

MISSIONS
&
PSYCHOHERESY

**Martin and Deidre Bobgan
EastGate Publishers**

Scripture quotations are taken from the Authorized King James Version of the Holy Bible.

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That your faith should not stand in the wisdom of men, but in the power of God (1 Cor. 2:5).

Beware lest any man spoil you through philosophy and vain deceit, after the tradition of men, after the rudiments of the world, and not after Christ (Col. 2:8).

O Timothy, keep that which is committed to thy trust, avoiding profane and vain babblings, and oppositions of science falsely so called: Which some professing have erred concerning the faith (1 Tim. 6:20,21).

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1

Three Questions

Mental health professionals* wield a great deal of power and authority in numerous sectors of society, including business, industry, schools and colleges, and lamentably also in churches, Bible colleges, seminaries, and Christian schools. Psychoexperts have infiltrated and occupied many areas of life. Their power is tremendous even though what they do lacks scientific support.

Numerous books and articles have been written about the chasm between psychological claims and research revelations, between the psychological promises and the produced results. We have written extensively over the years warning about the unbiblical and unscientifically supported psychologizing of the faith.

* Mental health professionals include such persons as psychiatrists, psychoanalysts, clinical psychologists, marriage and family counselors, and some social workers. We reluctantly use the words “mental health” and “mental illness,” because they tend to confuse the visible and invisible, the body and the soul, and the tangible and the intangible. These terms therefore lead to illogical conclusions and applications. Please regard the terms as “in quotes” throughout.

Some years ago we coined the term “psychoheresy” and titled one of our books with that name. In it we described “psychoheresy” as the integration of secular psychological counseling theories and therapies with the Bible. Psychoheresy is also the intrusion of such theories into the preaching and practice of Christianity, especially when they contradict or compromise biblical Christianity in terms of the nature of man, how he is to live, and how he changes. The subtitle of our book *PsychoHeresy* is *The Psychological Seduction of Christianity*, which is a seduction that we documented as having already happened and that continues to deceive many professing Christians. Our book *The End of “Christian Psychology”* provides further research and reasons why Christians need to throw off the shackles of psychoheresy.

In this present book we focus attention on the use of mental health professionals and psychological tests for evaluating missionary candidates and the use of mental health professionals for providing treatment for missionaries on the field who are suffering from problems of living. The psychology and psychological tests used to evaluate missionary candidates not only contradict and compromise biblical Christianity, but also do not meet the standards of science in theory or in practice. Furthermore, the care of missionaries provided by mental health professionals denigrates the doctrines of Scripture and bypasses the help that God has already given in His Word.

From all the evidence, it is surely an understatement to say that the “faith which was once delivered unto the saints” (Jude 3) has been thoroughly psychologized and undermined. The evidence is found in numerous places from seminaries to Bible colleges and from churches to Christian schools. A plethora of

mental health professionals and their surrogates are found therapizing and falsely theologizing the saints for a variety of problems from real to imaginary. For decades now, those who identify themselves as “Christian psychologists” have been peddling their secular wares behind closed counseling doors; within the walls of seminaries, schools, Bible colleges and churches; throughout Christian media; and in a multitude of books. Is it any wonder that they have intruded into the very heart of missions? They are the professional experts called upon to evaluate missionary candidates, above and beyond the call of God, through their gnostic psychological knowledge and psychological tests. They are the professional experts called upon to provide mental health treatment to missionaries who experience problems of living.

While we cannot say how much psychology is being spread throughout the world through missions, we do know that it has influenced missionary candidates who have been trained in seminaries and Bible colleges. They have already had a good deal of psychology mixed into their understanding of Scripture and its application in people’s lives through pastoral ministry classes, as well as through direct psychology classes. Unless they are in the small minority, they have accepted this blending of psychology with Scripture and hold “Christian psychologists” in high esteem. Therefore, a psychological evaluation and psychological test will generally be accepted as a necessary hurdle. Moreover, the assurance of psychological help in the future, should problems arise, is no doubt seen in the same way as medical health care coverage, necessary when needed.

This book is primarily about the prolific practice of using mental health professionals and psychological

tests to evaluate missionary candidates and to provide psychological care for missionaries. This focus of concern is appropriate wherever the psychoexperts vend their wares and services.

In this volume we will expose the mental health professionals' false façade of expertise for screening missionary candidates and caring for missionaries, and we intend to explode the myths that surround the psychological testing used on these hapless men and women. We will first report on the responses of a number of Christian mission agencies** to a survey having to do with approving missionary candidates and the care of missionaries. These are merely examples of the similar practices of numerous other mission agencies and are only meant to demonstrate this dark side of missionary selection and care. Our focus is missionary selection and care, but many of the same tests and practices are used in the training and selection of pastoral candidates and others interested in Christian service.

Three Questions

To conduct this survey we decided to ask only a few questions, and, to simplify the interview, these questions could be answered with “yes” or “no.” Our goal was to find out about the involvement of mental health professionals and psychological tests in the

** The following definition of “Christian mission agencies” is used in World Vision’s *Mission Handbook 1998-2000*, which we follow throughout this book: “Please note that the term ‘agency’ is used throughout the *Handbook* in the broad sense, referring to denominational boards and other kinds of organizations involved in overseas mission.”

screening of missionary candidates and the use of mental health professionals in assisting missionaries experiencing problems of living.

After considering a variety of questions, we decided on the following three:

1. Do you use mental health professionals to screen or evaluate missionary candidates?

Those mission agencies that regularly used, ever used, or favored the use of mental health professionals to screen candidates were counted as “yes” replies. However there were only a few mission agencies that did not regularly use such individuals.

2. Do you use psychological tests to screen or evaluate missionary candidates?

Not all missionary agencies gave us the names of the tests. However, we tabulated the names of the tests that were reported and concluded that the following were the most popular: Minnesota Multiphasic Personality Inventory, Taylor Johnson Temperament Analysis, Myers-Briggs Type Indicator, and the DiSC. We discuss these tests later and reveal why such tests cannot be trusted to evaluate missionary candidates.

3. Do you use or favor the use of mental health professionals to assist missionaries if they are experiencing problems of living?

Those who provided such care directly or through insurance plans were counted as “yes.” If missionaries raised their own support and obtained their own health care coverage, we indicated a “yes” response if the mission agencies were open to the use of mental health professionals. Also if the mission agency supported the use of mental health professionals upon the recommen-

dition of the sending church we listed it as a “yes” reply.

While we are examining only a few ways in which psychoheresy has invaded missions, these are clear and objective facts. They reveal the obvious use of psychology in both evaluating missionary candidates and providing treatment for missionaries experiencing problems of living. **In giving psychology such a place in selecting missionary candidates and in providing treatment of missionaries, mission agencies clearly demonstrate their trust in psychologists and psychological devices and their veneration of the psychological wisdom of men, which is the very wisdom of men about which God warns.**

2

Answers to Three Questions

In our search to find answers to the three questions, we turned to World Vision's *Mission Handbook 1998-2000: U.S. and Canadian Christian Ministries Overseas*. One of the tables in the book ranks the U.S. Mission agencies by number of overseas personnel serving over four years.¹ We used this table in selecting mission agencies to contact. We primarily used the mission agencies with the highest numbers of missionaries. However, the last one on our list, the American Baptist Churches in the U.S.A., International Ministries, was selected because of the size of the denomination rather than the number of missionaries. The following 35 mission agencies, in order of size (number of overseas personnel serving over four years), were selected and interviewed regarding the three questions given in Chapter One:

Southern Baptist Convention International
Mission Board
Wycliffe Bible Translators USA

Assemblies of God, General Council
New Tribes Mission
Christian Churches/Churches of Christ
Churches of Christ
Baptist Bible Fellowship International
Youth With A Mission (YWAM)
TEAM (The Evangelical Alliance Mission)
Campus Crusade for Christ, International
ABWE (Assn. of Baptists for World Evangelism)
Christian and Missionary Alliance
Baptist Mid-Missions
Baptist International Missions
CBInternational
SIM USA
Church of the Nazarene, World Mission Division
Mission to the World
Africa Inland Mission International
Presbyterian Church (USA), Worldwide Ministries
Navigators, U.S. International Ministries Group
UFM International
United Methodist Church, Board of Global Min.
Evangelical Free Church Mission
United Pentecostal Church International
Gospel Missionary Union
Greater Europe Mission
OMF International
Mission Aviation Fellowship
Pioneers
Lutheran Church—Missouri Synod—Board of
Mission Services
Frontiers
Evangelical Lutheran Church in America,
Division for Global Mission
World Gospel Mission

American Baptist Churches in the USA.
International Ministries

Of the 35 largest mission agencies, 27 were affirmative for all three questions:

Question one, regarding the use of mental health professionals to screen or evaluate missionary candidates.

Question two, regarding the use of psychological tests.

Question three, regarding provision for or being open to the use of mental health professionals to assist troubled missionaries.

Here we will use the Southern Baptist convention (SBC) as an example of our interview results. The SBC is the largest of the mission agencies. It is not only number one on the list of the one hundred largest mission agencies by number of overseas personnel serving over four years, but it has more missionaries than all of the last forty agencies put together.

The SBC representative reported that missionary candidates must see a psychiatrist as part of the screening process. Two of the tests that all candidates must take, which we will discuss later, are the Minnesota Multiphasic Personality Inventory and the Myers-Briggs Type Indicator. We were told that, if any issues come out in the psychiatric interview and psychological testing, a clinical psychologist is used to counsel the individual.

With respect to mental health care of missionaries who are experiencing problems of living, the SBC

has a self-funded health program, which includes the provision for mental health professionals. The representative said that their concern is to have the missionary who experiences problems see a professional, licensed, mental health professional, such as a psychiatrist, psychologist, or marriage and family counselor. The SBC representative emphasized that the license, training, degrees and professional background of the mental health professional were all important.

Two of the largest denominations that send missionaries, Churches of Christ and Christian Churches/Churches of Christ, said the individual churches are independent and the three questions would need to be answered church by church. Both of these denominations send numerous missionaries to the foreign field, but it would be impractical to contact the individual sending churches. However, one of the leaders from the Churches of Christ offered that he would be open to the use of mental health professionals and psychological tests for screening and mental health care for missionaries in need. The person from the Christian Churches /Churches of Christ said that they have had mental health professionals speak at their conferences.

Of the 35 largest missionary agencies interviewed, six were a clear “no” for question one (use of mental health professionals to screen or evaluate candidates). Three of the six who said “no” to question one in order of size are:

Wycliffe Bible Translators USA
Baptist Mid-Missions
Baptist International Missions

However, their “no” answer may be a bit misleading. While these three all said “no” to question one, they

said “yes” to question two (use of psychological tests) and either provided mental health care coverage or were open to it for missionaries in response to question three (mental health professionals used to assist troubled missionaries). These answers would lead one to conclude that they would not be opposed to the use of mental health professionals to screen missionary candidates, but, for whatever reason, they simply do not use them for screening.

The three remaining mission agencies, in order of size, that answered “no” to question one and also answered “no” to questions two and three are:

New Tribes Mission
Youth With A Mission (YWAM)
United Pentecostal Church International

Both New Tribes Mission and YWAM have long training programs where they can closely observe those individuals who desire to be career missionaries. The United Pentecostal Church International sends out associate or short-term missionaries for one to two years prior to accepting them as career missionaries. Thus, these three mission agencies appear not to need external screening from mental health professionals (question one) or psychological tests (question two).

The New Tribes Mission representative said in response to question three that mental health care would be an option if a missionary’s pastor requested it. The Youth With A Mission representative, who had lengthy service with YWAM, indicated that they operate out of hundreds of bases, but individuals had been referred to mental health professionals when there was a need. The United Pentecostal Church International representative said that if a missionary had a prob-

lem they would evaluate it and provide mental health care if necessary.

The representatives from New Tribes, YWAM and the United Pentecostal Church International were asked the following additional question: “Does your mission agency have any biblical or other reason for not using mental health professionals and psychological tests to screen missionaries or for not using mental health professionals to care for missionaries?” The mission agency representatives all answered “no.”

Therefore, of the 35 mission agencies surveyed, 33 either use or are not opposed to the use of mental health professionals and psychological tests to screen missionary candidates and either use or are open to the use of mental health professionals to care for missionaries. Two of the mission agencies, Churches of Christ and Christian Churches/Churches of Christ, were impractical to survey church by church, but would probably not object to the above as implied by the representatives contacted.

As part of our research we used the *Yearbook of American & Canadian Churches 1998*. Table 2 in that volume lists the thirty-one largest denominations in the U.S.² In comparing this list with the prior list in the *Mission Handbook 1998-2000*, we noticed a number of large denominations not present on the mission agency list. We called the following nine of these largest denominations in order of size:

National Baptist Convention, USA, Inc.
Church of God in Christ
African Methodist Episcopal Church
National Baptist Convention of America, Inc.
National Missionary Baptist Convention of
America

Progressive National Baptist Convention, Inc.
United Church of Christ
African Methodist Episcopal Zion Church
Pentecostal Assemblies of the World

We inquired as to why these large denominations were not represented in the list of the largest mission agencies and were told that they do not, as a rule, send career missionaries as do other denominations. They primarily use “nationals,” “locals,” or “indigenous people.” An occasional pastor or lay person with needed skills might go, but mostly on a short-term basis. Also, for certain of these denominations, a bishop may be assigned and sent. These would account for a small number of individuals. Thus, these denominations do not have a great need to screen missionary candidates or to provide them with mental health care.

However, the largest of these denominations, the National Baptist Convention USA, Inc., answered “yes” to questions one and two and “no” to question three, even though they sent only 12 personnel overseas to “serve more than 4 years” and 10 to “serve up to 4 years.”³ In explaining his “no” answer to question three, the representative said that there “hadn’t been a need.” This is understandable with only a dozen four-year plus missionaries sent in one year. However, he voiced no objection to the use of mental health professionals to assist missionaries. He even directed us to the psychologist who did the screening and testing. This all seems strange because so few from this very large denomination are sent to the foreign field.

One of the representatives from the African Methodist Episcopal Church said that in theory he did not object to the use of mental health professionals and psychological tests. The United Church of Christ

representative referred us to the office that handles missionary screening. According to the *Handbook*, the mission agency for the United Church of Christ sent 15 to “serve more than 4 years” and 84 to “serve up to 4 years.”⁴ This mission agency office answered “yes” to all three questions.

The representative from the African Methodist Episcopal Zion Church said that he sees a need for mental health professionals and psychological tests for screening and mental health care for missionaries even though his church does not use such services.

None of the representatives of the above denominations complained about the use of mental health professionals or psychological tests for screening or psychological mental health care for missionaries.

After interviewing 35 of the largest mission agencies and 9 of the largest denominations, we emphatically state: No one, but NO ONE, questioned the use of mental health professionals and psychological tests for screening missionary candidates, and no one, but NO ONE, questioned the use of mental health professionals to care for missionaries.

It is certain that numerous other mission agencies and denominations are just as seduced by the psychoexperts and their tests and therapies as the ones listed above. The mission agencies and denominations interviewed represent more than the tip of the iceberg of the problem of psychoheresy, because they are among the largest of the mission agencies and church denominations representing the largest number of career missionaries and church members of the two lists we used.

While the subject of this book is psychoheresy found in the process of selecting missionaries and of

their later mental health care, psychoheresy is also found in the training of pastors. Many Bible college and seminary students at entrance, during their classes, or prior to ordination are required to see a mental health professional and/or take one or more personality tests. The various seminaries and Bible colleges offer numerous classes, such as pastoral care, psychology, Christian counseling, clinical pastoral education, family life, human development, and personality theory, which reek of the very psychoheresy that we have described over the years.

It would be interesting to survey pastors to see if they were required to see a mental health professional or required to take a psychological test during their Bible college or seminary training or prior to ordination. The results of such a survey would be interesting, but this volume will be restricted to screening and selecting missionary candidates and to their subsequent mental health care. However, the same criticisms apply to pastoral training and selection as well.

We suggest that readers ask their mission agencies, if not covered here, the three questions used in this survey and, if appropriate, provide them with the information contained in this book.

In the balance of this book we expose the triple myths. The first myth has to do with mental health professionals' expertise in personnel selection. The psychological grid through which a mental health professional will view a missionary candidate will be either one or a combination of two or more of the 450 psychological systems of personality theory and counseling methodology in existence today. They are all pseudoscientific opinions and guesses about man from the very "wisdom of men" that God has warned His followers about. If one truly wants to know about the

depths of a missionary candidate, one needs only the doctrines of Scripture applied to a life. The pseudo-scientific psychological nonsense available will not and cannot improve upon that.

The second myth has to do with the usefulness of psychological testing to screen missionary candidates. At their best, about all the personality tests can do is to present the most superficial aspects of a missionary candidate that one could better discover through a short-term acquaintance with the individual and by asking his pastor, church leaders, and friends. At their worst, personality tests will be used to predict success or failure of a missionary candidate, with no scientific support for doing so.

The third myth has to do with the usefulness of mental health professionals to care for missionaries who experience problems of living. The greatest care one can give a missionary who is experiencing nonorganic problems of living is biblical and must be solely and purely biblical. The psychological man-made wisdom of this world will only detract from and distort the purity of what God has already provided.

3

Myth One PsychoExperts?

We shall begin by examining the first myth, the myth of the mental health professional's expertise to screen missionary candidates. After that we will confront the second myth regarding the usefulness of psychological testing and the third myth having to do with the usefulness of mental health professionals to provide for missionaries when they are experiencing problems of living.

The first myth we examine is the so-called expertise of mental health professionals to evaluate or screen candidates for missionary work. Does the training of mental health professionals qualify them to evaluate missionary candidates for purposes of selection or rejection for missionary service? The short answer, for which we provide support, is absolutely not!

One issue has to do with what the mental health professional can know from an interview and the other concerns the validity of the mental health professional's recommendation for or against service for the missionary candidate. The first issue is how well a mental

health professional can diagnose an individual and the second with the ability of the mental health professional to make a prediction of success or failure on the field that would enable him to make any kind of recommendation.

We begin our examination of these issues by looking at the work of Margaret Hagen, who has a Ph.D. in psychology and teaches at Boston University. In her book titled *Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice*, Hagen's criticisms are directed at the expertise of mental health professionals in the court system. However, the same criticisms apply to mental health professionals who make recommendations regarding missionary candidates. She asks:

Do all these hundreds of very expensive experts really know what they are talking about? Can the rest of us trust them? Can we rely on what they tell us to be the last word in scientific knowledge about the workings of the mind?¹

Hagen then answers:

Alas, no. Psychology's takeover of our legal system represents not an advance into new but clearly charted areas of science but a terrifying retreat into mysticism and romanticism, a massive suspension of disbelief propelled by powerful propaganda.

Thanks to the willingness of judges and juries to believe psychobabble with scientific foundations equal to horoscope charts, babble puffed about by psychological professionals with impressive credentials, what we've got now are

thousands of self-styled soul doctors run amok in our courts, drunk with power, bedazzled by spectacular fees for the no-heavy-lifting job of shooting off their mouths about any psychological topic that sneaks a toe into a courtroom.

The demand is great, the supply is huge, and the science behind it all is nonexistent. But the reality does not matter.²

One difference between the psychoexperts in court and those evaluating missionary candidates is that the former are sworn to tell the truth.

Hagen also says, “No education on earth today can be held to give an adequate account of how the mind works, how personality and character are formed, or what can be changed and how.”³ She provides much evidence to support her criticisms and accusations. Many other researchers have made the same criticisms and accusations. We have, in our past writings, provided literally hundreds of footnotes to research and writings that would be in agreement with Hagen. If no amount of education can do what the psychoexperts claim, then why trust them?

An article from *Omni* reported an interesting study by two researchers, which:

. . . gave the dates and times of birth of 30 subjects to an astrologer. Then they asked the psychologists who knew the subjects well to agree or disagree with the astrological assessments. It turned out that the psychologists agreed with the astrologer’s evaluations 73 percent of the time.

The authors think this research tells us something about psychological evaluations in

general. Like astrological appraisals, “some of the psychological descriptions are so general that they apply to everybody.”⁴

Mental health professionals generally exhibit greater confidence in what they do than research would warrant. This undue confidence led *The American Scholar* writer to declare in “What is Vulgar?”:

Psychology seems to me vulgar because it is too often overbearing in its confidence. Instead of saying, “I don’t know,” it readily says, “unresolved Oedipus complex” or “manic-depressive syndrome” or “identity crisis.” As with other intellectual discoveries . . . psychology acts as if it is holding all the theoretical keys, but then in practice reveals that it doesn’t even know where the doors are. As an old *Punch* cartoon once put it, “It’s worse than wicked, my dear, it’s vulgar.”⁵

Peter Huber, in his book *Galileo’s Revenge: Junk Science in the Courtroom*, says:

Junk science is the mirror image of real science, with much of the same form but none of the substance. . . . It is a hodgepodge of biased data, spurious inference and logical legerdemain, patched together by researchers whose enthusiasm for discovery and diagnosis far outstrips their skill. It is a catalog of every conceivable kind of error: data dredging, wishful thinking, truculent dogmatism, and, now and again, outright fraud.⁶

Huber's remarks apply equally well to these psychoexperts whom missionary organizations hire to plumb the depths of the psyche and to apply knowledge they have never learned to biblical realms that psychology knows little about.

Diagnosis

Critical to the mental health professionals' ability to predict success or failure of a missionary candidate is the ability to accurately diagnose. Psychiatrist Walter Reich calls diagnosis "the central psychiatric act" and says the psychiatrist's privilege to diagnose "gives him the power to control and to influence."⁷ Since diagnosis is so important, the question is: How good are mental health professionals at diagnosing?

In our earliest book, *The Psychological Way/The Spiritual Way*, we quoted research to show that psychological diagnosis is a disaster. Besides involving massive errors, diagnoses made by such mental health professionals are no better, and sometimes worse, than those made by nonprofessionals.⁸ Psychiatrist Hugh Drummond says, "Volumes of research have been done to demonstrate the absolute unreliability of psychiatric diagnosis."⁹ In fact, studies have demonstrated that the psychoexpert's system cannot be relied on to distinguish the sane from the insane in civil or criminal matters.¹⁰

George Albee, past president of the American Psychological Association, says that different mental health professionals from different countries disagree in diagnosing the very same individuals. He notes the usual psychiatric disagreements on determining the mental fitness of the very same defendants in court cases. Psychiatrists hired by the defense usually have different opinions from those hired by the prosecution.

As has been consistently shown, people who are considered affluent are generally given a more favorable diagnosis than people who appear poor. Albee makes a clear distinction when he says, "Appendicitis, a brain tumor and chicken pox are the same everywhere, regardless of culture or class; mental conditions, it seems, are not."¹¹

Diagnostic Interviews

Diagnostic interviews, such as those used with missionary candidates, are vulnerable to the many possibilities of miscommunication, preconceived ideas, and distorted or self-conscious responses to such an artificial situation. A psychological diagnosis is usually the product of a process of what is called *clinical judgement*. In many cases only one person makes the judgment in spite of the fact that one psychoexpert may view a particular individual as relatively healthy and well adjusted, while another may view the same person as deeply disturbed.¹² A missionary candidate may respond entirely differently to a variety of interviewers, depending on the personality of each. Moreover, definitions of many psychological terms vary and are bound to subjective interpretation. Words like *emotional stability* or *instability*, *normality* or *abnormality*, and *mental health* or *mental illness* lack fixed parameters, and even as one might attempt to gauge these labels according to a scale, subjectivity rules. Thus the idea of any validity is meaningless.

Interviews by mental health professionals are subjective and often influenced by characteristics of both the interviewer and the person being interviewed. In addition, extraneous characteristics of the candidate may influence the final judgment. Factors that may distort an evaluation are personality similarities

between the person and the interviewer; the attitude of the person towards the interview and the interviewer; the physical characteristics of the person being interviewed; the strain of being interviewed; and the mood of the interviewer and/or the interviewee that particular day.¹³

Mental health professionals' personal characteristics and expectations will tend to distort their final evaluations. They are bound in very subtle, even unintentional ways, to elicit certain responses to their questions. They may ask leading questions related to their own theoretical orientations and interests and may gear the entire interview in these directions and thus miss a number of balancing responses. Even if they are careful to avoid leading questions, they may nevertheless interpret responses according to their own theoretical biases.

Other evaluative errors may be the result of an interviewer's inaccurate observation, poor reasoning, personal biases, misinterpretation of behavior, seeming similarities with others he has interviewed, and even the interviewer's current mood, mental health, and physical condition.¹⁴

Considering such a vast array of possible inferences and mistakes, it is amazing that mental health professionals maintain such confidence in their professional diagnoses. Also amazing is the confidence mission agencies place in the evaluations and resulting diagnoses of candidates' mental health. People rarely question such professional diagnoses and the labels following the diagnoses, labels such as "manic-depressive," "schizophrenic," "psychotic," "neurotic," and especially "unfit for service" when it comes to missionary candidates.

In spite of the undue confidence in the ability of mental health professionals to evaluate missionary candidates, research does not support such confidence. Such research includes studies in which clients have been interviewed and diagnosed by both professionals and nonprofessionals. In fourteen studies that compared the diagnostic accuracy of psychologists and nonpsychologists, six studies indicated no differences in the amount of accuracy between the two groups. Five studies indicated greater reliability in the psychologists' evaluations, but three studies revealed that nonpsychologists were better at diagnosing.¹⁵ Another study showed that physical scientists out-ranked psychologists in making psychotherapeutic diagnoses and yet another indicated that Protestant housewives outperformed the professionals.¹⁶

What Is “Mental Health”?

In diagnosing a missionary candidate as the result of an interview, a mental health professional must at least have some idea of what constitutes “mental health” and “mental illness.” In his book *The Powers of Psychiatry*, psychiatrist and lawyer Jonas Robitscher raises the issue of “mental health” definitions. He says:

The official glossary of the American Psychiatric Association¹⁷ . . . has only the most amorphous kind of definition of mental health. . . . The glossary's definition of “mental health” . . . is a “relative rather than absolute” state in which a person has achieved “a reasonably satisfactory integration of his instinctual drives.”¹⁸

Robitscher says that some years back:

President Carter's Commission on Mental Health held public hearings across the country and had the assistance of hundreds of individuals who comprised special fact-finding panels that included, according to the commission, "the Nation's foremost mental health authorities," but it was not able to come up with a definition of mental health.¹⁹

In a recent book titled *Therapy's Delusions*, authors Ethan Watters and Richard Ofshe discuss present notions of mental health. They say:

Although it is easy to agree that freedom from "mental illness" is a desirable notion, it is clear from the myriad treatments offered that there is no agreement in the profession over what constitutes the state of "mental health." . . . Some treatments presume that mental health will be reached by healing our "inner child," while some feminist psychotherapies insist that patients can't truly progress unless they throw off the evil restraints of our patriarchal society. To be whole and happy, some treatments insist that we ferret out our past lives, while still others insist that we must "rebirth" or alternatively "reparent" ourselves. Even in the more mainstream therapies, much disagreement exists over the etiology of disorders and the correct path toward wellness. It is apparent that these schools are not only offering different routes to mental health but different destinations as well.²⁰

Mental health professionals of all stripes are functioning with no standard, universal definition of mental health, only their own personal subjective, fluctuating impression of it. Where does that leave the missionary candidate who is seeking approval from such a professional?

What Is “Mental Illness”?

Some might protest that even if mental health professionals may not be able to define and agree upon what constitutes mental health, they surely can agree on and reliably diagnose “mental illness.” Can these psychoexperts reliably identify mental illness or some semblance of it in prospective missionaries?

Herb Kutchins, a professor at California State University, Sacramento, and Stuart Kirk, a Dean at State University of New York, have been writing on the subject of mental illness for years. Together they have written the book *Making Us Crazy: DSM: The Psychiatric Bible and the Creation of Mental Disorders*. In describing why they wrote the book, they say:

It is precisely because issues of psychiatric diagnosis, commentary by psychiatrists on all manner of social issues, and the use of medical authority are so ubiquitous in our lives and because we are so vulnerable to the misuse of psychiatric diagnosis and authority that we wrote this book. There is a growing tendency in our society to medicalize problems that are not medical, to find psychopathology where there is only pathos, and to pretend to understand phenomena by merely giving them a label and a code number. There may, indeed, be comforts to be gained by these maneuvers—and

money to be made—but in this book we question the legitimacy of this tendency and describe its risks.

To pursue this goal, we take the reader into the world of the psychiatric bible, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Although this world may be unfamiliar to many readers, it is a world that affects all of us. As the authoritative manual of the American Psychiatric Association, DSM defines, classifies, and describes what the association says are mental illnesses.²¹

The DSM includes detailed descriptions of major clinical and personality syndromes and is known as the official “bible” for classifying mental disorders. All mental health professionals are aware of the DSM. Kutchins and Kirk say:

For many mental health professionals, the DSM is an indispensable diagnostic tool, and as the standard reference book for psychiatrists and other psychotherapists everywhere, it has had an inestimable influence on the way we view other human beings.²²

Margaret Hagen, in her book *Whores of the Court*, makes a number of comments about the DSM. The following is one of many:

Describing clinical psychology as “soft science” is flattering the field; it is as soft as a grape. Consider just the shocking but indisputable fact that it is rare to find agreement across clinicians or clinics on the results of psychiatric

evaluations, on the basic mental diagnosis itself so central to countless criminal defenses and claims of psychological injury.²³

Hagen then describes the ubiquitous use of the DSM and how necessary it is to be able to bill and receive payments from third-party providers.²⁴

The newest (1994) *Diagnostic and Statistical Manual of Mental Disorders* provides the civil litigant with literally hundreds of possible disorders, each neatly laid out with the necessary symptoms. It is hard to imagine that anyone could live in today's society and not be diagnosed with at least one of these many disorders. After all, they include such exotic stuff as smoking cigarettes, having lousy sex, feeling rotten about your life or trapped in your job or marriage, and hating your body because you think you are too fat or too ugly. Anybody out there with low self-esteem?

If you are not Pollyanna-happy—and complain loudly about the fact that you are not—the odds are great that a psychoexpert can and will diagnose a mental problem for you.

Once society has accepted that the hundreds of ways people can be unhappy can all be labeled as specific mental disorders, then the diagnosis of those states of unhappiness, those disorders, becomes the special province of mental disorder experts.²⁵

The most central scientific claim about the DSM is that it is a highly reliable system. This would mean that if the DSM guidelines were followed different

psychiatrists would give the same label to a given person. Kutchins and Kirk say the following about the claim of reliability for the DSM:

If, in examining patients, clinicians or researchers cannot agree on who has a particular anxiety disorder or mood disorder or schizophrenia—or even whether someone has any mental disorder or not—the agreements about these constructs are suspect. Even if psychiatrists agreed in principle about the general meaning of, say, Panic Disorder with Agoraphobia, they would be having a problem with reliability if they disagreed about which people qualified for that diagnosis. But a serious problem with reliability causes an even greater concern. . . . In fact, if reliability is not good, the practical validity of the constructs that DSM embodies, that is, the diagnoses, is called into question. If DSM is unreliable, it cannot be used to distinguish mental disorders from other human problems. In practical terms, this means that **many people will be diagnosed with the wrong disorder and that clinicians will frequently disagree about which one is correct.**²⁶ (Bold added.)

Kutchins and Kirk expose the false façade of reliability in the following statements:

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.²⁷

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.**²⁸ (Bold added.)

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?²⁹

Think about the fact that, compounding the absence of an agreed upon definition for mental health, the most sophisticated system of classification of mental disorders (DSM) results in “well-trained and well-intentioned therapists” failing “to agree on specific diagnoses.”

On the one hand there is not a universally accepted definition for mental health and on the other hand there is an unreliable classification system (DSM) for mental illness. If a psychiatrist utilizing a highly sophisticated system, developed over a number of years

with the most expert assistance available (DSM), cannot reliably classify an individual, guess how unreliable are those numerous mental health professionals who do not even use such a system, but instead rely on their own intuitive judgment. Pity the poor missionary candidate who is subject to such error-ridden possibilities. And, think of the fact that missionary candidates often surface in pairs. When a married couple appears both must be interviewed, diagnosed, and recommended for or against. What a tragedy that the people of God would trade away the truth of His Word for the very wisdom of men He has warned against.

Prediction

When missionary organizations use mental health professionals to evaluate missionary candidates there is an expectancy that the psychoexpert is able to do more than simply give a diagnosis. The psychoexpert is expected to be able to select missionaries who will succeed and identify those who will likely fail. Can mental health professionals make such predictions and recommendations with any satisfactory degree of validity?

The problem of prognosis or prediction is even worse than that of diagnosis. After having conducted research to examine professional psychotherapists' ability to predict people's behavior, Hillel Einhorn and Robin Hogarth say:

It is apparent that neither the extent of professional training and experience nor the amount of information available to clinicians necessarily increases predictive accuracy.³⁰

Mental health professionals have demonstrated scant validity in analyzing past behavior or in being able to make predictions concerning their clients' future behavior. It is paradoxical that, in spite of the great fallibility in professional judgment, people seem to have unshakable confidence in it.

Regarding the expertise of mental health professionals, psychiatrist-lawyer Jonas Robitscher says:

Judges, juries, and the general public do not realize that many of the statements made by psychiatrists are based on common sense applied to data available to everyone. Because the opinion is expressed by an expert and because it is couched in an elaborate scientific vocabulary, its fallibility and its lack of special probative value are obscured.³¹

Forensic psychiatrist Ronald Schlensky confirms what many have suspected all along by saying, "Psychiatrists are no better than other citizens in predicting a human being's conduct."³²

One of the writers of the book *Personality and Prediction of Behavior* says, with respect to prediction, "The attempt to predict human behavior is a shooting match with a constantly moving target."³³

The American Psychiatric Association has not only publicly admitted that psychiatrists cannot predict future dangerous behavior of their clients; they have established protection for themselves when a client proves dangerous. In a court case involving a murder committed by a person who had just seen a psychiatrist, the APA presented an *amicus curiae* brief to protect all psychiatrists. This brief states that research studies

indicate psychiatrists cannot accurately predict the future potential dangerousness of a client.³⁴

Science is predictive. Therefore this inability to predict behavior reveals the unscientific nature of what mental health professionals do. But, to maintain an aura of science and to circumvent this problem of prediction, some have called clinical psychology a postdictive science rather than a predictive science. However, clinical psychology should not even be regarded as postdictive, because no one can know what past events have caused present behavior on the part of an individual. Mental health professionals, who presume to know, base their interpretations on their favorite theories, subjectivity and imagination. What they say is often believed, however, because of their seeming authority, their confidence in the theoretical system they use, and the clients' desire to find reasons for their behavior outside themselves and their own proclivity to sin.

It is clear that mental health professionals cannot truly predict the future behavior or mental-emotional health of anyone. They can merely ask the people about their past and guess how they got that way. Another authority who has written about the research on prediction and diagnosis is Robyn Dawes, a professor in the Department of Social and Decision Sciences at Carnegie-Mellon University. Dawes says in his book *House of Cards: Psychology and Psychotherapy Built on Myth*, "Mental health professions in general rely heavily on 'intuitive' understanding, the accuracy of which is belied by the inferiority of predictions based on it."³⁵

In his section on clinical prediction Dawes discusses the research on using interviews to make evaluations and predictions about a variety of

individuals, from medical school entrants to parolees. Based on his examination of a number of research studies, Dawes says:

An interview situation (“impress me”) presents a unique task to the interviewee; succeeding in this task apparently implies very little about how people will succeed in later tasks essential to success in professional work or anything else.³⁶

In the area of psychological evaluation and prediction, there are no studies of which I am aware that support the validity of this approach, no matter who employs it.³⁷

In his “Overview and Implications” section, Dawes says:

Moreover, as we have seen, the inability to predict implies a lack of understanding—not because understanding and prediction are synonymous but because a claim to understanding implies an ability to predict. . . . Moreover, in predicting what people will do, clinicians are *worse* than statistical formulas, and statistical formulas are *a lot* less expensive.³⁸ (Emphasis his.)

In concluding his chapter on prediction and diagnosis, Dawes says:

No one has yet devised a method for determining who will change, or how or when. Professional psychologists cannot predict that. (If any

have been able to do so, it has been kept secret from the research literature.)³⁹

While the APA brief helps to protect psychiatrists and other mental health professionals from law suits related to the future dangerous behavior of the clients, the APA would likely never admit that they cannot predict the future behavior of anyone—period. In addition, mental health professionals are unwilling to admit the fact that they are also unable, with any adequate certainty, to predict the future success or failure of a person, because to admit that would lead to a loss of income for the expert diagnosis and prediction of future success or failure for all sorts of individuals.

No mental health professional has met the stringent, scientific necessary conditions to recommend for or against a missionary candidate's future success or failure. We have searched the literature and have yet to find scientific justification for the use of mental health professionals to evaluate missionary candidates for service. We know of no mission agency that can provide such research justification. After all, the burden of proof is on the positive. If one makes a direct or implied claim, and especially if one is paid to perform a service, the burden is up to that one to prove that the service accomplishes what it claims to. **These unbiblical, unscientific, unreliable, unsubstantiated diagnoses and recommendations for or against missionary service made by mental health professionals must be stopped!**

4

Myth Two Psychological Testing

Diagnosis and prediction, as the result of an interview by a mental health professional is often coupled with the use of psychological tests. However, psychological tests are sometimes used alone as a means of screening candidates. The test results are then interpreted according to the manuals provided with the tests.

The prolific use of psychological tests to evaluate missionary candidates begs the question: Is the use of psychological tests to evaluate missionary candidates for service (Myth Two) a valid means of selection? To determine the answer we will look generally at psychological testing and specifically at personality tests or inventories, as they are sometimes called, because these are the tests that are used. In addition, we will examine several of the personality tests most often used for evaluating and selecting missionaries.

Psychological testing is primarily a twentieth-century development. Advances in science and the accompanying use of mathematics during the nineteenth century raised hopes of developing a means of evaluating aspects of human abilities and behavior through applying mathematical models. Psychological tests were developed in hopes of being able to understand and explain people and to make predictions concerning their future condition and behavior. The hope was that, through the use of mathematics, psychological tests could be developed to sample a person's behavior in such a way (as exhibited on the test) as to reveal much more about the person than the small sample. Psychological tests are based on the hope that responses on a test will reveal a person's over-all intelligence, personality type, general mental health, or whatever other psychological information is being sought.

In her book *Psychological Testing*, Dr. Anne Anastasi defines a psychological test as "essentially an objective and standardized measure of a sample of behavior."¹ The test of a small sample is then used to diagnose some broad and significant characteristic of a person in order to reveal something about him to predict future behavior. Anastasi says:

Traditionally, the function of psychological tests has been to measure differences between individuals or between reactions of the same individual on different occasions.²

Many tests and types of tests have been developed to measure such differences. Psychological tests can be categorized under three general headings: (1) tests of general intellectual level, (2) tests of separate

abilities, and (3) personality tests. The primary concern here has to do with personality tests, since these are the ones given to missionary candidates. Crucial in the determination to use any of these tests is whether they meet reliability and validity criteria. In other words, do these tests give accurate information? Do they do what they are meant to do? If missionary candidates are being judged according to these tests, these tests should at least meet the minimum requirements of reliability and validity. Therefore, before discussing the personality tests in detail, we will explain these two extremely important psychological testing features: reliability and validity.

Every psychological test has numerous important features of construction and use. However, we will only describe reliability and validity, because if these criteria are not met, there is not much use in pursuing the other test features. In discussing the concepts of reliability and validity and how they apply to personality testing, we will try to simplify as much as possible. We hope to make this complex subject as clear as possible so that this information can be understood in relation to the specific tests that will be discussed later.

Reliability

Reliability refers to consistency. Anastasi says, "Test reliability is the consistency of scores obtained by the same persons when retested with the identical test or with an equivalent form of the test."³ For example, if a person takes an IQ (Intelligence Quotient) test on Monday and Friday of the same week and receives IQ scores of 90 and 91 respectively, there is consistency between the two scores and therefore some confidence may be placed in the results.

If test/retest consistency happens often enough, with enough individuals, more and more confidence is gained in the test's reliability. However, if a person takes an IQ test on Monday and Friday of the same week and scores 90 and 120 respectively, the inconsistency of scores indicates a lack of reliability and no confidence can be taken in either score. The more often test-retest inconsistency occurs, the less confidence can be taken in the test.

The very minimum requirement for a test is that it must demonstrate reliability over time. However, reliability alone is not enough. Even if a test is highly reliable (consistent) it may still lack meaning. Just because it is consistent does not mean that it is consistently accurate. It may be consistent, but consistently wrong. That is why the term "reliable" may be a bit misleading. A test that is reliable in terms of consistency may not be reliable in terms of accuracy or in terms of giving the information it is designed to give. For example, an individual who scores at or near 90 on several administrations of an intelligence test may actually be far more intelligent according to other measures.

Validity

In addition to being reliable, a test result must also be valid. Anastasi says, "The validity of a test concerns *what* the test measures and *how well* it does so."⁴ (Emphasis hers.) She says, "Undoubtedly the most important question to be asked about any psychological test concerns its validity."⁵

While reliability means consistency of test results, validity can be thought of as the integrity of the test results. While reliability can be measured by comparing repeated results by the same individual on the same

test (or an equivalent form), validity is best measured by comparing the test result with an independent, objective standard. The following example may clarify these two concepts.

A person takes a computer typing test one day a week for three consecutive weeks and scores approximately 30 words per minute every time. The reliability is excellent thus far. The same person takes the same test for three more weeks and again scores about 30 words per minute every time. The reliability is better yet. If more people perform with similarly consistent results based on various individual typing speeds, there can be greater and greater confidence in the test's reliability. However, the test could be reliably wrong rather than reliably correct.

Even though reliability is important, validity is far more important! Lack of validity on a test would demonstrate that even though a particular test may be reliable, it should not be trusted.

Validity, at its best, involves some external, objective standard against which to compare test results. If, in the typing test example, there is an external, objective standard against which to measure, the test results could be judged. What if the typist who consistently scored 30 words per minute on the typing test also typed on a computer at work? And, what if the computer had a software package that measured the person's typing speed and that software consistently showed that he generally typed approximately 60 words per minute? The original typing test would be reliable for this individual, but not valid because of the great discrepancy between the typing test results and the external results from his software package at work. Likewise, if a substantial discrepancy existed

for a large group of individuals, then the use of the test would be questionable.

We will be considering this most important characteristic of validity, which is most ideally obtained by comparing results on the same test (or an equivalent form) with an external, objective criterion. We will be looking for this most important characteristic of validity as we examine the personality tests used on missionary candidates.

Personality Tests

Personality tests “are instruments for the measurement of emotional, motivational, interpersonal, and attitudinal characteristics, as distinguished from abilities.”⁶ While there is a variety of personality tests, we will be focusing our attention on personality inventories, because these are the tests used with missionary candidates. These inventories are known as self-report inventories. They are structured so that the test taker is forced to choose words, phrases, or sentences that best describe himself.

Some tests provide statements to which the test taker merely responds “True” or “False.” Other tests provide statements to which an individual responds with “most like me” or “least like me.” Others force the test taker to choose one among several descriptive words or phrases. These are just examples of the various forced choices given to test takers.

As mentioned earlier, validity is “the most important question to be asked about any psychological test.”⁷ Another way to think about validity is to imagine that one is attempting to validate a drug being used to cure an illness. If the drug is purported to cure an illness and is scientifically tested and found lacking, one would certainly not use the drug or recommend it

to others. A drug that has not proven itself would not even be on the market. If it were, there would be a public outcry against it and the Federal Drug Administration (FDA) would ban its sale.

However, because there are no such agencies or regulations curbing the use of psychological tests and because tests are not foreign substances ingested to cure illness, many psychological tests continue to be used in spite of their lack of validity. A good example of this is the Rorschach inkblot test, which is a projective technique.

The Rorschach inkblot test was developed by Swiss psychiatrist Hermann Rorschach and has been used for more than 70 years. The test consists of 10 cards. Each card has a bilaterally symmetrical inkblot on it. Five cards are black and white and the other five are colored. An examiner shows the cards to the individual and asks him to describe what he sees. The examiner evaluates the person's responses according to specified guidelines.

The guidelines reveal the test's religious bias. If a person sees religious symbols, those responses will generally be scored as abnormal. The *Rorschach Interpretation: Advanced Technique* authors say:

Religion contents are virtually never present in the records of normals. Their occurrence is associated with profound concern about the problems of good and evil, concern which, almost always, is a screen for and displacement of guilt induced by sexual preoccupation. Religion contents may be used to infer critical and unresolved problems of sexuality . . . [religion] responses are most common among

schizophrenics, particularly patients with delusions which concern religion.⁸

One wonders how many unsuspecting Christians might have taken the Rorschach and consequently been treated for sexual preoccupation.

Everyone seems to know about this seemingly magical instrument, but few lay people question its validity. At least one million people took the test each year during the mid-sixties. About five million hours of administering and scoring added up to a whopping \$25,000,000 per year during those years.⁹ Although there has been a slight decline, the Rorschach has continued to be used at a rate of nearly a million per year, which would equal a much larger bill at today's prices.¹⁰

Robyn Dawes says, "The Rorschach Ink Blot Test is the test most highly recommended by professional psychologists, and it is one of the most widely used."¹¹ Even though psychotherapists are aware of studies that reveal the Rorschach's poor validity, they continue to use it. Why? Because they hope to discover at least one hidden clue to understanding the person. Yet, what do they really find? Hidden treasure? Or is the treasure they are looking for as elusive as the pot of gold at the end of the rainbow? In purporting to reveal and even measure the personality's deepest levels, the Rorschach cannot even help anyone distinguish between fool's gold and the real thing.

After an extensive analysis of the Rorschach inkblot test and review of the literature, Arthur Jensen presents his conclusion in the *Mental Measurements Yearbook*. He says:

Put frankly, the consensus of qualified judgment is that the Rorschach is a very poor test and has no practical worth for any of the purposes for which it is recommended by its devotees.¹²

Anne Anastasi says:

The accumulation of published studies that have *failed* to demonstrate any validity for such projective techniques as the Rorschach . . . is truly impressive.¹³ (Emphasis hers.)

The Rorschach and other personality tests of poor validity have been used far too long. Yet, it will be even longer before they are abandoned. As long as horoscopes remain in vogue, the Rorschach and other personality tests will also retain their mystique.

All psychological tests have problems, but personality inventories are even more problematic. Anastasi says, "The construction and use of personality inventories are beset with special difficulties over and above the common problems encountered in all psychological testing."¹⁴

Frederick G. Brown, in his text *Principles of Educational and Psychological Testing*, says:

The more traditional personality inventories exhibit such low relationships with real-life criteria that their use for purposes other than hypothesis building and to make statements about the general characteristics of individuals or groups seem quite tenuous.¹⁵

Dr. George K. Bennett, when president of The Psychological Corporation, which publishes and distributes personality tests, said, "Personality tests are of little, if any, value in employment."¹⁶

George Dudley, a test researcher and president of Behavioral Science Research Press of Dallas, believes there should be more humility about testing. He says:

Testing is a way to get at the truth sideways, and if you believe that the only way to get at the truth about another person is to administer a test, then you're not only fooling yourself, but you're also demonstrating a very negative view of mankind. You're saying that truth cannot be determined by asking the subject, or those who know the subject, but only by asking a testing expert.¹⁷

The difficulties involved in personality inventories, profiles and tests could fill a book. However, we will restrict ourselves to the issue of validity.

5

Test Validity (More on Myth Two)

Validity

One author of *The Myth of Measurability* says, “Validity is the soul of a test.” He goes on to say, “It is here that most discussions of testing run aground and most informed proponents of tests fall silent.”¹ Industries and businesses often use personality tests to find out if a prospective employee’s personality is suited to a particular job description. That practice has carried over into evaluating missionary candidates. The idea is to predict the subsequent success of a particular applicant.

In spite of most people believing that such tests really do what people think they do, a *Training* magazine article reports that “the most extensive surveys done on these instruments [personality tests] over the years have shown their prediction power to be exceedingly weak.” An individual who conducted one such study said, “One cannot survey the literature on the use of personality tests in industry without becoming thoroughly disenchanted.”²

When we introduced the concept of validity we said that the validity of a test indicates its integrity, whether it actually measures what it is supposed to measure and how well it does so. One might assume there is just one kind of validity, one kind of objective means of determining if the test does what it claims to do. However, there are several ways to determine validity.

Validity is generally grouped under three principal categories: (1) content-related validity, (2) construct-related validity, and (3) criterion-related validity. A brief discussion of each may be helpful to understand problems intrinsic to personality inventories and other such tools used to analyze personality characteristics.

Content-Related Validity.

Content-related validity works very well in education. For example, we write a test to measure what students learned in math. The test is valid to the extent that we ask questions about math and not football. One can see clearly item by item whether the questions are about math and not some other field of study.

One might claim content-related validity for personality inventories and temperament tests, since the items seem to have appropriate content. “Do you like to perform on stage?” seems to have the right content for extroversion, for instance.

However, one problem with content-related validity as applied to personality inventories and similar tests is circularity. **The test measures extroversion because it defines extroversion by the questions it asks.** Conversely, in a test of accumulated knowledge the content has been taught before the test is given. For instance, in giving a math test we would

have covered the math content before the math test was given, rather than define the content (extroversion) by the test (“Do you like to perform on stage?”). In other words, the answers on a math test do not define the content.

Because of such circularity and other problems, Anastasi says that for personality tests “content validation is usually inappropriate and may, in fact, be misleading.” She contends that the content of personality tests “can do little more than reveal the hypotheses that led the test constructor to choose a certain type of content for measuring a specified trait. Such hypotheses need to be empirically confirmed to establish the validity of the test.”³

Test takers are often fooled because the content seems to be about what the test purports to measure, such as extroversion. But, this does not establish the validity of such tests.

Construct-Related Validity.

The second type of validity is construct-related validity. According to Anastasi, “The construct-related validity of a test is the extent to which the test may be said to measure a theoretical construct or trait.”⁴ In our earlier example of a typing test there was an external exact measure of typing speed which occurred at the individual’s work station. It was then possible to validate the individual’s test station results. However, in personality testing, the constructs are hypothetical or conceptual. You can’t easily quantify personality traits or temperament types. Unlike the typing test, in which the quantities of 30 wpm and 60 wpm were exact measuring units, the traits and types are not. It is necessary in these instances to infer validity through a very sophisticated statistical

process, which has obviously not been done in too many instances.

Criterion-Related Validity.

The third form of validity is criterion-related validity. Anastasi says:

Criterion-related validation procedures indicate the effectiveness of a test in predicting an individual's performance in specified activities. For this purpose, performance on the test is checked against a *criterion*, that is, a direct and independent measure of that which the test is designed to predict.⁵

Two areas of criterion-related validity on personality tests can be brought out by asking two questions:

1. What is Mary like? (Diagnosis)
2. Can we predict how Mary will do by using this instrument? (Prediction)

The first question has to do with whether Mary really has a particular temperament or personality profile. It is a question of whether she has been diagnosed accurately. The second question asks if the instrument (test or inventory) will enable one to predict how Mary will act and whether she will succeed or fail in the future as a result of having a particular personality.

We later discuss criterion-related validity as it pertains to personality tests. We bring it up because so many personality profiles are offered and appraisals made that are wholly without statistical validation related to criterion validity. As you read various

popular books, take various popular personality tests, and hear about being able to predict future behavior as a result, remember that criterion-related validity (diagnosis and prediction) is an absolute must before anyone should accept the results with any confidence. If a test has not been validated, do not bother with it. Requiring criterion-related validity should be a minimum when considering the use of any personality test to screen missionary candidates.

Transparency of Test Items

There are numerous reasons for lack of validity on personality tests. One major reason why there are problems with validity is the transparency of the test items. Anastasi says:

Self-report inventories are especially subject to malingering and faking. Despite introductory statements to the contrary, most items on such inventories have one answer that is recognizable as socially more desirable or acceptable than the others.⁶

Because of this, individuals are able to “fake good” to give a good impression and “fake bad” to create a bad impression. There is plenty of evidence of this in the research literature even to the extent that when the same person takes the same test twice he can produce two different results as he wills.⁷

Adrian Furnham of University College London reported his research in an article titled “Faking Personality Questionnaires: Fabricating Different Profiles for different Purposes.” He summarizes his research by saying:

Over fifty subjects completed four personality measures used in personnel selection . . . they were asked to fill them in as they would if they were trying to present themselves as ideal candidates for the job of librarian, advertising executive or banker, while on one questionnaire they gave “honest,” actual responses. The results indicated, as previous research in this area has shown, that the questionnaires are all highly susceptible to faking, and that a quite different prototypic profile arose for each of the three different jobs.⁸

In one of the texts on the Minnesota Multiphasic Personality Inventory (MMPI-2), which we discuss later, the author has a section on “Effects of Coaching.” The author says:

In summary, it appears that persons who are informed that there are underreporting scales on the MMPI-2 and who are told to try to appear both psychologically healthy and honest are able to produce clinical scale scores that resemble nonclinical persons and are difficult to detect with the traditional validity scales.⁹

Martin Gross, in his book *The Brain Watchers*, gives an excellent example of faking. He describes how he helped a friend prepare for a test to apply for a position in a large corporation:

The night before his encounter, we sat resolutely at his dining room table preparing for the grand experiment. The major test was the

Edwards Personal Preference, a forced-choice test specifically designed to thwart such perverse attempts at image building.¹⁰

First Gross had his friend take the test without any coaching. He says:

The result was grizzly: a friendly (very high “nurturance”), lively (high “change”), self-thinking (high “autonomy”) individual with absolutely no desire to manipulate the puppet strings of destiny (low “dominance” or “leadership”).¹¹

It was obvious to Gross that his friend would not get the job with that kind of profile. Therefore, the two of them tried to imagine what the corporation was looking for. They came up with a list of traits he would have to score high on and those that he should keep pretty well near average. They then went through the test item by item “until we had *exactly* duplicated our estimate of the corporate ideal.”¹² (Emphasis his.) The next morning the individual took the test. He was hired with the compliment that his test results were “exceptional.” Not only were his test results exceptional; so was his performance on the job!¹³

If Not Validity, Then What?

Personality tests and inventories generally have extremely poor criterion validity. In other words they cannot be trusted to predict the future success or failure of a missionary candidate. In spite of the great confidence so many denominations and mission agencies have in such tests for personal understanding and missionary selection, such tests just have not met the

rigors of a criterion validity related to success on the mission field.

As an example of the untrustworthiness of such tests, Gross decided to try a little experiment. This time he himself took a battery of tests as carefully and as honestly as he could to see if the results would be consistent. After scoring and comparing the results he says:

When digested, with consummate professional “caution,” what could it all tally? Obviously, an extroverted hermit, both morose and happy, an unemployable who responds beautifully to corporate life, the average pedestrian soul who stands head-to-ego above the crowd, in a spectacularly adjusted, but highly neurotic way.¹⁴

While such an anecdote may be humorous, the possibility of erroneous scores and inaccurate profiles is not at all funny to missionary candidates who have been rejected or sent off to mental health professionals for counseling.

In reporting on “Testing, Tracking, and Profiling,” Jonas Robitscher says, “Critics of the testing [to evaluate employees or for employment] claim it is ‘a pseudoscientific fad whose predictive validity has never been proven.’”¹⁵ Robitscher speaks of the severity of criticisms about personality tests and then gives an example. He says:

The criticisms of personality testing are even more severe than the criticisms of intelligence testing. Ross Stagner of Wayne State University once performed a behavioral science experiment that involved some deception, an experiment of

questionable ethical propriety but nevertheless of interest. Sixty-eight personnel men who utilized personality testing to evaluate others were given a personality test, and each was then supplied with an identical, “personal,” trumped-up “Personality Analysis Report.” The statements in the report were taken from astrology charts, including the “finding” that “your sexual adjustment has presented problems to you.” Nine out of ten of the personnel men said their reports were “good” or were “amazingly accurate.”

But classification and predicting remain popular activities, and psychological testing has developed into a major American industry.¹⁶

There are serious consequences when truth is violated with tests that appear to be as trustworthy and as objective as a perfect mathematical equation, but miss the mark. Based upon criterion validity alone, it is our opinion that if the personality inventories and tests were labeled as drugs, the Federal Drug Administration would ban their sale and use.

Criterion Validity Standards

While there are considerable problems with both content and construct validity for personality tests when used to screen missionary candidates, these tests fail miserably when it comes to criterion validity. If the criterion is success on the mission field and the meaning of success is defined, as it should be, then the selection based on the psychological test results should lead to as high a success rate as possible. All of the personality tests fail on this score, which raises the question of why they are used.

The book that sets the standards for tests is published by the American Psychological Association, the American Educational Research Association, and the National Council on Measurement in Education. The title of the volume is *Standards for Educational and Psychological Testing*. Reading the standards for content and construct validity should discourage anyone from using psychological tests for screening missionary candidates, because the standards for those two types of validity are not followed. Just looking in the index under “validation, criterion-related evidence” and reading the standards in the sections listed for criterion validity would be ample reason to place exclamation marks after the question of why such tests are used. The following Standard 1:22 is just one of the 24 standards on validity:

When it is clearly stated or implied that a recommended test use will result in a specific outcome, the basis for expecting that outcome should be presented, together with relevant evidence.¹⁷

Under the section “test-criterion relationships,” the *Standards* writers say:

Evidence of the relation of test scores to a relevant criterion may be expressed in various ways, but the fundamental question is always: How accurately do test scores predict criterion performance? The degree of accuracy deemed necessary depends on the purpose for which the test is used.¹⁸

In other words, how valid is the prediction of success for missionary candidates based on psychological test scores? Grant Wiggins says it very simply in his article on validity in the *Phi Delta Kappan*: “The criterion of a good test is its congruence with reality.”¹⁹

Walter Mischel, professor of psychology at Stanford University, says in his text *Personality and Assessment*, “A behavior sample cannot be interpreted as an index of unobserved behavior unless the links between the sample and what it represents are demonstrated.”²⁰ A personality test is a “behavior sample” and “cannot be interpreted as an index of unobserved behavior **unless** the links between the sample and what it represents are demonstrated.” (Emphasis added.) It is doubtful that any such link has been demonstrated between test results and success as a missionary. At least we are not familiar with any such links from the extensive search we have made of the literature.

Martin Lasden says that William H. Whyte, Jr., author of *The Organization Man*, “argued forcefully that corporations were using tests to select for highly malleable, unimaginative yes-men.” He quotes Whyte as saying, “If the tests were rigorously applied across the board, half the most dynamic men in business would be out walking the streets looking for a job.”²¹ We wonder how many of the most dynamic missionaries of the past would likewise have been excluded from the field. Lasden notes:

With all the progress that’s been made in the science of psychometrics over the last two decades, testers have yet to do what they need to do most: come up with an effective way to

police their own profession, to discipline it and to avoid the hazards of over-promotion.²²

The *Standards* authors devote one of the chapters to “Testing in Employment and Credentialing.” Regarding “The Validation Process in Employment Testing,” the authors say:

The Fundamental inference to be drawn from test scores in most applications of testing in employment settings is one of prediction: the test user wishes to make an inference from test results to some future job behavior or job outcome. Even when the validation strategy used does not involve empirical predictor-criterion linkages, as in the case of reliance on validity evidence based on test content, there is an implied criterion. Thus, while different strategies of gathering evidence may be used, the inference to be supported is that scores on the test can be used to predict subsequent job behavior. The validation process in employment settings involves the gathering and evaluation of evidence relevant to sustaining or challenging this inference.²³

We quote two of the seventeen standards from this chapter. Standard 14:1 states:

Prior to development and implementation of an employment test, a clear statement of the objective of testing should be made. The subsequent validation effort should be designed to

determine how well the objective has been achieved.²⁴

Standard 14.7 states:

If tests are to be used to make job classification decisions (e.g., the pattern of predictor scores will be used to make differential job assignments), evidence that scores are linked to different levels or likelihoods of success among jobs or job groups is needed.²⁵

The Society for Industrial & Organizational Psychology, Inc. (SIOP) produces a manual for its members titled *Principles for the Validation and Use of Personnel Selection Procedures*. In it they cover some of the same topics as the *Standards* volume. However, both manuals are consistent with one another. In the “Objectives of Validation Efforts” the *Principles* authors say:

Before a selection procedure is considered, or a validation effort is planned, the researcher should be able to make a clear statement of the objective of the procedure. The statement of purpose must be based on an understanding of the work performed on the job and of the needs and rights of the organization and its present and prospective employees. There should be clear objectives for the proposed selection procedure and the validation effort should be designed to determine how well they have been achieved. Objectives should be consistent with professional, ethical, and legal responsibilities.

All aspects of the decision-making process should make a valid contribution to achievement of those objectives but of primary importance is the validity of the final selection decision.²⁶

It is doubtful that any mission agency has followed this principle, let alone the following one on “Criterion-Related Strategy”:

Personnel selection procedures are used to predict future performance or other behavior. Evidence for criterion-related validity typically consists of a demonstration of a useful relationship between the selection procedure (predictor or predictors) and one or more measures of job relevant behavior (criterion or criteria). It is, therefore, vital that the choice of both predictors and criteria be made with great care.²⁷

Some years back there was a spoof letter about psych clinics. It was written as if from a psych clinic and addressed to “Jesus, Son of Joseph,” regarding twelve men he had chosen. The clinic refers to the battery of tests given to evaluate the twelve men and the results. It describes and eliminates eleven of the apostles. However, the letter describes one apostle as having great potential and recommends Judas Iscariot be chosen as Jesus’ right-hand man.

This is not too funny a joke to anyone who has been rejected for missionary service because of the concatenations of comments erected upon the egregious edifice of pseudoscience leading to conclusions and recommendations by mental health professionals, which are resting upon

fallacious foundations of “science falsely so-called.”

One survey, conducted by one of the psych centers providing services to mission agencies, found that “psychological assessment as represented by interviews with psychologists, psychiatrists, or counselors occupies approximately one-fourth to one-third of the average selection interview time.”²⁸ Regardless of the percentage of time devoted to psychological interviews and regardless of what mission agency, it is our estimate that the psych screening is taken seriously and can make or break the selection, in spite of protests to the contrary by the agencies.

Many of the mission agencies use independent psychological service organizations to provide psychological screening and evaluation. If the materials we have seen and the sample case studies are any indication of what these psychoexperts have to offer, it is doubtful that any of these psychological screening agencies are adhering to the APA standards and the SIOP principles. It is equally doubtful that the mission agencies have a qualified psychometrist who would know the difference. The psychological agencies that provide these screening services to mission agencies all claim to be Christian, but we have yet to see one that is not in violation of the APA standards and the SIOP principles. We know of no psychological screening agency that has had an outside, third party (not hired by the agency being assessed) assessment of their adherence to the standards.

These so-called psychoexperts with their PhDs, but lacking the extensive training needed in psychometrics and not adhering to the APA standards and SIOP principles, confidently, but erroneously, evaluate missionary candidates

under the mantle of their degrees and with the cooperation of mission agencies, ignorant of the errors and awed by the degrees. Worst of all, these PhD psych evaluators are ignorant of their own ignorance.

As a result, the ones who suffer are the missionary candidates whose lives are too often dramatically affected by such unscientific nonsense. At the same time the pocketbooks of the psych agencies are expanding. While we are not recommending this, one lawsuit by one rejected missionary candidate, utilizing the testimony of real experts, could straighten out this abomination in mission agencies.

For some time, according to an article in the *APA Monitor*, “there’s been a debate about whether the standards should be formally enforced either by publishers or by some external agency.” The article writer says, “But those who favor some sort of regulatory system argue that it’s useless to have rules without an enforcement mechanism.”²⁹ There is no way that such an enforcement agency will ever be set up, and, if it is, it will be as ineffective as the regulatory agencies that govern the licenses and practices of psychotherapists. There will be no Federal Testing Administration (FTA) similar to the Federal Drug Administration (FDA).

It is doubtful that any mission agency is in conformity to the *Standards* or *Principles* manuals mentioned above and particularly doubtful that they would be in conformity to the criterion validity standards for the personality tests they use. An examination by an FTA type of organization would be a real eye opener. However, we predict that will never happen.

It is also doubtful that any of the standards or principles for criterion-related validation or for employ-

ment are followed when applied to the use of psychological tests for screening missionary candidates. And, nowhere in the extensive research on psychological testing could we find support for their use in selecting missionaries. The burden is on the mission agencies to provide such evidence, because these tests are being used to screen in and out candidates and because they contain, at minimum, implied promises of integrity of such tests in this process. Lives are dramatically affected for those rejected on the basis of psychoexperts and their psychological tests. Lives of those who are accepted can also be affected in that they gain erroneous information about themselves and their spouses.

Frederick Brown, in his textbook on testing, has a chapter in which he discusses problems in testing. Brown says:

A related problem has to do with the application of validity data. Validity data is always based on data from groups. But even when a test is quite valid for a group, many incorrect decisions will be made at the individual level. The implications of this fact vary with one's perspective; certainly they are of greater import when viewed from the perspective of the individual affected.³⁰

In concluding this chapter, Brown says:

Finally, in a discussion that has focused on the methods of educational and psychological testing, it is easy to overlook the most important point: It is not the test that is of prime importance; it is the individual who takes the test. Test scores may influence decisions that will

alter the course of the individual's life. Therefore, when using tests, our foremost concern must always be with the effects of the testing on the person.³¹

Consider a man, woman, or couple preparing for the mission field being required to take one of the many personality tests used and, on the basis of the results, being rejected for service. Their future is thus determined by a faulty instrument that has nothing to do with the Bible and does not even meet scientific, criterion validity requirements. The proper level of criterion validity does not exist for any personality test to be used for this purpose, either when used alone or with other criteria.

One has to wonder what would have happened to the great missionaries of the past if they had been subjected to taking personality tests before going to the mission field. God only knows! No one should ever be rejected from missionary work or from the pastorate on the basis of a personality test score or even a battery of personality tests.

Because of Myth One (so-called expertise of mental health professionals to screen missionary candidates) and Myth Two (so-called validity of psychological tests), mission agencies and denominations have rationalized the use of these so-called experts and their psychological tests. Representatives of missionary agencies and denominations tell us that the psychological screening and testing is only one of several facets to look at the missionary candidate. However, two questions need to be asked of these missionary agencies and denominations:

1. Can a missionary candidate refuse to be screened by a mental health professional or psychological test without being discriminated against for doing so?
2. Has any missionary candidate refused such screening?

The facts are that missionary candidates know that refusing the psychoexpert screening and psych tests will lead to being rejected by the mission agency. Missionaries have told us that as a candidate you just do it because it is required.

The following is excerpted from a copy of a letter sent to us from a couple who had been subjected to such psychological testing:

This whole process of psychological testing strikes me as having several serious defects.

(1) In the tests used, certain “norms” are provided as to how the majority of people perform. Do these norms really reflect what is right or wrong for Christians? How can the norms of lost men be used to determine the quality of my character?

(2) These norms are a product of comparing people with other people. This is strictly forbidden in the Scriptures. We do not dare to classify or “compare ourselves with some that commend themselves: but they measuring themselves by themselves, and comparing themselves among themselves, are not wise” (2 Cor. 10:12).

(3) We are tested by God in the milieu for the purpose of proving our character. The artificial environment of the assessment center and its tests simply cannot take the place of the tests God has put me through during the last 30 years, and especially in the last 3 years of my life.

(4) It was pointed out to us that one of the reasons that psychological tests were being used was, "Who do you get your references from? From your pastors and elders who are your friends, right? And what are they going to do but give you really good reports, right?" The understanding was that the testing would get to the real truth. This attitude is unbiblical and expressive of a very low opinion of the pastors, elders, and Christian friends who are being asked to give their assessments. The premise that these men cannot be trusted, therefore psychological tests which can be trusted must be used and depended upon, is patently wrong.

(5) The assessment center seems to be pursuing a process of worldly wisdom to achieve its goals. "Because the foolishness of God is wiser than men, and the weakness of God is stronger than men" (1 Cor. 1:25). Does this testing program operate on that premise? It does not. How many Pauls and Jeremiahs would make it through these tests? We are in danger of cutting off the head of anyone who stands out as being not "normal." Many men of God are not altogether "normal," as I am sure you know.

I am disturbed that capable men are being rejected across America because they do not measure up to some false standard.³²

Think about it. If the mental health professionals and psychological tests were truly an objective means of evaluating missionary candidates, no other information would be needed. Selection would be based on the psych interview and psych test—period! The fact is that no one of any professional integrity would make such a recommendation.

A serious problem with the whole selection procedure, which is compounded by the use of mental health professionals and psychological tests, is that only those who are selected go to the field, while those who are nonselected stay home. Any researcher will tell you that the reason this is a problem is that you create what is called an “untested homogeneity.” What should be done is to prelabel all the candidates as either selected or nonselected and then send them all to the field unlabeled. At the end of their first service or another appropriate time, have some third party who is ignorant of the labels evaluate them. To our knowledge this has never been done. It may be that those labeled unselected would make the best missionaries. No one really knows.

A missionary once said in jest, “One probably needs to be a little ‘crazy’ to be a successful missionary.” While said in jest, until proven to the contrary, it is as valid a conclusion as can be provided by the test users who would exclude such individuals. The fact is that without having a definition for success on the field and without establishing an appropriate level of criterion validity, no one knows what personality test profiles will lead to the most successful missionaries.

Until what to now has not been proven (the value of using mental health professionals and psychological tests to screen missionary candidates) has been proven, mission agencies should not turn to pseudoexperts and their tests.

6

Popular Personality Tests (More on Myth Two)

There are numerous personality tests having to do with types, temperaments, traits, interests, values, attitudes, and even spiritual gifts. Some tests are quick and casual; others are complex and detailed. Some are interest inventories designed to assist in career choices and employment. Others are designed for self-knowledge. In the following chapters we discuss four of the tests that are extensively used by mission agencies for screening candidates and that are also used for pastoral preparation or selection.

Our survey results from the mission agencies and denominations indicate that the Minnesota Multiphasic Personality Inventory (MMPI), the Myers-Briggs Type Indicator (MBTI), the Taylor-Johnson Temperament Analysis (TJTA), and the DiSC are among the most popular psychological tests used for screening missionary candidates. In the next chapters

we will discuss each of these four tests and challenge their validity for use.

Because of space limitations, we selected only four of the dozen or more tests named by the mission agencies. The other tests not covered are at least equally guilty of our criticisms against what appear to be the four most popular ones. The solution is not merely to eliminate the use of these four personality tests, but rather to eliminate all personality tests used.

Before reviewing these tests, we refer to an academic text produced by the National Academy Press on human performance. A group of distinguished scientists are on the governing board for this text, which is periodically published. One section of the National Academy volume is devoted to the selection of individuals for particular positions and the use of psychological tests for doing so. The text states:

Assessment instruments designed to give self-insight or insight into others are extraordinarily popular in a variety of real-world settings, **even though credible evidence is lacking that such instruments actually enhance the selection of careers by individuals or the selection of individuals by organizations.** The use of such instruments was examined in the committee's last report. **The committee concluded that the widespread use of such instruments was based on considerations such as face validity and personal testimonials, rather than on solid evidence attesting to their effectiveness.**¹
(Bold added.)

Simply stated, “face validity” is whether the test “looks valid.” “Personal testimonials” are those given by the examiners and the examinees. These two evidences are insufficient as a scientific means of validation. The instruments referred to as “assessment instruments” are personality tests that the committee says are used even though “credible evidence is lacking” for “selection of individuals by organizations.” In short, there is no “solid evidence attesting to their effectiveness.”

Minnesota Multiphasic Personality Inventory

In our tabulation of psychological tests used, we found that the Minnesota Multiphasic Personality Inventory (MMPI) was the most used of all the ones reported to us. This would make sense, since “The MMPI is the most widely used personality test in the United States.”¹ In screening missionary candidates, the MMPI is sometimes used alone, but often in conjunction with one or more other tests.

The MMPI was first published in 1943. The first revision of the MMPI “resulted in the publication of the MMPI-2 in August 1989.”² The MMPI consists of 566 items and the MMPI-2 of 567 items. A reviewer reports that “84% of the MMPI items appear in the MMPI-2 in the original or modified form.”³ The test taker responds, “True,” “False,” or “Cannot say,” to the items. The MMPI is extremely long for such a test and takes 90 minutes to complete.

Anne Anastasi, in her book *Psychological Testing*, says:

In its original, basic form, the MMPI provides scores on 10 “clinical scales,” listed below:

1. Hs: Hypochondriasis
2. D: Depression
3. Hy: Hysteria
4. Pd: Psychopathic deviate
5. Tf: Masculinity- femininity
6. Pa: Paranoia
7. Pt: Psychasthenia
8. Sc: Schizophrenia
9. Ma: Hypomania
0. Si: Social introversion⁴

Aside from the “Masculinity-femininity” and “Social introversion” scales, the others are traditional psychiatric diagnoses. The purpose of the MMPI is stated briefly in *Tests in Print IV*, which says it is “Designed to assess a number of the major patterns of personality and emotional disorders.”⁵

The assumption underlying the use of psychological tests like the MMPI to diagnose people with unknown problems is that everyone with a certain type of mental illness resembles everyone else in the labeled group. The basic idea behind such tests is that if you give answers like the patients who have been diagnosed with one of the labels listed above, e.g., schizophrenia, then you may have the same psychological problem, e.g., schizophrenia. However, Anastasi says:

The test manual and related publications now caution against literal interpretation of the clinical scales. For example, we cannot assume that a high score on the Schizophrenia scale indicates the presence of schizophrenia. Other

psychotic groups show high elevation on this scale, and schizophrenics often score high on other scales. Moreover, such a score may occur in a normal person.⁶

Margaret Hagen, who teaches at Boston University, asks:

What's wrong with using these putatively "scientific instruments" to measure enduring personality traits like paranoia or serious mental illnesses like schizophrenia?

Hagen gives the clear answer:

Basically, they do not do the job. They *cannot* do the job. As instruments to measure the psyche, they are useless.

Just what, exactly, do we suppose that people labeled as suffering from a particular kind of mental illness have in common other than the category label? For the testing approach to work, the people who serve as the definite representative groups for the making of the test must all truly have the same kind of mental illness, and that illness must manifest itself in uniform ways across all or nearly all of the patients.

Hagen further says:

The logic does not hold water.

Even if we were to grant against all the evidence, just for the sake of discussion, that all or most of the persons categorized with a

certain diagnostic label *do* actually show the same symptoms, does it follow logically that they also share views on religion, sexual practices, politics, and health as asked on the so-called objective MMPI? No. Of course not.⁷ (Emphasis hers.)

Psychiatrist Jonas Robitscher says that tests like the MMPI:

attempt to place the subject in such psychiatric diagnostic categories as hypochondriasis, paranoia, hysteria, and psychopathic deviation. The accuracy of a test based on psychiatric diagnostic classification would be related to the accuracy of the original classifications, which always have been subject to question but nevertheless have achieved great acceptance.⁸

Paul Kline, a professor of psychometrics at the University of Exeter, has worked extensively as a consultant on test construction. In his book *The Handbook of Psychological Testing*, Kline evaluates both the MMPI and the MMPI-2. The following is his conclusion regarding the MMPI:

There are very severe problems with the original MMPI and I find it difficult to recommend its use other than as an experimental measure whose meaning has to be discovered, surely a strange argument for a test with more than 10,000 references.⁹

Kline's conclusion about the MMPI-2 is this:

Almost all the arguments against the original MMPI apply to the new version, which is simply a better phrased and better standardised MMPI. The fundamental psychometric objections which have been raised against that scale still apply to the new test.¹⁰

Professor of psychology John R. Graham says:

After a decade of clinical use and additional validity studies, it became apparent that the MMPI was not adequate to successfully carry out its original purpose, namely the valid psychodiagnosis of a new patient. Although patients in any particular clinical category (e.g., depression) were likely to obtain high scores on the corresponding clinical scale, they also often obtained high scores on other clinical scales. Also, many normal persons obtained high scores on one or more of the clinical scales. Clearly the clinical scales were not pure measures of the symptom syndromes suggested by the scale names.

Several reasons have been suggested for the failure of the MMPI to fulfill completely its original purpose. From further research it became apparent that many of the clinical scales of the MMPI are highly intercorrelated, making it unlikely that only a single scale would be elevated for an individual. These intercorrelations are due, to a large extent, to item overlap between scales. Also, the unreliability of the specific psychiatric diagnoses of subjects used in the development of

the MMPI scales contributes to their failure to differentiate among clinical groups.¹¹

Dr. Steven J. Kingsbury, an instructor in psychiatry at Harvard Medical School, comments on the original MMPI:

But the test in its original form had some serious flaws. First, the group used to define the normal or average was not a good sample of the general population. These 760 men and women were all white residents of Minnesota, and the average member of the group was a semi-skilled worker or farmer with an eighth-grade education. Another problem was that many items on the original list were inadequate. Some had become obsolete; some were awkwardly phrased; some were biased against women or referred to sexuality, body functions, or religious beliefs in a way that might be offensive outside the medical context in which the test was originally developed.¹²

We wrote to Kingsbury after hearing a psychiatrist on a Christian radio call-in show say, with confidence, that he used the MMPI to determine whether or not his patients were repressing or internalizing anger. Kingsbury replied “There are no scales that reliably measure such concepts as repressed or internalized anger.”¹³

One of the many criticisms of the MMPI is directed at the scales used. One author summarizes it this way:

Additionally, the MMPI scales were based on Kraepelinian nosology, which is considered by

many MMPI users to be somewhat anachronistic. Furthermore, Kraepelin's system was used to develop clinical scales that differentiate "normal" from groups with known types of psychopathology. Yet users of the MMPI are usually asked to differentiate among diagnoses, something the MMPI scales were never developed to do.¹⁴

Emil Kraepelin was a German psychiatrist who developed a classification system for persons with mental disorders. However, there are numerous systems that have been developed over the years. To be usable the system must avoid the true complexity of the human being and yet be simple enough to be used. In discussing this problem, an article in *The Harvard Mental Health Letter* states:

Listing personality traits to define distinct disorders creates a vivid picture for quick recognition and communication at the price of exaggerating the similarities among all members of a category and their differences from everyone else. An alternative research tradition, the dimensional perspective has been developed mainly by psychologists and tested chiefly on the general population rather than patients in psychotherapy. From this point of view, there are no distinct disorders of personality but rather maladaptive variants of traits and groups of traits that merge imperceptibly into normality and into one another. These traits are measured on a continuum, like IQ or height, with the abnormal or pathological forms at the extremes.¹⁵

After discussing several competing classification systems, the article notes:

There is now general agreement that the classification of personality and its disorders will eventually need an overhaul, but prospects are uncertain because neither the dimensional nor the categorical system has a deeper theoretical basis.¹⁶

In his review of the MMPI-2, Robert P. Archer, professor of psychiatry and behavioral sciences, discusses several important issues and controversies about the MMPI-2. Archer says:

The major area of controversy and debate concerning the MMPI-2 has centered on the degree to which the profiles produced by this instrument are comparable to, or congruent, with test findings from the original MMPI. More broadly stated, this issue relates to the degree to which the MMPI and the MMPI-2 are equivalent measures. This concern has received substantial focus because it determines the degree to which the vast research literature available on the traditional MMPI can be generalized to the MMPI-2. . . .

In conclusion, the MMPI-2 is a new instrument closely related to the original MMPI. The MMPI-2 and MMPI are not, however, equivalent measures.¹⁷

Kingsbury mentions the flaw of the population sample, and Archer says that “The MMPI-2 and MMPI

are not, however, equivalent measures.” John Graham says:

In using the MMPI-2 for diagnostic purposes, the clinician must consider that most research studies concerning diagnostic inferences were based on the original MMPI and the original standardization sample.¹⁸

Keep in mind that whether it is used to screen in or out, the MMPI is a personnel screening device used by many missionary agencies. The MMPI requires interpretation as well as scoring. Therefore, the systems of interpretation must also meet requirements for accuracy. One of the programs used for interpretation is the Personnel Selection System (PPS). Lorraine D. Eyde, a personnel research psychologist in the Office of Staffing Policy, U.S. Office of Personnel Management in Washington, DC, reviewed *The Minnesota Report: Personnel Selection System (PPS) for the MMPI* for *The Ninth Mental Measurements Yearbook*. She describes it as “A computerized scoring and interpretive service for qualified users of the MMPI” and says:

This computer-based test interpretation (CBTI) program, published by the University of Minnesota Press and distributed by National Computer Systems (NCS), is designed to serve as an exclusion procedure “to measure personality disturbances that might interfere with or adversely affect the individual’s performance” in positions involving public safety and trust.¹⁹

Eyde notes in her review that “The User’s Guide appropriately points out that 7% to 17% of test takers

in selection situations may answer defensively and produce invalid test results.”²⁰ In her conclusion Eyde says, “In summary, this new Personnel Selection System is being used in making important employment decisions even though it is based on very little demographic and job-related data.”²¹

Jay Ziskin refers to the work of James Butcher and says, “Butcher notes that most of the computerized interpretations are not pure actuarial systems but stem from programmed clinical decision rules utilizing clinical lore as the basic data in many cases.”²² Butcher says:

*At this state computerized narratives using psychological test based information is little more than an art (or craft) disguised as a science. For the most part, the narrative reports are clinical hunches (often many steps removed from the data) which are automatically cranked out by an electronic beast that will, without conscience, weave a devastating and sometimes contradictory tale about an individual’s personality and problems. The computer is generally a willing and efficient servant that will readily combine and give back stores of information from its vast memory. It cares not at all whether the information stored is from astrology charts.*²³ (Emphasis his.)

Ziskin says, “Butcher additionally asserts that these clinical ‘hunches’ are given more credibility than actually is deserved because of the aura of scientific mystique associated with the computer.”²⁴ Butcher contends that “the computer approach to personality assessment has been ‘oversold’ and users place more

stock in the 'scientific truth' than is actually deserved."²⁵ Butcher also says:

Once an MMPI interpretation program is written to print out sets of statements to given T score elevations, etc., a computer system can, and in a matter of minutes, process thousands of cases producing an amount of halftruths and misstatements of staggering proportions.²⁶

In his review of the PPS for the MMPI, David S. Nichols describes the User's Guide and says, "However, issues relating to the utility and validity of the MMPI for personnel selection are not sufficiently addressed."²⁷ In discussing the strengths and weaknesses he found in the User's Guide, Nichols says:

The reports do indeed appear to accurately reflect research findings, but since this literature is overwhelmingly weighted with mental health samples, one may certainly question that an application for personnel selection should be based upon it. In this review's opinion, this question cannot yet be answered affirmatively.²⁸

In commenting on the use of the PPS for the MMPI, Nichols says:

There are substantial reasons to question the suitability of the MMPI in personnel selection. Since job applicants constitute a presumptively normal population, the detection of actual or potential maladjustment among them is some-

what analogous to predicting low frequency events such as suicide in clinical contexts.²⁹

In his book *MMPI-2: Assessing Personality and Psychopathology*, Graham has a chapter on “Forensic Application of the MMPI-2.” Graham reveals that in a survey of forensic psychologists, it was “found that they used the MMPI or MMPI-2 more frequently than any other assessment instrument.”³⁰ In his chapter on forensic use of the MMPI, Graham indicates certain limitations, such as using the MMPI-2 to try to find out something about the person by comparing scores with groups of people who have committed crimes, or behaved in certain ways, or experienced some kind of emotional distress. This is called “profiling.”³¹ Graham cautions using the MMPI-2 for that purpose and says:

In summary, it seems clear that there is not sufficient empirical research to support the profiling approach to the use of the MMPI-2 in forensic settings. Persons known to have committed particular offenses (e.g., sexual offending) or to have particular characteristics (e.g., good parenting skills) are not likely to produce a specific set of MMPI-2 scores.³²

In his section on “Predicting Dangerousness,” Graham says:

Predicting future violent or dangerous behavior is relevant to many of the purposes for which forensic assessments are conducted (e.g., civil commitment, release from prison or hospital, child custody).³³

In summary, there is not adequate research evidence to support the notion that there are MMPI-2 scales or profiles that directly predict dangerous of violent behavior.³⁴

Regarding assessing insanity, Graham says:

In summary, existing research does not support the notion that there are specific MMPI-2 scales, code types, or patterns of scores that directly indicate that someone is legally sane or insane.³⁵

Graham begins his chapter “Use with Special Groups” by stating:

The original MMPI was developed for use with adult psychiatric patients. Its norms were based on adult Caucasians living in the cities and towns surrounding the University of Minnesota. Considerable caution was indicated in using the instrument with persons whose demographic characteristics were different from those of the normative sample or in other than traditional psychiatric settings. Although the MMPI-2 norms are more representative of the population of the United States than were those for the original MMPI, only limited information is available concerning the use of the MMPI-2 with special groups.³⁶

In the special group chapter Graham has a section on “Nonclinical Settings.” Graham begins the section by noting, “The MMPI was developed in a psychiatric hospital setting, and most of the research done with

the instrument has been with subjects in clinical settings.”³⁷ Graham mentions some “sensitive occupations,” including “those of air traffic controller, airline pilot, police officer, fire fighter, and nuclear power plant operator,” which he believes would justify the use of the MMPI-2. However, he immediately says, “Routine use of the MMPI-2 for personnel selection is not recommended.”³⁸

Graham says the following regarding screening and selecting persons for various occupations:

To date there has been only limited research concerning the use of the MMPI-2 for personnel screening. . . .

There is not much information available concerning use of the MMPI to match persons with certain personality characteristics with jobs requiring those characteristics. There are several problems with using the MMPI-2 in this manner. First, there is only limited information concerning the personality characteristics of normal persons with MMPI scores and profiles.³⁹

Another problem in using the MMPI-2 to match persons with certain personality characteristics with jobs requiring those characteristics is that for most jobs there is not a clear understanding of the kinds of personality characteristics associated with successful performance.⁴⁰

We contacted James N. Butcher, who provides research information on the MMPI/MMPI-2. We mentioned that we were writing about the use of the

MMPI/MMPI-2 for screening missionary candidates. Butcher said that there were articles on the use of the MMPI-2 “in the detection of possible psychological problems to ‘select out’ unfit candidates.”⁴¹ We asked to be “referred to articles that would discuss how the MMPI-2 can be used to ‘select out’ unfit candidates for the mission field.”⁴² His office sent us what we have to assume is the best of what is available.

In one of the items sent to us, Butcher says:

The use of personality tests to aid in making personnel decisions was examined. The most tenable conclusion at this time is that no personality scales have been developed that have relevant indexes and valid predictors for personality/job matching decisions. The MMPI has been studied as a candidate for this use, but psychometric limitations inherent in the test, and limited data, prohibit it. It has not been shown that the MMPI can be used effectively to select certain personality types for specific occupations.⁴³

In another item Butcher says:

Clinical assessment operates primarily by using exclusion criteria—that is, by detecting characteristics of the individual that are likely to operate against his or her success on the job.⁴⁴

Apparently Butcher is saying that personality tests such as the MMPI do not have “valid prediction for personality/job matching decisions” and cannot be “used effectively to select personality types for specific occupations,” but can be used “primarily by using

exclusion criterion.” However, in order to do so, according to Butcher, one must first select “characteristics of the individual that are likely to operate against his or her success on the job.”

The fact is that for missionary work there are no research studies on the MMPI or MMPI-2 that we were able to find that demonstrated a relationship between characteristics needed for the field and the results on the MMPI. First, we could find no characteristics established for success as a missionary and how the MMPI can be used to select according to them. Second, no one we know of has permitted those selected out or excluded from going to the mission field to go anyway, in order to see how they might do.

When the facts are all added together, there is no scientific justification for using the MMPI or any other personality test for screening missionary candidates and there are plenty of biblical reasons not to do so.

8

Myers-Briggs Type Indicator

After the MMPI/MMPI-2, the next personality test in order of popularity in missionary screening and selection appears to be the Myers-Briggs Type Indicator (MBTI). The MBTI is a personality inventory based on Carl Jung's theory of psychological types. The MBTI provides the following four bipolar scales:

Introversion—Extroversion
Sensing—Intuition
Thinking—Feeling
Judging—Perceiving

These four scales yield 16 possible types.

The National Research Council, mentioned earlier, has evaluated the MBTI. The Council members are drawn from the councils of the National Academy of Sciences, National Academy of Engineering, and Institute of Medicine. In appraising the MBTI, the National Research Council says:

McCaulley estimates that the MBTI is used as a diagnostic instrument by 1,700,000 people a year in the United States, and Moore and Woods list the wide variety of organizations in business, industry, education, government, and the military that use it. It is probably fair to say that the MBTI is the most popular “self-insight, insight into others” instrument in use today. Unfortunately, however, the popularity of the instrument is not coincident with supportive research results.¹

In other words, research results do not support the popularity! The Council’s particular concern is the lack of validity for the MBTI. In concluding the section on validity the Council states: “The evidence summarized in this section raises questions about the validity of the MBTI.”²

The Council also criticizes the marketing of the MBTI:

From the perspective of the instrument’s developers, the profits from an audience eager for self-improvement encourages them to market the instrument aggressively; aggressive marketing—complete with type coffee mugs, t-shirts, pins, license plates—has apparently increased the number of consumers worldwide.³

Prior to their overall “Conclusions” section, the Council says that “the popularity of this instrument in the absence of proven scientific worth is troublesome.” In their “Conclusions” section, the Council says very clearly: “At this time, there is not sufficient, well-

designed research to justify the use of the MBTI in career counseling programs.”⁴

Beverly Fodor examined the relationship between the Myers-Briggs preferences and astrological factors in birth charts. She says:

The purpose of the study was to identify psychological characteristics as indicated by the Myers-Briggs Type Indicator (MBTI) which relate to astrological factors in individuals' birth charts.⁵

After examining the relationship between the MBTI results and birth charts, Fodor says:

The most surprising of the study's findings is the degree to which the MBTI preferences related to the prominence of various planets.

In her discussion Fodor relates her results not only to the work of Carl Jung, but also to the work of Edgar Cayce and the I Ching.

Others have expressed concern about the difficulty of establishing validity for tests that are based upon a theoretical construct. Drs. L. J. Cronbach and P. E. Meehl say:

Unless substantially the same nomological net is accepted by the several users of the construct public validation is impossible. A consumer of the test who rejects the author's theory cannot accept the author's validation.⁶

In applying this idea to the MBTI, Dr. Jerry Wiggins says:

The validity of the MBTI can be evaluated independently of the total corpus of Jung's writings but it cannot be fairly appraised outside the more delimited context of Jung's theory of psychological types. As with any construct-oriented test, both the validity of the test and the validity of the theory are at issue.⁷

Please note that the validity of the test and the validity of the theory are inextricably bound.

Carl Jung viewed all religions as collective mythologies, not real in essence, but real in their effect on the human personality. For Jung, religion, though merely a myth, was an indispensable spiritual support.⁸ Jung was quite familiar with Christianity. His father was a minister. Describing his experience with Christianity he says:

Slowly I came to understand that this communion had been a fatal experience for me. It had proved hollow; more than that, it had proved to be a total loss. I knew that I would never again be able to participate in this ceremony. "Why, that is not religion at all," I thought. "It is the absence of God; the church is a place I should not go to. It is not life which is there, but death."⁹

Jung's essential misunderstanding of Christianity, the Church, and Holy Communion carried over into his psychological theories.

From his rejection of Christianity Jung could have proceeded to deny all religions. Instead, he chose to see them all as myths, as symbolic expressions of the inner psyche. He combined this interest in religion as

myth with his practice of psychoanalysis to such a degree that Viktor Von Weizsaecker declared, "C. G. Jung was the first to understand that psychoanalysis belonged in the sphere of religion."¹⁰ Because psychoanalysis was a form of religion for Jung, he could not reject all religion without rejecting psychoanalysis itself. In presenting all religion as mythology and fantasy, Jung debased the spirituality of man and defied the God of the Bible.

Rather than believing the Bible and following the Holy Spirit, Jung followed his own spirit guide. In *Memories, Dreams and Reflections*, Jung says:

Philemon and other figures of my fantasies brought home to me the crucial insight that there are things in the psyche which I do not produce, but which produce themselves and have their own life. Philemon represented a force which was not myself. In my fantasies I held conversations with him and he said things which I had not consciously thought. For I observed clearly that it was he who spoke, not I.¹¹

Jung's theories were developed while under the influence of his spirit guide.

Theories that underlie personality tests and inventories are not science. We have dealt with this subject in detail elsewhere and shown that such theories are merely the opinions of men.¹² For example, Jung's fourfold preferences are his opinion about man. The use of them in a personality test such as the MBTI is Jung's theory (which is just his opinion, not science) put in test form. Every personality inventory or temperament test depends upon someone's personal opinion.

Just because someone devises a test and uses the four Jungian personality preferences (and 16 types) and uses mathematical means of validating, it does not mean that the theory behind it is scientific or factual. For example, one could create a personality inventory based upon Freud's four psychosexual stages of development. The four stages are oral, anal, phallic, and genital.

One could then set up a system of four preferences and 16 types based upon the Freudian system in the form of a personality inventory. With much psychometric work, one could eventually create a test with reliability and validity results at least equal to that of some current tests. However, if the underlying theories are not scientific and especially if they originated from the occult, why would one care about reliability or even validity?

At minimum, Jung's theory is "philosophy and vain deceit," against which we are warned in Scripture (Col. 2:8). At worst, it originated from Satan through a spirit guide. We would think that no Christian would want Jung's psychological theory or any test that derives from it.

We interviewed a woman who is a member of the Association for Psychological Types (APT). She speaks at their conferences and is very familiar with the MBTI, having used and taught it for years. We asked her if there was a relationship between the MBTI and the four temperaments. She said there definitely was and that this is often the topic at APT conferences.

The relationship between Jung's psychological types and the four temperaments can best be seen in the book *Please Understand Me: Character and Temperament Types* by David Keirse and Marilyn

Bates. Keirsey and Bates discuss the four temperaments, but choose to use the names of four Greek gods “whom Zeus commissioned to make man more like gods.”¹³ The gods they have selected to represent the four temperament types are Apollo, Dionysus, Prometheus, and Epimetheus. Keirsey and Bates discuss the Apollonian Temperament, the Dionysian Temperament, the Promethean Temperament, and the Epimethean Temperament.

The MBTI, because of its involvement in the four temperaments, even though in a Jungian form, is subject to the same criticisms as directed at the four temperaments and their relationship to the horoscope. Christians should not administer or take the MBTI. **For both biblical and scientific reasons, the MBTI should not be used to evaluate people for Christian service or for personal understanding.**

9

Taylor-Johnson Temperament Analysis

After the MBTI, the next personality test in order of popularity in missionary screening and selection appears to be the Taylor-Johnson Temperament Analysis (TJTA). The TJTA is a personality inventory that does not claim to be based on any personality theory. The TJTA provides the following nine bipolar scales:

Nervous	—	Composed
Depressive	—	Light-hearted
Active-Social	—	Quiet
Expressive-Responsive	—	Inhibited
Sympathetic	—	Indifferent
Subjective	—	Objective
Dominant	—	Submissive
Hostile	—	Tolerant
Self-disciplined	—	Impulsive ¹

Psychological Publications, Inc., which prints and distributes the TJTA, says that TJTA test scores were compared with psychologists' ratings on the same individuals. They say, "Empirical validity of the TJTA was first determined by using professional clinical ratings." They also say, "In most cases the predictions were closely duplicated by the test results."²

In response to a letter of inquiry about the empirical validity statement above, Psychological Publications said in essence that the research records were unavailable. The letter refers to the procedure used as "a more or less informal survey." The letter goes on to state that "the results were compared with the staff's clinical impressions and findings."³ There seems to be a discrepancy between the empirical validity reported in the TJTA manual and what was stated in the letter from Psychological Publications, Inc. We conclude that the empirical validity evidence has been over-reported and is presently not even verifiable.

As mentioned earlier, one of the most important information sources about tests is the *Mental Measurements Yearbook* (MMY). The *Tenth Mental Measurements Yearbook* says: "This reviewer's major reservation concerning the TJTA is the question of its validity." The reviewer says that "the main objective evidence for validity presented in the [TJTA] manual" is "certainly not sufficient to demonstrate test validity."⁴ **With all the scientific evidence contrary to its use, why would mission agencies use such a shoddy instrument as the TJTA?**

10

Disc

The number of mission agencies that use the DiSC startled us because we had already critiqued the use of the DiSC in our book *Four Temperaments, Astrology & Personality Testing*. At the time we searched through all of the extensive data bases to see if any third-party evaluations had been done on the DiSC. We found none. This lack of third-party assessment leaves the user vulnerable to all the reasons why people are deceived by such tests.

The largest source for psychological tests is the Buros Institute of Mental Measurements. We recently checked with them and found no listing for the DiSC or any person associated with it. This fact alone should cause missionary agencies and others to avoid using the DiSC altogether.

We have no idea how the mission agencies use the DiSC. However, we do know that the DiSC is merely an updated version of the ancient, occult four temperaments. Ken Voges and Ron Braund, authors of the popular book *Understanding How Others Misunder-*

stand You, use the DiSC model.¹ Voges and Braund admit:

“The Greek words “Choleric,” “Sanguine,” “Phlegmatic,” and “Melancholic” are synonymous terms to the DISC and used by some Christian writers to identify the differences in behavior.²

Here’s how the two systems line up:

4 Temperaments	DiSC
Choleric	Dominance
Sanguine	Influencing
Phlegmatic	Steadiness
Melancholy	Compliance ³

Not only is Voges and Braund’s version of DiSC not terribly unique; it is not proven from the perspective of scientifically established procedures with controls and strict research parameters. Nevertheless, they boldly and falsely subtitle their book *A Unique and Proven Plan for Strengthening Personal Relationships*.

The four temperaments evolved from a mythological, astrological view of man and the universe. They were consistently combined with the signs of the zodiac. They continue to be used in attempting to improve the human condition through knowing and tempering the strengths and weaknesses present at birth. Even though Christians who use the four temperaments today do so without the rest of astrology, the

four temperaments are that feature of astrology made palatable for Christians.

While Voges had previously used the four temperaments, he preferred the DiSC model. He says:

But when I came into contact with John Geier's refinement of the DiSC material popularized by William Marston, it was evident that Geier and Marston had come up with a more comprehensive explanation of personality traits than the four-temperament model.⁴

Besides being a revised and updated version of the four temperaments, the DiSC model is accompanied by the *Personal Profile System* (PPS), an instrument for classifying people according to the following behavior styles: "Dominance," "Influencing," "Steadiness," "Compliance," from which the title DiSC is derived.⁵

Voges liked the *Personal Profile System* and saw great potential for its use among Christians. In fact he enjoyed categorizing people with the DiSC model so much that he used it to analyze and classify men and women from the Bible. He says:

Since others had done some initial association of temperaments with biblical characters, I cross-referenced that material to the DiSC materials and carried out my own study of the Scriptures.⁶

Thus he admits to using an extrabiblical paradigm by which to study and interpret Scripture. When one remembers the four temperaments' roots, modifications

and revisions, one has to conclude that this extrabiblical paradigm is pagan—wedded to all of man’s ways to live without God. Yet, this is now a Bible study tool, eagerly embraced by Christians who should know better.

After his extensive “Bible study” with the DiSC paradigm, Voges devised the *Biblical Personal Profile*, an inventive marketing device to inspire faith in his system. He then joined with the DiSC people to promote his *Biblical Personal Profile* (BPP) together with the secular *Personal Profile System*. The end result is a scientific-sounding, unbiblical four temperaments model for understanding people *plus* a biblical facade painted with Bible characters molded to fit the DiSC categories.

Because of the similarity of the PPS, the BPP, and the DiSC, they are all subject to the same criticisms. Like the MBTI, the Personal Profile System is a personality inventory based on Carl Jung’s theory of psychological types. However, in addition to Jung’s theory, the PPS is based on a book by William Marston, *Emotions of Normal People*. The PPS, like the DiSC, provides the following four scales:

D	—	dominance
i	—	influencing of others
S	—	steadiness
C	—	compliance (to their standards) ⁷

To better understand the PPS, we obtained copies of it and of the Biblical Personal Profiles (BPP). The 24 groups of words used on both tests are identical. Therefore our comments about the PPS apply equally to the BPP. After reading the two tests and all the other materials we received from Performax Systems Inter-

national, Inc., we looked at the academic sources for evaluations and reviews. We found very few references in the academic literature for the PPS and none for the BPP.

In the Performax Product Catalog is a listing for *The Kaplan Report: A Study of the Validity of the Personal Profile System*. We obtained a copy of that report. It says:

Since 1972 the PPS has been widely employed. The market for this product is said to be growing daily. Hence, in 1982, PSII [Performax Systems International, Inc.] contracted with Kaplan Associates of Chevy Chase, Maryland for the conduct of a study to establish how the PPS compares as an assessment instrument with highly researched and valid psychological measuring instruments.⁸

A hired third-party cannot be considered a true outside third-party and should not be trusted to give an unbiased report. Please notice that Performax, the company that owns and markets the PPS, contracted with a firm, Kaplan Associates, to conduct this study. We have read the report and have concerns and questions about it. It definitely does not establish the necessary validity for the PPS.

One of the most important volumes on tests is the *Mental Measurements Yearbook* (MMY). There is no mention of the PPS in the MMY until *The Tenth Mental Measurements Yearbook*. In that volume, the PPS is evaluated. This recent evaluation occurred years after *The Kaplan Report*. We quote from that review:

A serious concern with this instrument is its lack of reported research. While the authors state the instrument shows good reliability and validity, they provide the user with virtually no data to support these claims.⁹

The reviewer goes on to refer to and then challenge studies that are provided in the PPS manual. In conclusion, the reviewer says that “**the clear lack of data to support this instrument should preclude its use.**”¹⁰ (Bold added.) We did a literature search on the PPS and found other reviews that substantiated the MMY recommendation.

Because the DiSC, PPS, and BPP are related to Jungian theory, the same remarks made in the MBTI section would apply. These are not tests that Christians should be involved in or promote. The PPS and the BPP are also quite frank about the relationship of the DiSC and the four temperaments.

As mentioned earlier, the PPS and the BPP have the same 24 groups of words to which the test taker responds. In contrast to the test’s brevity (one page), the number of pages devoted to the number of patterns that can result from the test is amazing. In the BPP there are over 30 individuals listed from the Bible (from Abraham to the apostle Paul) with their accompanying patterns. To think that responding to merely 24 groups of words in three minutes (the time it took us to complete the test) could yield that many patterns and be applied to that many individuals in Scripture does stretch the limits of credulity!

Our recommendation for the DiSC, PPS, and BPP is the same as for the MBTI. **For both biblical and scientific reasons those three instruments**

should not be used to evaluate individuals for Christian service or for personal understanding.

God is concerned about a person's faith, character, integrity, and obedience to His Word, rather than personality type. He is in the business of conforming believers into the image of His Son "that He might be the firstborn among many brethren" (Romans 8:29). God has neither established personality categories in Scripture nor identified people according to any temperament typology.

Why All the Deception?

Why are Christians running after personality tests and inventories? Here are a few possible reasons.

1. The Barnum Effect

Research reveals that individuals are very prone to accept the most general character descriptions as being specifically applicable to themselves. The term given to this phenomenon is the *Barnum Effect*, named after P. T. Barnum, who believed that a good circus had “a little something for everybody.” Even though the descriptions or descriptive terms in the inventories, typologies, and tests apply equally well to other people, individuals are gullible enough to believe they are unique to themselves. Of course, this is exactly what happens with the horoscope, palm reading, and crystal ball gazing. This is known in research literature as the illusion of uniqueness and occurs at least for positive traits.¹

In his article “Acceptance of Personality Test Results,” Philippe Thiriart asks, “Is the accuracy of

the results of a personality test an important factor in its acceptance by a psychologist's client?" After conducting an experiment and evaluating the results, Thiriart says:

These findings indicate that people are more willing to accept socially desirable statements about themselves than those that are scientifically accurate. The findings also suggest why many people easily accept statements about their personality that come from astrologers and palm readers.²

2. Promotion and Prolific Use by Christians

Personality test promotion and use are found in Bible colleges, seminaries, Christian schools, churches and mission agencies. The prolific use of these tests by Christians tends to cancel discernment regarding them. After all, if these tests are used so extensively throughout the church and administered by those in leadership or by hired mental health professionals, the average Christian will automatically think they are valid and useful. There is a lot of naïve acceptance of them and also infectious enthusiasm. Grievously, the prolific use and infectious enthusiasm are enough to produce gullible acceptance.

3. Customer Enthusiasm

The National Research Council warns against personal experience and testimonials and says these "are not regarded as an acceptable alternative to rigorous scientific evidence." The Council further says:

Even when they have high face validity, such personal beliefs are not trustworthy as

evidence. They often fail to consider the full range of factors that may be responsible for an observed effect. Personal versions of reality, which are essentially private, are especially antithetical to science, which is a fundamentally public enterprise.³

Personal experiences and testimonials, as important as they are to individuals expressing them, do not constitute scientific proof. Testimonials without solid biblical or scientific support should not be considered.

In his book *The Inflated Self*, David Myers says this about personality tests:

People's believing horoscope data about themselves in the same way as personality test data, and their being most receptive to personality test feedback on tests that have the lowest actual validity, raises some disconcerting implications for psychiatry and clinical psychology. Regardless of whether a particular diagnosis has any validity, the recipient is likely to stand in awe of it, especially after expending effort and money to receive it.⁴

There is a tendency to support a system in which one has invested time and money, even if the money is only the cost of a book. Unfortunately, the test user who becomes committed is the main source of others being enticed. The enthusiastic user becomes the enthusiastic promoter, often merely parroting the enthusiasm of the original promoter. It may be that

the real Barnum Effect is Barnum's comment, "There's a sucker born every minute."

4. The Illusion of Efficacy

How do these popular Christians get to be such believers in the first place? Myers tells how the illusion of efficacy happens in psychotherapy:

In experimental studies, therapists have tended to take credit for good outcomes, but not for poor outcomes. Hence, the clinician may surmise, "I helped Mr. X get better. But, despite my help, Mrs. Y got worse."⁵

Because it is natural to take credit for success and to avoid blame for failure, an "illusion of efficacy" occurs. Myers describes one facet of the illusion of efficacy:

Since people tend to seek help when things have hit bottom, any activity that is then undertaken may seem to be effective—both to the client and the therapist.⁶

The illusion of efficacy is so strong in the area of personality inventories that even when tests are known to lack proper validity, people will still use them because they still think they work. Once a person takes a test for a counselor, for instance, the counselor will look at the person through test results and will also look for and remember any confirming evidence.

Summing up, "taking credit for good outcomes" and people improving supposedly after taking a test that gives them a new revelation, we see the power of the illusion of efficacy, which results in support for tests that should be rejected.

5. Illusory Correlation

Myers says:

Our confusion concerning correlation-causation is often compounded by our susceptibility to perceiving correlation where none exists. When we expect to see significant relationships, we easily misperceive random events as significantly related.⁷

He also says that “experiments indicate that people easily misperceive random events as confirming their beliefs.”⁸ If we have a certain label on ourselves and expect to behave in a certain way, our expectations will interpret our actions to conform to the label and therefore confirm it.

6. Self-Deception

The Bible says, “The heart is deceitful above all things, and desperately wicked: who can know it?” (Jeremiah 17:9). Research does support the self-deception of individuals. We know that it is very common for people to distort reality and to have very inaccurate perceptions of themselves, their world (environment), and the future. Dr. Shelley Taylor’s *Positive Illusions: Creative Self-Deception and the Healthy Mind*⁹ documents research that demonstrates how individuals are deceived about themselves, their environments, and their futures. This self-deception is easily carried over into personality tests and inventories.

This is not a matter of faking; it is a matter of communicating our own self-deceptions while filling out the inventory or taking the test. For example, a person may think of himself as a great leader and aspire for leadership in a church. He takes a psycho-

logical test and would naturally communicate this on the test. However, in reality he might be the worst possible choice as a leader. But once having communicated his self-deception on the test and finding confirmation there, he becomes an ardent test promoter.

7. Self-Fulfilling Prophecy

Dr. Robert Merton, in his book *Social Theory and Social Structure*, conceptualized the self-fulfilling prophecy.¹⁰ Merton says the self-fulfilling prophecy occurs when “a false definition of [a] situation evokes a new behavior which makes the original conception come true.” In other words, we tend to act in ways consistent with our expectations, even if they are not accurate.

Len Sandler, in an article on the self-fulfilling prophecy, says:

It boils down to this: Consciously or not, we tip people off as to what our expectations are. We exhibit thousands of cues, some as subtle as the tilting of heads, the raising of eyebrows or the dilation of nostrils, but most are much more obvious. And people pick up on those cues. The concept of the self-fulfilling prophecy can be summarized in five key principles:

1. We form certain expectations of people or events.
2. We communicate those expectations with various cues.
3. People tend to respond to these cues by adjusting their behavior to match them.
4. The result is that the original expectation becomes true.

5. This creates a circle of self-fulfilling prophecies.¹¹

A variation of the self-fulfilling prophecy is found in a comment by psychologist and test consultant J. Robert Carleton. He says:

The intent of using Myers-Briggs, for example, may be to build an appreciation for differences among people, but it does the opposite. "You go through this training that talks about the value of diversity, and you walk away with the knowledge of what type you can't get along with. . . . Before the training you didn't get along with so-and-so; after the training you know you can't."¹²

8. Illusory Thinking

Fallacious thinking is something we are all involved in, and it's generally easier to catch someone else at it than ourselves. Knowing our attitude about personality testing, a man spoke with us about some consulting he had done for the local police department in that city. He said he had tested 100 successful policemen to see what commonality existed. He then set up a personality profile based upon the results. New police force applicants whose profiles were similar to those of the successful policemen were admitted to police training; those with dissimilar profiles were rejected. He asked what we thought of what he did and we explained to him the following problems:

1. The test provides a snapshot of what the policemen were like **at the point of success** rather than what these same men's

profiles may have looked like when they originally applied for police training.

2. **No double blind study** had been set up to let in a group of men who did not fit the profile. They should admit such a group and then check their future success and compare it with those who did fit the profile and were accepted.
3. The commonality or profile of successful policemen may be a **commonality of weaknesses** rather than strengths. Their strengths may be so individual and different from one another that no profile could capture them.
4. Self-fulfilling prophecy could be involved here.

This same procedure could be used in thinking about missionary candidates, if indeed profiles of the ideal missionary have been devised. Mission agencies should be challenged with such considerations.

9. Numerolatry

Many people are involved in a sort of numerolatry (number worship). If a test utilizes numbers and numerical profiles, it is assumed that it must therefore be scientific and valid. The use of numbers, mathematics, statistics, correlations, and measures of significance does not mean that the end result (a test score or profile) is valid. Few people realize that even when a test has been shown to be statistically significant, that the statistical significance is often so small that it is really insignificant.

While the lack of an appropriate level of criterion validity should silence the zealous Christian promoters of personality inventories and tests, it hasn't even dampened their enthusiasm. Promotion and use of such inventories and tests serve as a testimony to the naiveté and negligence of many Christians. And it is tremendously damaging to those rejected by their use.

10. Gnosis

Ever since Eve took her first bite, her descendents have desired hidden knowledge that would enable them to be like God. Satan's promise to Eve was the seed of gnosticism, which later became a Christian heresy. Harold O. J. Brown describes the Christian heresy of gnosticism in his book *Heresies*. He says:

The gnostic position asserts that over and above the simple Gospel, which is all that ordinary spirits can understand, there is a secret, higher knowledge reserved for an elite. It is natural enough for people to ask more questions than the Gospel answers; the gnostic movement attempted to give the answers, and it did so by drawing on religious sources alien to Christianity and amalgamating them with elements of the Gospel faith.¹³

The gnostics believed that knowledge about the inner self was redemptive in that one could transform the self through self knowledge. Psychological tests give the impression that they can be used to discover hidden knowledge about a person. By supposedly tapping into certain hidden knowledge about the self, the depth and breadth of one's personhood can allegedly be discovered, understood, and transformed through

maximizing strengths and minimizing weaknesses. Moreover, such knowledge is thought to give one the ability to predict behavior. Thus, through this special knowledge supposedly discovered through personality tests, people believe they can improve the self and predict future behavior. When Christians combine such personality tests with Christianity, they are continuing the gnostic heresy.

The appeal of gnosticism is in itself deceptive, because the heart is deceitful and desperately wicked (Jeremiah 17:9). As people look into themselves and as they use psychological devices for self understanding, they will consider themselves wise but become fools as they fall for the deception.

Myth Three Psychological Treatment

The third myth, that psychological treatment is useful and even necessary, is firmly established in the church. Faith in the usefulness of psychological counseling theories and therapies abounds throughout conservative, evangelical churches, as well as throughout the more liberal denominations. Even some of the most fundamental churches, Bible colleges, and seminaries demonstrate faith in the usefulness of psychological counseling and its underlying psychologies. This faith is broadcast over Christian media and promoted in books, sermons, and seminars. Therefore it is not surprising that mission agencies have fallen for this myth and now base their confidence in psychological theories and therapies that are neither biblically nor scientifically sound.

Christians and nonChristians alike believe this myth for many of the same reasons as presented in the chapter “Why All the Deception?” Another big

reason people believe in psychological counseling is that they think it is a scientifically-based system of helping people. They believe this kind of psychology is science, but instead it is based on human opinions rather than proof found in scientific research. Psychological theories of personality that attempt to explain why people are the way they are and how they change may sound scientific, but instead they are belief systems built on unbiblical world views.

These psychological systems may be very elaborate and sound very scientific, but they are not science. Moreover, these systems have all been contrived by nonChristians, many of whom have been antagonistic towards God and His Word. As one psychiatrist says, “Herein lies one of the supreme ironies of modern psychotherapy; it is not merely a religion that pretends to be a science, it is actually a fake religion that seeks to destroy true religion.”¹ Indeed these systems have undermined trust in the sufficiency of God and His Word in dealing with problems of living.

Ellen Herman, in her book *The Romance of American Psychology*, documents and comments on the phenomenal rise of psychology between 1940 and 1975. In beginning her book Herman says:

Psychological insight is the creed of our time. In the name of enlightenment, experts promise help and faith, knowledge and comfort. They devise confident formulas for happy living and ambitious plans for dissolving the knots of conflict. Psychology, according to its boosters, possesses worthwhile answers to our most difficult personal questions and practical solutions for our most intractable social problems.

In the late twentieth-century United States, we are likely to believe what psychological experts tell us. They speak with authority to a vast audience and have become familiar figures in most communities, in the media, and in virtually every corner of popular culture. Their advice is a big business.²

Herman explains one of the hallmarks of the change in her chapter “The Growth Industry.” She says:

Using psychotherapy to cope with a “normal” dose of emotional anguish was no longer considered a prelude to psychiatric hospitalization or even a mark of mental abnormality. . . . Psychotherapy for the normal gained momentum not only because of the formal expansion of government services but because it meshed easily with cultural trends that made therapeutic help appear acceptable, even inviting, to ordinary people at midcentury.³

In concluding the chapter, Herman says:

Each of the developments described in this chapter expanded psychology’s jurisdiction by applying the theories and technologies of clinical expertise to more people in more places for more reasons than before.⁴

Herman elaborates on the theme of expansion in her last chapter. She says:

As a result, psychological help was defined so broadly that everyone needed it. Because

mental health became a prerequisite to social welfare and economic prosperity, and not merely a state of individual well-being, virtually no aspect of U.S. life, private or public, remained out of clinicians' reach. Neurotic emotional disturbance was gradually accepted as a fact and product of modern existence rather than as a shameful secret it had been just a few decades earlier. Clinicians, the madness specialists of an earlier era, evolved into empathetic guides whose job it was to assist their fellow humans in navigating the emotional quicksand of modern life. When mental health was accepted as a relative and unstable social resource, rather than as a property permanently belonging to (or absent in) given individuals, psychotherapeutic encounters were enshrined as precious experiences and clinical assistance and social activism became difficult to tell apart. To seek self-understanding and help became an emblem of emotional courage, a means to growth and happiness, and a step toward responsible, self-controlled citizenship. Therapeutic need began to lose its stigmatizing sting.⁵

Herman ends her book with an Orwellian-sounding question:

Does the rise of psychology herald a new chapter in the evolution of humanism or merely indicate that Big Brother is bright enough to arrive cloaked in the rhetoric of enlightenment and health?⁶

Through the years psychologists have sought to understand the nonphysical nature of the human, including the mind, soul, spirit, motivation, and emotions. They have used hypnosis and other techniques in attempting to get inside the human psyche. They have listened and observed and made all kinds of assumptions. They have come up with what is now estimated to be over 450 different (often conflicting) systems of explaining the psyche and more than 10,000 techniques for attempting to change people from the inside out. Theories abound. They contain some facts and much fantasy. Rather than being objective they are highly subjective. Each theorist who comes up with an explanation comes at it through his own inner subjectivity.⁷ While the theory may be his own brain child, it is simply his own personal opinion.⁸ The more these opinions become developed into intricate systems, the more they sound scientific. However, they do not even meet the minimal requirements for being scientific theories.⁹ Nevertheless, these opinions are presented as facts and received with great trust and enthusiasm.

The New Gnosticism

Gary Almy has a chapter in *How Christian Is Christian Counseling?* in which he compares the Christian heresy of gnosticism with modern-day psychotherapy. He explains:

The term gnosticism derives from the word gnosis, which derives from the Greek word meaning knowledge or understanding. The “knowledge” of interest to gnostics was far beyond mere factual, intellectual, philosophical or religious information. It included all of

that, but more importantly it was a kind of knowledge that had a life-transforming, redeeming effect. The content of this redeeming knowledge was certainly religious, historical, mythological, philosophical, highly intellectualized, and truly esoteric, but its difference from other knowledge was in its effect. This knowledge (gnosis) had the power to release man from bondage, to redeem him.¹⁰

Almy compares the gnostic with the psychotherapist:

The redeemer-therapist of psychotherapy correlates with the redeemer figure of ancient gnosticism. Therapists today are uniformly regarded as members of an elite corps, specially gifted, specially trained. They are regarded as having special powers, garnered through training or by their own success in the struggle for attainment of the higher self. The therapist of today is assumed to possess a special kind of knowledge about the inner workings of his clients that gives him amazing abilities to “interpret” the phenomena of their lives, to interpret their dreams, even to read their minds.¹¹

Almy concludes his chapter on gnosticism by saying:

Reincarnated today in the therapy industry, this same old promise is held forth—that man can and will become what he was always

intended to be: exalted above pain, guilt, or shame; free of troubles; free of suffering; in charge; powerful; self-actualized, safe, and secure; restored to Eden.¹²

Caveat Emptor—Let the Buyer Beware

Instead of recognizing the fallacies of psychotherapy, people in the world and in the church have hailed it as a science and have trusted its conclusions, theories, and methods of diagnosis. Although it purports to be a science and attempts to align itself as such, it falls short of the objectivity and testability of science. Although it claims to dispense knowledge about the human condition, it has revealed few hard facts and relies on subjectivity, authoritative pronouncements, and a mass of unscientific theories. Psychotherapy is not a coherent science in principle or in theory, diagnosis, or treatment.

Even though it is difficult to dislodge faith in such firmly established myths surrounding and supporting psychological counseling and its underlying psychologies, we have exposed these myths in a number of our previous books. Here we will briefly review conclusions from some of the research presented in *The End of "Christian Psychology"* regarding the use of psychological talk therapy, as practiced in clinical psychology, psychotherapy, psychiatry, psychological counseling, "Christian psychology," and whatever other titles may be given, including some so-called biblical counseling.¹³

Researchers who have examined various psychotherapies from a scientific perspective have found them wanting. One such researcher is Robyn Dawes, author of *House of Cards* and a professor in the Department of Social and Decision Sciences at Carnegie-Mellon

University. Dawes is a widely-recognized researcher and offers much academic research support for his thesis that professional psychotherapy is a “house of cards” and that psychotherapy and its underlying psychologies are built on myths.¹⁴

In commenting on Dawes’ book, Dr. Donald Peterson, a professor at Rutgers University, says:

What [Dawes] does show, convincingly, is that a large number of studies designed to examine associations between training for psychotherapy and effectiveness of treatment have failed to show any positive relationships. Results as substantial and consistent as these cannot be explained away, and they cannot responsibly be ignored.¹⁵

In his book bearing the subtitle *Psychology and Psychotherapy Built on Myth*, Dawes says:

There is no *positive* evidence supporting the efficacy of professional psychology. There are anecdotes, there is plausibility, there are common beliefs, yes—but there is no good evidence.¹⁶ (Italics in original; bold added.)

In his introduction, Dawes says:

Virtually all the research—and this book will reference more than three hundred empirical investigations and summaries of investigations—has found that these professionals’ claims to superior intuitive insight, under-

standing, and skill as therapists are simply invalid.¹⁷

In reply to his critics, Dawes says:

Critics of my arguments may well be able to drag out a single study, or even several, that appear to contradict my conclusions. As I pointed out earlier, however, the generality of my conclusions is dependent on multiple studies conducted on multiple problems in multiple contexts.¹⁸

Throughout his book and particularly in a chapter on licensing, Dawes makes a strong case for abolishing licensing for professional therapists. He says:

What our society has done, sadly, is to license such people to “do their own thing,” while simultaneously justifying that license on the basis of scientific knowledge, which those licensed too often ignore. This would not be too bad if “their own thing” had some validity, but it doesn’t.¹⁹

We agree with Dawes and his interpretation of the research and his concern about licensing individuals to dispense talk therapy when the license protects no one. Rather than protecting the client, the license gives one who holds the license an air of authority and rationale for charging money, and it creates students for the institutions that provide the training required for the license.

Many have referred to psychotherapists as “paid friends.” These are actually worse than fair-weather

friends. Not only do they depart when the money runs out, but the relationship is a paid relationship. Many people have suffered the pain of these broken relationships, because part of what psychotherapists do is listen, extend some semblance of care, and provide hope (even if it is misplaced).

Garth Wood ends his book *The Myth of Neurosis* with the following conclusion:

All the inferiority complexes, the dream interpretations, the Oedipal factors, the collective unconscious, the free associations, are nothing but red herrings. The vital ingredient is after all merely a caring listener who raises hopes and fights demoralization. . . . But if this is all that is needed, what then of professional training in the intricacies of psychotherapy, what of the huge fees, what of the third-party medical insurance reimbursements, of the pretense and the rhetoric, of all the shams and the charlatans, the sound and the fury signifying nothing? **If this is all the great “science” of psychotherapy is, then let us sweep it away now and bother ourselves with it no more.**²⁰ (Bold added.)

R. Christopher Barden declares, **“It is indeed shocking that many, if not most forms of psychotherapy currently offered to consumers are not supported by credible scientific evidence.”**²¹ (Bold added.) He also says, “Too many Americans do not realize that much of the mental health industry is little more than a national consumer fraud.”²² Therefore Barden, who is a psychologist, lawyer, and President of the National Association for Consumer Protection

in Mental Health Practices, has proposed a bill for federal and state legislation titled “The Truth and Responsibility in Mental Health Practices Act.” He presents the following purpose:

To reform the mental health system; to restrict federal and state health care reimbursements to those mental health treatments proven reasonably safe and effective by reliable scientific methods; to require states receiving federal health care funding to limit state health care reimbursements to those mental health treatments proven reasonably safe and effective by reliable scientific methods; to require mental health practitioners to truthfully inform patients, clients and insurance systems of known and reasonably foreseeable benefits, risks, hazards and alternative mental health treatments as demonstrated by reliable scientific research methods; to protect the integrity of the legal system and the rights of citizens from unscientific and reckless expert testimony in courts of law; and other reforms.²³

It may be years before such a bill is passed by the National Congress. However, in the meantime, Indiana became the first state to adopt a consumer protection law for mental health practices. Regardless of the passage, implementation, and policing of the Barden bill, we believe there is no psychotherapy to which Christians should submit themselves. We present both research and biblical reasons in our other books.²⁴

Negative Effects of Therapy

Besides research that questions the usefulness of psychotherapy (psychological counseling), there is evidence that psychotherapy can be harmful. The *Handbook of Psychotherapy and Behavior Change* says the following in the section on “Deterioration, Negative Effects, and Estimates of Therapeutic Change”:

. . . research suggests that some patients are worse as a result of psychotherapy. . . . Many more recent studies continue to document rates of deterioration in patients, even in those who participate in carefully controlled research protocols. . . . After reviewing the empirical literature and the critiques of the evidence accumulated, **it is our view that psychotherapy can and does harm a portion of those it is intended to help.**²⁵ (Bold added.)

One group of researchers surveyed 150 “expert clinicians, theoreticians, and researchers” on the negative effects of psychotherapy. They received seventy responses, which they say “represent a spectrum of contemporary thinking of some of the best minds in the field of psychotherapy.”²⁶ The researchers conclude:

It is clear that negative effects of psychotherapy are overwhelmingly regarded by experts in the field as a significant problem requiring the attention and concern of practitioners and researchers alike.²⁷

At the end of his book on therapy, Dr. Jeffrey Masson, former Projects Director of the Sigmund Freud Archives, says:

Everybody should know, then, that to step into the office of a psychotherapist, regardless of the latter's persuasion, is to enter a world where great harm is possible.²⁸

While there is disagreement about the amount of harm that may occur in psychotherapy, there is no question that deterioration can and does occur. Dr. Terence Campbell wrote a book to warn the public that "too often, psychotherapy severely damages people."²⁹ The subtitle of his book is *Psychotherapy May Be Hazardous To Your Mental Health*. Most people never suspected such an effect from psychotherapy until researchers brought the possibility to the public's attention.

One potential harmful effect of nearly all psychotherapy is that it can turn people into victims. After observing what was happening in her profession, Dr. Tana Dineen, abandoned her clinical practice and wrote a book titled *Manufacturing Victims: What the Psychology Industry is Doing to People*. Dineen's extensive knowledge of the research in psychotherapy as well as her own practical experience in the field led her to conclude that "the expanding work force of the Psychology Industry relies for its survival and growth on its ability to manufacture victims."³⁰

Dineen differentiates between real victims and the ones manufactured by the Psychology Industry and describes how the psychological manufacturing of victims takes place. She concludes her book by saying:

The Psychology Industry can neither reform itself from within nor should it be allowed to try. It should be stopped from doing what it is doing to people, from manufacturing victims.

And while the Psychology Industry is being dismantled, people can boycott psychological treatment, protest the influence of the Psychology Industry and resist being manufactured into victims.³¹

Manufacturing Victims is a blunt but honest appraisal of what the Psychology Industry is doing to people. While Christians may describe this book as a “secular book,” for a “secular audience,” it is even more important for those in the church to read it. The author has accurately described “The Psychology Industry with its false explanations of cause, false statements of fact, false reports of cure and false claims of authority.”³² Christians need to know the information in Dineen’s book, because the church has been overrun with the theories and therapies of the Psychology Industry, which has tentacles into almost every facet of the church through some of the most popular Christian writers.

Faith in What and in Whom?

Psychotherapy and its underlying psychologies are not science, but pretend to be. Thus they are “science falsely so-called,” about which Scripture warns the believer (1 Tim. 6:20). They come from the “wisdom of men,” in which believers are not to place their trust (1 Cor. 2:5) and those philosophies that are now called psychology. Paul exhorts believers:

Beware lest any man spoil you through philosophy and vain deceit, after the tradition of men, after the rudiments 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. 2:8-10).

These psychologies come from the secular, pagan and occult realms, but are often made to appear biblical. Many professing Christians have rationalized adding these psychological opinions to Scripture and dispensing them to other Christians. Herein is the faith undermined in the same way as when Israel brought pagan idols into the temple of God and hoped to gain from the “best of both worlds.” Psychotherapy may strengthen the flesh, but it cannot minister God’s grace and power to the spirit. Psychotherapy’s underlying psychologies may give various explanations as to the whys and wherefores of behavior, but these only serve to undermine the truth of Scripture and the truth about the human condition as clearly presented in the Bible.

But, one may ask, what about people who have serious conditions, such as major depression and schizophrenia? Psychotherapy is a failure in treating these conditions. That is why some researchers have concluded that “psychotherapy works best for those who need it least.” Therefore it is a red herring to use these cases to justify the use of psychologists. Even the psychotropic drugs dispensed all too often by psychiatrists only mask symptoms. They do not cure and the side effects are often as bad or worse than the symptoms they mask. While the final verdict has not been made about the use of such psych drugs, the drug companies are making a fortune on the vast amount of over-prescription.

Problems can motivate a person to move closer to God and find Him sufficient, or they can tempt a person to move away from God and to look for answers in the world. Psychological theories and therapies could very

well lead a person further out of the will of God. There are also **no** consistent and dependable differences between Christian therapists and secular therapists. The picture of Holy Spirit-led therapists coming to conclusions and having practices much different from their secular counterparts is inaccurate, as we have demonstrated elsewhere.³³

The great difference between those who minister biblically and those who integrate with psychology is whether the reliance is solely on the Word of God and the work of the Holy Spirit or on a combination of human opinions and selected elements of the Christian faith. Consider the psychological theorists, such as Freud, Jung, Adler, Rogers, Ellis, et cetera. Not one was a Christian and their theories came from their own imagination. Psychology is a constantly changing, chameleon-like catechism of cure, but the Bible provides the complete and only unchanging explanations and answers from God about humans. We know that the truths of Scripture are eternal, but which psychological “truths” are eternal?

God’s Word is His revelation to mankind about Himself and about the nature of humanity, how people are to live, and how they change. Jesus died to give brand new life to those who are born again through faith in Him, and the Holy Spirit enables believers to live according to God’s Word. He does not call people to an external methodology, but to a relationship that affects every aspect of a person’s life and operates every moment of the day and night. Jesus does not call people to live in and for themselves, but rather in and for Him and with other believers. Therefore, He compared His relationship to believers with a vine and its branches (John 15) and with a shepherd and his sheep (John 10). It is a relationship of profound love and

intimacy. It is the oneness Jesus expressed in His high priestly prayer in John 17, when he prayed:

Neither pray I for these alone, but for them also which shall believe on me through their word; that they all may be one; as thou, Father, art in me, and I in thee, that they also may be one in us: that the world may believe that thou hast sent me. . . . that the love wherewith thou has loved me may be in them, and I in them (20-21, 26).

What offering of psychology can compare with this opulent treasure of relationship with the Father and the Son? Even a brief moment of awareness of this awesome truth is far more glorious than all psychology can offer. The deepest and greatest understanding of God and man comes from Scripture. The Holy Spirit, not men's opinions and superficial tests, plumbs the depths of man's heart for God's glory and man's good.

Missionaries and others who have been devastated by disappointment, who have suffered pain inflicted by sinful humanity, and who seek an end to suffering will find balm for their souls in Jesus. Why ply them with psychological theories and therapies? Those who have been overwhelmed by circumstances or are in bondage to sin can only be set free through Jesus. All other methods of meeting life's challenges and overcoming sin are superficial and temporary. Why mix and blend the systems of the world with the promises in the Word? Such freedom does not come from a magical combination of psychology and Christianity, but rather through faith in the finished work of Jesus Christ, with His life working in the believer.

Those indwelt by Jesus can walk by His life and His Word rather than by the psychological works of the flesh. **Those missionaries who suffer difficult issues of life have a Savior and a Counselor. They have also been placed in Christ's body, where they should be ministered to by fellow believers, armed with the Word of God and empowered by the Holy Spirit, rather than by the usual psychological wisdom of men offered by the mission agencies and the therapists they use.**

Is God's Word Sufficient?

When we point out the failures and fallacies of psychological interviews, personality tests, and psychological therapy, people ask, "What do you have to replace them?" In other words, if you don't give us something better, we'll stick with what we have. When we answer, "The Lord and His Word," they say something like "Oh, yes, but. . . ." They are looking for a system at least resembling what they have. **Nevertheless, we contend that God and His Word accomplish more than anything the world has to offer for evaluating missionary candidates and treating problems of living.**

What qualities are needed on the mission field? Would they not be Christian virtues rather than personality traits and temperaments? Such virtues as humility, honesty, integrity, faithfulness, diligence, compassion, commitment, obedience, trustworthiness, and merciful concern for others would certainly be foremost along with the fruit of the Spirit, "love, joy, peace, longsuffering, gentleness, goodness, faith,

meekness, temperance” (Gal. 5:22-23). Would not a primary requirement be some evidence of sanctification unto good works? “For we are his workmanship, created in Christ Jesus unto good works, which God hath before ordained that we should walk in them” (Eph. 2:10). Learning about how the candidate has shown faithfulness to the Lord and a willingness to follow Christ prior to candidacy will reveal more important information than psychological interviews and tests.

Personality tests are not sufficiently valid. Moreover, they are merely man-made measures of people, “measuring themselves by themselves, and comparing themselves among themselves,” which according to God’s Word, “are not wise” (2 Cor. 10:12). Personality tests are measures judging a person according to personality traits and types. There is no such measure given for believers in Scripture. Works and fruit are to be judged, doctrine is to be judged, but there is no place where personality traits are to be judged. Certain forms of behavior and attitudes are called the works of the flesh or the fruit of the flesh and other forms of behavior and attitudes are identified as the fruit of the Spirit, but where are the personality traits?

Also, there is some confusion about the so-called personality characteristics because some are value-laden and morally evaluated. With such tests as the TJTA there is a so-called “excellent” range. Thus, a value is placed on “light-hearted,” for instance, as though lightheartedness is a more acceptable trait than seriousness, therein identified as “depressive.” Where do the highly acclaimed biblical virtues, such as being sober-minded with a meek and quiet spirit, fit in, and how can they be measured by self-reporting tests?

Such personality tests are from the flesh, of the flesh, and for the flesh.

For they that are after the flesh do mind the things of the flesh; but they that are after the Spirit the things of the Spirit. For to be carnally minded is death; but to be spiritually minded is life and peace. Because the carnal mind is enmity against God: for it is not subject to the law of God, neither indeed can be. So then they that are in the flesh cannot please God. But ye are not in the flesh, but in the Spirit, if so be that the Spirit of God dwell in you. Now if any man have not the Spirit of Christ, he is none of his. And if Christ be in you, the body is dead because of sin; but the Spirit is life because of righteousness (Romans 8:5-10).

Personality tests are not accurate measures of people, but work according to the psychological opinions and invalid evaluations of the world. They all emanate from psychological theories of personality that attempt to explain why man is the way he is, what he should be, and how he changes. What a contrast to the work of the Holy Spirit in an individual who has been born of the Spirit of God and in whom He dwells. Missionary work is a spiritual endeavor. Evangelization is a spiritual endeavor. Planting churches is a spiritual endeavor. If it is not the Spirit of Christ in the individual doing the work, whereof will there be fruit? Personality tests may keep from the field the very ones through whom Christ may work and send to the field those with personalities that are so great they could actually hinder the work of the Spirit.

Psychological interviews, personality tests, and psychological therapy are based on personality theories devised by unbelievers, some of whom were direct enemies of God and some of whom were actively

involved in the occult. Therefore they come from the same cisterns that hold no water. What a contrast to the Living Water of the Word, whereby we can know God and man according to God's perspective and whereby we are known and transformed. The Word of God is alive and powerful to change people from the inside out.

For the word of God is quick, and powerful, and sharper than any twoedged sword, piercing even to the dividing asunder of soul and spirit, and of the joints and marrow, and is a discerner of the thoughts and intents of the heart. Neither is there any creature that is not manifest in his sight: but all things are naked and opened unto the eyes of him with whom we have to do (Hebrews 4:12-13).

Psychotherapy can cover up a deep spiritual problem, but it cannot transform one spiritually. Psychological theories and therapies attempt to fix up the unregenerate, nonChristian self and/or the Christian who is living by fleshly self-effort, because they can only manipulate the flesh. Psychotherapy is limited to dealing with what Scripture calls the "old man," the very nature that needs to be replaced with what the Bible refers to as "the new man, which after God is created in righteousness and true holiness" (Eph. 4:24).

God does not just fix up the "old man." Instead, He counts the old man dead and buried and gives believers a new nature, which is spiritual and which is centered in Christ.

Knowing this, that our old man is crucified with him, that the body of sin might be destroyed,

that henceforth we should not serve sin. . . .
Likewise, reckon ye also yourselves to be dead
indeed unto sin, but alive unto God through
Jesus Christ our Lord. (Romans 6:6,11)

The description of a Christian is thus:

I am crucified with Christ: nevertheless I live;
yet not I, but Christ liveth in me: and the life
which I now live in the flesh I live by the faith
of the Son of God, who loved me, and gave him-
self for me. (Gal. 2:20)

God has given new life, which is outside psychology's domain. Psychotherapy can only attempt to improve or heal the old (Adamic) self, which is to be put off.

God's Word is eternal. It does not change according to human fads. Psychotherapy and its underlying psychologies are tenuous, transient, and temporal. In the conclusion to his book *The Death of Psychotherapy*, Donald Eisner says:

Based on evidence presented in this book, it appears that psychotherapy in its present form will not survive as a viable and reliable form of assistance to people with emotional problems.

Several signs lead to the conclusion that psychotherapy is dead as a scientific enterprise. First, rather than relying on experimental research, mass marketing merging with modern technology has resulted in a proliferation of untested therapies and unsubstantiated claims as to their effectiveness.

As a method of helping people who have mental or emotional problems, psychotherapy

functions much like religious healing. Thus, both psychotherapy and religious healing are based on faith. Furthermore, the so-called active modes of psychotherapy do not appear to be any more effective than a placebo.

The most fundamental symptom pointing the way to the death of psychotherapy is the total lack of adequate scientific evidence that it is effective. Despite the amount of clinical research that has been conducted, because of the severe methodological flaws, including generalizability, irrelevance of expertise and lack of fidelity to methods, few psychotherapy modalities will likely survive more than a decade or two.¹

Psychiatrist Gary Almy, in his book titled *How Christian is Christian Counseling?* exposes the practice of psychotherapy both in and outside the church. Almy says:

[Psychotherapy] is a booming enterprise, in the church and out, and seems invulnerable to criticism, exposure, ridicule, and lack of any proof of efficacy. Psychotherapy is riddled with flaws at its very core that seemingly should have driven it from the scene generations ago.²

[Psychotherapy] is a growth industry purveying the empty promises of self-cure, self-actualization, autonomy, and pleasure to a population seeking redemption from its own modern "degeneration," and seeking that redemption in all the wrong places. . . Theologians, pastors, and lay-people over the last fifty years have

eagerly “integrated” the “truths” of psychoanalysis, combining counseling psychology with the teachings of Scripture. What has resulted is a *practice* of counseling among Christian counselors that is different from the secular in neither form nor content. The outcome has been a false gospel that leads counselees away from the authority and sufficiency of Scripture, away from the curative power of the indwelling Holy Spirit, and away from the only true source of redemption from “degenerate” lives. It moves people toward the oblivion of autonomy, hedonism, and endless introspection. This provides “hell on earth,” and for many, it helps to assure hell for eternity as well.³

God has something far better than the world has to offer. There is no need for twentieth-century psychological therapies and their underlying psychologies and personality tests. The church did well without them for centuries. From its inception the Christian church has ministered to those suffering from problems of living. That ministry includes evangelization of the lost, salvation of souls, and sanctification, which involves spiritual growth through life's daily trials. Is not this why Christians send missionaries—to evangelize the lost and lead them in the way of sanctification and spiritual growth through life's daily trials? Psychotherapy offers both a substitute salvation and substitute sanctification. How can missionaries do the work of the Lord if they are evaluated and treated with such religious substitutes?

It seems ludicrous that missionaries, who go to great extent to seek the lost and present the glorious Gospel, are given psychological treatment if they need

help. If they are truly presenting the Gospel to others, they should also be able to receive from the Lord all that is given through His Son, His Word, and His Spirit. The true biblical cure of souls ministers to every believer in every aspect of life and depends upon the Word of God, which describes both the human condition and the process of relief for troubled minds.

Sin or Sickness?

Whereas once the church believed in, spoke of, and practiced the biblical cure of souls, it has shifted its faith to a secular cure of minds. Thomas Szasz very ably describes how this change came about: “. . . with the soul securely displaced by the mind and the mind securely subsumed as a function of the brain—people speak of the ‘cure of minds.’”⁴ The brain is a physical organ; the mind is not. With this subtle semantic twist, the mind (disguised as a bodily organ) was elevated as a scientific and medical concept in contrast to the soul, which is a theological reality. A choice was made between a so-called scientific concept and a theological one.

At the same time that a physical organ (the brain) became confused with a nonphysical human attribute (the mind), another change took place. Whereas the church had believed that there was a relationship of sin and circumstances to the mind, emotions, and behavior, psychotherapists introduced the medical concept of sickness to explain problems of living. Szasz explains:

With the decline of religion and the growth of science in the eighteenth century, the cure of (sinful) souls, which had been an integral part of the Christian religions, was recast as the cure

of (sick) minds, and became an integral part of medical science.⁵

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

There is a serious problem when people confuse passion with tissue and sin with sickness. Such confusion of words leads to erroneous thinking, and this very confusion and error were part of what virtually ended the cure of souls ministry in the church. Through a semantic twist, the mind was confused with the brain and the misnomer of sickness replaced the concept of sin. As a result, the entire subjective, theoretical process of psychotherapy, hiding itself safely in the realm of science and medicine, crept into the church. Psychotherapy is a misfit as medicine, an impostor as science, and a substitute faith system.

The diabolical plan was simple. Replace the cure of souls with the cure of minds by confusing an abstraction (mind) with a biological organ (brain); then convince people that mental healing and medical healing are the same. Explain it with a psychological theory disguised as fact. Call it all science and put it into medicine and the rest is history. With the rise in psychotherapy, there was a decline in the cure of souls ministry until it is now almost nonexistent. Secular psychotherapy has taken over to such an extent that Szasz says, "Actually, psychotherapy is a modern, scientific-sounding name for what used to be called the 'cure of souls.'"⁶ Thus we have the shell, without the power, without the life, and without the Lord.

Accepting the Living Water

Christianity is more than a belief system or a theological creed. Christianity is not just what happens in church. Christianity is faith in a living Lord and in His indwelling Holy Spirit. Christianity involves the entire life: every day, every action, every decision, every thought, every emotion. One cannot adequately treat a Christian apart from the indwelling Holy Spirit and the Body of Christ. Nor should anyone segment the mind, will, emotions, or behavior from a person's belief system. **For too long Christians have looked to the church to answer their theological questions, but looked elsewhere for answers to their life problems. Christians who have God's Holy Spirit living in them are spiritual beings; therefore they need biblical solutions, not merely psychological attempts.**

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

The psychological way has usurped the place of the spiritual, psychological opinions of men have contaminated the Word of God, and even Christians look to psychotherapy rather than to sanctification in dealing with soul problems. The Bible provides both a spiritual basis for Christian growth and a spiritual solution for nonorganically caused mental-emotional-behavioral problems.

True mental health involves spiritual and moral health as well as emotional well-being. It is time for

Christians to take a fresh look at the Bible and at the provisions God has available for mental-emotional-behavioral health and healing. The Bible does provide a means of ministry to all who suffer, whether mentally or medically. But, when one suffers problems of living that are not organically related, the cure of souls is truly sufficient for ministering to such a person and psychotherapy has no business there.

Christians are new creatures in Christ, indwelt by the Holy Spirit. They have been born again to new life and are to walk according to the spirit, not according to the flesh (Romans 6:4; Galatians 5:16). From the moment of salvation, Christians are in the process of sanctification, in which they have many opportunities to grow in faith and in the knowledge of the Lord Jesus Christ. Sanctification involves the whole person, through the spirit, which is the deepest and most significant element of one's existence.

The Word of God applies to every aspect of daily life, including mental attitudes and interpersonal relationships.

All scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness: That the man of God may be perfect, thoroughly furnished unto all good works (2 Tim. 3:16-17).

In addition to the written Word, Christians have the Living Word, Jesus Christ, who will never leave them destitute of daily provisions for wisdom, guidance, and help (Hebrews 13:5). The apostle John describes Jesus as "the light of men," the very source of life and love (John 1:4). God's written Word and Living Word

make people whole and holy according to God's way, rather than according to human machinations.

When one considers the grip psychology has on missions in evaluating candidates and in providing treatment for missionaries experiencing problems, one must ask whether mission agencies believe the Gospel is enough. If the Word of God quickened by the Holy Spirit in the life of the believer is not enough for missionaries themselves, how can they tell others the Good News, the Gospel that saves and sanctifies?

Grace and peace be multiplied unto you through the knowledge of God, and of Jesus our Lord, according as his divine power hath given unto us all things that pertain unto life and godliness, through the knowledge of him that hath called us to glory and virtue: Whereby are given unto us exceeding great and precious promises: that by these ye might be partakers of the divine nature, having escaped the corruption that is in the world through lust (2 Peter 1:2-4).

God's Word declares it is sufficient, but if the Word of God is not sufficient for the life and godliness of missionaries, is it enough for those to whom they minister?

This book only touches the most obvious aspects of missionary use and dependence on psychological theories and therapies. How much penetrates into the message of missionaries can only be surmised by looking at the extent to which it has engulfed North American churches, Bible colleges, seminaries, books, and so-called Christian media. North American Christianity has become a vast referral system that

sends suffering saints to psychiatrists and other mental health professionals.

Missions today are promoting a mixed message of the Bible plus psychology, the Holy Spirit plus personality tests and psychological counselors, and God's Gospel plus a psychological gospel. As mission agencies import psychological interviews, tests, and treatment into missions they are surely exporting confidence in these kinds of psychology. How much is being exported by missions we do not know. But, we pray that mission agencies, as well as the entire church, will rid themselves of these psychological theories and therapies and cling only to the Lord and His Word activated by the Holy Spirit in the lives of believers.

The Lord has indeed promised more to His church than a Dead Sea. He has promised living water!

In the last day, that great day of the feast, Jesus stood and cried, saying, If any man thirst, let him come unto me, and drink. He that believeth on me, as the scripture hath said, out of his belly shall flow rivers of living water (John 7:37-38).

Is not the Lord, the Creator of the universe, able to fulfill His promises? He has promised life and life abundant! Surely we can believe Him! His faithfulness is unto all generations!

Ho, every one that thirsteth, come ye to the waters, and he that hath no money; come ye, buy and eat; yea, come, buy wine and milk without money and without price.

Wherefore do ye spend money for that which is not bread? and your labour for that which satisfieth not? hearken diligently unto me, and eat ye that which is good, and let your soul delight itself in fatness.

Incline your ear, and come unto me: hear, and your soul shall live. . . .

For my thoughts are not your thoughts, neither are your ways my ways, saith the Lord.

For as the heavens are higher than the earth, so are my ways higher than your ways, and my thoughts than your thoughts (Isaiah 55:1-3, 8, 9).

**Ho, every one that thirsteth,
come ye to the waters. . . .**

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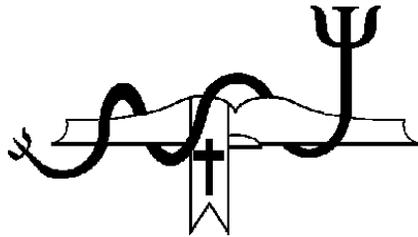
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