

Counselling books ever-flow from the pens of worldly writers. The problem is, most of their ideas are also found within the churches. In my MA thesis I compared 'secular' psychotherapies and Christian counselling 'techniques' and, frankly, I found very little difference! Both started with concern for the counsellee, rather than with what God commands. Some readers might find this hard to accept – but the Lord's concern for our human problems is about **His** requirements and commands. If we stumble into bad or sinful situations, His concern is that we comply with what He commands, not with our failings and problems.

Yes, He wishes the best for us, but He cannot accept or condone sin in our lives. We stand condemned for each and every sin we commit. Only repentance will bring God's smile upon us. (And even then, repentance does not 'cause' Him to turn back to us, for He cannot change. The 'cause' is His elective grace and mercy and acceptance of Christ's sacrifice on the cross, not our own painfully woeful repentance).

Counselling in the churches is usually founded on this or that psychiatric/psychological theory. But, this is not what true Christian 'counsel' is all about. To find out what 'counsel' really is, we have to look at scripture, not at the work of psychiatrists or psychologists. It does not matter if the psychiatrist or psychologist is Christian – what matters is his compliance with scripture. Really, 'counsel' is very, very simple... the most difficult part is getting the counsellee to accept the Biblical answers! The Bible is big enough to encompass all known problems; it is our meagre responses that are not big enough. This is because sin runs like a cancer through our thinking processes, so we tend to place our many trials on the back of something external, like 'counselling'.

One writer, Jay Adams, bases what he thinks on the Bible. I was delighted to come across his work. But, even his approach is left wanting, for though Biblical in his approach, he has made everything complicated and, ultimately, 'counselling' becomes a 'technique', so we are back to square one. As I said above, the 'counsel' of scripture is very, very simple. We do not need whole complex books, and courses lasting several years, with human accreditation, to counsel people! We just need to know what God says, then we need to comply with it. However, we *do* need whole books to discuss what is

behind

our failings and how to respond. Why? Because, in the main, Christians today have been hijacked by academics and by the desire to seem acceptable to them... so, again, sin enters the picture.

Christian Counselling – Fact and Fiction

Written by K B Napier

Tuesday, 07 January 2014 16:38

We need to get back to the straightforward scenarios of scripture, in which a man says to God, *“I have sinned”*

, then God tells him to repent and not to do it again. The problem is not our situation, or a genetic flaw in our psyche, or an imposition by others. The problem is ourselves and our sin.

In ordinary, homely, terms, we can talk until the cows come home, but talk does not alter a man’s heart and mind. He needs to repent and to live as God demands. Even as a trainee psychiatric nurse, I quickly discovered the truth behind the academic façade of psychiatry – it was all a farce. Sin got up and virtually smacked me across the cheeks, every day and in every situation. That is why I could no longer work in the ‘acute’ wards, where line after line of self-centred sinners wanted to be absolved from their sins by eager psychotherapists clutching a myriad of theories.

It is why I cast aside the whole rotting, fictional edifice of psychiatry and returned to the simple facts of scripture. In doing so I was vilified and made to look a fool. Interestingly, my rejection of psychiatric nonsense had the marvellous side-effect of correcting my deficient approach to witnessing and so I am grateful to psychiatry for that! What follies we construct, even as Christians, to provide answers to our ailments, when scripture is there in front of us all.

In this Article it is not my intention to write a book, but to indicate my objections to so-called Christian ‘counselling’ and how I see the way forward.

Thesis Conclusions

My MA thesis was, to my knowledge, the first time a (UK) Christian had fully explored the possibility that perhaps ‘Christian’ counselling was not so ‘Christian’ after all. Mainline or middle-of-the-road psychotherapies were evaluated and Christian approaches (referred to as ‘counselling’ for some reason) were placed alongside for comparative purposes. The Christian approaches fell flat on their faces, because they were nothing more than revamped worldly theories.

Since the 1970’s I have consistently advised that the proposed root causes of so-called ‘mental illnesses’ (as described in the theories) were blatantly wrong. I could see ***no such thing*** as ‘mental illnesses’, so any theory that claims to hold the key to their recovery must, logically,

also

be wrong! ‘Mental illness’ was, to me, a front for sin, proposed by men who rejected the existence or the commands of God.

I saw no reason why doctors should control our minds, or provide 'diagnoses' and 'treatments', for a non-existent classification of fictional illnesses. For a very short while, I took part in, or led, psychotherapy sessions, because I was forced to do so by my employers. It was the counselees themselves who kicked against the traces by complaining that I did not take their ailments seriously! One told me I should never have become a psychiatric nurse (and I agreed). Another wanted to kill me, because I told him the truth. Another wanted to kill *herself*, because I refused to accept her pathetic excuses for her sinful behaviour. And so the list of nonsense grew and grew. On the rare occasions when I was allowed to speak the truth, things happened!

On one occasion I remember vividly the man who was pacing the large psychotherapy room on his own one morning. He was wailing and throwing his arms into the air, loudly crying out in abject misery. Later, when he was in his room, I went to chat with him. Though I knew it could mean being sacked, I told him that his real problem was not his various depressive episodes or his situation, but his sin. He needed repentance and salvation, not drugs or psychotherapy. His response was blunt and fearful. He admitted that what I said was true – but then said it was 'too late'... he could not get out of his cycle of sinfulness and even preferred to be in his misery! Time and again I found that 'mental' patients ***preferred*** to live their sinful lives than to get rid of them. Time and again sin was the basis of the cause and continuance of their 'problems'.

I began to write a thesis whilst still a nurse. It became two volumes, 180,000 words long. Then I had to stop. At the time what I wrote was too radical for publishers to consider, though Dr Lloyd-Jones read it with approval. Later, some of its contents formed the basis for my MA thesis, and my conclusions were then sealed.

Brief Encounters

Something I noticed in my psychiatric work – patients were one thing to doctors and quite another to nurses and therapists. Doctors visited maybe once a week and had brief sessions with the 'ill' person, whereas nurses spent 24 hours with them, observing everything they did and said. Often, patients rehearsed what they had to say to doctors. It was evident from what doctors (including psychiatrists) said about patients that they had been well and truly duped. What else can be expected from a period so truncated that very little could really be done?

This had a variety of results that often used to anger and frustrate nursing staff. One of them was the way doctors knew better than nurses. This was made even more complex a problem because everyone had their own theories. It was a well-known joke that there were as many theories as there were consultants. That meant a patient could be diagnosed and treated by Dr

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X, then transferred to Dr Y, who held totally different views, so the diagnosis and subsequent treatment was changed, too! Nurses were expected to just go along with whoever was in charge of the person at the time.

On occasions psychiatrists got it right (at least descriptively), but mainly they guessed along the wrong lines. In such circumstances there was much confusion and treatment was useless. This became very apparent in the 'violent' ward. Only the doctors were interested in 'talking therapy' – nurses were too busy protecting themselves from serious assault. I remember one consultant, a specialist in acute cases (but now a specialist in dementia!), whose ineptitude led to a great increase in violence. Another's theories led to three consecutive suicides. Others were just ineffective anyway.

Doctors were able to get away with it. They could say and do whatever they wished, with impunity. But, a nurse who dared to act sensibly could be sacked! I had a variety of names given to me by consultants at my hospital, including 'John the Baptist' and 'the exorcist'! It was great fun to ridicule me. Why? Because I declared my Christian belief and challenged their own theories. It would have been instant dismissal to counsel a patient along Biblical lines, because, as one consultant said, reading the Bible a lot was a sign of mental illness. All the theories used in my own hospital were godless and encouraged selfism.

That is why I spoke secretly to patients about God and their real need. The most remarkable 'success' was the lady who was incarcerated for life because she had tried to kill her daughter. She was classified as an incurable and worsening psychotic with paranoid schizophrenia. She had the lot – hallucinations, delusions, violence, disordered thought, sexual abandonment, and so on. I was told nothing could be done for her. Yet, within a week of knowing her, I was led to ask her about her background. The only way I could get to chat to her in Christian terms was when playing a game of bar billiards!

In the very first chat she told me the essentials: her mother was a practising witch and she (the patient) had been 'gifted' psychically from the age of three, when a luminous being she wrongly assumed to be Jesus Christ levitated her from her bed at night. After that she learned occult crafts and quickly became 'insane' and sexually 'wild'. She had the constant urge to strip and run naked in the streets.

I started to talk to her about the gospel and her need to repent and cast away the occult. As she responded so demons began their work. The place became filled with their evil presence. On

one notable occasion a demon 'jumped' from one person to another in quick succession, creating mayhem as people screamed and jerked around. It was fascinating and frightening to observe. Finally, the demon 'jumped' into another young girl who proceeded to curse me, pummelling and kicking me as she did so until others dragged her away. Then it all stopped suddenly.

As our chats progressed, I called in my then pastor who prayed with her after more Biblical counsel about her need to repent. At that meeting her 'familiar spirit' was present and the pastor and I were very aware of it. Thus, we asked her if it was there. Yes. We asked where it was. It was standing at her side. Why was she hesitating in her speech and response? He was telling her not to listen and to block everything out of her mind. Indeed, the spirit managed to block her hearing at times. This spirit was finally removed.

After that, spirits appeared to her nightly, sometimes in the form of a colleague, a female Christian nurse, but without the lower part of her legs, hovering at the bedside. After a few weeks, and the actual burning of her taro cards and other occult objects, the woman was free of the manifestations. ***A month later and she, an 'incurable psychotic', was discharged.*** But, at no time could I tell anyone what had happened. Only my charge nurse (a Christian) knew the truth.

There were other accounts like that, but I was not free to openly talk about them. Demon activity is rife in a mental hospital, and there is much sexual impropriety, often of the worse kind, drunken and drug behaviour and worse. Staff tend to be affected, too, and sexual misbehaviour is rife amongst them. When I started my nursing career, I was told by a seasoned nurse that I might be married happily now, but it would not be long before I was divorced and having multiple affairs! I did not, thanks to God, though many tried to turn my head. I found the whole place sickening to the stomach and the stench of evil rose from it daily.

How, then, can such a place elicit healing? It is impossible. Patients, too, knew how to 'work the system' under the guise of 'being ill' – a tag put on them by willing psychiatrists and social workers, who were intent on protecting their right to such 'illness'. One consultant had been 'Freudian' for many years. Then he completely changed his mind and began to use 'Gestalt' theory. Suicides followed. It is a strange thing to learn that Gestalt has an 'acceptable failure rate' of 10%. That is techno-speke for suicides! True Christian counselling is not of this type. But the usual 'Christian' therapies *are*.

True Counsel is Two-Pronged

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In scripture we find God's truth has only two objectives – either as a healing agent or as a stumblingblock. The end result of true scriptural counsel is not necessarily freedom from sin. It can also lead to an increase in sin, because the counsellee ignores what is said.

There is no need to 'counsel' someone for months or years. The scriptural 'method' is that of Jesus Christ: go, repent, and do not sin again! This has the air of immediacy, not an indulgent few months or years. Almost without exception, those we 'counsel' know perfectly well what is the root of their problems. Those who have insisted on applying a psychiatric label to their sins tend to lose sight of the root cause, because others (psychiatrists, doctors, nurses, psychotherapists, etc) sympathise with them and diagnose 'illness'. Nevertheless, straightforward targeting of what ails them will produce the cause soon enough!

How is this done? It depends on the situation and on whether or not God is calling you to counsel the person at that time. If he is, then He will speak through the Holy Spirit, Who will guide the counselling Christian in his words and approach. He will listen and will then admonish the person for his or her sin. Yes, the person must be *admonished*, not sympathised-with. This is because the cause of the problem is sin.

Once the sinful cause has been identified, the person must be expected to repent *immediately* and turn back to God and to godly ways. No waiting time or navel-searching! Even if the cause is not found, the person must repent of having a sinful response to life, so there is no escape. In such cases, repentance is more important than the cause. The cause is important only in so much as the person can then learn to reject its effect on his or her life.

What if counsel from scripture should make the person miserable and maybe induce worse sinning? That, friends, is the person's own problem, not yours. The reason for this increase in misery or sin is simple: either he or she is being acted-upon by devilish envoys, or there is no intention to repent in the first place. That is, the word of God has become a stumblingblock, sent by God to highlight the cause as being sin, and to rebuke the one sinning.

The reason Christians do not obtain the relief found in repentance leading to forgiveness, is that they do not really wish to repent and be forgiven! They still hanker after the sin they were chasing, even though it makes them miserable and leads them to experience all kinds of 'mental' aberrations. That is, they prefer their suffering to the cleansing of their hearts. When I tell people this, they recoil. Why should anyone wish to suffer? I cannot apologise for my statement, because it is true, proven in so many cases I have come across. Just look at *ordinar*

y

cases

of sin... why does a person not repent? Because he or she prefers to sin!

None of this is of real concern to God, Who demands only that men and women should repent immediately of their sins. If they do not, they remain in their sin and reap His anger. So, their suffering continues and the fault is entirely their own. Fellow Christians, then, should never sympathise with those who have neurotic symptoms. The same can be said for psychotic symptoms. Sin is sin. We can *empathise* because we, too, can fall in the same way – but we must never sympathise.

Some Believers become quite angry when I refer to their symptoms as sin, but I can only call it what I find it to be and what God calls it in His word! To seek ‘diagnosis’ and ‘treatment’ for these conditions is to try to find an excuse for sinning, to avoid the answer. I have been told of various Christians whose lives, apart from their symptoms, are ‘godly’. Friends, all of us can be ‘godly’ in part, and yet retain and practise sin in other parts. Why retain sins called ‘mental illness’? Because the ‘illness’ provides some kind of benefit. This benefit can be a cover for sinful activity or thought. It can absolve one from acting reasonably or responsibly. If practised long enough this action can affect a person for life and make sin seem tolerable and acceptable, even to those around them.

(Of course, the above notes refer to people who do not have a known physical problem brought about by genuine illnesses or conditions, such as diabetes, chemical imbalances wrought by such organs as the thyroid, epilepsy, cancer, dementia, and so on. This article assumes that such physical possibilities have been ruled out. A number of physical illnesses can affect mental and emotional activity).

Do not be fooled or duped by current medical and psychiatric theories. A diagnosis of mental illness or ‘breakdown’ might be convenient and give respite from everyday responsibilities, but it is superficial. It is the beginning of a downward slide into further sin and misery. Repent and turn to God. That is the only answer. Any form of ‘counsel’ that ignores this is a folly that exacerbates sin, and makes the counsellor an agent of that sin, by condoning it.

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