

Blue Genes

Breaking free from the chemical imbalances
that affect your moods, your mind,
your life, and your loved ones

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Blue Genes

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The case examples presented in this book are fictional composites based on the authors' clinical experience with hundreds of clients through the years. All names are invented, and any resemblance between these fictional characters and actual persons is coincidental.

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Contents

Introduction	1
1 Blue Genes: Hope and Healing for You and Your Family	5
2 Serotonin Blue Genes	19
3 Blue Genes, Sleep and Dreams	35
4 Baby Blue Genes	53
5 Paranoid Blue Genes	67
6 Loneliness Blue Genes	79
7 The ADD Advantage	99
8 Mood Swing Blue Genes	121
9 Hormonal Blue Genes	143
10 Nutrients, Vitamins and Blue Genes	165
11 Blue Genes and the Future of the World	179
12 Dos and Don'ts: Helping Families with Blue Genes	193

Introduction

When you get tired of your old blue *jeans*, you can turn them into cut-offs or cleaning rags, or else throw them away and buy a new pair. But what can you do about the *genes* you can't throw out? You may grow tired of the genes in the DNA you inherited from your parents, but you can't change them or toss them away. The same goes for the genes in the DNA you may pass on to your children and the genes in the DNA of friends or loved ones.

The genes you inherit are yours for life, and they influence almost everything about you: your height, metabolism, color and amount of hair, eye color and left- or right-handedness, for instance. Your genes modulate even nonphysical attributes such as intelligence, special gifts and abilities, musical and athletic potential, mental handicaps, or perfectionism. Many researchers now believe most of our personality traits are genetically determined.

What you may not realize is how the genes you inherit also strongly influence your psyche, or moods. Genetics dynamically contribute to your daily brain functioning, specifically by controlling the balance of four vital brain chemicals (otherwise known as neurotransmitters). These four key chemicals—serotonin, norepinephrine, dopamine, and GABA (gamma-aminobutyric acid)—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.

What happens when a person's genes or other factors result in brain chemical abnormalities? The list of problems stemming from “blue genes”

includes depression, anxiety, bipolar disorder, panic attacks, substance abuse, ADHD (attention-deficit, hyperactivity disorder), psychosis, low self-esteem, and inability to get along with others. Millions of people in our society are predisposed to these and other difficulties, thanks in part to their “blue genes.” Yet they are not condemned to suffer unaided; there is hope for healing.

Your brain is so complex it makes the most sophisticated computer in the world look like a junky, old adding machine. It would take a computer programmer over a hundred years to train a computer to do what the mind of a one-year-old infant is capable of. While scientists continue to discover new brain chemicals and determine what functions they perform, there is still a vast amount we don't yet understand about the brain. We do know there are more than the four key neurotransmitters mentioned above, additional brain chemicals that also affect mood and behavior. This book focuses on the four most-studied brain amines (chemicals that enable us to have thoughts, choices, and feelings), and seeks to understand the powerful roles they play in everyday functioning.

YOUR LIFE STORY

As important as they are, however, genetics and brain chemicals do not tell your entire story. The person that you are is actually determined by a combination of genes, environment (including God), and the choices you make. Human behavior is much more complex than genetics alone. God made us in His image, not as robots, but with free will, so do not think that genetics is the most important of the three factors which largely determine who we are.

A personal friendship with the God who created our genes in the first place is by far the most important factor in our lives. Yet it's important to recognize that our genes—including our “blue genes”—and our environments, especially early childhood environmental influences, contribute

greatly not only to who we are, but also to how we see and interpret our relationships with God Himself.

Research shows that a young child saying good-night prayers to his or her Heavenly Father is unconsciously thinking, “Dear Heavenly Version of my earthly father.” Such is the influence of family dynamics on spiritual development. On the other hand, a person inheriting a low serotonin level will automatically lean toward thinking he or she is and always will be unacceptable to God—too imperfect to measure up. Or if someone inherits a dopamine abnormality, that person may very well think he or she actually *is* God.

God has created each reader of this book to be unique. There never has been, nor will there ever be, another you! No other person will ever live the same experiences and face the same life choices as you will. The challenges faced by each of us, and those we love, however, are at the same time deeply individualized and reassuringly common.

This book was written to offer practical help. The authors will present the latest information on helping you, your family members, and other loved ones turn “blue genes” into “joy genes.” We hope to increase the joy and meaning in your life and improve relationships with those you love—as well as with the One who designed and created the very genes passed down by your ancestors to you.

We wish you and your family a happy journey as you proceed to learn more about what makes your genes fit and how to get the best wear from them—for life.

Blue Genes: Hope and Healing for You and Your Family

When I taught counseling to future pastors at Trinity Seminary in Chicago, most of my students were loving, joyful, family-oriented, practical people, eager to bring joy to others. But I repeatedly noticed one very sad student, Charles Rausch. Not all my students laughed at my jokes, but I never saw Charles crack a smile at a joke or for any reason.

I felt so sorry for Charles, I asked him if we could talk after class about his future, and he reluctantly agreed. I grabbed his student file, rushed to my office, and met him there. From his file I learned that Charles was married to an E.R. nurse and had three children, one for each year of the marriage so far. The family was living in poverty, with the couple refusing financial assistance from either set of parents, who had offered their help.

I checked the test Charles had taken upon application to Trinity Seminary: the MMPI, the main psychological personality test given

around the world. The results in Charles' case were somewhat shocking. He came out in the ninety-ninth percentile for depression and masochism (the need to suffer).

I told Charles, "Man, with an MMPI like this, I'll bet you are planning on becoming a missionary to Ethiopia."

"I am," he replied.

I assured Charles, "There is absolutely nothing wrong with going to help the good people of Ethiopia if God calls you to do that. But I just want you to think about whether you are being called to Ethiopia by God—or by your demanding mother!"

After seeing Charles weekly for counseling, I discovered Charles had an extensive family history of depression, with many relatives on both sides of his family tree who suffered from it. So I persuaded Charles to take an antidepressant for his inherited "blue genes," in his case, chronic dysthymia.

—PAUL MEIER, M.D.

His "blue genes" were responsible for blocking Charles' path to happiness; clearly, he's not alone. The nation's attention was drawn to the same subject on January 17, 2005, when *Time* magazine devoted half of its subject matter to the topic of "blue genes." In-depth articles discussed happiness, depression and what the latest research reveals about genetic tendencies toward depression, the role of serotonin, and people's attitudes about inherited brain abnormalities.

The magazine cover featured a brightly colored smiley face and the word "happiness" in big print. Compelling questions leaped from the cover: "Is joy in your genes?" "Does God want us to be happy?"

What do you think about those questions?

In a message on Psalm 19 at the Stonebriar Community Church in Frisco, Texas, Dr. Stan Toussaint (substituting for my regular pastor, Dr. Chuck Swindoll) detailed God's purposes for giving mankind the Holy

Scriptures. The number one reason is to restore our souls. God's second purpose for giving us the Bible is to teach us wisdom, how to survive in this complex world. And God's third purpose, according to Psalm 19, is "happiness."

The New Testament tells us that God became man, Jesus Christ, to enable us to have abundant lives. Additionally, when a person develops the fruit of the Spirit of God, he or she should have love rather than hatred, prejudice and bitterness. We will have happiness rather than depression. We will have peace rather than anxiety.

Does God want us to be happy? Of course He does. Our happiness is not His primary concern, but it is part of His plan for us. Some religious legalists teach the opposite of Scripture: desiring happiness is somehow a sin, and a truly spiritual person will live like the monk in a cave, with a ten-year vow of silence, suffering daily while walking miles in the hot sun just to get some bread and water.

Wouldn't it be better for that monk to give up his masochism and pride in his "super spirituality" and get out in the real world to help restore the souls of unhappy people? In psychiatry this phenomenon is called a "reaction formation." In other words, some people are so arrogant that they have a reaction formation and go to great extremes to prove to themselves and others that they are extremely humble when they are not. If a husband keeps accusing his wife of having an affair, for example, he is almost certainly struggling against those acts himself. If a preacher preaches against the same sin every week, he is probably enmeshed in that sin himself, or a similar sin.

THE ROAD TO HAPPINESS: MARY'S STORY

It's not wrong to be happy. Charles himself eventually found that balance in his life, thanks to a combination of medication and counseling. In his case, both treatments were required, though millions can be helped with medication alone, on the one hand, or counseling alone, on the other.

In fact, for some people the physical and mental “relief” from antidepressants, sleeping pills or tranquilizers actually discourages them from looking inward. Their motivation to discover repressed emotions, improve environmental factors, and make wise life choices actually diminishes. Many of these people could work to heal relationships, change thought patterns, or confront problems by going to counseling. These changes actually have the ability to correct brain chemistry without medication.

Mary Mullens was a good example of that. Mary was a 46-year-old homemaker who had lifelong depression and who, since her teen years, had been treated by family doctors with a wide variety of psychiatric medications, which provided only minimal relief from her suicidal urges. She came to the Meier Day Program in the Dallas area, hoping to receive just the right combination of medications to finally rid her of her depression.

But the more her counselors got to know Mary, through seven hours a day of group, educational and individual counseling, the clearer it was that her problem was not genetic. Her father was a chauvinistic, critical, domineering man. Her mother was passive. Mary, like 85 percent of human beings, had married someone very much like her parent of the opposite sex—a critical, controlling attorney.

In all her thirty years of unsuccessfully trying antidepressant medication, Mary had never received insight-oriented counseling. But she was swamped with it for three straight weeks in the Day Program.

Throughout her treatment, Mary wept often, forgave her parents and others, reprogrammed her brain, and learned to stand up to the control of her father and husband. By the end of three weeks, she had recovered from her depression for the first time in her life.

Her husband regretted the day he brought Mary to the clinic. He lost control of his former slave, and even threatened to sue the clinic, but changed his mind when he found out what Mary had said about his many marital abuses. She refused to live with him unless he got extensive help, and it finally dawned on him what a jerk he had been all his life. After a

few months of marital counseling, they moved back in together and have built quite a reasonable marriage in the past few years.

In a recent follow-up counseling session, Mary said her husband had been treating her well for several years now, in contrast to the years of verbal and even occasional physical abuse preceding his repentance. She said with a smile on her face, “He finally realized how much he really loves me and wants me to be there with him the rest of his life.”

Counseling such as Mary’s can lead to breakthroughs, but other factors also contribute. Dietary influences, for instance, may improve mental functioning by altering brain chemicals. Physicians have known for decades that the proper diet can make a difference in some depressed adults and children. Chapter 10 of this book contains a detailed picture of the way the food, nutrients, and vitamins we consume affect the brain.

WHAT MODERN MEDICINES CAN DO

In addition to counseling and nutrition, today an array of medications provides hope for those suffering from mental health disorders.

As medical knowledge rapidly progresses, researchers theorize that many mental health disorders may be due, in part, to genetic factors. The January 17 *Time* magazine articles estimated that up to 50 percent of the world’s population might have an underlying genetic propensity for mental health problems.

That means the 50 percent of those of us “lucky enough” to have blue genes often suffer from more psychiatric problems than the other half of the population. We are more prone to depression, sadness and anger, especially under stressful circumstances. The way our brains handle stress leads to abnormalities in the four major brain chemicals needed to prevent depression and anxiety. 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.

I have rather severe ADHD (attention deficit hyperactivity disorder) Before taking ADHD medications, I would sometimes make impulsive decisions that affected my family, such as blurting out negative comments or making impulsive financial decisions that hurt the family budget.

By taking ADHD medications every day, I can stay focused and organized and do a better job of being a family member and practicing psychiatry with my clients. They also help me write more articles and books.

In my practice of medicine, without these ADHD meds, I could make multiple mistakes, such as leaving dates off prescriptions, losing focus while clients are sharing extremely pertinent data, and so on. Moreover, I write about two or three books every year while on medications and could write only one book every two or three years without them. So if I were too prideful to admit that I had any mental dysfunction, and I refused to take psychiatric medications, I would hinder God, Who gave me that biochemical disability for a reason, using my books, radio talk shows, and TV guest appearances to influence millions of people for His cause. I would be taking the “all natural” route to impress my “new-age” neighbors (and legalistic believers), but accomplish one-third as much for Jesus and for my family.

—PAUL MEIER, M.D.

There is no stigma for people who take thyroid medications for inherited thyroid hormone deficiencies. Millions of diabetics take daily insulin injections giving little thought to the fact that many of them inherited their pancreatic deficiencies. 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. There is nothing in their lives to cause true guilt, only false guilt.

Are you ashamed when you take aspirin for a headache? Are you ashamed when you take an antibiotic for an infection? No, certainly not! These medications help your body where it is weak, where and when your body does not have enough strength to keep you in good health. Again, the brain is simply one more organ in this imperfect, fallen body God has given us, like the thyroid or pancreas. There is no difference, except in our cultural prejudices.

Some ignorant people will even criticize you for taking a psychiatric medication even though it helps you function better in daily life. Usually people who criticize others the most for taking medicines for the brain are people who have the most brain chemical deficiencies themselves.

When Benjamin Franklin discovered bifocals, some ignorant people called them “devil eyes.” In those days, people who wore glasses were often criticized. They were even told by Christian legalists that if they had enough faith in God, He would heal their poor eyesight. This heaped false guilt on people with poor vision whether they wore glasses or not. The same kinds of people today say similar foolish things to people who suffer depression, perfectionism (obsessive-compulsive disorder is severe perfectionism), anxiety, mood swings, schizophrenia, social phobia, paranoia, or even ADHD.

Several years ago, two students at Dallas Theological Seminary became psychotic around the same time. They experienced grandiose and paranoid delusions along with auditory hallucinations (hearing audible voices). They had both inherited schizophrenia, a genetic disorder that affects one percent of the population with symptoms beginning in the late teens or early 20's (though seldom after age 30). Several professors encouraged them to seek treatment in a psychiatric hospital, where both were given medications to correct their dopamine imbalances and restore them to normal within a few weeks, with the help of life-long medication.

One student continued on the medication and fully recovered. He finished seminary, then became a senior pastor at a sizable church and has been quite successful ever since.

The other student grew up in a legalistic church where medications that affected the brain were considered sinful. His pastor visited the hospital and persuaded the young seminarian to discharge early and stop taking medication. The pastor reasoned if this man had enough faith, he would be healed. That student never recovered and continues to be delusional and nonfunctional in society today. He still has the delusion that he is the governor of a large state and hears imaginary voices. His pastor blamed his lack of faith. Shouldn't the blame instead be placed on a pastor who refused to let God work through medication to restore a young man's life?

In the 1990s, an Israeli social worker who was a believer in Yeshua (Jesus), traveled to America for treatment in the Meier Day Program. She suffered from lifelong, severe obsessive compulsive disorder (OCD), which drove her to the point of daily suicidal urges. Still, she loved God and was very faithful in serving Him. She had an underlying genetic disorder involving serotonin. A serotonin antidepressant along with a proper diet resolved her obsessive thoughts and compulsive behaviors allowing her to experience joy and peace for the first time in her life.

When she returned to Israel, her synagogue convinced her that it was wrong to take medications for the brain. They convinced her that even though medications for medical illnesses were fine, psychiatric problems should totally rely on faith and prayer. So she stopped her medications and within a few weeks the obsessive thoughts, compulsive behaviors and daily suicidal urges returned. The synagogue leaders blamed the relapse on her lack of faith. This filled her with intense remorse and guilt. To escape the pain, she committed suicide by hanging herself.

In time, and after being confronted about their attitudes, many members of the congregation at last accepted the notion that mental disorders can be due to factors other than lack of faith. Several members repented of their words and actions toward the social worker. They were good people with good intentions, but they were still living in the dark ages when it came to medical and biblical understanding. Now, that same syna-

gogue uses several of Dr. Meier's books on genetic disorders when they encounter individuals with "blue genes."

When patients refuse psychiatric medications because they have been erroneously taught that all psychiatric problems are spiritual, their lives and those of their families are deeply affected. Consider the examples just presented: The student who humbled himself to take lifelong medication that helps correct his chemical imbalance was able to marry, raise a family, and serve God in an effective, lifelong pastoral ministry. The other seminary student and the Israeli social worker never married, raised children, or served God in an effective way. Both of them most likely would have gone on to live productive and quite normal lives if they had not refused biochemical help.

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. After all, if your car runs out of power-steering fluid, you pull over and pray, but you also call Triple-A (or other help). In the same way, you need to get help when your brain runs out of its power-steering fluid, which is serotonin.

HOPE AND HELP FOR BLUE GENES

Scientific and medical knowledge are exploding in this amazing age of technology, with a doubling rate of five years. Most of the medications we use today were not even on the market five years ago. They offer opportunities for healing that truly reflect God's care and love. Here is just one example of a dramatic life change witnessed at our Meier Day Program:

I was amazed at the miraculous healings that took place using biblical counseling principles and the best new medications. I saw a young college graduate come in who had been both schizophrenic and bipolar all her life and still somehow managed to get through school. All her

life, she had paranoid delusions and heard audible voices saying negative things to her.

She couldn't even shop at a grocery store without thinking people were constantly following her down each aisle. She was suicidal almost every day of her life and learned to live in this horrible pain. Dr. Meier and his staff went way out of their way to show her respect and love, and even gave her appropriate hugs for her breakthroughs. Dr. Meier also placed her on a dopamine medication that had only become available that year, along with natural phenylalanine and B6 so her brain would have the raw materials to form the dopamine she so desperately needed in order to gain sanity for the first time in her life.

The new medication helped her brain hang on to the dopamine it was making, and on the eighth day, she went from being a lifelong "insane" person to a normal person, with no delusions, no hallucinations, no anxiety, no paranoia, no depression. In fact, she met herself as a normal person for the first time in her life. All the other clients were amazed as well. I have seen many patients throughout my life, earned three doctorates and written books in France, but I had never seen anything like this in my life, and Dr. Meier's staff does this kind of modern day miracle day in and day out, so routinely that to them it is no harder than changing a flat tire on a car.

—DR. JEAN-LUC BERTRAND

Charles' story from earlier in this chapter also reflects a positive outcome.

After Charles recovered from his lifelong depression, he learned to smile and laugh and was filled with joy. He and his family went on to become missionaries to Ethiopia, where Charles remains today. But Charles did change his plans and ended up going with a supportive mission board, under much less masochistic circumstances than he had

originally intended. He would attest to a fulfilling, productive life, filled with love and joy.

If Charles ever quits his antidepressants, he will become as miserable as he was before, but he assures me by e-mail, thirty years later, that he never will. He knows he has inherited blue genes, and he has them well under control. He also has his family and friends high on life's priority list, realizing that as a missionary, he can only give out as much love as he takes in. His life has changed for the better, for the happier.

I love my job! I would rather be a psychiatrist today than to be the President of the United States (although flying around in Air Force One would be nice). The opportunity to help hurting people like Charles change their lives is very rewarding. But it also 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 medications or for receiving "psychological" counseling.

—PAUL MEIER, M.D.

Help is available to all, no matter the cost. The large group of psychiatrists, psychologists and therapists who work at our national, non-profit chain of psychiatric clinics sees over three thousand patients each week. More than 80 percent of patients recover fully with no medications at all, just excellent Christian-based counseling. And God has allowed us to offer over a million dollars in charitable care each year. We are thrilled and awed and thankful to God and the generous Christians who support us.

Through this book we hope to help people understand how genetic makeup affects mental functioning. Our prayer is that it might provide a practical resource, so that if you or one of your family members is suffering from depression or anxiety, you will know where to start.

Inheriting "blue genes" in no way means you cannot and should not

live a normal life. The best way to do this is by learning who you truly are, your authentic self. There has never been another you, and the only one who knows you better than you know yourself is God, our Creator, who cares for us so much that He knows the number of hairs on our head. Take this challenge: Educate yourself on your personality! This can be a scary task, because while we find our strengths, we also realize our weaknesses.

Millions of people know only their strengths. Who are they? The arrogant, the un-empathetic, and those who will secretly suffer with a horrible depression or anxiety, because they are too afraid of looking weak if they reach out for help.

Millions of people know only their weaknesses. Who are they? They are the perpetual victims in our society. They spend their time blaming others for their predicament and trying to elicit pity rather than trying to overcome.

When you learn your own strengths and weaknesses, you can then be an educated human instrument of love to the people you love and care about. How? By passing along the amazing information you will discover in this book. Many of our Day Program patients would never have come to the Meier Clinics without being pushed by their families. Depressed people usually want help, but are often too depressed to actually seek it.

Some patients arrive at the urging of a spouse or family member with no intention of learning anything about themselves. Their goal is to try the program just long enough to appease the insistent family member so they can then say, “See, I told you this wouldn’t work.” To our ongoing amazement—and we give all the glory to God—lives continue to be changed for the better.

Often when a patient leaves the Day Program, a family member or friend will come a few weeks later. They see how this person’s whole life has been changed. The patients who complete the three-week program usually have a better understanding of their own bodies, souls, and minds.

After three weeks of spilling their innermost thoughts, feelings and motives with fellow group members in various kinds of group therapy,

they generally learn how to develop improved relationships with themselves, with others, and with the real God (not merely the imagined Heavenly version of their earthly fathers as most humans visualize their version of a “god”). These family members, seeing immense changes for the better, now want what this person has.

God wants us to know Him and He wants us to know ourselves (good and bad). You get one life on this earth. Why not live it to the fullest? So many people live the one life God has given them doing exactly what others tell them to do. Parents, spouses, pastors, or best friends all may mean well, but God wants you to search His will for you and make your own decisions.

As you read this book, please keep an open mind. Look for ways God might be speaking to you through this book. Also look for ways God can use you through this book to help someone else who is suffering.

About the Authors

PAUL MEIER, M.D.

Author of over seventy books, Paul Meier is a pioneer in the integration of the genetic, psychological and spiritual nature of man, with advanced degrees in Human Physiology (Michigan State University), Medicine (The University of Arkansas Medical School), Psychiatry (Duke University Medical School), and biblical studies (begun at Trinity Evangelical Divinity School and completed at Dallas Theological Seminary). He taught full-time at Trinity Seminary in the Chicago area for eighteen months and at Dallas Theological Seminary for twelve years. He and his sister, Nancy Brown, founded the national chain of Meier Clinics, a non-profit, 501c3 organization (1-888-7-CLINIC; website: <http://www.meierclinics.org>.) He is also one of the developers of the To Your Health Liquid Vitamins and To Your Health Liquid Weight Management, available on the Meier Clinics website.

Dr. Meier has practiced psychiatry for over thirty years, has written over seventy books, and has trained missionaries, pastors and professional therapists in France, Germany, Greece, Israel, Cuba, Peru, Sweden, Norway and Denmark.

Dr. Meier was one of the original founding members of the Focus on the Family Physicians Resource Council. He co-authored one of the original books on the topic of codependency, *Love Is a Choice*, which sold over one million copies, co-authored *Happiness Is a Choice* in 1978 with Frank Minirth, M.D., and co-authored *Unbreakable Bonds: Practicing the Art of Loving and Being Loved*, with his daughter, Dr. Cheryl Meier (psychologist).

TODD CLEMENTS, M.D.

Child, Adolescent and Adult Psychiatrist, former youth pastor, and president of all four of his medical classes, he was elected Chief Psychiatry resident by his peers at the University of Oklahoma Medical Center. He has served as co-host with Dr. Paul Meier of the Meier Clinic national radio program. Dr. Clements is a second cousin of Samuel L. Clemens, also known as literary legend Mark Twain.

JEAN-LUC BERTRAND, D.M.D.

With doctorates in medical dentistry and psychology, Dr. Bertrand is a writer, documentary producer, and former pro sports team owner in Paris, France, where he currently resides. He is founder of Generation Africa (www.generation-africa.net), which ministers to tens of thousands of AIDS orphans, and he is also Paul Meier's longtime prayer partner.

DAVID MANDT, M.A.

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