

**BLUE GENES or WHITE LIES?**  
**A Critique of *Blue Genes*,**  
**by Paul Meier, M.D.; Todd Clements, M.D.;**  
**Jean-Luc Bertrand, D.M.D.; David Mandt, Sr., M.A.**

<p><b><u>CAUTION:</u> This is a <u>biblical</u> critique. Always consult a competent, qualified medical doctor before you start or stop taking any medication.</b></p>
--

After years of hearing about Freudian-based theories, victimization as an explanation for sin, codependency, and the like, a new trend has developed. It is now fashionable to blame all sorts of sinful behavior on physiological factors, particularly chemical imbalances. Dr. Meier and his co-authors make sweeping claims that genetically based chemical deficiencies ("blue genes") are responsible for a multitude of sins. In the introduction they make the astounding claims that:

"The genes you inherit are yours for life, and they influence almost everything about you...."

"Many researchers now believe most of our personality traits are genetically determined."

There is some helpful information in *Blue Genes* about physiological issues (hormones, thyroid, nutrition, vitamins). However, that information is overshadowed by questionable teachings about primarily spiritual issues.

God created both the physical body and the inner man. Both aspects of man have been impacted by the Fall. Our bodies decay, get sick, and eventually die. Apart from Christ, people are spiritually dead in sins and trespasses, darkened in their understanding and thinking (Romans 1:18-23; Ephesians 2:1-2). It is reasonable to acknowledge a relationship between the body and the spirit. Sleep deprivation, for example, affects the ability to think clearly.

However, these authors cross a line that ought not to be crossed. They do far more than simply recognize the relationship between body and soul. They propose that certain genetic abnormalities are the *cause* of behavior that the Bible defines as sin. Their solution involves both psychiatric medications and psychological counseling that denies the sufficiency of Scripture.

In writing this **biblical** critique, there is no claim to **medical** expertise. The authors' conclusions will be held up to the light of Scripture to see if they are compatible. If not, they must be rejected. **Again, readers are cautioned to always consult a medical doctor before starting or stopping any medication.**

## **THE MEIER CLINICS**

Meier has a "national, non-profit chain of psychiatric clinics" wherein more than three thousand people are seen every week. "More than 80 percent of patients recover fully with no medications at all, just excellent Christian-based counseling" (p. 15; this 80% claim is repeated on p. 23). Meier claims that his clinics have engaged in much successful evangelism:

"The Meier Clinics have been around for almost 30 years now, and the Holy Spirit has led over a million people to trust Christ as a result of various Meier Clinic-related ministries (through therapy, seminars, books, radio, TV, training, mission trips, etc.). About a third of our clientele are nonbelievers when they start therapy." (30)

To their credit, the authors do make a basic statement of gospel (which, sadly, is reserved until almost the last page):

"Trust Him to come into your life and use the blood He shed on the cross two thousand years ago to wash all your true guilt and true shame." (203)

There is also a strong statement affirming God as our Creator:

"How someone who has studied the vast complexity of hormones can come away not believing we have a creator is incomprehensible. There is absolutely no way such an elaborate system of checks and balances could have evolved." (146)

Moreover, the authors recognize the serious moral decline in America, and the presence of legal attacks on our faith:

"In the past fifty years, misled groups like the Civil Liberties Union have promoted abortion, homosexuality, and the removal of all religious and moral education out of public schools. Today these groups even file lawsuits to keep the Ten Commandments from all public buildings. They

pass out condoms to teens, encouraging 'safe sex' rather than abstinence until marriage." (82)

This paper is not intended to question whether these authors are Christians. It appears that they are. Unfortunately, however, their faith is mixed with the ungodly teachings of modern psychology, and the resulting mixture needs critical comment.

The Meier Clinic claims are bolstered by a variety of statistics throughout the book. Dr. Meier claims that people with "blue genes" are "more prone to depression, sadness and anger, especially under stressful circumstances." He further claims that "about 20 percent of the population either requires lifelong psychiatric medications to avoid depression and other mental disorders, or they would enjoy great benefits from modern-day psychiatric medications" (9).

"Blue genes" allegedly affect a staggering 50% of the population:

"Up to half of the American population has an inherited predisposition for some mental abnormality (depression, bipolar, schizophrenia, OCD, etc.). With the medications we have today, these people can lead normal lives." (31)

"...50 percent of all women and men have a higher than average predisposition to getting a serotonin depletion under stress." (57)

There are more modest claims for inherited "perfectionism" and mood swings:

"...five percent of all women and men inherit a high degree of perfectionism...perfectionists have a lower serotonin level to begin with, plus they want everything to run perfectly, which never happens." (57)

"Five percent of the population experiences uncontrollable mood swings.... Collectively, these varying degrees of genetic mood swings are named bipolar spectrum disorders." (122-123)

One of the many case histories in the book describes a man whose mother had been "somewhat paranoid and controlling." Meier then claims that "about 85 percent of people marry someone similar to the parent of the opposite sex. This is usually fueled by an

unconscious dynamic" (70), more specifically, an "unconscious attempt to 'fix' or 'replace' that parent" (91).

There is no authority or research cited to substantiate these bold statistical assertions. Who came up with these numbers? How? Is the reader supposed to simply take the authors' word for these numbers?

Biblically, these statistics are disturbing. If half of the population (or even some smaller segment) suffers from inherited chemical imbalances that can only be treated with psychiatric medications developed in the late 20th century, what happened to believers in earlier centuries? How could God command obedience to His Word if, even with the indwelling Holy Spirit, one of every two people is predisposed to sin based on genetic factors over which they have no control? It does not require a medical degree to see the biblical problems created by these authors' claims.

Moreover, the authors admit that there are no medical tests to diagnose the many ills they claim are physiologically based:

"Currently, psychiatric disorders are diagnosed by directly observing the person's behavior or asking questions in a structured interview or questionnaire. **There are no lab tests yet that can diagnose, for instance, bipolar disorder.**" (185, emphasis added)

Yet, in the same breath, they move right along with their bold claims about causation: "We now know that certain psychiatric symptoms are due to overactivity or underactivity in specific areas of the brain" (186). Such "overactivity" is associated with obsessive thoughts and compulsive behavior, and "underactivity" in the left temporal lobe with anger (186). "The proper medication and/or counseling therapy can correct all these abnormalities, thus relieving the psychiatric symptoms" (186). How do we KNOW these claims are true if there are no medical diagnostic tests? Note, too, the inclusion of "counseling therapy." These authors have not altered their basic commitment to modern psychology.

## **COMMITMENT TO PSYCHOLOGICAL THEORIES AND COUNSELING**

Even though this book appears to focus on physiological factors, the authors reveal their continuing commitment to psychological counseling. Chapters begin with a sample case history. In describing what ultimately helped the person, the

authors combine medications with psychotherapy. For example, Chapter 4 ("Baby Blue Gene") describes a mother/missionary who became so depressed after birth of her third child that she planned to kill her husband, children, and herself. The "cure" was an antipsychotic medication, and the Meier Clinic "allowed her to express her ambivalent feelings and deal with her own childhood issues" (53-54). Explaining further as the chapter concludes:

"The counseling took care of the root problems, allowed her to grieve her losses, got her in touch with her feelings, and even taught her how to ask others for a hug, for advice and for love." (62)

Meier also describes the antidepressant medication prescribed to build up serotonin and norepinephrine, which he claims freed this woman from depression and obsessive-compulsive habits (62).

In Chapter 6 ("Loneliness Blue Genes"), Meier describes a man (James) who thought about suicide daily. James was a professing Christian, but he rarely attended church, read the Bible only occasionally, prayed privately, and seldom discussed his faith even with his wife. He looked good on the outside but inside he was a mess. Meier Clinic staff diagnosed him with "social phobia, an anxiety disorder in which people avoid crowds or attention because of intense anxiety" (79-81). These counselors fail to address the obvious biblical/spiritual problems in failing to worship or utilize the means of grace (prayer and Scripture) God has provided and commanded. Instead, this man was placed on medication and given therapy "to learn relational skills, assertiveness training, getting in touch with his feelings" (93).

In cases where medication is not the answer, psychotherapy is what remains, not counsel from God's Word. Meier describes a patient who did not require medication, but his "Christian-based counseling" included helping her get in touch with her feelings and "overcome her codependency issues" (92). Nowhere does Scripture command us to "get in touch" with our feelings.

"True guilt" and "false guilt" are contrasted. "True guilt" is "anger at yourself for hurting someone," but Meier says you have no right to remain angry with yourself (28). "False guilt" occurs, for example, when an evil father uses an innocent little girl as a sexual object, and she "thinks she is trash" (29). The solution? Not the Bible or the cross of Christ, but "professional" psychological counseling:

"So if she never gets professional counseling, she may never realize that she is innocent, she is not trash, she does not deserve punishment. She deserves to love herself and become her own best friend." (29)

Actually, not one of us is "innocent" (Romans 3:9-18). A small girl is of course not guilty when an adult molests her (and the adult's conduct is a grievous sin), but she *is* responsible before God for her response to that sin and for her conduct in general. The psychological "true/false guilt" concept obscures our personal responsibility for sin.

The authors' commitment to the theories and methods of modern psychology is evident at many other points through the book, often using Freudian terminology to describe or explain a variety of problems in living:

The "super spirituality" and masochism of a monk is described as "reaction formation" (7).

Self-forgiveness, a psychological concept never taught in Scripture, is blamed for some of the chemical imbalances that allegedly require medication: "If you don't forgive yourself, you will drain your brain of serotonin...and the whole cycle begins once more." (29)

"Repressed anger (at God, at others, or at self either for actual guilt or false guilt) is another issue that leads to depression and/or loss of sleep." (37)

"...buried feelings related to the past can cause depression and sleep disorders as well." (37)

"Paranoid people lie to themselves often through the defense mechanism called 'projection'.... People who are paranoid and self-righteous deny their own faults. These people become uncomfortable hanging around with anyone (including their own children) who may have a similar fault, even if the fault of the other person is trifling. The Bible describes this defense mechanism in Matthew 7:3-5." (69)

Even if we agree that physiological problems sometimes influence emotions, these authors assume that psychological counseling, rather than pure biblical truth, should be added to medical treatment for the body.

## CONTEMPT FOR BIBLICAL APPROACH TO COUNSEL

Not only do these authors confirm their commitment to psychotherapy. They also continue to misunderstand and disparage those who would rely solely on Scripture, rather than the theories and methods of psychotherapy, to resolve problems of living. Such believers are described as ignorant, legalistic, prideful, and behind the times. Dr. Meier says that it "...makes me very sad and angry when I hear of people committing suicide because their well-meaning friends, relatives or pastors laid a guilt trip on them for taking psychiatric medication or for receiving 'psychological' counseling" (15). He describes such "well-meaning" believers as "ignorant" and seems to lump them with those who would never take any "not natural" medications:

"Most of the people who condemn or criticize others for taking anything 'not natural,' or for not relying totally on prayer and faith are acting out of ignorance. Clearly it is possible for any believer to live a life of deep faith and devotion while on psychiatric medication." (13)

In one of the book's brief case histories, the authors describe a depressed, suicidal woman married to a pastor who..."refused psychiatric help because her **legalistic** church told her she should just depend on the Lord and prayer" (59-60, emphasis added). Her pastor-husband eventually left, and when she remarried, her new husband persuaded her to come to the Meier Clinical Day Program (61-62).

Refusal to take psychiatric medications for so-called "bipolar" disease is attributed to pride:

"After almost mania or hypomania, there is a rapid crash into depression, with people often becoming suicidal. Some manics even kill their family members, then kill themselves, with no understanding about what they are doing or why they are doing it. With such severe consequences, why would a bipolar patient want to refuse medications? **The only reason is foolish pride**--pride in being 'self-sufficient,' pride in not having a 'mental illness.'" (126, emphasis added)

These authors fail to acknowledge that a believer might humbly rely on God's Word for counsel, and refuse psychological solutions based on valid *biblical* concerns.

The authors note that suicidal Christians are likely to experience guilt:

"Thoughts about suicide are common in depression. Christians are not immune by any means to suicidal thoughts. These thoughts often create tremendous guilt in depressed Christians, because they know deep inside that is not God's plan for them." (133)

Of course suicide is not "God's plan." However, these authors offer only the broken cisterns of psychotherapy and psychiatric drugs, rather than God's pure, sufficient Word.

An entire chapter is devoted to "do's and don'ts" in helping families with "blue genes" (193-196). The chapter begins by describing a "good, godly, creative, loving family man" who supposedly inherited a "blue gene" for Bipolar I. He "became manic, with arrogance, over-confidence, grandiosity, extreme joy and creative ideas that seemed brilliant to him but were actually not brilliant at all." This is another tale of what might be called "medication salvation." A pastor prayed over this man at one point and announced that he was completely healed of bipolar, but he later relapsed. The author says: "I think...that people who demand that Jesus heal their particular disease are sinful, prideful, and entitled." In fact, "healing" is seen as so rare as to be virtually impossible:

"In dozens of years of treating thousands of people for bipolar illness, we do not know of a single case that God chose to heal. But a large number of them are having a huge impact on the world for Christ while taking medications to balance their brain chemicals." (197)

In describing what people allegedly do *not* need from their friends and families, the authors say:

"How disgusting it must be when these genetic victims, in great pain, hear their loved ones telling them to 'snap out of it' or 'pull yourself up by your bootstraps and be happy.'" (199)

"The worst possible thing a depressed person could hear is, 'Well, if you only trusted Jesus more. He would heal you of your depression and you wouldn't need any of those doctors or those medications.'" (200)

"Blue gene victims don't need biblical Band-Aids either. These include Bible verses often misinterpreted and taking out of context...." (including Romans 8:28) (200)

"If you attend a church that is behind the times when it comes to modern science and medications and theology, try your best to educate them. If your church criticizes all use of any brain medications, then pray about whether or not God would prefer that you move to a different church to be with practical Christians who don't try to condemn or control you." (202)

These comments illustrate the authors' failure to properly represent or interact with the position that God's Word is sufficient for counsel. Biblical ministry is misrepresented as an outdated "band-aid" or "pull-yourself-up-by-the-bootstraps" approach, rather than intense personal discipleship that utilizes Scripture as the *foundation* for a believer's growing walk with the Lord. People who truly believe in the sufficiency of Scripture do not merely dismiss others with a brief admonition to trust Jesus more. The caricature presented by these authors is not an accurate representation of all believers who reject their infatuation with modern psychology.

## **CONFUSION OF THE PHYSICAL AND THE SPIRITUAL**

We can agree that sin impacts both the body and the spirit, and that there is some relationship between these two aspects of human beings. However, there are also critical differences. Medical treatment of the body is not entirely analogous to the spiritual "treatment" required for problems of living. The *Blue Genes* authors frequently blur the distinction. For example, they draw an analogy between psychiatric treatment for "blue genes" and Benjamin Franklin's discovery of bifocals, which people of his day called "devil eyes." Christians were told that their vision would be healed if they only had enough faith in God (11). In a later chapter, they describe a woman who got poison ivy while pulling weeds, then died because she refused medical treatment, demanding that God heal her (198). This allegedly corresponds to a believer with emotional problems who refuses psychiatric medication. However, the authors fail to grapple with the distinction between a purely physical problem (poison ivy) and the spiritual issues involved in living a godly life. The Bible makes no claim to be a medical manual for every physical malady, but it does claim sufficiency for "life and godliness" (2 Peter 1:3-4). Serious error results when physical and spiritual troubles are presumed to be equivalent in every

respect and the differences are minimized. There is a moral aspect to spiritual or "psychological" problems. Yet these authors insist that there should be no distinction:

"What's so different about mental illness? The brain is an organ that can have problems just like any other organ.... Migraines are located in the brain just like depression and bipolar. They are often inherited just like depression and bipolar. Why do we deal with them so differently?" (32)

"Just as genetic influences can take down the heart of a man with a healthy lifestyle, a genetic influence can accentuate psychological problems in the most moral person you know. If you are a Christian and feel that God shouldn't allow you to suffer any psychological problem, then quit wasting money on health insurance and throw away your vitamins and blood pressure medicine, because He shouldn't allow you to suffer these, either. Cannot God work through counselors and medicine to help with mental problems as well?" (140)

"Psychological" problems are simply not the equivalent of physical illnesses. These authors assume that the medical model applies to spiritual matters in the same way that it applies to the physical realm. Godly people may suffer severe physiological problems that do not improve as the result of biblical attitudes and behavior. However, so-called "psychological" or spiritual problems absolutely do improve through biblical responses (Romans 8:5-11). Although the authors insist at some points that there is no difference between physical and "mental" illness, at other times they recommend *counseling* in addition to medical treatment. Thus they admit that spiritual problems are not purely "medical":

"Blue gene problems are physical; they involve physical abnormalities with physical chemicals that strongly influence how and what you think, as well as how you feel about yourself, your life, others, and God. If you need psychiatric medications and do not have access to a Christian psychiatrist in your area, see a Christian counselor to deal with your issues, and see a non-Christian psychiatrist who is good at medications. Just don't ask him to discern spiritual matters with you. Or else travel to a good Christian psychiatrist and then have your family doctor follow up if the psych meds are not too complicated." (140)

"Depression is more complicated than just chemical abnormalities. It involves physical aspects, emotional aspects and spiritual aspects.... Counseling enables people to learn how to confront and deal with the emotional and spiritual aspects of depression. Our society today, and Christian society in general, still has a difficult time accepting the fact that chemical abnormalities in certain parts of the brain can have physical, emotional and, especially, spiritual effects." (128)

Note the advice to seek out a *Christian* psychiatrist or counselor, even though "blue genes" are "physical." Counseling is inherently religious in nature. It is concerned with how we should live. Unfortunately, these authors are committed to counseling that attempts to integrate God's truth with the ungodly theories and methods of modern psychologists.

**Serotonin or the Spirit?** It is disturbing to note how serotonin and other chemicals (norepinephrine, dopamine, and GABA) replace the role of God's Holy Spirit. These allegedly "are responsible for influencing your ability to experience love, joy peace, patience, gentleness, humility, energy, motivation, memorization, concentration, a positive attitude, self-acceptance, your dreams, and sanity itself" (INTRODUCTION). Dopamine allegedly gives us sanity (22). GABA (gamma-aminobutyric-acid) allegedly "puts the brakes on our worries, takes away our shyness, helps with sleep, decreases physical pain, takes away drug and alcohol cravings, and helps us to have muscle relaxation" (22). Norepinephrine "mediates energy, motivation, sexual pleasure and improved mental focus" (22). The qualities that characterize the fruit of the Spirit (Galatians 5) are claimed to depend on chemicals in the brain rather than the indwelling Holy Spirit:

"If you have the right amount of serotonin in your brain cell synapses, you are filled with love, joy, peace, long-suffering, gentleness, meekness, energy during the day, great sleep at night, and so on." (21)

Even if serotonin and other chemicals have some role to play in our physical well-being, this statement conflicts with Scripture by replacing God's Spirit with serotonin. Chemicals are claimed to be responsible for fruit-of-the-Spirit qualities in Galatians 5 as well as qualities that are not necessarily (or even probably) related to sin or righteousness, such as physical pain and energy. A godly, Spirit-filled person may live with intense

physical pain, but such a person should exhibit the fruit of the Spirit regardless of any alleged chemical imbalance.

**Cause or Result: Chicken or Egg?** Which comes first, the sin or the serotonin deficiency? Earlier quotes show how the authors attribute sin to serotonin deficiencies. Yet they also claim that when anger is stuffed and unconscious grudges are held, this causes a cycle that draws up serotonin and causes stress hormones to suppress antibodies (28). Here is the chain reaction they propose:

"Unresolved anger can actually result in serotonin depletion in the brain, thus leading to depression. This is an example of a biochemical problem, triggered by an emotional problem that was brought on originally by a spiritual problem. As the depression progresses, suicidal thoughts become more prominent." (128)

The authors admit that obedience to biblical standards can correct deficiencies in brain chemicals:

"...most people can correct low levels of these four vital amines in their brains by forgiving and obeying the 'one-another' concepts in Scripture. We obey these (and obey God) when we confront one another, speak the truth in love, rebuke one another, love one another, weep with those who weep, and confess our faults to each other (see James 5:16)." (29)

However, they propose that some individuals are exceptions because of their genetic predispositions:

"Most people maintain adequate levels of the brain chemicals responsible for sanity, as well as experiencing love, joy, and peace through the spiritual disciplines, forgiveness, confessing our faults to one another, and grieving our losses. And even if we deplete our own body chemicals by holding grudges or excessive shame, the spiritual things listed above will usually restore those chemicals. The exception to this general rule would be individuals who are genetically prone to low serotonin levels or other problems with brain chemistry that might predispose them to depression, bipolar disorder, delusions, and other disorders." (170)

Such persons allegedly do *not* benefit from the usual means of grace set forth in Scripture:

"While diligent prayer, Bible study, and wise counsel will draw them close to God and help them live wisely, it may not restore their brain chemistry to normal--just as many godly people need thyroid supplementation, insulin, or other medications to survive." (170)

This statement is disturbing, because it implies that *the Bible is not enough* for certain people who are genetically predisposed to spiritual problems--and for whom psychiatric drugs were not even available until many centuries after God initially created human beings, and nearly two thousand years after the earthly life of Jesus Christ. The authors also presuppose an exact correlation between medications prescribed for purely physical ailments (insulin for diabetes, for example) and drugs they assert are required for *spiritual* well-being.

The authors condemn and label "simplistic" those believers who deny that inherited chemical deficiencies may cause spiritual problems:

"If there is a spiritual cause of the serotonin depletion, like buried anger or excessive shame, then resolving these things spiritually and forgiveness will eventually straighten out the serotonin level in most cases. Psychiatrists call depression 'anger turned inward.' **The trouble comes when Christians become simplistic and think this is always the case, and it isn't. Those who inherit a low serotonin level cannot pray it or think it up to normal.**" (173, emphasis added)

Perhaps it is these authors who are "simplistic," because they fail to adequately wrestle with the differences between the physiological and the spiritual. They consider serotonin the "most important chemical in our bodies" because it is necessary for good sleep and dreams (45). This may be true, but the authors do not stop there:

"Without adequate serotonin in our brains, we cannot even experience love, joy, peace, patience, gentleness, meekness, humility, self-control--the fruit of the Spirit. People who inherit normal brain chemicals (80% of the population), and also practice the behaviors, thinking, and sharing of emotions and confessing of faults as instructed in the Bible, have joyful, meaningful lives with the fruit of the Spirit. People who inherit normal brain chemicals but disobey God's loving recommendations for us by becoming

bitter, negative, controlling, secretive, dishonest, etc., will become serotonin-depleted and become clinically depressed. **What seems unfair to me is that there are millions of wonderful people who do all the right things and still feel like killing themselves, and many do, because they inherited low serotonin levels and never took medication to correct this imbalance. On serotonin medications, they are happy as a lark.** (45, emphasis added)

The Bible says that we are all sinners, that not one of us always "does all the right things" (Romans 3:9-18). There is no authority or model in Scripture for the idea that some people "do all the right things" yet become suicidal because of inherited chemical imbalances. If this were true, then certain believers (with "blue genes") prior to the late 20th century were left without the necessary resources to experience God's joy and other qualities that characterize the fruit of the Spirit. Again, serotonin usurps the role of the Holy Spirit. How do these authors know with certainty that the chemical deficiencies they propose are not the *result* of, rather than the *cause* of, unbiblical living? They admit that this is *sometimes* the case. How can they be so sure that an inherited serotonin deficiency is ever the direct cause of spiritual problems?

**History and Stigma - "Mental Illness."** Dr. Meier says that there is no stigma attached to medication and other medical treatment for physiological issues such as thyroid hormone deficiencies and diabetes:

"Yet, when it comes to mental health issues, many people refuse to accept the notion of inherited abnormalities in brain chemicals. Instead, they suddenly become falsely ashamed and believe they have a character weakness." (10)

In a chapter that briefly surveys the history of attitudes toward "mental illness" and treatments, the authors say:

"Mental illness has always carried a stigma. For thousands of years and up to the present, many have linked mental illness to demon possession or oppression, even though only one demon-possessed person in the entire Bible [Luke 8:26-36] resembled a mentally ill person." (180)

The Bible clearly teaches that the man in Luke 8 was demon-possessed, even though he "resembled" a "mentally ill" person.

Can these authors be so certain that demonic activity is *never* a factor in so-called "mental illness"?

The authors rightly say that "the Bible calls our bodies the 'temples of the Holy Spirit'" (172). God created our bodies, and we are stewards of them. Believers have a biblical responsibility to properly care for their bodies. However, we are also called to conform our lives to biblical standards, and not to confuse such responsibility with an "illness" for which we are not responsible. In today's psychologized world, there is little stigma (if any) attached to seeking psychological or psychiatric treatment. On the contrary, believers who uphold the sufficiency of Scripture are more likely to be ostracized for their unpopular minority views.

### **"BLUE GENES" PLUS PSYCHOLOGY**

The authors of *Blue Genes* combine their theories about genetics with well-worn psychological teachings, explaining away the sins of mankind. Initially, it is disturbing to see how they attribute a large variety of sinful behaviors to genetic predispositions: depression, anxiety, bipolar disorder, panic attacks, substance abuse, ADHD, psychosis, low self-esteem,<sup>1</sup> inability to get along with others (INTRODUCTION). More specifically, they claim that a person with a low serotonin level will "automatically lean toward thinking he or she is and always will be unacceptable to God" and that "if someone inherits a dopamine abnormality, that person may very well think he or she actually *is* God" (INTRODUCTION). (Satan's fall from heaven occurred when he determined to set himself above God (Isaiah 14:13-14). Was that the result of a "dopamine abnormality"?) Other factors, such as poor parenting, are added to the mix. The fundamental causes of sin, seen through the lens of *Blue Genes*, are simply not consistent with Scripture. Moral responsibility is hidden behind the veil of genetic determinism and a host of psychological explanations. "Blue genes" do not merely replace the popular teachings seen in earlier "Christian psychology" books, but rather add another layer of explanations (or excuses), driving people even further from God's truth about sin and godliness.

At times, these authors acknowledge that the causes of our behavior are far more complex than "blue genes." Poor choices,

---

<sup>1</sup> Biblically, "low self-esteem" is not a sin. In fact, it is not even a problem.

environment, pessimistic parents, hormones, and even sin are part of the picture:

**Paranoia.** Meier believes that sin is only one of several ways in which people can become paranoid, including pride and bitterness. (68)

**Loneliness.** "In this chapter [Loneliness Blue Genes] we will discover how genetic biochemical imbalances can lead to loneliness. We'll also talk about loneliness as it results from poor choices or reactions of self-protection we have habituated into our behavior patterns." (81) "Many psychiatric problems [depression, paranoia, anxiety] also lead to loneliness and isolation." (83) "While loneliness is often caused by blue genes, it may also stem from the influences of environment and life choices." (90)

**Mood Swings.** "Are mood swings always genetic or can they also be psychological or spiritual? The majority of depressive mood swings are due to a combination of spiritual and emotional factors on top of genetic influences." (127)

**Depression.** "New studies today reveal genetic transmission of dysthymia [chronic, intermittent, low-grade depression]. On the other hand, some specialists claim that dysthymia is more due to environment, especially an unhappy childhood. This argument reasons that children raised by pessimistic parents learn that behavior. There is definitely truth to this, but studies involving identical twins who were reared in separate households support the genetic transmission theory." (132)

**Hormones.** "We've been talking about brain chemical imbalances all through this book and how they contribute to psychiatric disorders. Now we're talking about how hormones play a role in moods too. How does that connect at all with brain chemicals? Good question. This is another area of medicine where we know there is a strong connection, but just aren't sure yet how everything is interwoven. We do have some pretty good ideas though." (147)

**Hormones.** "...if you have the 'blue genes' for depression, why are you not depressed every single day?" (147) ... "Hormones could be the key to this puzzle!" ... "Hyperthyroidism can look like severe anxiety or a manic

episode. The thyroid is called the 'great imitator' because abnormalities in this gland can look like virtually any psychiatric illness." (150)

Occasionally, the authors admit there is moral responsibility for sin, but they obscure this truth with their theories about brain chemicals:

"Usually, when we sin, it is because we choose to. So it seems logical to blame ourselves for sinful behavior...committed when our brains act like a computer that shuts down for a while, though we would never do those things with the proper power steering fluids (serotonin, norepinephrine, dopamine and GABA)." (121)

"Having psychological problems such as depression, bipolar, anxiety, or addictions does not mean these problems are a result of moral weakness or lack of will power. Poor moral choices can result in guilt, low self-esteem, fear of rejection, sexually transmitted diseases, negative impacts on the lives of others, depression, anxiety and addictions. But all of these can have genetic components--'blue genes'--as well. And bipolar is nearly totally genetic, regardless of spirituality." (140)

At times, the authors place *full blame* for ungodly behavior on chemical deficiencies:

"Godly people, when manic, do ungodly things and have no control over them. Their brain chemicals are imbalanced and they do not know what they are doing. Therefore, they have almost no control over their behavior." (194)

The authors *briefly* recognize the biblical principle that people can change by the power of God:

"Some leading psychologists say that 85 percent of a person's personality is formed by the sixth birthday. But Philippians 4:13 says we can change our personality, with God's help, no matter how old we are." (87)

The authors say to confess your sins to God, but such confession is warped because the cause of sin is so distorted. Instead of the simple cry for mercy seen in Scripture, God is portrayed as a psychotherapist, offering excuses in place of the sacrifice of Jesus Christ:

"You may know what sin you committed, but He knows what particular genetic factors and childhood factors made you more prone to commit that sin, and He even knows what group of unconscious motives influenced you." (204)

It is true that God alone knows the heart, which is "desperately wicked" (Jeremiah 17:9). However, He does not shift responsibility to genetic factors, childhood influences, or "unconscious" motives.

**Parental Roles.** The authors deny casting blame on parents for sinful patterns later in life:

"Our goal in therapy is not to blame parents, as many people think. Our goal is to speak the truth in love, even if that does mean looking parental abuse squarely in the eye." ... "The goal is to help the person stop operating on false beliefs" (such as refusing to become intimate because parents hurt you at a young age). (83)

However, other statements attribute a significant amount of blame to parents, particularly in terms of parental failure to acknowledge feelings or build self-esteem:

If parents ignored your feelings and did not encourage you to be honest about them..."we will believe the lie that we aren't worthy of being noticed." (87)

"If we were punished for being honest about our anger and other emotions, we learned to become intellectual and suppress our feelings." (87)

"If our parents were verbally, physically, or sexually abusive, the lies we came to believe about ourselves are even worse," such as "I'm trash." (87)

**Self-Esteem, Self-Acceptance, Self-Pity.** These authors have bought into the popular teachings that lack of self-esteem, *more than sin*, is a fundamental problem that needs to be overcome. In discussing abusive parents (27), Meier says that "...we go through life trying to please other selfish people who remind us of our parents unconsciously. Then they use and abuse us. Then we get angry with these narcissists." Here is how he proposes solving the alleged problem of "low self-esteem":

"God declares you to be a person of high esteem in Psalm 139 and many other places. If you become more spiritually

mature, you will accept God's wonderful opinion of you. And God declares you significant to Him knowing full well all your past, present and future sins. You will never surprise God. Our worth and His love are unconditional." (27)

"When you mature spiritually, you will become more of an 'internal thinker' rather than an externalizer. You will be able to say to yourself, 'God loves and accepts me. I love and accept me. My parents are only two out of six billion people on this planet. I do not need their acceptance any more than I need anyone else's acceptance.'" (27)

These statements show how far from Scripture these authors have wandered. God's "acceptance" of us is based on the righteousness of Christ that is imputed to believers (Romans 5:12-21), not any "wonderful opinion" of us or "high esteem" apart from Him. The Bible says that we already love and cherish ourselves (Ephesians 5:29). Lack of self-love and self-esteem are never described in the Bible as problems to overcome.

Equally distressing is the authors' suggestion that self-pity should be encouraged (although cautiously):

"Some Christians think self-pity is a sin (and wallowing in it forever probably is), but if you feel pity for your best friend when she is going through a stressful time, is that a sin, or is that being like Jesus?" ... "Well, you are just as important to God as your best friend is, and I urge everyone to become his or her own best friend, so a little self-pity is a godly thing to practice, not a sin like Satan and his assistants would like you to believe." (63)

*Where is such a teaching found anywhere in Scripture?*

**Heavenly and Earthly Fathers.** These authors perpetuate the erroneous Freudian view that a child's view of God rests on the relationship he has with his earthly father:

"Research shows that a young child saying good-night prayers to his or her Heavenly Father is unconsciously thinking, 'Dear Heaven Version of my earthly father.'" (INTRODUCTION)

*What research?* No research studies are cited. Readers are apparently expected to simply believe whatever the authors say. This is pure theory, and it originated with a godless man

(Freud) who detested Christianity. Nowhere does Scripture ever say that a believer's relationship with God corresponds to his relationship with his earthly father. Biblical examples point to the opposite conclusion. King Josiah took the throne at age eight and followed God, although his father Amon and his grandfather Manasseh were evil kings who served idols (2 Kings 21-23; 2 Chronicles 33-34).

The authors direct a few words to their atheist readers:

"If you are an atheist and reading this book, know that we empathize with you. It is possible your beliefs stem from 'father issues.'" (204)

"Think about it. Are you going to deny and repress your rage toward your earthly father and transfer that rage to God instead?" (204)

These comments are rooted and grounded in Freud, not Scripture. Romans 1 explains that people are "without excuse" for their deliberate failure to acknowledge God, that God has made Himself known through His creation, but men have exchanged the truth for a lie, worshipping and serving the creation instead of the Creator. There is no hint in Romans 1 that atheism might be caused by "father issues."

## **CONCLUSION**

Dr. Meier and his co-authors have introduced a biological aspect to their agenda for treating people who struggle with problems of living. Perhaps it is not much different than the electric shock treatments and lobotomies of past years, although it appears more scientific and less barbaric. The authors propose physiological causes and solutions to fundamentally spiritual matters, admitting there is no medical test to definitively diagnose the chemical deficiencies they propose to treat. Their commitment to unbiblical psychotherapy remains intact. Believers need to care for their physical bodies and seek competent medical treatment for truly organic problems. However, they must be alert to the many unbiblical conclusions reached by these authors, who confuse the issues by proposing physiological causes and cures for fundamentally spiritual problems that should be "treated" by God's Word and the other means of grace He has graciously provided.

© **2006, Christian Discernment Publications Ministry, Inc.**  
**[www.christiandiscernment.com](http://www.christiandiscernment.com)**

