mind – that cannot be physically observed. As we will also see, the limitation of science to the physical nature of man also tends toward confusing causes and effects both in observing the individual and forming a valid-standardized anthropology.

Because observations apart from God's wisdom are all that science possesses to evaluate and theorize about humanity, secularists often claim science to be the only viable approach to defining and describing humanity. In fact, the current accepted secular system of judgment or diagnosis prefers to fit people into categories according to their behavior rather than to explore the individual's character, their biographical uniqueness, and the true causes of their problems.<sup>44</sup> But in fairness, no one is able to observe and discern the human mind/spiritual heart; only God can: "The heart is deceitful above all things and desperately sick [lit. 'incurably sick']; who can understand it? I the LORD search the heart and test the mind, to give every man according to his ways, according to the fruit of his deeds" (Jeremiah 17:9).<sup>45</sup> It is impossible for people to search out the spiritual heart or mind, and this fact makes trusting God's discernment and understanding all the more important. But accepting or rejecting God's discernment of the mind/spiritual heart also requires faith.

Observable behaviors and neurological activity in the brain do not explain the mind nor do they offer a complete anthropology. Yet these observable human realities are the fundamental empirical evidence upon which the secular construct of mental illness rests. But behavior and neurological activity can just as easily be explained by other means. The current accepted paradigm of mental illness more offers a secular philosophy of anthropology and a subsequent system of behavioral categorization within evolution than it does provide objective answers and valid remedies to the human mind.

After all, secularists admit that they continue to search for valid causes, efficient remedies, and validating proof concerning their larger theory of mental illness and all of their individual psychiatric labels.<sup>46</sup> While these necessary answers are lacking, secularists must still explain and fit people's unwanted or impairing behaviors, mindsets, desires, and emotions into their evolutionary thinking. Thus their construct of mental illness becomes a necessity, attempting to explain moral and social aspects of anthropology that do not otherwise fit into their evolutionary worldview. Renowned secular psychiatrist Peter Breggin remarks, "When we don't understand and accept the context of a human experience, and especially when it seems harmful or bad and lasts a long time, we tend to label it mental illness."<sup>47</sup> Similarly, professor of psychiatry and atheist Thomas Szasz states that the idea of mental illness is a

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<sup>44</sup> "The first [characteristic of the current system] relates to the refusal of many mental health professionals (including some psychiatrists) to concede naturalism and its purported categories of mental illness and to favor instead dynamic wholism, biographical uniqueness, and continua rather than categories" (Vikram Patel, et. al., *Mental and Neurological Public Health: A Global Perspective* [San Diego: Academic Press, 2010], 477).

<sup>45</sup> See Appendix B for examples on how we are commonly deceived.

<sup>46</sup> Frances, *Saving Normal*, 10.

<sup>47</sup> Peter R. Breggin, *Toxic Psychiatry* (New York: St. Martin's Press, 1991), 136.

metaphor used by secularists to describe man's internal difficulties in dealing with "moral conflicts."<sup>48</sup> Like Breggin and Szasz, professor of sociology, Thomas Scheff, also sees the modern construct of mental illness as a way to describe what humanists (through the lens of evolutionary thinking) cannot explain or understand about the complexities of people.<sup>49</sup> In many ways, the secular paradigm of mental illness is a Darwinian catch-all to explain distressed or impaired aspects of the human immaterial nature.

It is no surprise, then, that these subjective judgments of common human behavior continue to expand into every aspect of human life. If any behavior, mindset, or emotion impairs a person's life, it is most likely considered to be a disease within the current construct. Jeffery Oliver explains,

The only way to diagnose this "disease," or any other mental illness, remains the observation of behavior. Given the complexity of the human psyche, this makes sense: we can hardly expect the many moods and miseries of human life, even the most extreme, to have simple neurological explanations. But given the grand ambitions of modern psychiatry – to explain the human condition, to heal every broken soul – the reliance on behavioral observation has led to the medicalization of an ever-growing range of human behaviors. It treats life's difficulties and oddities as clinical conditions rather than humanity in its fullness.<sup>50</sup>

But there is more to consider than behavior, and the discerning individual will seek the root cause of seemingly unusual behavior.

Any approach to man's mind, including the current secular construct of mental illness, requires faith. Former president-elect of the American Psychiatric Association (APA), Jeffrey Lieberman, remarks,

Psychiatry's attempts to help the public distinguish evidence-based treatments from unsubstantiated fabrications have long been inadequate, and remain so today. You may wonder how thousands of educated intelligent people – teachers, scientists, and business people, as well as court reporters – *could have ever believed* that an invisible network of orgasmic energy was the key to mental health. Yet even now, *charlatans drawn from the ranks of professional psychiatry continue to dupe desperate and unsuspecting patients* as the institutions of psychiatry passively stand by [emphasis added].<sup>51</sup>

Although Lieberman criticizes belief in false theories, faith is required to accept any psychiatric theory about the mind.

### *The Necessity of Faith*

To construct any theory of mental illness requires a presupposition of and an ongoing reliance on faith rather than science. This reality is what Dr. Thomas Szasz notes when he describes the history of psychiatry during the nineteenth century: "Roughly between 1850-1880, malingering became transformed into hysteria, and psychiatry – increasingly distinct from neurology – became a popular belief system, a medical-secular religion."<sup>52</sup> Though touted as issues of science and medicine, finding and applying a remedy to people's mental problems are faith-based endeavors.

Science is certainly relevant, but every person's interpretation and beliefs about physical observations stem from his or her worldview. Former Stanford University researcher Bruce Lipton asserts,

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<sup>48</sup> Thomas Szasz, "The Myth of Mental Illness," *American Psychologist* 15 (1960): 113-18. See also Thomas Szasz, *The Myth of Psychotherapy: Mental Healing as a Religion, Rhetoric, and Repression* (New York: Anchor Press, 1978).

<sup>49</sup> Thomas J. Scheff, *Being Mentally Ill: A Sociological Theory* (Chicago: Aldine, 1966).

<sup>50</sup> Jeffery Oliver, "The Myth of Thomas Szasz," *New Atlantis* no. 13 (Summer 2006): 68-84, <http://www.thenewatlantis.com/publications/the-myth-of-thomas-szasz>.

<sup>51</sup> Lieberman, *Shrinks*, 21.

<sup>52</sup> Szasz, *Psychiatry*, 18.

Learning how to harness your mind to promote growth is the secret of life. . . . Of course the secret of life is not a secret at all. Teachers like Buddha and Jesus have been telling us the same story for millennia. Now science is pointing in the same direction. It is not our genes but our beliefs that control our lives. . . . Oh ye of little belief!<sup>53</sup>

Faith, then, is the keynote discussion, not a side issue, when it comes to the mind. Of course, the idea that faith is the premiere topic in the field of mental health contradicts and undermines the core of the brain-dysfunction theory. Still, many secular professionals understand that their field is not strictly scientific. Psychiatrist Peter Breggin explains,

Psychiatry is neither pure science nor medicine. It's a mishmash of philosophy, psychology, religion, law enforcement, politics as well as social engineering and big business, and occasionally science and medicine.

The chair of the *DSM-IV* task force, Allen Frances also remarks,

Psychiatric diagnosis is seeing something that exists, but with a pattern shaped by what we expect to see [presuppositional faith]. Because there is no one right way, fashions prevail. The ancient shaman had different names and explanations – but these worked almost as well for him as current names and explanations work for the modern shrink.<sup>55</sup>

Similarly, Ethan Watters states,

The diversity [in ideas of mental illness] that can be found across cultures can be seen across time as well. Because the troubled mind has been perceived in terms of diverse religious, scientific, and social beliefs of discrete cultures, the forms of madness from one place and time in history often look remarkably different from the forms of madness in another.<sup>56</sup>

For the Christian counselor or the secular psychiatrist, it is faith that determines positions and practices.

Faith is not only the basis of psychiatry, it is also the grounds for acceptance of the brain-dysfunction theory. Neuroscientist and atheist Sam Harris strongly advocates the brain-dysfunction theory; however, he believes that faith is detrimental to humanity's well-being. In the opening of his book *The End of Faith*, Harris attempts to establish the danger and destructive nature of human faith:

Your beliefs define your vision of the world; they dictate your behavior; they determine your emotional responses to other human beings. . . . They become part of the very apparatus of your mind, determining your desires, fears, expectations and subsequent behavior.<sup>57</sup>

Harris' attempt to attack faith undermines his own belief in the brain-dysfunction theory by revealing that faith causes emotions, desires, fears, expectations, and behavior. Modern psychiatrists' view that the brain or genetics is responsible for behavioral, emotional, and mental struggles makes the conversation appear to be scientific and medical. But such a claim requires significant faith in unproven theories and an evolutionary worldview. Psychiatrist Sally Satel and psychologist Scott Lilienfeld attest, "The brain-disease model [foundational to the current construct] has become dogma – and like *all articles of faith*, it is typically *believed* without question [emphasis added]."<sup>58</sup>

Contemporary physicians are not alone in understanding that theories of mental health are not strictly scientific endeavors. Both Sigmund Freud and Carl Jung realized that faith is essential to any discussion about the immaterial nature:

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<sup>53</sup> Lipton, *Biology of Belief*, preface xxvi.

<sup>54</sup> Breggin, *Toxic Psychiatry*, 381-82.

<sup>55</sup> Frances, *Saving Normal*, 36.

<sup>56</sup> Ethan Watters, *Crazy Like Us: The Globalization of the American Psyche* (New York: Free Press, 2010), 2.

<sup>57</sup> Harris, *End of Faith*, 12.

<sup>58</sup> Sally Satel and Scott Lilienfeld, *Brainwashed: The Seductive Appeal of Mindless Neuroscience* (New York: Basic Books, 2013), 50.

The controversy over whether psychotherapy belongs to medicine or religion is not new. Freud and Jung devoted a great deal of attention to this problem, claiming psychotherapy sometimes for medicine, sometimes for religion.<sup>59</sup>

It may also surprise the reader to learn how frequently secularists describe their practices as an almost-religious endeavor. For example, Mark Micale and Roy Porter note of psychiatry that it is “a new psychosomatic-religious-ethical-scientific medicine.”<sup>60</sup> Others, such as psychiatrist William Sargant in his celebrated book *Battle for the Mind*, insist that “politicians, priests and psychiatrists often face the same problem: how to find the most rapid and permanent means of changing a man’s beliefs.”<sup>61</sup> To Sargant, treatment of psychological problems was a matter of “conversion” but by physiological and mechanical means. He himself had been persuaded by his own mental anguish that the brain was the cause of mental struggles, and he was ready to “proselytize the outside world.”<sup>62</sup> Similarly the 1960s textbook *Abnormal Psychology: Mental Illness Types, Causes, and Treatment* says,

The problem of mental disorder is probably as old as man. Recorded history reports a broad range of interpretations of abnormal behavior and methods for its alleviation or eradication, which have generally reflected the degree of enlightenment and the trends of *religious, philosophical, and social beliefs* and practices of the times [emphasis added].<sup>63</sup>

Truly, faith is not merely a side topic in the discussion of mental illness: it is the foundational issue.

But we must not merely discuss how faith is necessary to hold to any construct of mental illness, we also must logically and practically work through foundational issues relating to faith. Such an endeavor may very well begin in one’s definition of mental illness.

In contrast to renowned secular psychiatrists, such as Allen Frances, who sees defining mental illness as well-nigh impossible,<sup>64</sup> *Merriam-Webster’s Dictionary* defines mental illness as “a mental or bodily condition marked primarily by *sufficient disorganization* of personality, mind, and emotions to seriously impair the *normal psychological functioning of the individual* [emphasis added].”<sup>65</sup> Likewise, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (hereafter referred to as *DMS-5*) defines mental illness as:

a syndrome characterized by *clinically significant disturbance* in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental function. Mental disorders are usually associated with *significant distress* or disability in social, occupational, or other important activities . . . [emphasis added]<sup>66</sup>

Such widely accepted definitions of mental illness, however, raise logical questions that require valid answers: (1) what constitutes “normal psychological functioning of the individual” or “clinically significant disturbances”? and (2) who has the authority to decide what is sufficient organization and normal psychological functioning? In addition to these questions, two related questions could also be

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<sup>59</sup> Thomas Szasz, *The Myth of Psychotherapy: Mental Healing as a Religion, Rhetoric, and Repression* (New York: Anchor Press, 1978), 179.

<sup>60</sup> Mark Micale and Roy Porter, eds., *Discovering the History of Psychiatry* (New York: Oxford University Press, 1994), 43.

<sup>61</sup> William Sargant, *Battle for the Mind: A Physiology of Conversion and Brainwashing* (New York: Harper and Row, 1971), 37.

<sup>62</sup> *Ibid.*, 37, 48-49.

<sup>63</sup> Coville, Costello, and Rouke, *Abnormal Psychology*, 11.

<sup>64</sup> Greenberg, *Book of Woe*, 23.

<sup>65</sup> [www.merriam-webster.com/medical/mental%20disorder](http://www.merriam-webster.com/medical/mental%20disorder).

<sup>66</sup> American Psychiatric Association, *The Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> ed. (Washington, DC: American Psychiatric Publishing, 2013), 20.

proposed: who decides what is sufficient disorganization, and who defines clinically significant disturbances? These questions are important and legitimate, and many prominent psychiatrists are beginning to ask them:

Who gets to define what is “complete” physical, mental, and social well-being? Is someone sick because his body aches from hard work or he feels sad after a disappointment or is in a family feud? And are the poor inherently sicker because they have fewer resources to achieve the complete well-being required of “health”?<sup>67</sup>

Each of these questions leads the discussion further toward the undeniable reality of faith and the necessity to establish some authority. But it is impossible for science alone to answer these foundational questions, since the scientific process is limited to observing and testing mankind’s physical nature.<sup>68</sup>

Still, secularists who believe the construct of mental illness are certain that “inquiry into the brain will eventually and exhaustively explain the mind and, hence, human nature. Ultimately . . . neuroscience will – and should – dictate human values.”<sup>69</sup> Can fields of science truly dictate man’s values, morality, and see into the inward facets of mankind as God does? Can science or medicine fully define normalcy? Any answers to these important questions will require faith.

### *The Necessity of Authority*

Discussions on mental illness must begin not only with establishing faith but also with establishing an authority on human behavior, mindsets, and emotions. In other words, who has the right/privilege of determining what the standard of normalcy is for being human? Determining authority and a standard of normalcy will ultimately be based on a person’s view of origins.

People can choose to place their faith either in the secular worldview and the current authorities or in the biblical worldview and the authority of God. Undergirding the current construct of mental illness is the belief that humans are a product of evolution, environment, and genetics and that people are inherently good, entirely physical in nature, and therefore not responsible for their behavior.<sup>70</sup> In contrast, the biblical explanation of man presents humanity as a direct creation of God, entirely depraved, culpable for wrongdoing, and living in a world that is passing away.<sup>71</sup> Since these two presuppositional views of

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<sup>67</sup> Frances, *Saving Normal*, 9.

<sup>68</sup> David Eagleman, *The Brain: The Story of You* (New York: Pantheon Books, 2015), 32.

<sup>69</sup> Satel and Lilienfeld, *Brainwashed*, introduction xviii.

<sup>70</sup> Kendra Cherry, “What is Humanistic Psychology?”  
[http://psychology.about.com/od/historyofpsychology/a/hist\\_humanistic.htm](http://psychology.about.com/od/historyofpsychology/a/hist_humanistic.htm).

<sup>71</sup> We must dispel the widely held but incorrect theory, which proposes that mental illness was God’s or the gods’ judgments on man. (Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* [Princeton: Princeton University Press 2015]). The biblical worldview is far different from this wrong way of thinking. While there are cases of mental anguish in Scripture that are a result of God’s judgment on man’s pride (such as observed in the case of King Nebuchadnezzar), these recorded events are portrayed as unusual situations. Yet, many historians and secularists focus on such atypical historical events in characterizing the biblical position, conveniently ignoring that they reflect only a very small portion of the Bible’s thorough and nuanced anthropology and explanations of mental anguish and turmoil. The *American Psychiatric Publishing Textbook of Forensic Psychiatry* attests to such a predominant representation of religious approaches: “The asylums of the nineteenth century were a new phenomenon. . . . Naturalistic and secular explanations of human behavior replaced mystical or divine explanations. . . . Explanations of insanity, which had previously been considered a demonstration of divine intervention or punishment, also began to reflect a rational, humanistic perspective. By the mid-eighteenth century, madness came to be considered a pathological condition that could be cured” (Robert Simon and Liza Gold, eds., *The American Psychiatric Publishing Textbook of Forensic Psychiatry* [Washington, DC: American Psychiatric Publishing, 2010], 11). As we will see, this common secular view of God and His Word is a gross misrepresentation of the biblical perspective.

anthropology are antithetical, the integration of these two approaches is impossible. Yet, one of these worldviews undergirds every approach to the mind and mental struggles.

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