PROPHETS OF PSYCHOHERESY I

by Martin and Deidre Bobgan

Comments Regarding Part Three for the Web

The book *Prophets of PsychoHeresy I* has been out-of-print for some time now. However, there have been numerous requests for this book, which included a critical analysis of the work of Dr. Paul Meier and Dr. Frank Minirth in Part Three. Because their work continues to be promoted, used, and trusted, we decided to post Part Three of *Prophets of PsychoHeresy I* on our web site as a service to Christians concerned about the integration of psychology and Christianity and to those caught in its deception.

Here we include a condensed version of the original introduction to the entire book, introductory comments by Dr. Hilton P. Terrell, a brief introduction to Part Three titled "Fellowship with Freud," and chapters 16 through 21 of *Prophets of PsychoHeresy I*. (Part Two of *Prophets of PsychoHeresy I*, which critiques the writings of Larry Crabb, has been expanded and updated in the book titled *Larry Crabb's Gospel*. See Books.)

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Prophets of PsychoHeresy (Introduction)
by Martin and Deidre Bobgan

Throughout the original *Prophets of PsychoHeresy I* book we attempted to reveal the source of the wisdom behind the psychologies that are being made palatable and promising to Christians. We did this to encourage believers who truly love God to turn away from the wisdom of men and once again rely solely on the Lord and His Word in matters of life and conduct. For some readers, this section of the book, which critiques the writing and speaking of Paul Meier and Frank Minirth, will be a confirmation of their suspicions. For others it will be an encouragement to be steadfast in the faith. For still

others it will be a difficult challenge. And yet others, we fear, will simply take a stronger stand for integration and all it implies.

The title *Prophets of PsychoHeresy* may require some explanation. We use the word *prophet* according to the dictionary definition which says, "A spokesman for some cause, group, movement, etc." These men are spokesmen for the use of the types of psychology that underlie what is known as psychotherapy or psychological counseling. We use the term *psychoheresy* because what we describe is psychological heresy. It is heresy in that it is a departure away from absolute confidence in the biblical truth of God and toward faith in the unproven, unscientific psychological opinions of men.

When we speak of psychology we are not referring to the entire discipline of psychology. Instead we are speaking about that part of psychology which deals with the very nature of man, how he should live, and how he should change. This includes psychological counseling, clinical counseling, psychotherapy, and the psychological aspects of psychiatry.

Our position on the matter of psychology and the Bible is more fully stated in our books *PsychoHeresy* and *The End of "Christian Psychology."* We believe that mental-emotional-behavioral problems of living (nonorganic problems) should be ministered to by biblical encouragement, exhortation, preaching, teaching, and counseling which depends solely upon the truth of God's Word without incorporating the unproven and unscientific psychological opinions of men. Then, if there are biological, medical problems, the person should seek medical rather than psychological assistance.

The opposing position varies from the sole use of psychology without the use of any Scripture to an integration of the two in varying amounts, depending upon the personal judgment of the individual. Integration is the attempt to combine theories, ideas, and opinions from psychotherapy, clinical psychology, counseling psychology, and their underlying psychologies with Scripture. Christian integrationists use psychological opinions about the nature of man, why he does what he does, and how he can change, in ways that seem to them to be compatible with their Christian faith or their view of the Bible. They may quote from the Bible, utilize certain biblical principles, and attempt to stay within what they consider to be Christian or biblical guidelines. Nevertheless, they do not demonstrate confidence in the Word of God for all matters of life, conduct, and counseling. Therefore they use the secular psychological theories and techniques in what they would consider to be a Christian way.

We believe in the absolute sufficiency of Scripture in all matters of life and conduct (2 Peter 1). Thus we regard our position as being a high view of Scripture; and we refer to the point of view we are criticizing as a high view of psychology.

We admit that ours is a minority position that seems to be shrinking in support as Christians seek to confront the problems of life. Almost everywhere one turns in the church one sees psychology. The psychologizing of Christianity has reached epidemic proportions. We see it everywhere in the church, from psychologized sermons to psychologized persons. However, as we have demonstrated in our other books, the psychologizing of the church is not biblically or scientifically justifiable.

We live in an era in which those who profess faith in Jesus Christ have become followers of men just as in the Corinthian church. Therefore, to criticize one of these men is to put oneself in a vulnerable position. How dare anyone say anything about the

teachings of such popular, influential leaders? Nevertheless, we believe that it is necessary for Christians to become discerning of what they read and hear.

There is a strong tendency to forget to be a Berean, to neglect thinking for oneself, and to receive teachings without comparison with the Word of God. Rather than examining teaching with the Word of God, many Christians assume that if a particular man, whom they trust, has said something, it must be true. They often base this assumption on reputation, degrees, and institutions. Also, if a man or institution has been known for teaching correct doctrine in the past, the assumption is that current teachings must be orthodox as well. Just because a teacher quotes the Bible and says some very good things does not mean that everything he says is true or biblically sound. Only the Word of God can be entirely trusted.

In our past writing we have often referred to research studies, because if a case can be made for the use of psychology, it must be supported in the research. Private practice therapists generally do not do research and when they do, it is not generally reliable. We stress this point because Christian professional counselors who write books and speak refer to their own personal approaches as if they are successful, when, as a matter of fact, either unreliable research or no research has been conducted to indicate the efficacy of their work. Therefore, it is essential to pay attention to the academic researchers instead of accepting the testimonies of Christian professional counselors, unless backed up by reliable research. That is one reason why we quote research in our work.

We want to make it perfectly clear, however, that we believe the Bible stands on its own. It does not need scientific verification or any kind of research support. Christian presuppositions begin with Scripture, and any information culled from the environment is answerable to Scripture, not vice versa. Therefore, we do not use results of research to prove that the Bible is right, even when they may seem to agree with Scripture. That is totally unnecessary. Scientific investigation is limited by the fact that it is conducted by fallible humans, while the Bible is the inspired Word of God.

The Bible records God's revelation to humanity about Himself and about the human condition. It is very clear about its role in revealing the condition of man, why he is the way he is and how he changes. Psychological theories offer a variety of explanations about the same concerns, but they are merely scientific-sounding opinions and speculations.

Paul repudiated the use of such worldly wisdom and depended upon the power of the cross of Christ, the presence of the indwelling Holy Spirit, and the efficacy of the life changing Word of God in all matters of life and holiness. Paul's denunciation of worldly wisdom was no mere quibble over words. He saw the grave danger of trying to mix worldly wisdom (the opinions of men) with the way of the cross (1 Cor. 1:18-21). Just as it may appear to be foolish to rely solely on the cross, the Word of God and the Holy Spirit in matters of life and conduct today, it certainly appeared foolish then.

No one can know God through worldly wisdom. Nor can anyone be saved. Yet some will say that the theories of counseling psychology are useful and even necessary for Christians in their daily lives. However, the theories and philosophies behind psychotherapy and counseling psychology were all originated by men who turned their back on God, men who were wise in their own eyes, but foolish in the eyes of God.

If indeed Jesus "is made unto us wisdom, and righteousness, and sanctification, and redemption" (1 Cor. 1:30), one wonders why any Christian would desire to look in the ash heap of secular opinions posing as science. What else is necessary for living the Christian life, when His very presence provides all that we require for wisdom, righteousness, sanctification, and redemption? All is provided in Jesus, mediated to us by the Holy Spirit in accordance with the written Word of God.

When a believer turns to theories and therapies of worldly wisdom, there is a strong tendency to give at least part of the credit to someone or something other than the Lord. On the other hand, when a believer turns to God and His Word, trusts God to work His good pleasure in his life, and obeys God's Word through the wisdom and power of the indwelling Holy Spirit, the praise, gratitude and glory go to the Lord.

Paul was well-educated and well-acquainted with the wisdom of the Greeks. However, he refused to use anything that would detract from the testimony of God (1 Cor. 2:1-5). The psychological way unnecessarily brings man's wisdom into the church. Testimonies of the Lord working sovereignly through His Word and His Holy Spirit in the trials of life are becoming more and more scarce, while honor and praise are being given to those who give forth worldly psychological wisdom. Faith is ever so subtly being shifted from the power of God to a combination of God and the wisdom of men. And when it comes to the more serious problems of living, the shift is so great that God is left out almost altogether.

Paul had no use for the wisdom of the world. On the other hand, he understood that wisdom from God comes as a gift. It cannot be reduced to formulas or techniques or anything controlled by human beings. Perhaps the wisdom of God is scarce these days because of the confidence being placed in the wisdom of men. Thus, rather than asking in faith and waiting on God for wisdom, believers are wavering. Or worse yet, Christians are asking psychologists in faith and expecting them to perform miracles. Thus they are caught in a web of double-mindedness, which is a very applicable description of the integration of psychology and the Bible.

The apostles and the early church would be horrified to see what is replacing the pure work of God through His Word and His Holy Spirit throughout the church today. They would wonder if Christians had forgotten the great promises of God and the blessed truths of their present inheritance. They would wonder if the Holy Spirit has been shoved into a corner and ignored in the daily course of Christians' lives. Since we have received the Spirit of God, since we have the written Word of God, and since He leads us into wisdom in our daily affairs, it is foolishness to look for answers to the problems of living in the wisdom of men. He gives spiritual discernment. But if we continue to listen to the world's philosophies and psychologies to understand the condition of man, why he is the way he is, and how he is to live, we will lose spiritual discernment. We will drown out the pure doctrine of the Word of God and fail to know the mind of Christ.

Next - Part Three Comments

PART THREE COMMENTS

by Hilton P. Terrell, M.D.

The fondness of Christians for the prolific spawn of popular psychotherapies should be a cause for embarrassment and admonition from Church leaders. Instead, Christian psychiatrists and psychologists who rework alien dogmas into facsimiles of biblical truth are immunized against needed criticism. The vaccine is composed of their undeniable personal zeal for Christ, a generous use of Bible passages (albeit of dubious relevance to their desired points) and the Church's ignorance of the true nature of psychotherapy. A Trojan horse full of dangerous psychofantasies has been professionally prepared for us by Christian psychiatrists and psychologists. The hollow idol has been dragged into the Church by non-professionals, whose eagerness to have the world's psychological teachings accounts for their acceptance more than does the professional's handiwork.

In our early post-Christian culture Christians are increasingly required to stand apart. It is uncomfortable. We want someone to lower our profile by "Christianizing" competing secular doctrines the way Darwinism was managed. We tell ourselves that Christians should use the best knowledge available in Christ's service. Apologists for the syncretism of biblical truth and psychological "truth" often say, "All truth is God's truth." The issue is precisely there. In *Happiness Is a Choice*, Drs. Minirth and Meier presuppose that their discipline offers some truth regarding the hidden, non-material aspect of human nature and that their psychotherapy offers a legitimate means of fleshing out biblical truth for application. It is not so. Whereas observational sciences can build upon biblical presuppositions to our aid, observation offers no brief on issues of the inner man. Only the trappings, the lingo, the aura of science attend psychoanalytic practices. Frequent references to "health" or biochemistry do not verify medical pronouncements on matters of the spirit. At base, such therapies stand upon dogma, not scientific observations, and the dogma is the odious one of Freud and his followers who were some of the century's most anti-Christ teachers.,

No amount of well-intentioned refinement of deadly doctrines will make them clean for use by Christians. Though gems are occasionally found in coal mines, Christians who go fossicking for gems of God's truth in psychoanalytic coal mines will usually emerge empty-handed and filthy. Professional and non-professional Christians of discernment should avoid the dangerous system completely.

PART THREE: FELLOWSHIP WITH FREUD

by Martin and Deidre Bobgan

Psychiatrists Dr. Paul Meier and Dr. Frank Minirth are well-known for their best-selling books, nation-wide radio and television programs, and clinic, which is one of the largest private psychiatric clinics in America. In addition, they have taught for years at Dallas Theological Seminary. They are certainly among the ranks of the most popular psychologizers of Christianity in the contemporary church.

In this critique we examine Meier and Minirth's writing and speaking. Although some of what they have written has been coauthored with others, we do not refer to them, since

we are only critiquing Meier and Minirth in this section. We assume that (even if one of the other authors had written what we quote) it represents Meier and Minirth's view or they would have rejected it. Also, we assume that since the radio program features both Meier and Minirth, if one speaks on a subject the other is in agreement unless a contrary opinion is given. Thus, in this critique, when we quote Meier from a radio broadcast, we assume that Minirth is in agreement.

We quote from their earlier books as well as their most recent ones, since we do not see a significant change in their teaching. In fact, they have repeated much of the content of their earlier books in later books, tapes, and recent broadcasts. For example, their very popular book *Happiness is a Choice* was copyrighted in 1978. However, the tape series with the same title, which is based on that book and which contains much of the same teachings, was copyrighted in late 1986. They also promote many of the same themes on their radio and television programs and continue to promote their earlier books.

Because Meier and Minirth have written so many books together and individually and also because of their extensive media work and public speaking, it is not possible to critique all that they have said and written. For example we do not address their unbiblical position on self-esteem, self-image, and self-worth. (We may do that in a future volume.) Much more research and exegesis of Scripture could have been included on each of the topics in this section. However, we wanted to include just enough to build our case. The footnotes provided will give more exhaustive research information for those who are interested.

PROPHETS OF PSYCHOHERESY I

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Chapter 16

FREUDIAN FOUNDATIONS

Brain Amine Theory.

Depression is one of Meier and Minirth's major writing and speaking themes. They proclaim a very specific scientific-sounding view of depression. Their idea of depression has two parts. The first has to do with brain chemicals and the second has to do with repression and denial. The scientific basis for their ideas about brain chemicals is obsolete. And their ideas about repression and denial are based primarily on unsubstantiated Freudian theory, although they do not identify them as such.

Meier and Minirth repeatedly claim that holding grudges causes depletion of certain brain chemicals and therefore results in depression. The following was stated on their popular radio program:

> Other than medical causes, holding grudges is the only thing I know that causes serotonin and norepinephrine to get depleted unless you're in the one percent that have manic depressive, bipolar disorder or something like that. . . . If your physical exam is normal there's a ninety-nine percent probability that you're holding grudges.[1]

On another program the following was said in reference to the grudge-chemical-depletion-depression statement: "We have said this a thousand times in the last two or three years on this program."[2] Meier says in their publication, *Christian Psychology for Today* :

> One truth that psychiatric and psychological research has discovered in the last twenty to thirty years is that, when we hold grudges, the chemicals serotonin and norepinephrine are depleted in the brain and this is the cause of clinical depressions. When a person forgives, that helps bring these chemicals back into balance.[3]

That idea is repeated in their books, such as *Happiness is a Choice*[4] and *Introduction to Psychology and Counseling*.[5] In their latest book they say, "When a person holds in her rage, the brain's supply of two key chemical—serotonin and norepinephrine—is depleted, and symptoms of depression result."[6]

In order to evaluate Meier and Minirth's statements about brain chemicals in relation to depression, it is necessary to look briefly at some of the research. There is a unique group of chemicals that occur naturally in the human brain. These chemicals, called *neurotransmitters*, help pass messages along within the brain. In fact there are

approximately 100,000 chemical reactions per second occurring in the brain.[7] Their involvement in human behavior has been the focus of much recent research.

One group of these chemicals is known as *monoamine neurotransmitters*. The three key transmitters are called *norepinephrine*, *serotonin*, and *dopamine*. Some research has indicated that major depression **may** be caused by a deficiency of serotonin and norepinephrine.[8] This is a tentative statement because there is not enough conclusive evidence to support the hypothesis. However, Meier and Minirth take tentative suggestions from research and turn them into authoritative statements. They declare that "the chemicals serotonin and norepinephrine **are** depleted in the brain and this **is** the cause of clinical depressions."[9] (Emphasis added.) But there is a huge difference between *may* (according to research) and *are* and *is* (according to Meier and Minirth). As medical doctor, researcher Nancy Andreasen says in her book *The Broken Brain*, the neurochemical hypothesis is "theory rather than fact."[10] The *Mayo Clinic Health Letter* also raises this important question: "Are the chemical changes a cause or a symptom of the problem?"[11] In other words, what came first? The depression or the brain neurochemical depletion?

Meier and Minirth treat hypotheses as proven facts, but there is a huge difference between a scientific hypothesis and a proven fact. One is a statement leading to investigation; the other is a conclusion which has been repeatedly proven through scientific rigor. In the area of brain chemicals, we see great caution in the research. Dr. Athanasios Zis and Dr. Frederick Goodwin present a very balanced research-based view of what is known as the "amine hypothesis." (Serotonin and norepinephrine, as well as the other neurotransmitters, are known as *amines*.) Zis and Goodwin review the various research studies having to do with the amine-depletion hypothesis and reveal that earlier formulations of the amine hypothesis are too simplistic to explain all of the research results. They quote recent investigations which indicate that "the initial formulations involving too little or too much neurotransmitters have not been very well substantiated."[12]

Three medical researchers, Joseph Schildkraut, Alan Green, and John Mooney, also contend that accumulating information from research studies requires more than a simple hypothesis, such as the brain amine one. In addition they say:

> At the present time the field seems to be in a new phase characterized by the broad-ranging accumulation of empirical data, much of which cannot be encompassed within any one theoretical framework.[13]

Meier and Minirth connect neurotransmitter depletion and depression in a direct, affirmative, and even dogmatic manner, while researchers (who are actually investigating the data) use caution and question the hypothesis. Meier and Minirth not only accuse grudges of lowering the brain chemicals and making one depressed; but they also accuse anger and guilt of doing the same.[14]

Whether one accuses grudges or anger or guilt of lowering the neurochemical levels, the problem is still the same. It is a theory, not a fact, and a theory that is too simplistic when viewed through the accumulated research. But above and beyond their over-confidently-stated and over-simplified statement, there is another issue involved that is

more serious than the obsolete information they repeatedly recite, and that is their use of Freudian theory. The most serious issue concerning their use of a brain neurotransmitter theory is that it serves as a scientific facade for their Freudian doctrine.

Freudian Theory.

Meier and Minirth reveal their love for Freudian ideas throughout their books. In *Happiness Is a Choice* they present five stages of grief. Stage one is denial, which they say "usually does not last very long."[15] They label the second stage as "Anger Turned Outward" and say:

> The second stage that **all** of us experience whenever we suffer a significant loss is an angry reaction toward someone other than ourselves. We even feel anger toward the person who died, even though he had no choice in the matter. This ***always*** happens when a young child loses one of his parents due to death or divorce.[16] (Bold emphasis added; italics theirs.)

They also repeat this idea in other sections of the book.[17] They identify stage three as "Anger Turned Inward." They contend that following anger turned outward, "the grieving person begins to feel guilty,"[18] and then, because of the guilt, the person turns his anger inward. They recommend "genuine grief" or weeping (stage four) to bring the person to a resolution (stage five). And finally, they say, "**Every** normal human being, after suffering a significant loss or reversal, goes through all five stages of grief."[19] (Emphasis added.)

Before we address the psychological framework behind their presentation of the five stages of grief, please notice Meier and Minirth's use of the words *every*, *all*, and *always*. On the one hand, there is no footnote to support the above statements; on the other hand, they do not say that it is just their own personal opinion. Human behavior is so complex and varied that statements about it that employ such superlatives as *every*, *all*, and *always* are usually wrong. And the above is definitely wrong.

Contained within their theory of grief (sprinkled with superlatives) is their Freudian theory of depression. In fact, the Freudian theory of depression is seen throughout *Happiness Is a Choice* as well as their other writing and speaking. Throughout *Happiness Is a Choice* we read over and over again about anger turned inward, pent-up anger, stuffed anger, and grudges.[20] In its three-part series on depression, the *Harvard Medical School Mental Health Letter* describes the Freudian psychodynamic theory of depression. After explaining the dynamics involved, the authors say that according to Freud "depression is anger turned inward."[21]

The *Letter* mentions that Freud believed that depression is "an expression of unconscious hostility."[22] Meier and Minirth repeatedly use the words *unconscious* and *subconscious* throughout *Happiness Is a Choice* and on their daily broadcast. They say, "Anxiety is the underlying cause of most psychiatric problems," and that anxiety is the result of unconscious conflicts.[23] Elsewhere, Minirth says that "scientific data has shown the importance of the unconscious mind."[24]

Meier and Minirth's idea of anger turned inward from loss of a parent is psychoanalytic. Dr. E. S. Paykel says in the *Handbook of Affective Disorders* :

> Traditional views suggest that depression is particularly induced by certain types of events. Most prominent in the literature is the role of loss. The psychoanalytic concept of loss is a broad one, including not only deaths and other separations from key interpersonal figures, but also losses of limbs and other bodily parts, loss of self-esteem and of narcissistic self-gratification.[25]

We see then that the loss concept is psychoanalytic and has a variety of possibilities. The main area of loss seen in the literature is primarily that of "loss of a parent in childhood, by death or other causes."[26] After reviewing the various studies, Paykel concludes, "It is difficult to reach clear conclusions regarding the effects of early loss on depression."[27] Meier and Minirth obviously reached a clear conclusion, but it is not supported in the research.

According to Freud, the unconscious is not just a place where thoughts and emotions which we are not presently consciously aware of reside. He believed that the unconscious was the place where repressed ideas exist. He further taught that the prime source of these repressed ideas is early life experiences. The *Harvard Medical School Mental Health Letter* says, "In his famous essay 'Mourning and Melancholia,' Freud suggested that depression is a kind of unconscious mourning."[28] According to Freud's theory, the unconscious is the repository for early life grief. That grief is precipitated by a loss (such as the loss of a loved one) and involves anger turned outward toward the loved object. The anger then turns to guilt and is followed by anger turned inward. Meier and Minirth say, "Guilt is a common cause of depression because guilt is a form of pent-up anger. Guilt is anger toward yourself."[29] In speaking of depression, Freud says:

> So we find the key to the clinical picture: We perceive that the self-reproaches are reproaches against a loved object which have been shifted away from it on to the patient's own ego.[30]

The self-criticism and guilt supposedly demonstrate that depression is anger turned inward.[31] According to Meier and Minirth, "Somehow, pent-up anger is **always** involved in any genuine clinical depression."[32] (Emphasis added.)

A central element in Freud's psychoanalytic theory is that of repression. *The Dictionary of Psychology* defines *repression* as "Freud's term for the unconscious tendency to exclude from consciousness unpleasant or painful ideas. It is a concept of major importance in psychoanalysis."[33] In the index for *Happiness Is a Choice* there are numerous entries under *repression of anger*.[34] In going to the many pages listed, one finds, in addition to *repressed anger* and *repressed emotions*, other terms, such as pent-up anger and anger turned inward. It is difficult to escape the conclusion that all of these terms are related to Freud's theory of repression.

In describing the psychodynamics of depression, Dr. Myer Mendelson speaks of the evolution of the Freudian view of depression. He describes Freud's early theory of depression as follows:

> Freud was never more Victorian than when he confidently expatiated the pathological consequences of masturbation. "I am now asserting that every

> neurasthenia is sexual" (italics in the original) and neurasthenia, he felt, was caused by excessive and abnormal sexual discharge through masturbation, resulting in sexual anaesthesia and weakness. Freud saw "striking connections" between this sexual anaesthesia and melancholia. "Everything that provokes anaesthesia encourages the generation of melancholia . . . melancholia is generated as an intensification of neurasthenia through masturbation."[35]

We mention this first aberrational idea of Freud's as an example of how wrong he could be. Science has made a mockery of both his initially outrageous ideas and his theory of psychic repression.

Dr. Adolf Grunbaum, who is the Andrew Mellon Professor of Philosophy and Research Professor of Psychiatry, refers to Freud's idea of psychic repression as the cornerstone of psychoanalysis in his book *The Foundations of Psychoanalysis*.[36] After carefully analyzing Freud's arguments for his theory of personality and therapy, he finds "the cornerstone theory of repression to be clinically ill-founded."[37]

Dr. David Holmes reviewed a large number of research studies having to do with the possible existence of repression. He concludes that concerning repression "there is no consistent research evidence to support the hypothesis."[38] He further comments on the failure of numerous studies to support the reality of this Freudian notion and then says, "At present we can only conclude that there is no evidence that repression does exist."[39]

According to Freud's theory, a later life incident reactivates or triggers the anger, causing a delayed grief.[40] Meier refers to "current day stress" and says:

> When you're over-reacting to current situations it is because there's something else deep within that's unresolved. It's somewhat similar and it triggers those unresolved anxieties.[41]

Meier and Minirth also refer to this in *Happiness is a Choice* and *Introduction to Psychology and Counseling*.[42] They further say:

> A person who becomes clinically depressed for the first time at age forty in all likelihood had some contributing roots to his depression planted at age four.[43]

Grief stages four and five (genuine grief and resolution) also parallel Freudian theory. Freud believed in what he called "grief work," which would be similar to stage four, which leads to the final stage of resolution.[44] The parallel between the Freudian view of depression and the Meier and Minirth view is undeniable.

Grudges, Forgiveness, and Depression.

Although their dated view of brain chemical depletion and their love of Freudian theory were transparent to us, two of their comments puzzled us. The first is their implication of grudges and depression and the second is their statement: "When a person forgives, that helps bring these chemicals back into balance."[45] We could find no clue in the research to support either of those ideas. Nor were there any footnotes in Meier and

Minirth's books to lead us to research related to those two concepts. The absence of support in the research and in their books raises a question as to the source for those ideas.

The closest we could get to the use of the word *grudges* is in the following statements from *Happiness Is a Choice*:

> In Ephesians 4:26, the apostle Paul tells us that we can get angry without sinning, but that we should never let the sun go down on our wrath (that is, we should not hold grudges past bedtime).[46]

> The root problem in nearly all depressions is pent-up anger either toward ourselves (true or false guilt) or toward others (holding grudges). These grudges are usually *unconscious*. . . .[47] (Emphasis theirs.)

They seem to equate anger toward others with grudges. The dictionary defines *grudge* as "a strong or continued feeling of hostility or ill will against someone" and *anger* as "a feeling of displeasure resulting from injury, mistreatment, opposition, etc., and usually showing itself in a desire to fight back at the supposed cause of this feeling."[48] Although the dictionary indicates that these two words are not equivalents, Meier and Minirth's use of them would still fit their Freudian position.

They do not support the forgiveness statement they make. It is certainly appropriate to encourage biblical forgiveness. However, it is not appropriate to relate forgiveness to neurotransmitter balance unless it is at least suggested in the research. It may be that they are assuming, without proof, that forgiveness leading to reduction in grudges or repressed anger prevents the brain amines from being depleted and thereby relieves or prevents depression. With no footnote or evidence, they declare: "An individual needs to forgive in order to prevent depression."[49] But, one should not state an idea as a fact when it is only an opinion, especially when that idea is in the context of some seemingly scientific material. One might hope for a depression to lift through forgiveness, but in all fairness, it should not be stated as axiomatic without research support.

Meier and Minirth take the Freudian notion of pent-up anger, add a dated, yet-to-be-proven hypothesis about brain amine depletion for scientific proof and a Bible verse on forgiveness, and present it as a scientific, biblical remedy for depression. Freud's unproven personal opinion combined with a dated brain amine theory and baptized with a biblical doctrine makes it look palatable to many Christians. However, adding one unproven psychological opinion of one man (Freud) and one dated scientific theory (amine hypothesis) to one biblical doctrine of forgiveness subtracts from Scripture rather than adding to it.

Biblicizing Freud.

Aside from the use of forgiveness in their depression formula, Meier and Minirth also attempt to biblicize the unconscious by quoting Jeremiah. They say:

> Jeremiah 17:9 is the key to Christian psychiatry: "The heart is deceitful above all things, and desperately wicked, who can know it?" The prophet Jeremiah is saying

> that we humans cannot fathom or comprehend how desperately sinful and deceitful our heart is—our unconscious motives, conflicts, drives, emotions, and thoughts.[50]

Meier and Minirth simply equate *heart* and *unconscious*, without any exegetical reasoning. They just assume that the two are the same. In fact, they quote *The New International Version* of Proverbs 21:2, “All a man’s ways seem right to him, but the LORD weighs the heart,” as so-called biblical evidence for unconscious defense mechanisms. This is not only using the Bible to promote Freudian ideas; this is a theology based upon the Freudian unconscious.

We have already discussed, in the section on Dr. Lawrence Crabb’s psychology, the problem of equating the heart, as used in the Bible, with the unconscious as described by Freud and others. Therefore we will not repeat it here except to say that there is no biblical support for equating the heart with the unconscious. The word *heart* in the Bible refers to the inner man. And, throughout Scripture the heart is the seat of conscious activity, including attitudes, thoughts, choices, desires, and emotions.

Equating the biblical concept of heart with the psychological concept of the unconscious is an example of attempting to biblicize an unproven psychological notion. Notice the ease with which Meier and Minirth equate the heart with the unconscious. Notice also that they give no exegesis of Scripture to support their glib pronouncement. If indeed “Jeremiah 17:9 is the key to Christian psychiatry,” it is very important to properly exegete *heart*.

Simply quoting Psalm 139:23-24 does not give support to the notion of the unconscious either. The point of the Psalm is not that the psalmist is referring to any kind of unconscious reservoir of drives and impulses. He is looking to God to look inside him and measure his attitudes, motives, and thoughts and to lead him into right attitudes, motives, and thoughts so that he might please God. The emphasis is on God’s ability to know every person, to change him, and to enable him to walk in righteousness.

Since the heart is not the unconscious, there is no biblical basis for Meier and Minirth’s Freudian ideas. Unless they can provide accurate biblical support and substantiated scientific research for their ideas they ought to abandon them, or at least discontinue presenting them as truth. Psychology too easily becomes theology when one comes to Scripture with psychological presuppositions.

Unless a person is familiar with Freudian theory, he could easily suppose that Meier and Minirth developed their ideas about depression from scientific research and the Bible. That is because they do not mention Freud in their major book about depression, except to express one disagreement with his notion of guilt. Aside from this, we find no other reference or footnote to Freud. This is amazing since their theory is undeniably Freudian. Freud should certainly receive the credit for what Meier and Minirth say about depression. Not to give him credit is an enormous oversight, to say the least. What they do say about Freud is:

> Most of the psychiatrists we have studied under and worked with agreed with the Freudian view that guilt is always an unhealthy thing. We disagree strongly.[51]

It seems that if they state so emphatically on what little they disagree with Freud about, fairness would require that they also emphatically state what they do agree with him about and even express their indebtedness to him. And, as we have shown, there is a great amount of agreement and indebtedness.

The Freudian Unconscious.

Once more the central issue with Meier and Minirth is that their position on depression is Freudian, including the use of the Freudian unconscious. The Freudian unconscious turns out to be a good hiding place for all kinds of unproven ideas and can be used to support almost any idea one wishes. For example, Meier says:

> So obsessives not only get angry more often, but they're aware of anger less often than most people are. Most people when they're angry, they say, "Hey, I'm really feeling angry right now." An obsessive feels angry in his gut and doesn't even know he's feeling angry and says, "I'm just hurt; I'm frustrated." They don't even know that it's anger that they're experiencing. So they stuff their anger and they hold their anger in. They hold in unconscious, vengeful motives. Deep down they want to get even with themselves for not being perfect enough and with their parents for expecting them to be and with others, bosses at work, pastors and other people in their environment. And they want to get even but they don't even know they have these unconscious sins. They're not the type that would consciously, willfully sin very often. They're very conscientious Christians and yet they unconsciously , accidentally have a lot of secret sins that they don't even know they're committing.[52]

Unconscious sins. Imagine that! This is a prime example of how psychology not only excuses a person from being responsible for willful rebellion against God; but also of how psychology becomes theology. If the sins are unconscious, by definition the person is unaware of what he is doing when he commits them and remains unaware of their existence. This implies that a person is acting unconsciously. Then it follows that if he is not conscious of what he is doing when he is sinning, he cannot be held responsible for those actions. If he is not responsible for them, how can God hold him responsible? And if the sins are unconscious, how can the person repent and stop sinning without the help of a psychologist or psychiatrist to delve into the unknown, unproven unconscious which is supposedly responsible for sin? The very idea of unconscious sins raises a whole host of questions that psychiatry cannot answer. However, when one begins with a psychological commitment (Freudian unconscious) and weds it to a biblical concept (sin), it will result in a spurious conclusion. The biblical teaching of sin is transmogrified by joining it to the fallacious Freudian unconscious.

In commenting on this, Dr. Hilton Terrell quotes from the *Westminster Confession*, "Sin is any want of conformity unto, or transgression of, the law of God." Terrell goes on to say:

> Ignorance of God's law is no excuse. We may indeed be guilty of sins of which we are unaware. . . . The existence of things of which we are *unaware* in no way substantiates the phantasmagorical construct of an unconscious mind. "Unconscious mind" is definitely an unbiblical black hole which swallows guilt, producing an ever larger gravitational pull on more and more of our formerly culpable behaviors. To admit to "unawareness" of God's standards, however, is biblical. Unawareness is not a "white hole" which flings out excuses for irresponsibility. It is, rather, merely reason for us to study and pray for awareness of His law so that we may be cleansed of evil practices and learn righteous ways, as the Psalmist prays.[53]

What the Research Says.

Researcher Dr. Judy Eidelson says, "The traditional approach to depression has been psychoanalytic [Freudian], which is based on the concept of 'anger turned inward.'" But she says that the research does not support that concept and declares, "There are different causes of anger and different causes of depression; neither necessarily 'causes' the other."[54] In discussing causes of depression, Eidelson says, "There is a tremendous amount of disagreement currently in psychiatry and psychology about the 'real cause' of depression."[55] This was confirmed to us by reading various research articles, professional journals and books on depression. The Mayo Clinic reports, "Depression has no single cause."[56] Eidelson explains:

> Although we know very little about what causes depression, the forms of treatment that practitioners offer have typically been determined by what each clinician believes is the cause of the problem.[57]

She then gives examples:

> Using a medical analogy, we might conclude that a feverish patient who recovers after taking antibiotics was suffering from a bacterial infection. By the same reasoning, a depression that subsides after exploration of unconscious conflicts might be thought to be *caused* by unconscious forces. A patient who feels better after taking drugs that alter the levels of certain chemicals in the brain might be thought to be suffering from a chemical or hormonal depression. A therapist who sees patients recover after behavior therapy might conclude that depression is caused by insufficient rewards in life. A cognitive therapist who observes patients recovering from depressions after modifying irrational beliefs might conclude that these distorted thoughts caused the depression.[59] (Emphasis hers.)

Dr. Nancy Andreasen also points out how presuppositions determine how therapists view depression. She says on the one hand, "Those who operate from a medical model see the disorder [depression] as a disease that is physically based." On the other hand, she says, "Psychiatrists who have a more psychodynamic orientation tend to use the term

more broadly, so that some may observe depression in a majority of the patients they see."[59]

Robert Hirschfeld, a psychiatrist in Bethesda Maryland, specializes in researching and treating depression and has written extensively on the subject. He says;

> One can only describe many of the causative theories of depression as creative. They have ranged from humoral imbalances to religious possession to sluggish circulation of blood in the brain to psychological predisposition resulting from adverse childhood experience to abnormalities in chemical neurotransmitter function.[60]

Meier and Minirth should heed Hirschfeld's warning. He says:

> We must stop thinking causally about depression except when the cause has been scientifically established.[61]

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PROPHETS OF PSYCHOHERESY I

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Chapter 17

FREUDIAN FALLACIES

Ventilating Anger.

Because Meier and Minirth believe that repressed anger causes depression, they give advice for dealing with pent-up anger. Their antidote is ventilation. They recommend ventilating anger,[1] verbally expressing anger,[2] and talking about anger.[3] On one of their programs they say, "Forgive everybody and ventilate your feelings."[4] In *Happiness Is a Choice* they recommend verbalizing anger, ventilating anger, and ventilating feelings.[5] And they contend that the failure to do so can lead to depression.[5] Elsewhere, Minirth says:

> It is important to let the counselee ventilate and talk out his feelings; this helps to deal with the internalized anger that has caused the depression, and helps to bring the anxiety from the subconscious (where it cannot be dealt with appropriately) to the conscious.[6]

In *Worry Free Living* they repeat the same ventilation advice.[8]

Prior to the last twenty-five years, people were encouraged to use self-control. The advice and encouragement was for internalizing rather than externalizing anger. Now, however, everyone seems bent on self-expression rather than self-restraint. And, psychologists have supplied reasons, justifications, and just plain excuses for letting it all hang out. One of the most prevalent reasons they give is that it is good for you. Thus, our society has moved from an era of restraint to one of release under the rubric of health and personal happiness.

Where did Meier and Minirth discover this solution to the problem of so-called pent-up anger? Once again, they are indebted to Freud. Dr. Carol Tavris, who has written a book titled *Anger: The Misunderstood Emotion* refers to this "hydraulic model." She says:

> Borrowing heavily from Hermann von Helmholtz's principle of the conservation of energy, Freud imagined that the libido [sexual energy] was a finite amount of energy that powers our internal battles. If the energy is blocked here, it must find release there.[9]

But on the basis of research, Tavris declares: “Today the hydraulic model of energy has been scientifically discredited.”[10] She also says:

> Our contemporary ideas about anger have been fed by the anger industry, psychotherapy, which too often is based on the belief that inside every tranquil soul a furious one is screaming to get out. Psychiatric theory refers to anger as if it were a fixed amount of energy that bounces through the system: if you pinch it in here, it is bound to pop out there-—in bad dreams, neurosis, hysterical paralysis, hostile jokes, or stomachaches.[11]

Studies on both adults and children do not support the idea of hold-it-in-and-it-will-hurt-you and let-it-out-and-it-will-help-you. For example, research on heart disease and anger does not suggest suppressed anger as a contributor to heart disease. If anything, the men at highest risk are expressing their anger.[12]

Dr. Leonard Berkowitz, who has extensively studied violence and aggression, disagrees with the idea that it is desirable to let out one’s aggressive feelings. Those therapists who encourage such active expressions of negative emotions are referred to as “ventilationists.” Their therapies, according to Berkowitz, stimulate and reward aggression and “heighten the likelihood of subsequent violence.” He declares:

> The evidence dictates now that it is unintelligent to encourage persons to be aggressive, even if, with the best of intentions, we want to limit such behavior to the confines of psychotherapy.[13]

Tavris says:

> The psychological rationale for ventilating anger does not stand up under experimental scrutiny. The weight of the evidence indicates precisely the opposite: Expressing anger makes you angrier, solidifies an angry attitude, and establishes a hostile habit.[14]

Dr. Redford Williams, Jr., of Duke University Medical Center, has researched the area of anger and its relationship to heart disease. He points out that those individuals who are at high risk for heart disease tend to harbor a cynical mistrust of other people. They get angry often, and most critical is the fact that they openly express their displeasure rather than holding it in. Williams’ research indicates that **no evidence** supports the common belief that a person benefits from expressing his anger instead of keeping it to himself.[15]

It would seem that the idea of ventilating anger, as Meier and Minirth suggest, would **not** be a good one. There is an alternative to the current rage to express anger. The alternative is to suppress it, not to repress it, but to suppress it. Tavris says, “There’s little evidence that suppressing anger is dangerous to health.”[16] The Japanese suppress such feelings as anger. They are aware that such feelings exist. However, they do not act upon them. We know that the Japanese health is far better than the American. Could it be that emotion suppressed is one factor that helps?

Biblical Basis for Verbalizing or Ventilating Anger.

Meier and Minirth continually promote verbalization of anger.[17] In a section on verbalizing anger, they quote Matthew 5:21-24:

> Ye have heard that it was said of them of old time, Thou shalt not kill; and whosoever shall kill shall be in danger of the judgment: But I say unto you, That whosoever is angry with his brother without a cause shall be in danger of the judgment: and whosoever shall say to his brother, Raca, shall be in danger of the council: but whosoever shall say, Thou fool, shall be in danger of hell fire. Therefore if thou bring thy gift to the altar, and there rememberest that thy brother hath ought against thee; Leave there thy gift before the altar, and go thy way; first be reconciled to thy brother, and then come and offer thy gift.

In explaining the section of Scripture, they discuss anger and its resolution. However, they go dramatically beyond the Word when they ask, "Why does Christ want us to verbalize our anger?" Search the section above to see if Christ wants us "to verbalize our anger."[18] The section admonishes us to "be reconciled," **not** "to verbalize our anger." We searched a number of well-known commentaries regarding this section and found none that agree with Meier and Minirth's extrapolation from "be reconciled" to "verbalize our anger." Nor could we find any that asked, "Why does Christ want us to verbalize our anger?"

The exhortation to "be reconciled" means to make amends. How can one verbalize or ventilate anger and at the same time make amends? In addition, the next verse in this section of Scripture says:

> Agree with thine adversary quickly, while thou art in the way with him; lest at any time the adversary deliver thee to the judge, and the judge deliver thee to the officer, and thou be cast into prison. (Matthew 5:25.)

How can one agree with an adversary while at the same time verbalizing or ventilating anger?

While the Bible says to speak to brothers concerning offenses and disagreements for the purpose of forgiveness and restoration (such as Matthew 18 and James 5:19-20), the Bible does not direct a person to verbalize or ventilate his anger. The verses in Scripture that have to do with anger point in the opposite direction. The verse Meier and Minirth constantly use to support verbalization and ventilation of anger is "Be angry, and sin not" (Ephesians 4:26). However, the context of that verse puts the emphasis on not sinning, rather than on being angry. What God is saying through Paul is that when the feelings of anger come, do not sin through expressing that anger in sinful ways. While anger may or not be justified, the situation prompting the emotion of anger may also tempt a person to sin or harbor thoughts that continue to fuel the anger. Paul is not directing believers to either verbalize or ventilate. In fact, people usually end up sinning against others through those activities. Thus we have other Bible passages telling us to wait and cool down rather than to ventilate:

> Wherefore, my beloved brethren, let every man be swift to hear, slow to speak, slow to wrath: For the wrath of man worketh not the righteousness of God. (James 1:19-20.)
>
> He that is slow to wrath is of great understanding: but he that is hasty of spirit exalteth folly. (Proverbs 14:29.)
> A wrathful man stirreth up strife: but he that is slow to anger appeaseth strife. (Proverbs 15:18.)
>
> Be not hasty in thy spirit to be angry: for anger resteth in the bosom of fools. (Ecclesiastes 7:9.)
> The discretion of a man deferreth his anger; and it is his glory to pass over a transgression. (Proverbs 19:11.)
>
> Let all bitterness, and wrath, and anger, and clamour, and evil speaking, be put away from you, with all malice: And be ye kind one to another, tenderhearted, forgiving one another, even as God for Christ's sake hath forgiven you. (Ephesians 4:31-32.)
>
> Proverbs 15:1 raises a question as to how one can verbalize or ventilate anger without it sounding like grievous words:
>
> A soft answer turneth away wrath: but grievous words stir up anger. The tongue of the wise useth knowledge aright: but the mouth of fools poureth out foolishness. (Proverbs 15:1-2.)

The Proverbs continually relate expression of anger to foolishness rather than to health and happiness. No matter how quietly one verbalizes or ventilates anger, it is still anger and will be recognized as such.

After exhaustively studying Matthew 5:21-25 (quoted above) from commentaries, we conclude that Christ does not want us to verbalize our anger simply to get it out of our system so that we will not be depressed. There may be occasions to express righteous indignation and even holy anger, as did Jesus, Moses and the prophets. However, we see no glorification of Christ in a generalized statement that Christ wants us "to verbalize our anger." Also the research seems to contradict what Meier and Minirth are recommending.

Another example of reading a psychological opinion into Scripture is found in their book *How to Beat Burnout*, which was written with two other people. In this book, they discuss the prophet Elijah and how he reached a place of "burnout." They describe the symptoms and then what they call "God's Remedy for Burnout." Central to what they regard as "God's remedy" is the following: "God prompted Elijah to ventilate his intense feelings."[19] The section of the Old Testament to which they refer is 1 Kings 19. The particular verses of importance are 4, 10, and 14. We list here only verses 4 and 10 since verse 14 is a virtual repeat of 10.

> But he [Elijah] himself went a day's journey into the wilderness, and came and sat down under a juniper tree: and he requested for himself that he might die; and said, It is enough; now, O Lord, take away my life; for I am not better than my fathers.
>
> And he [Elijah] said, I have been very jealous for the Lord God of hosts: for the children of Israel have forsaken thy covenant, thrown down thine altars, and slain thy prophets with the sword; and I even I only, am left; and they seek my life, to take it away.

In reading these verses and the entire chapter we find no support for Meier and Minirth's statement that "God **prompted** Elijah to ventilate his intense feelings." (Emphasis added.) In addition we find no such statement in any of the commentaries. The idea that "God prompted Elijah to ventilate his intense feelings" is a conclusion on Meier and Minirth's part that relates more to their psychological bent than to biblical intent.

Brain as a Computer Myth.

The neurotransmitter depletion idea is not the only theory about the brain that Meier and Minirth espouse as fact. Nor is it the only seemingly scientific idea to which they give a Freudian twist. Another example of theory made fact and Freudianized is their brain-as-a-computer statements. They say:

> Our brains are just like computers, *except* for the fact that they have a *will* and computers have no will of their own.[20] (Emphasis theirs.)

They also say, "The brain functions as a computer with memory banks. Stressful memories are recorded and stored and can be replayed today in as vivid a form as when they initially occurred."[21] In their book *Worry Free Living* they say, "As we shall see throughout this book, memories are indelibly etched in the biochemical pathways of our brains."[22] They speak of the brain recording memories and/or feelings much like a computer. They also use the computer terminology of programming. And they even erroneously invoke research support. They say, "Our brains are very much like complex computers, as behavioral research is demonstrating today."[23]

However, Dr. John Searle, in his Reith Lecture "Minds, Brains, and Science," said:

> Because we don't understand the brain very well we're constantly tempted to use the latest technology as a model for trying to understand it.
>
> In my childhood we were always assured that the brain was a telephone switchboard. ("What else could it be?") And I was amused to see that Sherrington, the great British neuroscientist, thought that the brain worked like a telegraph system. Freud often compared the brain to hydraulic and electro-magnetic systems. Leibniz compared it to a mill, and now, obviously, the metaphor is the digital computer. . . .

> The computer is probably no better and no worse as a metaphor for the brain than earlier mechanical metaphors. We learn as much about the brain by saying it's a computer as we do by saying it's a telephone switchboard, a telegraph system, a water pump, or a steam engine.[24]

What Searle is getting at is the fact that the brain is not a mechanical piece of technology.

In his book *Remembering and Forgetting: Inquiries into the Nature of Memory*, Edmund Bolles says, "The human brain is the most complicated structure in the known universe."[25] In introducing his book he says,

> For several thousand years people have believed that remembering retrieves information stored somewhere in the mind. The metaphors of memory have always been metaphors of storage: We preserve images on wax; we carve them in stone; we write memories as with a pencil on paper; we file memories away; we have photographic memories; we retain facts so firmly they seem held in a steel trap. Each of these images proposes a memory warehouse where the past lies preserved like childhood souvenirs in an attic. This book reports a revolution that has overturned that vision of memory. Remembering is a creative, constructive process. There is no storehouse of information about the past anywhere in our brain.[26]

After discussing the scientific basis for memory and how the brain functions, he says: "The biggest loser in this notion of how memory works is the idea that computer memories and human memories have anything in common." He goes on to say, "Human and computer memories are as distinct as life and lightning."[27]

Medical doctor and researcher Nancy Andreasen says in her book *The Broken Brain* that "there is no accurate model or metaphor to describe how [the brain] works." She concludes that "the human brain is probably too complex to lend itself to any single metaphor."[28]

The current research demonstrates that computer memory and biological memory are significantly different. It is puzzling that Meier and Minirth give the impression that they are aware of the complexities of the brain, as indicated in their references to biochemistry, and yet have resorted to the inaccurately simplistic notion of the brain functioning like a computer.

Meier says, "Eighty percent of our thoughts, feelings, and motives are out of our awareness. They're in our subconscious."[29] Let us consider the eighty percent part of what he says. We are just , so to speak, scratching the surface of knowledge about the brain. In the midst of all the theories about the functioning of the brain and discoveries about the brain itself, Meier injects a fixed percentage, which raises many questions. Why eighty percent? Why not seventy percent or seventy-five percent or ninety percent or fifty-five percent?

With the accumulating and yet comparatively sparse knowledge that brain researchers have of the brain, Meier and Minirth's percentage applied to "thoughts, feelings and motives" is most incongruous. What do they even mean? How would one even measure

eighty percent of our "thoughts, feelings, and motives"? It is a contrived figure at best, based upon what we are not told.

To then take the eighty-percent figure and say that "eighty percent of our thoughts, feelings, and motives . . . are in our subconscious" stretches the error. Not even by a microscopic postmortem could anyone tell which part of the mind is subconscious, let alone the attribution of "thoughts, feelings and motives" at a fixed percentage level. The idea that "eighty percent of our thoughts, feelings, and motives. . . are in our subconscious" is a fiction made to sound factual and falsely attached to a Freudian fallacy (the unconscious).

Here again the problem is not just theory made to sound as fact, but rather the twisting of the brain-as-computer technology idea to fit Freudian psychology. Meier and Minirth begin by speaking of the brain as a computer and then explain how the personality is formed at a very early age. Following this is the idea of repressed anger, which surfaces later in life when precipitated by an incident which arouses anger. They say, "Thus, *bad programming from the past* can affect our present-day attitudes."[30] (Emphasis theirs.)

In discussing "Causes of Anxiety," they mention early childhood anxiety that is "repressed into the subconscious." They refer to the brain-as-a-computer idea and say, "When an individual encounters current-day situations and experiences that cause anxiety, his anxiety from his early childhood is also aroused."[31] They make such assertions, in spite of the fact that the brain does not operate as a computer any more than it operates like any other piece of technology. But, using the latest metaphor and particularly the latest technological metaphor does not make a psychological opinion scientific.

Biblical Words Psychologized.

Meier and Minirth say:

> Modern psychoanalytic theory derives primarily from the work of Sigmund Freud, a Viennese neurologist (1856-1939). The theory places major emphasis on the role of the unconscious and of dynamic forces in mental functioning.[32]

Three of the "dynamic forces" in the Freudian system are the id, ego, and superego. Meier and Minirth say of these "dynamic forces":

> In the New Testament, the apostle Paul is an example of a wise counselor. One can see in his writings to early Christians some of the ideas later developed by Sigmund Freud. Freud's "id" roughly corresponds to what Christians call the "old nature." Freud's "superego" corresponds roughly to the conscience. The "ego" corresponds to the will.[33]

They then quote the apostle Paul.

> And the very God of peace sanctify you wholly; and I pray God your whole spirit and soul and body be preserved blameless unto the coming of our Lord Jesus Christ. (1 Thessalonians 5:23.)

Elsewhere Minirth says, "There are indeed, some similarities between the writings of Sigmund Freud and the teachings of Saint Paul, but there is no doubt, that Saint Paul was the greater analyst of the two."[34]

Please note that Meier and Minirth are not criticizing those elements of Freud's system. On the contrary, those concepts are part of Freud's system which are both acceptable and seemingly biblical to them. But for us, the "rough correspondence" between the id-ego-supergo and biblical truth is like comparing a rat to a man. They both have body appendages and parts (legs, eyes, etc.) and they are both mammals. However, there is a gigantic difference between the two!

According to the *Dictionary of Psychology*, the *id* is:

. . . that division of the mind, or psyche, which is the seat of the libido. From it arise the animalistic, chaotic impulses which demand gratification. The id is not in contact with the outside world, only with the body, and thus centers its demands on the body. It is governed entirely by the pleasure principle and attempts to force the ego, which is governed by the reality principle, to accede to its wishes regardless of the consequences.[35]

Even though the old nature is sinful, it does not correspond to the id. The old nature is the condition of man under the domination of sin. The old nature is of the flesh rather than of the Spirit. The old nature is not some unconscious realm of hidden drives. It is the very nature of the unredeemed person. The Freudian id and the old nature are entirely different. Their source is different. The id is from the unproven, unscientific, worldly wisdom of one man (Freud), and the old nature is the condition of man as a result of the Fall, according to the truth of God.

The id is a contrivance that Freud came up with because he rejected God's truth about man. An old sinful nature was entirely unacceptable to him. Thus he attributed to man an id to explain something that Freud could not deny though he had rejected the truth behind it. The id, ego, and superego comprise a false theology that does not "roughly correspond" but rather attempts to usurp the truth of God about man. This is a good example of how psychology denies the truth of God and then gives false answers to the same questions.

Further, Minirth's statement "that Saint Paul was the greater analyst of the two,"[36] is absolutely false. Paul was not an analyst by any stretch of the imagination. An analyst, according to the *Dictionary of Psychology* is "a practitioner of psychoanalysis,"[37] in other words, a follower of Freud. If Paul were alive today, he would not follow such a perverted, unproven, unscientific system of psychoanalysis devised by a man who rejected God. Paul had the truth of God; he refused to use the opinions of men. (1 Corinthians 1 and 2.)

Another example of a good biblical word being psychologized is *guilt*. One Bible dictionary says:

> In Romans, Paul points out man's guilt in the light of the law of God, and the fact that Jesus' death on the cross paid for sinful man's guilt and paved the way for man's forgiveness, his justification.[38]

In contrast, Meier and Minirth say:

> Guilt is a common cause of depression because guilt is a form of pent-up anger. Guilt is anger toward yourself.[39]

They go on to mention that there is a difference between true and false guilt. However, this does not rescue the fact that biblical guilt is not psychoanalytical guilt.

The Freudian Demise.

Dr. Frank Sulloway, author of *Freud: Biologist of the Mind*,[40] says:

> But, when it comes to many important aspects of human development that are central to Freud's clinical theories, the extraclinical evidence is already in and has failed to confirm Freud's views.[41]

Dr. Hans Eysenck, a professor at the Institute of Psychiatry in London, in an article titled "The Death Knell of Psychoanalysis," says:

> Freud is no longer taken seriously in academic circles and . . . factual destruction of his work by experimentalists and clinicians is now pretty complete.[42]

After reviewing the research, Dr. Frederick Crews, a professor at the University of California, says:

> It would scarcely be excessive to conclude . . . that psychoanalysis is little more than a collective contagious delusional system.[43]

He also says of Freud:

> . . . we can no longer suppose that he discovered a cure for neurosis or unlocked the secrets of the unconscious. So far as we can tell, the only mind he laid bare for us was his own.[44]

Crews declares that "**the entire Freudian tradition**—not just a dubious hypothesis here or an ambiguous concept there—**rests on indefensible grounds**."[45] (Emphasis added.)

Research psychiatrist E. Fuller Torrey wrote a book titled *The Death of Psychiatry*. In it he says:

> Psychiatry, then, is ultimately dying because it can now be seen as nonfunctional. As a medical model approach to problems of human behavior it produces confusions rather than solutions.[46]

In his book *The Myth of Psychotherapy*, Dr. Thomas Szasz says, "Sigmund Freud's claims about psychoanalysis were fundamentally false and fraudulent."[47] Grunbaum states unequivocally of psychoanalysis: "Its scientific foundations are impoverished."[48]

Nobelist Sir Peter Medawar severely criticizes psychoanalysis in his book *Pluto's Republic*. He concludes a special chapter on psychoanalysis by saying:

> But considered in its entirety, psychoanalysis won't do. It is an end-product, moreover, like a dinosaur or a zeppelin; no better theory can ever be erected on its ruins, which will remain for ever one of the saddest and strangest of all landmarks in the history of twentieth-century thought.[49]

Psychiatrist Garth Wood concludes his book *The Myth of Neurosis* with a chapter titled "The Evidence Against Psychoanalysis and Psychotherapy."[50] He says:

> I hope to show here that what has become big business is in fact a fraud. The evidence does not support the claims of psychoanalysis or psychotherapy.[51]

He also says:

> It is this resistance, this unwillingness or disability to allow that what they do is at best worthless and at worst harmful, which is the chief crime of the psychotherapists.[52]

Wood concludes the book by stating:

> In other words, all the inferiority complexes, the dream interpretations, the Oedipal factors, the collective unconscious, the free associations, are nothing but red herrings. The vital ingredient is after all merely a caring listener who raises hopes and fights demoralization. . . . But if this is all that is needed, what then of professional training in the intricacies of psychotherapy, what of the huge fees, what of the third-party medical insurance reimbursements, of the pretense and the rhetoric, of all the shams and the charlatans, the sound and the fury signifying nothing? If this is all the great "science" of psychotherapy is, then let us sweep it away now and bother ourselves with it no more.[53]

Szasz contends that, "One of Freud's most powerful motives in life was the desire to inflict vengeance on Christianity for its traditional anti-Semitism."[54] How strange that Christians would turn to the unproven and unscientific ideas of a man who was so anti-religion and particularly anti-Christian.

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PROPHETS OF PSYCHOHERESY I

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Chapter 18

PERSONALITY DISORDERS

Personality Disorders and Types.

One of the major frameworks within which Meier and Minirth see individuals is through personality disorders. The ones to which they often refer are the obsessive-compulsive, the hysteric, and the passive-aggressive. They discuss these as well as other personality disorders in their books and magazines and on their broadcasts. The definition they give for *personality disorders* is: "deeply ingrained maladaptive patterns of behavior, often present throughout life."[1]

One edition of their publication *Christian Psychology for Today* was devoted to personality types.[2] In their books and speaking, they sometimes refer to personality *disorders* and at other times to personality *types*. They delineate personality types by using the names and characteristics of personality disorders. Evidently for them personality types are just milder forms of the personality disorders. Their magazine features articles about the obsessive-compulsive, the hysteric, and the passive-aggressive as personality types. Other types identified with names of disorders are mentioned as well. Such labeling assigns a personality disorder category for everyone. No one escapes the diagnostic label.

Their commitment to the personality disorders/types as a major means of diagnosing and explaining human behavior pervades their writing and speaking. For example, reference is often made to personality disorders on their radio broadcasts.[3] In fact, Meier says, "I love to talk about personality types."[4] But where do these personality types or disorders come from? Are they a valid means of understanding or diagnosing people? And most of all, are they biblical?

A personality type is a classification of an individual into one or more contrived categories based upon an estimate of how well the person fits. For example, Carl Jung classified individuals as introverts or extroverts. Generally the introvert is withdrawn while the extrovert is outgoing. Currently there are literally hundreds, if not thousands, of personality types that are used. Many of them are twofold typologies, such as idea people and feeling people, optimists and pessimists, realists and idealists, loners and joiners, and so on. However, there are threefold, fourfold, and multifold types that have been proposed.

Someone has even contrived a personality typology based upon brain neurotransmitters. In this system "novelty seeking," "harm avoidance," and "reward dependence" are associated with the dopamine, serotonin, and norepinephrine neurotransmitters.[5] One person related personality to blood types. For example Type O

would be assertive and straight-thinking; Type A would be conscientious and hardworking; and so on.[6] Another individual related nearsightedness and farsightedness to personality.[7] And finally, not to be outdone by the near-far-sightedness theory, there is an auditory personality typology. This one depends upon sound rather than sight, hearing rather than seeing.[8]

What are we to make of the plethora of personality types? As Dr. Ernest Hilgard and his colleagues have said, "Type theories are appealing because they provide a simple way of looking at personality, but, in actuality, personality is far more complex."[9] A little reflection on all this type theory should lead a person to the same conclusion. Human beings are more complex than the twofold, threefold, fourfold, and even sixteenfold systems that men have contrived. Personality varies from person to person and place to place. People act differently from one person to another and they act differently in different circumstances.

The simplicity of any type theory is its underlying appeal. One can learn the types quite quickly and apply them quite readily. Once learned, they take on a life of their own. It is known from research "that people tend to test theories by looking for information to confirm them."[10] Because of this the success and survival rate of typologies is quite high. This is one of the reasons astrology has lasted so long.

DSM.

The desire to label man is not new. Historical records indicate that the ancient Greeks were fascinated with labeling people. The Greek physician and philosopher Hippocrates developed a typology during the fifth century B.C. He proposed that there were four personality types, each related to one of four body fluids, which he identified as blood, yellow bile, black bile, and phlegm. The four personality types connected to the four fluid types were sanguine, choleric, melancholic, and phlegmatic.[11]

From Hippocrates' time to the present, numerous personality types have been proposed. However, the use of personality labels and types became more systematized around the beginning of this century. Emil Kraeplin, a contemporary of Sigmund Freud, developed a classification system that was the beginning of the present system used by psychiatrists.[12] The present system is known as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Psychiatrists regard the *Manual* as the bible of mental disorders. In 1952 the *Manual* officially listed sixty different diagnoses, but today it includes over 230.[13]

Someone has suggested that the American Psychiatric Association would like to have one mental disorder label for each American or at least enough labels to cover the total population. Jay Katz, a professor of psychiatry at Yale, admitted under oath in court testimony, "If you look at DSM-III you can classify all of us under one rubric or another of mental disorder."[14] In his book *The Powers of Psychiatry*, Dr. Jonas Robitscher says that "some psychiatrists have raised the estimate of the incidence of neurosis in our society to 95 percent or more."[15]

The recent editions of the DSM list a number of categories of mental disorders, one of which has to do with personality disorders. As mentioned earlier, the three personality disorders that are very popular with Meier and Minirth are the obsessive-

compulsive, the hysteric, and the passive-aggressive. The DSM is a major source of Meier and Minirth's system of labeling.[16]

Because of the psychiatric power of labels, this question must be addressed: Are the categories of personality disorders a reliable or valid means of diagnosing and dealing with people? Since these personality disorders are found in the DSM, it would seem reasonable to ask whether the DSM itself is a reliable or valid classification scheme.

The most important criteria for a test or diagnostic system is its validity. To be valid, a test or diagnostic system must be shown to measure what it claims to measure. Another important criteria is that of reliability. A test or diagnostic system is reliable if the person who takes the test has the same, or close to the same, results on two different test administrations or two different diagnoses.

According to Meier and Minirth, "Christians can certainly utilize the DSM system just as they utilize other advances of modern science."[17] However, researchers have much less confidence in the DSM. Dr. Herb Kutchins and Dr. Stuart Kirk discuss the diagnostic reliability of the DSM in *The Harvard Medical School Mental Health Letter*. They say, "The reliability of a classification is defined as the extent to which clinicians working independently can agree on its application to a series of cases."[18] After reviewing the reliability scores for the DSM, they reveal that "the reliability scores for most of its diagnostic categories were not good."[19] In regard to the personality disorders, they say:

> . . . personality disorders as a class were said to have been evaluated more reliably than ever before, but reliability scores for the individual personality disorders were admittedly quite low (unfortunately, most of them have never been reported).[20]

Kutchins and Kirk's statement about the latest edition of the DSM is that "it is troubling that DSM-III-R was published without any attempt to determine whether reliability had improved."[21] They suggest that the popularity of the DSM is more related to its "third-party reimbursement for psychotherapy through private health insurance, employee assistance programs, and services for the medically indigent."[22] Based upon surveys, they say that "a majority of psychologists and social workers say that they use DSM **only** because it is required."[23] (Emphasis added.)

If the DSM is not a reliable classification scheme, then it is obvious that it cannot be valid. In other words, if it is not consistent, it cannot have integrity. Therefore, the use of it is questionable at the very least. And furthermore, any typology derived from it is doubly invalid.

A further criticism of the DSM is related to the basis for excluding certain behaviors from the list. We are all familiar with the fact that fifty-eight percent of the psychiatrists voted to delete homosexuality from the DSM list. Obviously human behavior is now subject to votes in deciding what behavior is and what behavior is not appropriate to list. We are told that the DSM excludes those conditions which "have strong cultural or subcultural support or sanctions."[24] This criteria was used to keep homosexuality off the list. In addition, the homosexual's evaluation of his own condition

became the criteria for a psychiatric label. If a homosexual does not experience conflict he does not get a psychiatric label.

The lopsidedness of the scheme is apparent with caffeinism and alcoholism on the list but not child abuse, which is described as "not attributable to a mental disorder."[25] In discussing a recent revision a new mental "disease" was recommended. The new category was "paraphilic rapism." However, several feminists were so upset by it that they threatened to sue. Thus it was removed. Dr. Thomas Szasz accuses the committee of "acting like legislators introducing new bills in Congress and supporting or withdrawing them, depending on how the political winds blow." He points out, "This is not the way real doctors act."[26]

To further compound the ludicrousness of the labeling ritual, the *Comprehensive Textbook of Psychiatry* says that its definition of mental disorder "may need to be changed in future years to correspond with the change in the attitude of society and the psychiatric profession toward certain conditions."[27] But, don't look for the DSM labels to disappear. They are not only required for third-party payments, but, according to Szasz, they are necessary to maintain psychiatric power. Szasz points out that psychiatrists and other mental health workers acquire power over others through labels.[28]

The DSM labels, in spite of their unreliability, give much power to those who use them. One does not even need to be a psychiatrist to gain the power. Just using terms, such as *obsessive-compulsive*, *hysteric* and *passive-aggressive*, gives power and authority to the user. Maybe this is why those terms have become so popular among lay people. They get a taste of the same power that professionals have. However, in spite of the power of labels and payments from insurance companies, the DSM has not established its reliability, let alone its validity. Moreover, no one has ever shown that labels help understand or change anyone. Therefore the use of the DSM labels as disorders or types by Meier and Minirth or anyone else should be ignored.

In comparing diagnostic accuracy between professionals and lay persons, Dr. David Faust and Dr. Jay Ziskin say, "Studies show that professional clinicians do not in fact make more accurate clinical judgments than lay persons." As an example from research, they state, "Professional psychologists performed no better than office secretaries." Probably most damning to the professional is their statement: "Virtually every available study shows that amount of clinical training and experience are unrelated to judgmental accuracy."[29]

The final and most important question is this: Are the personality disorders or types biblical? It is obvious that these labels are not biblical terms. They are nowhere referred to in Scripture. Nor are they inferred in any way in the Bible. They are purely and simply psychological terms that have been imposed upon individuals and even imposed upon the saints in the Bible.[30] Meier and Minirth speak of Peter and say he was "primarily hysteric" and that God "made him into a more godly hysteric." They say that Paul "had probably an obsessive-compulsive disorder" and that God "made him into a healthier obsessive-compulsive Christian." And, "Timothy was a little bit passive-aggressive."[31]

Again these are not biblical terms, but rather psychological terms imposed upon these men of God. Meier and Minirth even admit the source of the labels to be the

DSM.[32] Thus we see a use of DSM personality disorders relabeled as personality types and inaccurately and unfairly applied to Christian leaders in the early church.

Personality Types.

In *Happiness Is a Choice*, Meier and Minirth discuss the hysteric personality type in one chapter and the obsessive-compulsive in another. Throughout both chapters the so-called unconscious dynamics are discussed. As we said earlier, little is mentioned of Freud in that book. However, the Freudian theory of depression is the same as discussed earlier. Only now it is used in reference to the hysteric and obsessive-compulsive personality types. Meier and Minirth say:

> The dynamics of obsessive-compulsive (perfectionist) and hysterical (emotional) individuals have been outlined in the preceding chapters. All of these factors predispose a person to depression.[33]

The elements in depression of repression, pent-up anger, guilt and the unconscious are all repeated and related to the hysteric and the obsessive-compulsive personality types. Meier and Minirth also seem to enjoy discussing these on their broadcasts. The following comments, which reveal the way they relate depression to personality types, were made on one of their programs:

> So obsessives not only get angry more often, but they're aware of anger less often than most people are. . . . An obsessive feels angry in his gut and doesn't know he's feeling angry. . . . They don't even know its anger that they're experiencing. So they stuff their anger and they hold their anger in. They hold in unconscious vengeful motives.[34]

In order to understand the "unconscious dynamics" of an "hysterical adult female,"[35] Meier and Minirth discuss an hypothetical case. They say:

> She felt, moreover, that special privileges were accorded to men; she reacted with **competitive envy** and developed what is known as **castration behavior**.[36] (Emphasis ours.)

Note the words *competitive envy* and *castration behavior*. The origin for those ideas is Freud's theory of the Oedipus complex. For more details, we suggest reading the section on psychoanalysis in our book *The Psychological Way/The Spiritual Way*.[37]

Freud believed that during what he called the phallic stage of development every boy desires to kill his father and have sexual intercourse with his mother; and every girl desires to kill her mother and have sexual intercourse with her father. Freud attributed those desires to all children between the ages of three and six. Meier and Minirth's version of the Oedipus complex is very interesting. They say:

> During these years most children go through a stage of thinking that somehow they will grow up but the parent of the opposite sex will stay the same age. The idea that they will somehow replace the parent of the same sex by marrying the parent of the opposite sex is known as the Oedipus complex. Although the oedipal stage of development was greatly over-emphasized by Sigmund Freud and others, it has been documented repeatedly as occurring in probably a majority of children.[38]

They obviously believe in the Oedipus complex, but their version of it in contrast to Freud's is amusing.

For Freud, the male sex organ is prized. His sexual system establishes genital superiority for men and genital inferiority for women. Freud said that during a girl's early life development she discovers that the boy has a protruding sex organ while she has only a cavity. According to Freud's theory, the girl holds her mother responsible for her condition, which causes hostility. She thus transfers her love from her mother to her father because he has the valued organ, which she wants to share with him in sex.

In Freud's wild scheme, the girl fears that her mother will injure her genital organ because of her sexual desire directed at her father. But, the girl senses that she has already been castrated and thus ends up desiring the male sex organ. The female castration anxiety results in what Freud called "penis envy." According to Freud, every woman is merely a mutilated male who resolves her "castration anxiety" by wishing for the male sex organ. Thus, the source of Meier and Minirth's diagnosis of "competitive envy" and "castration behavior" is Freud.

In both their books and popular radio programs, Meier and Minirth repeatedly emphasize the importance of early childhood. For example, they say that "the roots of the hysterical personality reach back into childhood."[39] In a special note they say:

> Over one-third of the hysterical females we have treated have had sexual intercourse with their fathers or stepfathers. Usually they claim they were raped by their fathers, denying the obvious fact that they also had a strong hand in the situation by seducing them, either consciously or unconsciously [of course, this in no way diminishes the responsibility of the father or stepfather].[40] (Brackets theirs.)

Our focus here is their statement about the little girls "denying the obvious fact that they also had a strong hand in the situation by seducing them [fathers and stepfathers], either consciously or unconsciously." Since the "hysterical personality" is the terminology used, we consulted the DSM-III-R to see what is said, since Meier and Minirth admit that is their source for personality disorders. The DSM-III-R has a section on the "Histrionic Personality Disorder," which is the equivalent of the "Hysterical Personality."[41] This personality disorder is described as "inappropriately sexually seductive in appearance or behavior."[42] However, nowhere in the DSM-III-R description is there any hint of a little girl seducing her father. It is a cataclysmic leap from describing a woman as being "inappropriately sexually seductive" and saying that women who were sexually abused as

young children were seducing their fathers or stepfathers. The source for that repugnant idea is obviously the Freudian Oedipal theory.

One wonders how many women have been betrayed by psychotherapists who have perpetrated this unproven Freudian theory. And then as a result, how many have been submerged in years of analysis to get over the false condemnation of having seductively encouraged the rape? And if a woman becomes outraged at this preposterous indictment, the Freudian-trained therapist accuses her of "castration anxiety," "hysteria," and "penis envy." Although children sing-song the rhyme, "Sticks and stones will break my bones, but words will never hurt me," the word power of psychiatrists has done more damage than breaking bones, which heal more rapidly than unfounded condemnation from trusted authority figures.

While both the male and female hysterics are listed as seducers, Meier and Minirth usually refer to the female. They say, "Many a female hysteric seeks a good man to bring down sexually, so she can tell everyone that he seduced her, thus ruining his reputation."[43] The emphasis on the female seducer fits the Freudian scheme better than that of the male seducer. Dr. Theodore Lidz, a professor of psychiatry whose work is quoted and recommended by Meier and Minirth, says: "Freud recognized that the girl does not usually repress her desire for the father so completely as the boy represses his erotic feelings for his mother."[44] He also says that "the girl is likely to retain fantasies of becoming the father's sexual choice over the mother."[45] This female-hysteric-sex-seducer emphasis amplifies the obviousness of their Freudian Oedipal ideas.

Medical historian E. M. Thornton describes the case of Dora in *The Freudian Fallacy*. Dora was an eighteen-year-old girl who came to Freud with a variety of physical problems, "which he believed to be hysterical."[46] Freud found that a close friend of Dora's father had tried to seduce her and that her father was probably having an affair with this man's wife. After much analysis, Freud believed that Dora's "hysteria" was related to an unconscious desire to have sex with her father. Rather than medically treating Dora's symptoms, he saw them as symbols of deep conflicts in her unconscious. In reviewing Dora's symptoms and even her dreams, Thornton came to the conclusion that Dora actually suffered from epilepsy. However, the perverted mind of Freud interpreted Dora's dreams and concluded that Dora masturbated (though she denied it) and secretly desired to engage in sex with her father. Freud said of Dora:

> The circumstantial evidence for her having masturbated in childhood seems to be complete and without a flaw. In the present case I had begun to suspect the masturbation when she had told me of her cousin's gastric pains, and had then identified herself with her by complaining for days together of similar painful sensations. It is well-known that gastric pains occur especially often in those who masturbate.[47]

Many now believe that Freud's theories of infantile sexuality were the result of his own distorted childhood and his own emotional problems. In a letter to a friend (October, 1897), Freud confessed his own emotional involvement with his mother and his nursemaid in a series of flowing memories and dreams. He said, "I have found, in my own case too, falling in love with the mother and jealousy of the father, and I now regard

it as a universal event of early childhood."[48] Freud's theory was a projection of his own sexual aberrations upon all mankind.

For Freud, the dream was the "royal road to the unconscious." Like Freud, Meier and Minirth also exhibit great confidence in dreams symbolically revealing unconscious conflicts and desires. They say:

> In our dreams **all** of our current unconscious conflicts are symbolized. **Every dream** has symbolic meaning. Dreams are usually **unconscious wish-fulfillments** in symbolic form.[49] (Emphasis added.)

If one were to ask a Freudian to use one word to describe his theory of dreams it would be *wish-fulfillment*. A symbolic approach to dream content and an emphasis on unconscious conflicts and desires are central to Freud's thinking. As Hilgard et al say, "Freud felt that dreams were influenced by wishes . . . in the dream, forbidden desires were acted out in disguised form."[50] Freud could imagine all sorts of meanings from dreams because of the highly subjective nature of dream interpretation. He gave himself great latitude by insisting that dreams had both *manifest* and *latent* content. The manifest content consisted of psychoanalytic images, but the latent content was the hidden meaning of those images.[51] Therefore he could create nearly any imaginative meaning, and for Freud the meanings were highly sexual to fit into his Oedipal theory.

Meier and Minirth say: "It has been theorized, probably correctly, that in dreams one symbolically reduces emotional tensions, satisfying unconscious conflicts."[52] Conversely, Dr. J. Allan Hobson, who is professor of psychiatry at Harvard Medical School, says:

> . . . dreaming is not a response to stress but the subjective awareness of a regular and almost entirely automatic brain process. That is one of many reasons for doubting Freud's theory that dreams are caused by the upsurge of unconscious wishes.[53]

According to Hobson, the research suggests that dreams have "causes and functions that are strictly and deeply biological."[54] He asks the question, "But why are dreams so intensely visual, and why do they produce a sense of constant movement?" He then relates the Freudian explanation:

> Freud thought that the source of these pseudosensory stimuli was a mechanism of disguise and censorship by which "dream work" transformed an unacceptable or latent unconscious wish into images and linked them in a story.[55]

However, Hobson gives a different explanation:

> . . . dream stories and symbols are not a disguise, and the interposition of "defensive modifications" to disguise their origins, as postulated by Freud, is unnecessary. The nonsensical features of dreams are not a psychological

> defense, any more than the disoriented ramblings of a patient with Alzheimer's disease are.[56]

Meier and Minirth mention EEG patterns and REM sleep (both scientific) but add the Freudian notions of the unconscious and wish-fulfillment (both unscientific). They add:

> God somehow uses dreams each night to help us resolve unconscious conflicts, or at least to dissipate some of the emotional pain tied to unconscious conflicts.[57]

Unfortunately God has been dragged into supporting Freudian theory, completely without scientific or biblical justification. There is no biblical basis for the unconscious or the Freudian notion of dreams as wish-fulfillment. Adding nonscience to science does not add up to science. And adding to this nonscientific conclusion that "God somehow uses dreams to resolve unconscious conflicts" does not add up to biblical truth.

Battered Women.

Meier and Minirth's view of battered women fits into their Freudian ideas of women's so-called unconscious sexual desires. This is important to look at because of the vast numbers of battered women and the research dealing with this serious problem.

Any attempt to estimate the prevalence of battered women in our society is difficult simply because many abused women refrain from reporting the assault. Dr. Lenore Walker, who has studied the phenomenon of battered women says, "It is estimated that only one out of ten battered women has reported her abuse to the police."[58] In addition she says, "From my research, I estimate that 50% of women will be battered by men who love them at sometime in their lives."[59] Regardless of the figures used, the prevalence is higher than one might think. Therefore it is a serious problem needing careful appraisal and sensitive remedies.

Dr. Irene Frieze and Dr. Maureen McHugh say:

> As we reviewed the research dealing with the reactions of *all* types of victims, we found a general tendency for victims to blame themselves. It is not uncommon, for example, for victims of unprovoked sexual assaults or of battering to take personal responsibility for the crime.[60] (Emphasis theirs.)

Frieze and McHugh say that even when battered women try very hard to avoid the violence, "these efforts are rarely successful in stopping the battering." In fact, they say that "it is more common for the violence to become more severe and frequent over time."[61]

What do Meier and Minirth have to say about this serious and extensive problem? They say:

> On the other hand, whenever a battered wife comes seeking advice and consolation because her husband beats her up twice a week, **our usual response is, "Oh, really? How do you get him to do that?"** In all the scores of cases of this nature that we have analyzed in depth, there was only one case in which the battered wife was not provoking (usually unconsciously) her explosive husband until he reached the boiling point (of course, this does not diminish the husband's responsibility). After a beating, the husband usually feels very guilty and spoils his wife for several weeks. In the meantime, she is getting from people around her the sympathy which she craves, and **she is satisfying her unconscious needs to be a masochist**.[62] (Emphasis added.)

When they say that "she is satisfying her unconscious needs to be a masochist," they are demonstrating their attachment to Freudian ideas. Freud's ideas about sex also related masochism to sexual energy. The *Dictionary of Psychology* defines *masochism* as "a sexual disorder in which the individual derives satisfaction from the infliction of pain upon himself."[63]

It is difficult to tell how much Meier and Minirth relate masochism to sex, but it was Freud who coined the term *masochism*. Coupled with the fact that Meier and Minirth refer to "her **unconscious** needs to be a masochist," it becomes transparent that they are using Freudian theory again. (Emphasis added.) Dr. Irene Gilman explains the traditional psychoanalytic view of masochism in women:

> According to the classic Freudian view of the neurotic female masochist, the woman unconsciously engages in self-destructive behavior because of a failure to resolve her oedipal complex. The theory asserts that the girl develops competitive strivings in relation to her mother, but avoids this competition because of a fear of losing her mother's love. Thus, the young female needs to show her mother that she is not interested in the male (father). The unconscious provocation of male aggression by the young female serves both to assure her mother that the daughter has forsaken her wish to possess the male and to reduce the guilt feelings she had originally developed surrounding her oedipal wish.[64]

It seems to us that placing the blame on a woman for being battered because of "her unconscious needs to be a masochist," encourages self-blame for a woman and diminishes full responsibility on the part of the man.

Walker says, "Numerous theories of causation of spouse abuse have been proposed in the literature." She continues, "These theoretical orientations develop different approaches that often reflect the biases and training of their proponents."[65] Meier and Minirth's approach to the problem of the battered woman obviously reflects their Freudian bias and their psychoanalytic training. And that Freudian bias is a matter of personal opinion, not fact. One might even add that it is poor personal opinion which is becoming poorer as the contemporary attacks on Freudian theory increase.

It is extremely unfortunate when women who are battered reach out for help and are slapped down again, not with clubs and fists, but with a defunct theory that causes further degradation. It is surprising that women have not risen up in outrage over Meier and Minirth's reference to a battered woman's "unconscious needs to be a masochist." Perhaps Meier and Minirth would say that this very fact proves that women are masochists after all. There is certainly a great incongruity between what Meier and Minirth say about battered women and what recent researchers have said about this tragedy.

The typical psychoanalysts' views will present women as masochists because they see women through Freudian theory. Individuals such as Dr. Paula Caplan,[66] Dr. Richard Gelles,[67] Dr. Harriet Lerner,[68] Dr. Jeffrey Masson,[69] Dr. Florence Rush,[70] Dr. Murray Straus,[71] and many others would see it otherwise. Dr. Paula Caplan begins her book *The Myth of Women's Masochism* by saying:

> When the man in my life hurts my feelings, or when I've put on weight, or when I'm frustrated about my children or my job, people sometimes ask me, "Why do you *do* this to yourself?," suggesting that I set out to put myself in unhappy situations. Such words are the most common expression of the myth of women's masochism, the myth that is responsible for profound and far-reaching emotional and physical harm to women and girls.[72] (Emphasis hers.)

She quotes the *Random House Dictionary of the English Language* as defining *masochism* as:

> . . . the condition in which sexual gratification depends on suffering, physical pain, and humiliation . . . gratification gained from pain, deprivation, etc., inflicted or imposed on oneself, either as a result of one's own actions or the actions of others, esp. the tendency to seek this form of gratification.

She then says:

> Often women's behavior is used as evidence of our innate masochism, our sickness, while men's similar behavior is used as evidence that they are real men and good providers.[73]

She also says:

> When a theory causes serious harm, it is time to ask, "Are there other, reasonable ways to explain the behavior in question?" As we shall see, the behavior in women that has been called masochistic actually has other explanations, all of which reflect a healthier view of women, justify optimism about women's potential for happiness, and point the way to changes that will improve women's lives. The belief that females seek out

> pain and suffering, that we have an innate *need* for misery, poisons every aspect of women's lives.[74] (Emphasis hers.)

We give this as one of numerous examples to show that others view the idea of women's masochism as a monstrous myth rather than a reality and that others read and conclude from the research that the idea of women's masochism is a tragic farce rather than a truthful fact.

Why didn't Meier and Minirth develop a theory of the battered woman based upon (to reverse their theory) "**he** is satisfying his unconscious needs to be a sadist"? It would be just as simple to develop and support such a theory. However, it would not fit into what one well-known social psychologist calls "a typically misogynist psychoanalytic point of view."[75]

Dr. Theodor Reik says in his book *Masochism in Modern Man* that "masochism as a perversion is rare among women."[76] He also says that "the suffering of pain, being beaten or tied up, disgrace and humiliations, do not belong to the sexual aims of the normal woman."[77] We think Reik accurately portrays women when he says, "A woman does not want to be punished, abused, tormented or flagellated, but wants to be loved."[78] It is because of love, not masochism, that women endure suffering.

In her writing about "Women as Victims of Violence," Caplan says:

> One more form of violence against women that warrants examination is father-daughter incest. The traditional clinical interpretation involved blaming both of the females involved: the mother and the daughter.[79]

She goes on to say:

> It has not been unusual to hear clinicians claim that the daughters who are victims of incest with their fathers, in addition to being "seductive," were also masochistic and thereby precipitated the incest. Understanding how these families really operate, however, makes it clear that for many of these girls, putting up with the pain and shame of their fathers' sexual assaults on them is less fearful than taking the risk of destroying their families altogether.[80]

The recent book *Intimate Violence*, by Dr. Richard Gelles and Dr. Murray Straus, "represents the results of more than fifteen years of research and study of family violence."[81] In this book Gelles and Straus explode the myth that "Battered Women Like Being Hit." They say, "Perhaps the cruelest of all the myths surrounding family violence is the one that claims that battered women like being hit."[82] In summarizing the research, they say:

> The research on the factors that determine whether women stay or leave violent relationships effectively explodes the myth that wives who remain with violent men are masochistic. The weight of the collected evidence points more to social factors entrapping women in violent marriages.[83]

At one time Sigmund Freud presented a paper which dealt with the sexual seduction of children. In fact at that time he believed that sexual seduction of children was the source of adult mental problems. However, Freud abandoned his seduction theory in favor of his theory of childhood sexual fantasy, which became the cornerstone of psychoanalysis. Dr. Jeffrey Masson, former archives director for the Sigmund Freud Archives wrote a book titled *The Assault on Truth: Freud's Suppression of the Seduction Theory*. In it he documents Freud's evolution from the seduction theory to the childhood sexual fantasy theory. Masson says:

> The issue that most intrigued me was Freud's abandonment of the so-called seduction theory. As a psychoanalytic student I had been taught that Freud initially believed the women who came to him for therapy when they said they had been sexually abused as children, often by members of their own family. Then he made what he thought to be a momentous "discovery": What he heard from these women were not genuine memories; they were, Freud said, fabricated stories, or made up fictions.[84]

Masson also says:

> We know that [Freud's] insistence (in 1896) that women were telling him the truth about having been sexually abused in early childhood did not last, and that, by 1903, he had retracted this statement.[85]

In discussing Freud's Dora case (which we mentioned earlier), Masson says:

> The Dora case stands at the threshold of Freud's change of theories (the abandonment of the seduction hypothesis). It is his declarations to his colleagues, as if he were telling them: "Look, Dora was suffering from internal fantasies, not external injuries. The source of her illness was internal, not external; fantasy, not reality; libido, not rape."[86]

Masson contends that Freud suppressed his seduction theory for intellectually dishonest reasons. Masson wrote to Anna Freud and expressed to her that Freud was wrong to abandon the seduction hypothesis. In response she replied:

> Keeping up the seduction theory would mean to abandon the Oedipus complex, and with it the whole importance of fantasy life, conscious or unconscious fantasy. In fact, I think there would have been no psychoanalysis afterwards.[87]

The idea of women's masochism is built on a Freudian myth. And the fake Freudian myth is dishonestly built on a real Greek myth, the myth of Oedipus. Szasz says, "By dint of his rhetorical skill and persistence, Freud managed to transform an Athenian myth into an Austrian madness." He calls this "Freud's transformation of the saga of Oedipus from legend to lunacy."[88] But the real losers in all of this psychology-based-on-

mythology are the women who are found guilty of masochism without a jury, a trial, or even a hearing.

Scripture and the Hysteric.

Meier and Minirth also see Scripture through the lens of Freudian theory. They say, "The Book of Proverbs describes hysterical females and males better than any book on psychiatry we have read."[89] They cite Proverbs 5:3-21 and 6:12-14 for proof. Those verses do describe sinful, wicked people. However, the Bible does not refer to them as being hysterical. It is Meier and Minirth who say the Bible "describes hysterical females and males better than any book on psychiatry we have read."[90] The point is that Meier and Minirth are taking a DSM personality disorder called *histrionic* (*hysteric*) and making it sound as if the Bible supports the DSM categories of personality disorders.

The diagnostic criteria for the Histrionic Personality disorder (hysteria) from the DSM are:

> A pervasive pattern of excessive emotionality and attention-seeking, beginning by early adulthood and present in a variety of contexts, as indicated by at least four of the following:
>
> (1) constantly seeks or demands reassurance, approval, or praise
> (2) is inappropriately sexually seductive in appearance or behavior
> (3) is overly concerned with physical attractiveness
> (4) expresses emotion with inappropriate exaggeration, e.g., embraced casual acquaintances with excessive ardor, uncontrollable sobbing on minor sentimental occasions, has temper tantrums
> (5) is uncomfortable in situations in which he or she is not the center of attention
> (6) displays rapidly shifting and shallow expression of emotions
> (7) is self-centered, actions being directed toward obtaining immediate satisfaction; has no tolerance for the frustration of delayed gratification
> (8) has a style of speech that is excessively impressionistic and lacking in detail, e.g., when asked to describe mother, can be no more specific, than "She was a beautiful person."[91]

Does that sound like Proverbs 5:3-21 and Proverbs 6:12-14 that Meier and Minirth cite as evidence? We have already established the lack of appropriate reliability for the DSM. But even though it is not reliable, try to apply "at least four" of the DSM criteria to either of the two sections of Proverbs. We tried and could not do it. It may be that a reader or two will have more imagination than we do but we doubt it.

Another problem with their conclusion is that under ordinary circumstances, diagnosis is highly unreliable. Even after seeing an individual for hours and interacting with him or her, there are still enormous errors in diagnosis that occur. How can Meier and Minirth come to the hysterical conclusions they have come to with each short section of Proverbs?

Research.

Finally, some of Meier and Minirth's applications of the personality disorders are quite questionable from a research point of view. For example, Meier says:

> They're [the obsessive-compulsives] conscientious about time. They show up exactly on time. They go to a class or anything—they're right on the button. They're not more than a minute early or a minute late. . . . The hysteric likes to show up early because he or she likes to get extra attention. The passive-aggressive shows up late and the sociopath skips and doesn't show up at all.[92]

Where is the research to support such a relationship? Whether we view these as DSM personality disorders, which lack validity, or merely personality types, which lack complexity, there is a faulty basis in either case from which to research the relationships mentioned.

Meier relates personality disorders to certain problems such as panic attacks. He says, "Most of the people who get panic attacks are obsessive-compulsive."[93] To begin with, there is a variety of panic attacks. If he is suggesting that most of those who have panic attacks, regardless of type, experience obsessive-compulsive thoughts, he needs to provide research support. He also suggests that agoraphobics have "obsessive-compulsive thinking."[94] In checking a standard text on agoraphobia, we find that obsessional thoughts are **sometimes**, **not always** involved.[95] But Meier says that most are obsessive-compulsive. It is more complex than that, because though **some** may have obsessional thoughts **sometimes**, this is a far cry from **most**. One should exercise care in extrapolating information contained in the research.

One wonders why patients, or even non-patients, believe in such unsubstantiated personality terms. Faust and Ziskin say:

> . . . research shows that individuals believe in overly general personality descriptions of dubious validity, a form of suggestibility that provides a livelihood for astrologers and palm readers and misguides clinicians.[96]

Psychiatrist Lee Coleman in his book *The Reign of Error* says, "The mode of labeling in psychiatry becomes a serious concern only when the labels are treated as scientific." The theme of Coleman's book is psychiatric authority. He says, "Lack of scientific tools should be reason enough to rescind psychiatry's immense legal authority."[97] He also says: I have testified in over one hundred and thirty criminal and civil trials around the country, countering the authority of psychiatrists or psychologists hired by one side or the other. In each case I try to educate the judge or jury about why **the opinions produced by these professionals have no scientific merit**.[98]

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PROPHETS OF PSYCHOHERESY I

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Chapter 19

DEFENSE MECHANISMS

Meier and Minirth speak and write about defense mechanisms. In their book *Introduction to Psychology and Counseling*, they say:

> Psychological defense mechanisms are defined by Charles Morris as "the ways people react to frustration and conflict by deceiving themselves about their real desires and goals in an effort to maintain their self-esteem and avoid anxiety." [1]

In addition they say:

> The most basic defense mechanism is repression, which Theodore Lidz defines as "the barring or banishment of memories, perceptions or feelings that would arouse the forbidden." Lidz adds that "in order to prevent rearousal of some childhood sexual experiences or the discomfort of remembering sexual desires for a parent, the entire period of early childhood may be repressed." [2]

Meier and Minirth refer to these defense mechanisms as being "unconscious" and "self-deceiving." [3]

There is a great deal of similarity between what Meier and Minirth say about defense mechanisms and the Freudian theory of defense mechanisms. The strong influence of Freud can be seen by comparing the above quotes with the following description of Freud's theory. Further comparison can be made by reading Dr. Theodore Lidz's book, which Meier and Minirth quote and recommend. In that book one can see the application of Freudian psychology to its fullest.

Freudian Theory of Defense Mechanisms.

Freud names three parts of the personality as the *id*, *ego*, and *superego*[4] . Dr. Ernest Hilgard et al say:

> Freud believed that the conflict between id impulses-----primarily sexual and aggressive instincts-----and the restraining influences of the ego and superego constitutes the motivating source of much behavior. [5]

According to Freud's system, anxiety is the result of restraining the "sexual and aggressive instincts." Freud called the method of reducing the resultant anxiety *repression*. According to Hilgard et al, "Those methods of anxiety reduction, called *defense mechanisms*, are means of defending oneself against painful anxiety." [6] They additionally state:

> Freud used the term *defense mechanisms* to refer to unconscious processes that defend a person against anxiety by distorting reality in some way. . . they all involve an element of self-deception. [7]

In describing *repression*, Hilgard et al say:

> In repression, impulses or memories that are too threatening are excluded from action or conscious awareness. Freud believed that repression of certain childhood impulses is universal. For example, he maintained that all young boys have feelings of sexual attraction toward the mother and feelings of rivalry and hostility toward the father (the Oedipus complex); these impulses are repressed to avoid the painful consequences of acting on them. In later life, feelings and memories that would cause anxiety because they are inconsistent with one's self-concept may be repressed. Feelings of hostility toward a loved one and experiences of failure may be banished from memory. [8]

One last part of the picture of defense mechanisms has to do with the individual's desire "to maintain self-esteem." Freud believed that "self-reproaches" diminish self-esteem. He said, "So we find the key to the clinical picture: we perceive that the self-reproaches are reproaches against a loved object which have been shifted away from it on to the patient's own ego." [9] Thus, he proposed that people develop defense mechanisms as a means of self-deception "to maintain self-esteem."

From the evidence cited above, it is obvious that the theory of defense mechanisms used by Meier and Minirth is Freudian. They devote a full chapter to defense mechanisms in *Introduction to Psychology and Counseling*, but they do not even mention Freud in the chapter. [10] It seems strange that they would not give credit where credit is due. In addition, they refer to defense mechanisms in other books and on their radio program. [11] They use Freudian defense mechanisms to describe, understand and explain behavior.

In *Happiness Is a Choice*, they make a number of statements using one or more of the defense mechanisms, which they simply call *defenses*. For instance they say, "There are several major defenses that John P. Workaholic uses to deceive himself." [12] In reference to an hysteric they say, "Her chief defense is denial." [13] In discussing "Personality Traits of the Depressed," they list: "Defenses of denial, displacement, introjection, projection, and somatization." [14]

There is no question that the use of the Freudian defense mechanisms with his underlying theory of repression is a major means by which Meier and Minirth view people. As we said earlier, Dr. Adolf Grunbaum, in his book *The Foundations of*

Psychoanalysis, discusses Freud's psychoanalytic theory and "finds the cornerstone theory of repression to be clinically ill-founded." [15] Grunbaum faults Freud's theory for failing the test of science. Individuals should be aware that the defense mechanisms are both unscientific and unsubstantiated.

Rather than revealing the Freudian source of defense mechanisms, Meier and Minirth attempt to validate them with the Bible and their own personal opinion. On one of Meier and Minirth's broadcasts it was said, "There are forty defense mechanisms that we know about and nearly all of these are described in Scripture as well as in the psychiatric research." [16] In their book *Introduction to Psychology and Counseling*, they list the forty "Unconscious Defense Mechanisms Frequently Seen in Counseling." [17] In certain cases they offer a biblical source. In our earlier discussion of Meier and Minirth's attempt to use Psalm 139:23-24, Proverbs 21:2, and Jeremiah 17:9 to support their belief that the Bible refers to the unconscious, we showed that the Scriptures which they cite as evidence do **not** support the unconscious as being equivalent to the biblical word *heart*. Also, there is no biblical support anywhere for the Freudian unconscious. And since the defense mechanisms depend upon the Freudian concept of the unconscious, there can be no support for them in Scripture either. However, we will nonetheless deal with two of their examples.

Projection.

Meier and Minirth describe the use of the unconscious defense mechanism of projection this way:

> An individual who is so afraid of his own feelings, perhaps anger or lust, projects (like a slide projector on a screen) his feelings onto the other persons in his environment, thus convincing himself that others are the possessors of those feelings and are plotting to use those feelings against him. [18]

They give one example from the Old Testament for delusional projection and three references from the New Testament for primary projection. They indicate that primary projection is: "The same as delusional projection but not of such psychotic proportions."[19]

Meier and Minirth use 1 Samuel 18:31 as an example of delusional projection. They say, "King Saul . . . developed the delusion that David was plotting to kill him. He projected his own wishes to murder David onto David." [20] A careful reading of this section of Samuel will reveal no verse that indicates that Saul's reason to chase David was because of a delusion that David was out to kill him. He was wildly jealous of David. And he feared that David would someday replace him as king, because the Lord had removed His favor from Saul. Nor was Saul repressing his desire to kill David (which would be necessary to fill the requirements for a diagnosis of projection). If we read carefully the events in 1 Samuel 18-31 we see instances in which Saul attempted to kill David, but none in which David attempted to kill Saul and none in which Saul indicated

that he even thought (consciously or unconsciously) that David was attempting to kill him.

The Old Testament tells us a lot about Saul. Read once more the description of delusional projection (quoted above). Then read 1 Samuel to see if any of those characteristics apply to Saul. A sincere and honest effort to apply those characteristics will show that there is nothing obvious in 1 Samuel to support the description of delusional projection, only guess work. Nothing in 1 Samuel reveals what was going on at any unconscious level with Saul. Nor does it even come close to hinting that projection could be going on.

Rather than unconscious projection, there was conscious response to what was being said. After David cut off a part of Saul's robe when he could have killed him (1 Samuel 24:4), David called out to him and said, "Wherefore hearest thou men's words saying, Behold David seeketh thy hurt?" (1 Samuel 24:9.) This was not any kind of unconscious delusion. This was the talk of Saul's men. There was nothing repressed into any so-called unconscious about Saul's intent to kill David, and there was every reason to fear retaliation. Furthermore, in checking the original for the word *hurt*, we find nothing to indicate death, only harm.

Now let's examine the three references in the New Testament that Meier and Minirth use as examples of primary projection. [21] The first is Matthew 7:1-5, particularly verses 3-5.

> Judge not, that ye be not judged. For with what judgment ye judge, ye shall be judged: and with what measure ye mete, it shall be measured to you again. And why beholdest thou the mote that is in thy brother's eye, but considerest not the beam that is in thine own eye? Or how wilt thou say to thy brother, Let me pull out the mote out of thine eye; and, behold, a beam is in thine own eye? Thou hypocrite, first cast out the beam out of thine own eye; and then shalt thou see clearly to cast out the mote out of thy brother's eye. (Matthew 7:1-5.)

There is no hint in these verses that anything is involved at the unconscious level. The plain meaning of the passage is that one needs to be careful in judging others. On the one hand, we know that believers are not to refrain from all judging (7:6, 16), since Christians need to judge words and actions of themselves and others (1 Cor. 5:3-5, 12, 13). But on the other hand, one must not have a censorious spirit. [22]

There is nothing in this section to infer that the beam is unconscious. Nor is there any hint that the mote is necessarily directly related to the beam. They could be a "reflection" of one another. However, they need not be. The one with the beam could be stealing large amounts of money from his work while at the same time judging another person for missing church. Reading this entire section of Matthew 7:1-12 we find that the main subject is neither the beam or the mote. It has nothing to do with unconscious projection. The main subject is found in Matthew 7:1: "Judge not that ye be not judged."

They also use Romans 2:1-3 in attempting to make the Bible appear to support their Freudian theory of projection. [23]

> Therefore thou art inexcusable, O man, whosoever thou art that judgest: for wherein thou judgest another, thou condemnest thyself; for thou that judgest doest the same things. But we are sure that the judgment of God is according to truth against them which commit such things. And thinkest thou this, O man, that judgest them which do such things, and doest the same, that thou shalt escape the judgment of God? (Romans 2:1-3.)

This is not a statement about unconscious projection, but rather an admonition concerning judging others for those sins listed in Romans 1:18-32. This is indicated by the word *therefore* at the beginning of the passage and words such as *the same things* and *such things*. Romans 1:18-32 includes both obvious gross sins and sins that people may overlook in themselves. Thus a person may be tempted to judge another person for fornication while himself being disobedient to parents or unmerciful. The warning is that we will be judged by the same standards we apply in judging others. Paul was leading up to the fact that "all have sinned, and come short of the glory of God" (Romans 3:23). Rather than this passage supporting the idea of the Freudian unconscious defense mechanism of projection, Paul was speaking of the human tendency to criticize and condemn others while minimizing personal sin and excusing oneself. This is the bias of the sinful self nature which must be brought to the cross of Christ.

The third scriptural reference they use in trying to prove Freud's theory of the unconscious defense mechanism of projection is James 1:13-17. [24]

> Let no man say when he is tempted, I am tempted of God: for God cannot be tempted with evil, neither tempteth he any man: But every man is tempted, when he is drawn away of his own lust, and enticed. Then when lust hath conceived, it bringeth forth sin: and sin, when it is finished, bringeth forth death. Do not err, my beloved brethren. Every good gift and every perfect gift is from above, and cometh down from the Father of lights, with whom is no variableness, neither shadow of turning. (James 1:13-17.)

None of the above passage supports faith in Freudian unconscious drives or defenses. Though a person may blame God or others for tempting him to sin, that blame is a conscious activity. James appeals to conscious volition. He does not explain or excuse behavior by saying that people sin because of unconscious drives or defenses. They sin because of their own lust, which is a self-pleasing activity of the flesh. Freud created the idea of defense mechanisms to explain the condition of man because he refused to believe what the Bible says about God's sovereignty, His law, the sinful condition of man, and God's provision for salvation and sanctification through Jesus. To attempt to equate the two will always diminish a person's view of the Bible.

Denial.

Another unconscious defense mechanism which Meier and Minirth attempt to support with the Bible is denial. They describe *denial* this way:

> Thoughts, feelings, wishes, or motives are denied access to consciousness. It is the primary defense mechanism of histrionic personalities, who deny their own sinful thoughts, feelings, wishes, or motives even when they become obvious to those around them. [25]

They use Proverbs 14:15 and Proverbs 16:2 in their attempt to biblicize the unconscious defense mechanism of denial. Proverbs 14:15 says, "The simple believeth every word: but the prudent man looketh well to his going." This proverb can be taken at face value without trying to read in any kind of hidden meaning such as unconscious denial. There are people who simply believe what they read or hear, because they fail to evaluate what has been written or said. Someone who is wise, on the other hand, will want to find out if something is true before he will believe it. In fact, one of the serious problems in the church today is that of believing what teachers and preachers say without prayerfully looking into the Word of God to see if what is said is true.

The other proverb they cite is Proverbs 16:2. "All the ways of a man are clean in his own eyes; but the LORD weigheth the spirits." The unconscious defense mechanism of denial is not simply not facing the truth about oneself. Simply ignoring our own faults or excusing our sin or even forgetting about it does not make it an unconscious denial. The human tendency according to the Bible is for people to see themselves in a biased manner. Furthermore, one cannot equate the spirit of man with the unconscious. Paul made this clear when he wrote: "For what man knoweth the things of a man, save the spirit of man which is in him? Even so the things of God knoweth no man, but the Spirit of God." (1 Corinthians 2:11.) This verse compares the relationship of the spirit of man with man himself and the relationship of the Spirit of God with God Himself. Therefore, if one were to equate the spirit of man with the unconscious, one would also be saying that the Spirit of God is His unconscious, which would be perfectly ridiculous.

Conclusion.

Through their writing and speaking, Meier and Minirth attribute great importance to the Freudian theory of defense mechanisms. In addition, they unsuccessfully attempt to support those unproven, unscientific Freudian inventions with Scripture. The defense mechanisms are without Scriptural or scientific support.

Notes.

1. Paul Meier, Frank Minirth, and Frank Wichern. *Introduction to Psychology and Counseling*. Grand Rapids: Baker Book House, 1982, p. 231.
2. *Ibid*., p. 107.
3. *Ibid*., p. 232.
4. Ernest Hilgard, Richard Atkinson, Rita Atkinson. *Introduction to Psychology*, 7th Ed. New York: Harcourt, Brace, Jovanovich, Inc., 1979, pp. 389-390.
5. *Ibid*., p. 390.
6. *Ibid*., pp. 390-391.

7. *Ibid*., p. 426.
8. *Ibid*., p. 427.
9. Sigmund Freud, "Mourning and Melancholia." (1917) *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. and ed. James Strachey, Anna Freud, et al., 24 vols. London: Hogarth Press, 1953-1974, Vol. 14, p. 248.
10. Meier, Minirth, and Wichern, *Introduction to Psychology and Counseling*, op. cit., p. 231ff.
11. "The Minirth-Meier Clinic" Radio Program, P. O. Box 1925, Richardson, TX, 75085, March 2, 1988.
12. Frank B. Minirth and Paul D. Meier. *Happiness Is a Choice*. Grand Rapids: Baker Book House, 1978, p. 61.
13. *Ibid*., p. 89.
14. *Ibid*., p. 127.
15. Adolf Grunbaum. *The Foundations of Psychoanalysis*. Berkeley: University of California Press, 1984, back cover flap.
16. "The Minirth-Meier Clinic," *op. cit*., March 2, 1988.
17. Meier, Minirth, and Wichern, *Introduction to Psychology and Counseling*, *op. cit*., p. 235.
18. *Ibid*.
19. *Ibid*.
20. *Ibid*.
21. *Ibid*.
22. Charles Pfeiffer and Everett F. Harrison, eds. *The Wycliffe Bible Commentary*. Chicago: Moody Press, 1962, p. 941.
23. Meier, Minirth, and Wichern, *Introduction to Psychology and Counseling, op. cit*., p. 235.
24. *Ibid*.
25. *Ibid*.

PROPHETS OF PSYCHOHERESY I

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Chapter 20

PERSONALITY FORMATION

Early Life Determinants.

It is often difficult to find out whether or not Meier and Minirth have research backing for their statements. They sometimes expound their ideas completely without footnotes to indicate the source of their statements. For example they say:

> In exploring possible causes for the counselee's present difficulties, the counselor must consider early childhood. If the parents were absent and the child's dependency needs were not met, then the individual is more prone to depression or sociopathy, depending on how he handles the conflict. If the parents would not allow the child to be an individual but were symbiotic with him, then he is more prone to schizophrenia. If the parents were harsh, then the individual may be a guilty compulsive, a critical paranoid or an acting-out sociopath, depending on how he handles the conflict. If the parents were seductive or rewarded overly dramatic behavior, then the individual is more likely to have hysterical problems. If both parents were in constant conflict, the individual is more prone to deep-seated insecurity and anxiety or neurosis. Thus man can have unresolved conflicts from childhood, and those conflicts can intensify his present problems. Man does have conflicts. Man is psychological.[1]

The above statement represents their Freudian views and their own personal opinions, which would be seriously questioned by practitioners who are not of their personal and psychoanalytic persuasion.

In *Happiness Is a Choice*, Meier and Minirth say:

> In his earlier book (*Christian Child-Rearing and Personality Development*, Baker Book House 1977), Dr. Meier summarized several hundred research articles on personality development to demonstrate that approximately 85 percent of our adult behavior patterns are firmly entrenched by our sixth birthday.[2]

In their book *Introduction to Psychology and Counseling* they say, "By the time children are old enough to go to school, most of their character structure has already been established."[3]

Their statement "approximately 85 percent of our adult behavior patterns are firmly entrenched by our sixth birthday" has been a repeated theme in their writing and speaking. They claim that it is demonstrated by "several hundred research articles." But, their "85 percent" litany is actually related to their Freudian orientation. The research demonstrates change rather than the almost deterministic theory that Meier and Minirth claim. Before turning to the research we will first discuss the Freudian theory that underlies their "85 percent" statement. We begin by discussing the theory of infantile sexuality.

According to Freud's theory of infantile sexuality, the first five or six years of life pretty much determine the rest of a person's life. Freud believed that every human being is confronted with four stages of development: oral, anal, phallic, and genital. He taught that the four stages of infantile sexuality follow one another and occur at certain ages in normal development. The oral stage is from birth to eighteen months; the anal stage is from eighteen months to three years; the phallic stage is from three to five or six years; and the genital stage continues through puberty. All four stages have to do with sexuality, and Freud related adult characteristics and mental-emotional disorders to childhood experiences within the various stages. He believed that if a person failed to pass successfully through each stage or experienced a trauma during one of the stages, there would be inexplicable damage to his psyche.

Freud's theory of infantile sexuality is also related to his theory of psychic determinism, both of which are within his theory of the unconscious. According to his theory of psychic determinism, each person is what he is because of the effect of the unconscious upon his entire life. Freud believed that "we are 'lived' by unknown and uncontrollable forces."[4] He theorized that these forces are in the unconscious and control each person in the sense that they influence all that the person does. Thus, he saw people as puppets of the unknown and unseen unconscious, shaped by these forces during the first six years of life.

Freud contended that as each child passes from one psychosexual stage of development to another, his psyche is shaped by the people in his environment and especially by his parents. Psychic determinism establishes a process of blame that begins in the unconscious and ends with the parents. Freud removed a person's responsibility for his behavior by teaching that everyone has been predetermined by his unconscious, which was shaped by the treatment given him by his parents during the first few years of his life.

Freudian theory is known as psychic determinism. However, we have never seen a percentage of fixedness placed upon the time from birth to age six. Even Freud believed in some hope for the individual. In one of the Meier and Minirth programs, the following was said:

> When we get the responsibility from God to raise our children, He gives us most of that responsibility from their birth til they're six years old. After that we're just modifying the other 15 percent.[5]

In *Happiness Is a Choice*, they speak of parents bringing in a teenager to them and they say, "All we can do is help the parents to find some ways to modify the 5 or 10 percent of that teen-ager's personality that isn't already formed."[6] Elsewhere Meier says that "what you feed into your child's brain during those first six years is what's going to come out of his brain the next seventy years."[7] While the figure they use of a child after age six is 15 percent, apparently for a teen-ager it drops to 5 or 10 percent. Meier and Minirth say 85 percent by age six and no one knows what percentage Freud would have used. But, the fact that Meier and Minirth give such a high percentage of determinism (85 percent by age six, with only 5 to 10 percent possibility for change during the teen-age years) demonstrates that this too is of Freudian origin.

A little thoughtful reflection on the setting of percentages would lead one to conclude that such use of numbers is not a good idea. Think about what "adult behavior patterns" are. How would one be able to sum up and put down all that constitutes "adult behavior patterns"? Also, a child before age six would be cognitively and behaviorally incapable of performing some "adult behavior patterns." In addition to this, some "adult behavior patterns" would be illegal for a child under six. Even if one could develop this impossible list of behavior patterns, what does it mean when they apply an 85 percent figure? Even if we used an adjective, such as *gregarious*, what is 85 percent of it by age six? While those who create and use such percentages may gain a sense of security, there are too many variables which are beyond investigation to make any sense of such numbers.

Besides a misleading sense of authority in the use of such percentages, there is research which refutes the idea of such iron-clad determinism. In his book *The Psychological Society*, Martin Gross summarizes the work of Dr. Stella Chess, professor of child psychiatry at New York University Medical Center. Gross says that a potent conclusion that evolves from Chess's work is that "*the present psychiatric theory that the first six years of life are the exclusive molders of personality is patently false*."[8] (Emphasis his.)

Social psychologist Dr. Carol Tavris discusses the idea of constancy versus change in an article titled "The Freedom to Change." She discusses Freud and his psychoanalytic therapy and says:

> Now the irony is that many people who are not fooled by astrology for one minute subject themselves to therapy for years, where the same errors of logic and interpretation often occur. . . . Astrologists think we are determined at birth (or even conception) by our stars; psychoanalysts think we are determined within a few years of birth by our parents (and our anatomy).[9]

Tavris goes on to discuss the research that opposes the idea of Freudian determinism. And, the very same research would stand in opposition to Meier and Minirth's eighty-five percent notion. She cites the work of Dr. Orville Brim of the Foundation for Child Development in New York and says, "Most of Brim's career has been devoted to charting the course of child development and its relation to adult personality." She declares that Brim is convinced that "far from being programmed permanently by the age of 5, people

are virtually reprogrammable throughout life." She quotes him as saying, "Hundreds and hundreds of studies now document the fact of personality change in adulthood."[10] She also quotes Brim as saying:

> Social scientists are unable to predict adult personality from childhood or even from adolescence in any important way. We can't blame the methods anymore, and we can't say that people who don't fit the predictions are deviant, unhealthy or strange. They are the norm.[11]

In addition to Brim, Tavris discusses the work of Dr. Jerome Kagan, a professor at Harvard University. Kagan, together with Howard Moss, wrote a classic book in the field titled *Birth to Maturity: A Study in Psychological Development*, which agrees with Meier and Minirth's views. However, after further research, Kagan made an 180-degree turn in his ideas of child development. After taking a second look at *Birth to Maturity*, Kagan and Moss "could find little relation between psychological qualities during the first three years of life . . . and any aspect of behavior in adulthood."[12] According to Tavris, "Kagan now believes that few of a baby's attributes last indefinitely, unless the environment perpetuates them."[13]

Brim and Kagan later wrote a book together titled *Constancy and Change in Human Development*. They say:

> The view that emerges from this work is that humans have a capacity for change across the entire life span. . . there are important growth changes across the life span from birth to death, many individuals retain a great capacity for change, and the consequences of the events of early childhood are continually transformed by later experiences, making the course of human development more open than many have believed.[14]

While writing this section we wrote to Brim and Kagan and asked their current response concerning Meier and Minirth's eighty-five-percent idea. Brim responded:

> The statement that you report about adult personality [Meier and Minirth's eighty-five percent] cannot be substantiated by any scientific research at all. In fact, what evidence there is, and there is a good amount of it, shows a continuing change in personality over the lifespan.[15]

Kagan's reply also indicated disagreement with Meier and Minirth's eighty-five-percent determinism.[16]

We also wrote to Dr. Bernard Rimland, who is the director of the Institute for Child Behavior Research in San Diego. In his reply about Meier and Minirth's eighty-five percent notion, he says the idea "that the personality is the product of the individual psychosocial experiences . . . is totally unsupportable by any scientific evidence that I've been able to find."[17]

Our greatest concern with the eighty-five-percent statement is that it once more expresses Meier and Minirth's strong Freudian ideology. In addition, their use of a

number such as eighty-five percent, even though it is preceded by the word *approximately*, makes no sense when considering the complexity and incomparability of "adult behavior patterns" and those of pre-six-year-olds. And finally, based upon the research, we doubt that Meier, Minirth, or anyone else could "demonstrate that approximately 85 percent of our adult behavior patterns are firmly entrenched by our sixth birthday."[18]

Child Care.

Meier and Minirth's Freudian views on early life development can also be seen in what they say about child care. On one of the broadcasts a woman asked about going back to college. She said she was married and had a six-month-old. Meier's response was:

> If you went back to college right now that baby would be neglected. If that baby got taken care of by somebody else full-time the baby would be neglected. If you put that baby in day care forty hours a week that baby would be neglected and according to psychiatric research he would have permanent psychological damage.[19]

A similar statement was said on another broadcast.[20] And, in *Introduction to Psychology and Counseling*, Meier and Minirth refer to the possibility of "some degree of permanent emotional and intellectual damage."[21]

Before we discuss the statement above and the problems associated with it, we want to make it clear that we believe that the best possible arrangement for an infant is to have a mother home with the child at least during the first two or three years of life. We believe this for biblical reasons which we shall not discuss here. In addition, we think that the research in the area of child development on the one hand and the availability of quality substitute care on the other hand would support our position, not only because it is clear that good quality, affordable child care is difficult to obtain, but also because there is a need to develop a healthy parent-infant relationship. Our strong counsel to mothers is to be home to care for their own babies during the early years of life.

There is also another factor to consider before responding to Meier's remark about full-time child care leading to "neglect" and "permanent psychological damage." Yale University's Edward Ziegler says, "In modern America mothers work for the same reasons fathers do-----economic necessity."[22] Most of the jobs today do not provide enough pay to support a family.[23] It is not surprising then that men with low salaries are much more likely to have a working wife.[24] *Insight* magazine reports that "68 percent of two-parent households now have both parents on the job and in most cases need two incomes to make ends meet."[25]

Economist Eli Ginzberg calls the movement of women into the labor force "the single most outstanding phenomenon of the twentieth century."[26] While the day-care call-in question was from a woman planning to attend college, Meier's answer would apply to all women who would resort to full-time child care. It would apply to intact families with both working parents, as we just discussed, but it would also apply to single-parent (almost all of whom are women) families with infants.

Probably at least equal to the movement of women into the labor force as "the single most outstanding phenomenon of the twentieth century" is the growth in female-headed single-parent families. This explosion in numbers of female-headed single-parent families in the last fifty years has left large numbers of women with no choice about work or child care. According to *The Parental Leave Crisis*, "Experts predict that one out of every three families, possibly even one out of two will be headed by a single parent in 1990."[27]

With almost half of the marriages ending in divorce, numerous women do not receive enough child and spousal support to run a household. If two-parent families often cannot make it on one salary and need to make ends meet, it is even more true that single-parent families with infants are even more affected. The answer Meier gave literally affects millions and primarily it affects women who, even in intact families, bear the responsibility for child care.

The first problem we have with Meier's answer to the child care question is its categorical sound. It has an ecclesiastical, pontifical ring to it. He says that the "baby **would be neglected** and according to psychological research he would have **permanent psychological damage**."[28] (Emphasis ours.) In cases such as this, where there are numerous variables involved, an extreme categorical statement such as the one just quoted is bound to be wrong even though it may have some truth behind it. Day care is a dramatic fact in America. To imply that "neglect" and "permanent psychological damage" are certainties is a gross over-interpretation of the research.

Child care is not a simple matter. It involves many factors, including the type of day-care environment, the care giver(s), the child, the child's home environment, involvement of the parents, involvement of relatives and friends, just to name a few. The day-care could be given in the child's home by a relative, friend or other person or in the home of a relative, friend or other person. Or it could be family day-care in the home of a woman who may or may not care for her own children at the same time; parent co-ops; day-care centers and so on. Another variable is the age at which a child receives child care (infant or older child) and the length of time. If we enumerated all of the factors, sub-factors and related factors, it would be clear how enormously complex the situation is. It is a complexity undeserving of a glib, extreme categorical statement such as the one quoted.

There are some studies which indicate good results for children in day care. Fredelle Maynard, in summarizing the effects of day care on intellectual development says, "In general, studies agree that day care of average quality has no apparent ill effects on children's intellectual development."[29] Researcher Jerome Kagan compared day care and home care of children during the first three years of life. He concluded that "day care and home-reared children developed similarly with respect to cognitive, social and affective qualities during the first three years of life." However, he qualified his statement with certain provisions, such as a good ratio of children to adults, nurturant and capable care givers, similar values between family and care giver, and other conditions of good child care.[30]

Dr. Harold Hodgkinson, former director of the National Institute of Education says:

> Some of the most encouraging data in education come from studies done on Head Start by the High/Scope Educational Research Foundation of Ypsilanti, Michigan. Basically, the High/Scope research shows that every dollar spent on Head Start saves us $7 - in prisons that don't have to be built, in detoxification centers that don't have to be run, and in psychiatrists and counselors who don't have to be hired. Children who have been through a good Head Start program go to college far more often than those in the control groups. They get jobs more often, and they end up in jail less often.[31]

These brief examples should refute Meier's categorical statement about the effect of day care, dogmatic accusation of "neglect," and prediction of "permanent psychological damage."

There are studies that support both sides of the child care issue. Dr. Thomas Gamble and Dr. Edward Zigler discuss "Effects of Infant Day Care: Another Look at the Evidence." They say:

> Some prominent workers have highlighted the potentially damaging effects of infant day care, while equally prominent workers have asserted that such care is essentially benign.[32]

The prestigious Merrill-Palmer Institute concludes: "According to our preliminary findings, day care is not necessarily harmful. But some day care programs might produce harm."[33] We think that a fair reading of the research will give a variety of results, but none so drastic as the categorical "neglect. . . permanent psychological damage" remarks expressed on Meier and Minirth's radio program.

Meier and Minirth's position on child care is based on their Freudian bias rather than on any solid research. Dr. Louise Bates Ames, co-director of the famed Gesell Institute of Child Development, says:

> I am afraid that the whole environmental school which has dominated child care in America in the last twenty-five years has made parents too anxious, too insecure and too guilty. . . . They created the attitude that the child's psyche is fragile, which it is not. Most of the damage we have seen in child rearing is the fault of the Freudian and neo-Freudians who have dominated the field. They have frightened parents and kept the truth from them. **In child care I would say that Freudianism has been the psychological crime of the century**.[34] (Emphasis added.)

Martin Gross says, "This environmental system is based on the psychodynamic theory in which the unknowing parent forces the child to repress its unconscious drives."[35] Gross concludes, "*Modern research indicates that the skeptics have been right all along: that environmental or Freudian theory is false*."[36] (Emphasis his.) Gross also says:

In the raising of children the parent is generally the most knowledgeable guide. This reassuring philosophy is repeated by no less an expert than Dr. Spock himself. “The more people have studied different methods of bringing up children the more they have come to the conclusion that what good mothers and fathers instinctively feel like doing for their babies is usually best after all.”[37]

Gross concludes by saying:

> The modern sin of parenting has not been one of psychological ignorance. It has been quite the opposite. By absorbing the half-truths, shibboleths and outright fallacies of the Psychological Society, the parents of the last thirty-five years have unfortunately put into massive practice an idea whose time should not have come.[38]

A writer to the editor in *Science News* says:

> Our culture is obsessed with redefining all natural developmental processes, making them look like a laundry list of pathologies. Normal childhood fears have become phobias, temper outbursts are now oppositional disorders, worry is overanxious disorder and wanting one’s mama around is separation anxiety.
>
> Next come the statistical horror stories, followed by political sanction of more “health” care and treatment facilities.[39]

In conclusion, because Meier and Minirth’s categorical, extreme statement of “neglect” and “permanent psychological damage” primarily affects millions of women, we see that Freudian psychology with its anti-woman and particularly anti-mother bias is the basis for their advice, rather than psychiatric research, as they maintain. A number of examples of the Freudian anti-parents and particularly anti-mother bias come through in *Happiness Is a Choice*. Meier and Minirth speak of “A child with a cold, rejecting mother and a passive or absent father.”[40] The strong mother/weak father theme is found in their other books as well.[41] In one case they refer to “his mother’s rejection.”[42]

In another case they refer to the mother who “was extremely Victorian” and the maternal grandmother as the “boss of the family” and “very domineering.”[43] In Appendix 2 of *Happiness Is a Choice*, the mother or step-mother is implicated in the problem in all eleven cases.[44] Those cases are repeated in *Introduction to Psychology and Counseling*.[45] In their book *Taking Control* , a comment is made by Meier in a section on teenage addicts. One element in Meier’s formula of what he calls “cure” is to get the addict away from his mother.[46]

Almost like a refrain from the Garden of Eden, Freudian theory from the beginning pinned blame on women and has been particularly hard on mothers. Meier and Minirth’s type of advice only amplifies the difficulties women encounter in the world and fuels the fires of feminism.

Sexual Identity.

Meier and Minirth's Freudian bias also affects their notions about the development of sexual identity. From their Freudian vantage point, they promote a theory of how boys become homosexuals and girls become lesbians. Their formula, reduced to its simplest, is that homosexuality is the result of an absent father and lesbianism is the result of significant separation from the mother, and all, of course, by Freudian necessity, before the age of six.

On a radio program a male caller asked about a situation with his ex-wife. He had joint custody of his three-year-old boy. The boy spends one week with his father and three with his mother and grandmother. After further description of the situation, the following response was given about the boy:

> . . . his sexual identity will be formed from about two to six. And so if he lived with her [the boy's mother] and with the grandma and not with you he would almost for sure become a homosexual. And he needs to spend a lot of time with you so he'll identify with you, pattern his life after you, walk like you, talk like you and act like you. . . . I wish he was with you three weeks and with her for a weekend a month or something.[47]

The daddy, absent through work or divorce during the first six years of life, leading to homosexuality or homosexual tendencies, is a repeated theme on their broadcasts.[48] In *Introduction to Psychology and Counseling* they put part of the blame on the mother. They say:

> An early history characterized by an overprotective mother who forms an alliance with her son against a hostile detached father does make male individuals more prone to temptation in the homosexual direction.[49]

In *Happiness Is a Choice* they describe a hypothetical obsessive-compulsive who is at work and absent from the household. They say:

> He is the medical researcher who spends seven days (and nights) a week in the lab in order to save mankind from various diseases while his wife suffers from loneliness and his sons become homosexuals and eventually commit suicide.[50]

This is another reiteration of their formula of a father's absence leading to his son becoming a homosexual and another pathetic pontifical pathological prediction (suicide), unsubstantiated by the research.

While for Meier and Minirth the basic factor in homosexuality is an absent father, their basic factor in lesbianism is an absent mother, or a hostile one. In reference to the absent mother factor, these words were said on one of their broadcasts:

> Now a little girl needs to spend a lot of time with her mom so that she won't develop a mother vacuum later on in life. And if she doesn't spend very much time with her mother, if she's stuck in day care centers and things of that nature and doesn't spend very much time with her mother or with significant females to identify with, stable significant females, I mean the same person throughout many years, not multiple care, then she will develop lesbian tendencies when she gets older. Satan will use that mother vacuum to tempt her to meet it in a sexual way with other females.[51]

In reference to a hostile mother they say: "Females with a hostile, competitive mother and a passive father are more prone to be tempted in the lesbian direction."[52]

In addition to Meier and Minirth's predictive formulas for homosexuality and lesbianism are their formulas for male and female promiscuity. They are the flip side of the formulas for homosexuality and lesbianism. While for homosexuality the absent father is the important ingredient, for male promiscuity it is the absent mother. They say on one broadcast:

> The little boy who doesn't get much time with mom when he's growing up will be more sexually promiscuous. He'll have a mother vacuum. Even though he may develop a good male sexual identity, he may become very sexually promiscuous and look down on women and be a womanizer and a male chauvinist pig, because he has a mother vacuum that was never met. He'll turn to sex to meet that vacuum even though it never really satisfies that vacuum.[53]

Now the flip side of the formula for lesbianism is the absent father. On one broadcast they say that "a girl that doesn't spend time with her dad . . . will become very promiscuous sexually later on in life, if she doesn't get enough time with daddy."[54] On another broadcast they say:

> If a little girl grows up being close to her mom but dad is gone all the time, then that little girl will crave her father's affection and not get it. She'll have a father vacuum and she'll end up becoming a hysterical female later on and she'll probably become sexually promiscuous.[55]

In the Freudian theory of heterosexual development the boy ends up by identifying with the father and yet retains the mother as the primary love object. As Freudian Theodore Lidz says, the girl ends up identifying with the mother and yet "must shift her basic love object from the mother to the father."[56] According to Freud, even though the girl must shift her love object she does not need to shift the parent with whom she identifies. Like-parent identification and unlike-parent as love object are supposedly the end result of properly navigating the rough waters of the Oedipus complex. However, according to Freudian theory, failure to accomplish the changes required can lead to homosexuality or lesbianism.

Martin Gross explains the Freudian view of homosexuality very simply. He says:

> Freud and many of his modern successors saw homosexuality as the penalty for the boy child's failure to win the Oedipal battle against a seductive, overbearing, over-affectionate mother-----the classic Mrs. Portnoy. Instead of finally identifying with the hated father at the resolution of the Oedipal rivalry, the child identifies with the mother. Thereafter, the now homosexual male seeks other men as his love object.[57]

Gross goes on to say:

> In the Freudian homosexual model, the *penis-adoring child also shows disgust for the penisless woman*. This is coupled with his castration fear at the hands of an angry father-rival.[58] (Emphasis his.)

Dr. Irving Bieber, another Freudian, says in the *Comprehensive Textbook of Psychiatry*:

> Thus, the parental constellation most likely to produce a homosexual or heterosexual with severe homosexual problems was a detached, hostile father and a close-binding, overly intimate, seductive mother who dominated and minimized her husband.[59]

Dr. Ronald Bayer, in his book *Homosexuality and American Psychiatry*, presents another facet of Freud's idea. He says:

> Later, Freud asserted that homosexuality was linked to the profound frustration experienced during the oedipal phase by those boys who had developed especially intense attachments to their mothers. Denied the sexual gratification for which they yearned, these boys regressed to an earlier stage of development, and identified with the woman they could not have. They then sought as sexual partners young men who resembled themselves and loved them in the way they would have had their mothers love them.[60]

It is difficult to tell if Meier and Minirth accept the entire classical Freudian theory. However there is enough similarity to conclude that they are at the very least utilizing a slight variation of the Freudian theory. Their belief that sexual identity is established before age six, that a boy needs a father present with whom to identify, and that the sole presence of a mother will move a boy to homosexuality are all variations of the Freudian formula. During his lifetime, Freud developed several versions or explanations for homosexuality. However, the basis for each explanation was always the same, that is, the unconscious Oedipal conflict occurring before age six. Meier and Minirth's explanation can certainly be traced to the same source.

With the prior information given about Freudian theory and the added information given in this section, it should be easy to fill in the details of the earlier formulas for

lesbianism and promiscuity. Because a girl is unable to navigate the troubled waters of the Oedipal conflict and has not been able to make the proper parental love object/identification, she may end up a lesbian. The promiscuity formulas arise out of the same Oedipal cauldron of "castration anxiety," "penis envy," parental love object and parental identification. Following the Freudian formula, failure can result in later life promiscuity for either a boy or a girl, though the psychodynamics are different for each.

In discussing sexual identity on one of their broadcasts, Meier said:

> Patients will come in and they're thirty years old and let's say its a young man. It's a young man who was brought up by his mom and his grandmom and had two older sisters and he had no father in the home and then he went off to church and had female Sunday school teachers. He went to elementary school and had female teachers. . . . I've had many of them say, "I'm a woman who's locked into a man's body." And it really isn't their fault that they have a female sexual identity. He didn't choose it. It was sort of forced on him. . . . It's not your fault that you're a woman locked into a man's body, not your fault at all, and I sympathize with you like crazy.[61]

Please notice the words "not your fault at all." When one begins with the Freudian early determinants and adds the Freudian psychosexual stages of development, and then adds the Freudian formation of sexual identity, the equation will naturally result in "not your fault at all." This not only contradicts the Bible; it is an unsubstantiated leap from theory to unbiblical dogma to state, "not your fault at all."

On one of Meier and Minirth's programs, *The Person* by Theodore Lidz (a Freudian) was recommended. Lidz's chapter on "The Oedipal Period" gives additional information about Freud's view of this early period of life that (without meaning to) illustrates both the degeneracy and creativity of Freud's mind. But while Meier, Minirth, and Lidz give credence to Freud's Oedipal notion, Gross says it is about as true as "the correlation between human personality and the Zodiac chart."[62]

We do not necessarily concur with any of the views quoted earlier. We are providing information in opposition to the Freudian view and its variations, including Meier and Minirth's, because we believe that the only truthful approach to problems of living is biblical, not psychoanalytical or even psychological. And we believe that there are biblical explanations for homosexuality and lesbianism to occur. However, Meier and Minirth have chosen psychoanalytical explanations.

In conclusion, as one studies Meier and Minirth with respect to their teachings on early life determinants (eighty-five percent factor), child care ("neglect" and "permanent psychological damage"), and homosexuality/lesbian/promiscuity (absent father/absent mother), it is transparent that Freud should be given much credit for what they say. Their continued failure to credit and compliment Freud is puzzling and disconcerting. Puzzling because it is only fair that Freud be given credit for their ideas. And, it is disconcerting because it should be morally mandatory to give credit where it is due, especially when Freud's opinions are spoken as facts and alluded to as research. We realize that their ideas

are not completely congruent with Freud's, but that they originated with Freud is without question.

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PROPHETS OF PSYCHOHERESY I

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Chapter 21

CLAIMS, CURES AND QUESTIONS

Meier and Minirth's writing and speaking are periodically punctuated with claims for improvements and cures. Even beyond their Freudian bias is their confidence for cure and/or relief for a variety of problems. But, their claims are not supported by the literature and research. We shall discuss some of what they say, compare and contrast it with the literature, and then make some general comments.

Insight Therapy.

Meier and Minirth repeatedly proclaim that insight therapy is dramatically effective in treating all sorts of problems. When they discuss such problems as depression, fear of flying, multiple personalities, early life traumas, bulimia and phobias, they recommend insight therapy. They sometimes use extreme words such as *cures* and *you will get over it* through the use of insight therapy.[1]

Because of their repeated endorsement and use of insight therapy, as well as their claim for its effectiveness, it would be helpful to know what it is. Dr. Michael McGuire in the *Psychotherapy Handbook* says, "The history of Insight Psychotherapy can be traced to Freud."[2] Because insight therapy originated with Freud, it has to do with the activity of exposing the contents of the so-called unconscious. Therefore, Freud archivist Dr. Jeffrey Masson precedes his definition of *insight* with definitions of *repression* and *interpretation*:

> *Repression* is the activity that permits something to remain in the unconscious. It is one of the defense mechanisms; others are denial, undoing, reaction formation. It is not a willed activity. *Interpretation* is the activity the therapist engages in when something unconscious is made conscious to the patient or when a truth is declared. *Insight* refers to the intellectual and emotional recognition of the truth of an interpretation, whereby something that has been, until then, repressed is made conscious.[3]

Masson's definitions coincide very well with Meier and Minirth's statements about insight therapy.

From this and evidence stated earlier, we can conclude that Meier and Minirth recommend and utilize a therapeutic approach that is Freudian. Three examples of mental-emotional-behavioral problems and Meier and Minirth's claim for cures with insight therapy are those of bulimia, multiple personalities, and agoraphobia.

Bulimia.

The first example is that of bulimia. Bulimia is a food related problem of binge eating and vomiting, which is usually practiced by a female. In response to a caller, Meier tells her that if she is "not in danger of any kind of physical threat," she should see "a really good insight oriented counselor who can get in touch with those repressed emotions." He goes on to say, "You will get over that symptom of bulimia when you deal with the root problem." The root problem, of course, is repressed emotions; the treatment is insight therapy; and the result is she will get over it.[4]

In searching the literature on the eating disorders of anorexia and bulimia, we find that while much research is going on, there are no definite solutions to those problems. Direct or implied promises, such as the one above, are not given for any one particular therapeutic approach by people in touch with the research.[5] In her book on eating disorders, Dr. Hilde Bruch indicates that patients with eating disorders "appear singularly unresponsive to traditional psychoanalysis."[6] Psychoanalysis, of course, is Freudian insight therapy, which is fixated upon unconscious repressions, as in the case above.

Multiple Personalities.

A second example related to Meier and Minirth's claims for insight therapy is that of multiple personalities. The DSM-III describes the multiple personality this way: "The essential feature is the existence within the individual of two or more distinct personalities, each of which is dominant at a particular time."[7] Probably the best-known example is in the book *The Three Faces of Eve*.

On one of their programs Meier said, "**Only** insight oriented therapy" helps or cures multiple personalities.[8] (Emphasis added.) However, Dr. Richard Kluft, in his keynote address at the First International Conference on Multiple Personality/Dissociative States, says, "There is no real 'right' way to treat multiple personality."[9] Note the contrast between Meier's word *only* and Kluft's words *no real "right" way*. In a research volume on multiple personalities, Kluft says:

> The scientific study of the treatment of multiple personality disorder (MPD) has barely begun. Several treatment approaches have been described, but none has been assessed with rigorous methodologies or along objective dimensions. There are no studies comparing the efficacy of one approach with that of another. Furthermore, it is difficult to measure the impact of treatment against a cohort of untreated cases. There is no potential control population of treated or untreated cases in the literature. The follow-up of a limited number of cases and a small number of autobiographic accounts offer tantalizing clues but hardly constitute a data base.[10]

The literature demonstrates that those who work with multiples disagree as to the desired end result of treatment. Some are in favor of a complete integration of the

multiples into a single self (fusion). Others work towards a "peaceful coexistence" of the parts. Some even question whether fusion is possible or even necessary.[11] Dr. David Caul says, "It seems to me that after treatment you want to end up with a functional unit, be it a corporation, a partnership, or a one-owner business."[12] One specialist claims that "what is needed for resolution is that the patient make clear-cut moral choices." This individual "considers it imperative that all multiple personalities and their equivalents make a moral choice of existential proportions between good and evil."[13]

A multiple personality disorder is a severe problem and is recognized as such by the various researchers and practitioners. We did not find the word *cure* in the numerous volumes we checked, except that once, out of the numerous volumes we checked, *cure* was used with quotation marks.[14] No one used the word *only* in relation to a single treatment methodology.

Agoraphobia.

The third example is a panic attack disorder. The anxiety that becomes a panic attack when people leave home is referred to as agoraphobia. According to one textbook:

> Agoraphobics are defined not only by fears of public places and conveyances but also by their fear of being away from home and familiarity—places and people that provide psychological security. Indeed, agoraphobics tend to fear any situation where an easy retreat to safe territory is not possible.[15]

Meier has some very definite opinions about agoraphobia. He says, "People that get it usually are the first born in their family."[16] Meier asserts that the reason is that parents "expect too much out of their first child."[17] In describing the type of counseling he does and recommends, Meier says that "they dig and probe and dig and probe and work your way through the childhood issues, adult issues and look at the repressed anger at/toward mom and dad, look at the obsessive compulsive thinking. . . ."[18] Meier speaks of either psychotherapy over a three-year period of time or hospitalization with psychotherapy for a considerably shorter period of time. He says,

> For agoraphobia we recommend hospitalization because it's so painful to go through for three years. Why stay locked up in your house three years? If you can check into a hospital unit where they do know what they're doing and where they can dig and probe, and almost all the cases we've treated, nearly all of them have gotten over their agoraphobia within about six to eight weeks in the hospital. So instead of two or three years of out-patient counseling by digging and probing, doing the same thing but doing it seven days a week, getting group therapy seven days a week, individual therapy four days a week, by digging and probing and looking at these insights daily, it usually takes longer than it does for depression. Depression usually takes one month to get over in the hospital but agoraphobia usually takes two months, sometimes even three months,

> once in a while even four months but usually about six weeks to sixteen weeks, somewhere in that period. And a lot of that depends on childhood factors, but by working on these things day by day a person can get totally over it for life in a couple of months in the hospital.[19]

There are several questions that need to be addressed. First, is agoraphobia associated with the first born in the family? Second, is insight therapy, the "dig and probe and dig and probe" type, usually a real deliverance from agoraphobia? And third, is it usual that "nearly all of them have gotten over their agoraphobia within six to eight weeks in the hospital"?

In all the literature we read, we found no one identifying the first born in the family as the most vulnerable to agoraphobia. Nor did we find any research which related agoraphobia to parents expecting "too much out of their first child." We did learn that "the tendency to have panic attacks runs in families."[20] We also learned about other theories that had been proposed and examined. [21, 22, 23] However, we found no pattern of the agoraphobic typically being the first born child nor any relationship to parental expectations.

We wrote to Dr. Dianne Chambless, a well-known researcher in the area of agoraphobia and asked:

1. Is the agoraphobic typically the first born in the family?

2. Is there any research to support the idea that agoraphobia is the result of parents who expect too much from their children?

She replied, "To my knowledge there are no studies of birth order or of parents' expectations."[24]

Related to birth order of children and later problems of living, Meier says:

> We're probably treating a thousand people for alcohol and drug addiction right now currently at our clinic. Nearly all of them come from families with certain dynamics that produce the alcoholism. Most of them are the youngest child in their family.[25]

Again we searched the research literature and found no support for Meier's statement. In addition, we called Dr. Herbert Fingarette, author of Heavy Drinking: *The Myth of Alcoholism as a Disease*, and asked if he was aware of such a relationship. He said, "No."

In their latest book, Meier and Minirth claim, "Research has proven that birth order has an impact on personality development. . . ."[26] Meier and Minirth are enamored with the idea of birth order and often see it related to certain mental disorders such as agoraphobia and alcoholism. However, contrary to what they say, the research has **not** "proven that birth order has an impact on personality development." *Science* magazine featured a special report by John Tierney on "The Myth of the Firstborn." Tierney says, "Birth order theory makes an appealing neat way to categorize human beings-----like astrology, but with scientific trappings." In reference to the research findings he says:

> After reviewing 35 years of research-----some 1,500 studies-----Cécile Ernst and Jules Angst of the University of Zurich reach a simple conclusion: On a scale of importance, the effects of birth order fall somewhere between negligible and nonexistent.[27]

The second question relates to Meier and Minirth's use of insight therapy, and especially their intense use of it. They recommend "six to eight weeks in the hospital" of "digging and probing." Because of Meier's reference to "repressed anger" and since repressed anger is their key dynamic of depression, one gets the distinct impression that Meier views agoraphobia as a form of depression. But, agoraphobia researcher Chambless says:

> Because agoraphobics begin to experience problems with their relationships and feel a general demoralization as the phobia progresses and endures, it is not surprising that most of them are also mildly to moderately depressed. For a time, this was confusing to mental health professionals, who thought that agoraphobia might be a special case of depression. Occasionally, agoraphobics are still told this. People who are severely depressed do sometimes become phobic for the duration of the depression and lose the phobias when the depression lifts. In the great majority of cases, however, agoraphobia is the primary problem, and the depression improves when the agoraphobia is successfully treated.[28]

In describing the treatment of agoraphobia, Dr. Andrew Mathews et al say:

> The central idea in the psychoanalytic view of phobias is that symptoms are the result of two processes: the repression of an emotionally charged idea and the displacement of this internal conflict to an object or situation in the outside world. . . . The repressed impulses presumably vary from patient to patient, but sexual and aggressive impulses are thought to be those most commonly involved . . . . The first requirement of analytic treatment is to uncover the repressed mental contents that account for the agoraphobia. The second is to enable the patient to deal with these directly so that the defenses of repression and displacement can be given up.[29]

In discussing the varieties of treatment for agoraphobia, Chambless says:

> Until the 1970s, agoraphobics were treated with standard (usually Freudian) psychotherapy. . . . The assumption was that with insight the phobias would improve. . . on the whole this approach did little for the phobias. . . unfortunately, most practitioners still use the ineffective method of "talk therapy."[30]

In discussing "Treatment for Fear," Chambless says:

> Considerable research has shown that a person who has a specific phobia is no more or less psychologically healthy than the average person. For this reason it is completely inappropriate for such people to be in talk therapies to overcome their problem.[31]

Thus according to the research, insight therapy, with its digging and probing, is not considered effective for either agoraphobia or specific phobias. Therefore, it seems that the issue of "six to eight weeks in the hospital" of "digging and probing" would be an overdose of what the research indicates to be the wrong treatment. It may be that "nearly all of them have gotten over their agoraphobia within about six to eight weeks in the hospital" at the Minirth-Meier Clinic. However, the research does not seem to support insight therapy with its "digging and probing" to be a primary effective method of treatment. In addition, Meier's statement that "nearly all of them have gotten over their agoraphobia within about six to eight weeks in the hospital" with "digging and probing" therapy seems enormously contrary to the usual success/ failure/relapse reported in the literature. But unless there are outside researchers examining their results, it is very difficult to obtain an objective view of their treatment.

Other Claims.

The following sections contain examples of other claims made by Meier and Minirth. The previous sections and the following contain neither unique or atypical examples of what they say. An exhaustive search of Meier and Minirth's writing and speaking for other such claims, which are not substantiated by research, would take much more space than this present section.

Schizophrenia.

On a radio broadcast, Meier said that schizophrenia comes "from severe inferiority feelings and genetic predisposition and a bunch of different factors and it's curable if you catch it early." Then he said, "If you don't get medical help for about six months it becomes incurable; the biochemical pathways become permanent." In reference to schizophrenia, he also said, "If they go six months without medication they're going to spend the rest of their lives that way and we see hundreds of them and if you catch them right away, within a week or two, they're totally curable."[32]

In *Introduction to Psychology and Counseling*, Meier and Minirth say, "Without proper management, a schizophrenic individual could be doomed to a life of insanity."[33] On the radio, Meier told of a young seminary student whom they were treating. In the course of the treatment the young man was checked out of their care. Meier said, "That was years ago and that guy is still insane today and will be the rest of his life. He would have been totally normal if he would have gotten a little bit of medication to restore him to normal."[34] In their tape series *Happiness Is a Choice* they make some of the same comments.[35]

We raise the question whether or not it is appropriate to speak of either a cause or a cure for schizophrenia. Is it appropriate for them to say that schizophrenia results "from severe inferiority feelings and genetic predisposition and a bunch of different factors"? In addition, is it appropriate to say that "it's curable"? The first issue we will address is the involvement of "inferiority feelings" in the onset of schizophrenia. According to research psychiatrist E. Fuller Torrey, schizophrenia does **not** result "from severe inferiority feelings."[36] Related to the ideas of cause and cure, the Harvard Medical School reports: "One in a hundred persons will at some time suffer from schizophrenia. **Its causes are obscure, and no way is known to prevent or cure it**."[37] (Emphasis added.)

In his book *Surviving Schizophrenia*, Torrey says:

> Contrary to the popular stereotype, schizophrenia is an eminently treatable disease. That is not to say it is a curable disease, and the two should not be confused. Successful treatment means the control of symptoms, whereas cure means the permanent removal of their causes. Curing schizophrenia will not become possible until we understand its causes; in the meantime we must continue improving its treatment.[38]

In addition, he says:

> Drugs are the most important treatment for schizophrenia, just as they are the most important treatment for many physical diseases of the human body. Drugs do not *cure*, but rather *control*.[39] (Emphasis his.)

If, according to Harvard Medical School, "no way is known to prevent or cure" schizophrenia, then the statement by Meier that "it's curable if you catch it early" must be false. Repeatedly we see in the research literature that "not all cases of schizophrenia respond to drug therapy."[40] Furthermore, there is no early detection assuring early cure for schizophrenia. In addition, Meier's statement, "If you don't get medical help for about six months it becomes incurable," must be false. Even if they were referring to control rather than cure being limited to those diagnosed within six months, the evidence indicates that control is not limited to early diagnosis or early treatment.

Torrey mentions "twenty-five studies in which schizophrenic patients had all been followed for an average of at least ten years."[41] He says that "over 4,400 patients were followed up in these studies."[42] Then he summarizes:

> Based on the patients followed in the twenty-five studies, it seems reasonable to conclude that *one-third* of all patients hospitalized and diagnosed with schizophrenia will be found to be completely recovered when followed up ten years later.[43] (Emphasis his.)

At the "other end of the spectrum" are one-third of the patients who are unimproved. Torrey goes on to say, "This leaves the remaining one-third in the middle category of improved but not completely recovered."[44]

The Vermont Longitudinal Study would seem to contradict Meier's after "six months it becomes incurable" and "that guy is still insane today and will be the rest of his life" statements. This study of chronic schizophrenia revealed that one-half to two-thirds of former patients "had achieved considerable improvement or recovery."[45] The study showed that "forty-five percent of the sample displayed no psychiatric symptoms at all," and half of them used no medication.[46] This longitudinal, well-documented project certainly repudiates Meier's statement, "If they go six months without medication they're going to spend the rest of their lives that way."[47]

Meier refers to a six-month period of time to medicate and also refers to the pathology as schizophrenia. However, Torrey says:

> . . . schizophrenia is a serious diagnosis and should not be applied indiscriminately to anyone who has any schizophreniclike symptom, however, brief.[48]

Torrey recommends that for such individuals with schizophreniclike symptoms of less than six months duration, they should use schizophreniform disorder as the diagnosis rather than schizophrenia. Thus, according to Torrey, Meier's reference to someone with schizophreniclike symptoms prior to six months as having schizophrenia is inappropriate.

In *Happiness Is a Choice*, Meier and Minirth say that someone "might be predisposed toward schizophrenia under similar stresses because of an alteration of dopamine in the brain."[49] In *Introduction to Psychology and Counseling*, they say, "Schizophrenia is another mental illness in which inheritance may predispose toward a potential weakness."[50] They also say:

> The dopamine imbalance is possibly precipitated by too much acute stress in an individual with a genetic weakness with regard to neurotransmitters, after a difficult early environment.[51]

By *predisposed*, it seems they mean *genetically predisposed*. Torrey refers to this "genetic predisposition (diathesis) in addition to stress" as "the so-called diathesis-stress theory."[52] Torrey says:

> The main trouble with stress theories of schizophrenia is that there are no supporting data. When studies have been done ascertaining the stresses in patients' lives prior to their schizophrenic breakdown, the stresses are found to be no greater than those in a random sample of a general population.[53]

Torrey concludes that "stress theories leave many important questions unanswered."[54]

In addition to their implicating stress, Meier and Minirth also mention dopamine. Dopamine is a brain neurotransmitter. Note the following statement from Torrey:

> Finally, it is now known that drugs which are effective in schizophrenia block dopamine action. For all of these reasons many researchers **suspect**

that an excess of dopamine is one of the causes of schizophrenia.[55] (Emphasis added.)

Notice the word *suspect*. In this very complex, rapidly changing field of the brain and its neurotransmitters, it is better to use moderate language. It is better to use such phrases as "it seems as if," "it appears to be," and "it may be." And yet, Meier and Minirth make definitive statements that are questionable at the very least.

Insomnia.

Meier and Minirth were being interviewed on a radio program and Meier said, "Insomnia is a one-hundred percent curable problem."[56] We have researched the literature and contacted two well-known researcher/practitioners. The two individuals are Dr. F. Grant Buckle, Medical Director, Sleep Disorders Center, The Hospital of the Good Samaritan, and Dr. German Nino-Murcia, Stanford Sleep Disorders Clinic. Based upon what we have learned, it seems obvious that Meier and Minirth's promise is another claim completely without support in the sleep disorder literature or from information received from the two sleep disorder centers contacted.

Depression.

In *Happiness Is a Choice* Meier and Minirth say, "Scientific research indicates that 85 percent of significant depressions are precipitated by life stresses."[57] Again the use of a percent such as 85 communicates a simplicity that is difficult to support from the research. The studies that do take the simplistic approach and report a percentage generally report a significantly lower one than Meier and Minirth report. However, any percentage associated with the expression "precipitated by life stresses" is too simple to be acceptable. Dr. E. S. Paykel, whom they quote, says, ". . . there is often an amalgam of recent life stresses, chronic stressful social situations and absence of social support, genetic elements suggested by a family history, and probable biochemical factors."[58] These factors create a complexity that a simple numeral followed by a percent sign will obscure. In addition, it is obvious from the research that no single factor such as "life stresses" is generally enough to explain the depression.

In her book *The Broken Brain*, Dr. Nancy Andreasen says:

> We do not fully understand how depressions are triggered. Sometimes they have obvious precipitants, as was the case with Conrad Jarrett in *Ordinary People*, who became depressed when his brother, Buck, died in a boating accident that he survived. Other depressions appear out of the blue, as did Sylvia Plath's first episode, which began after her sophomore year at Smith while she was in New York on a coveted *Mademoiselle* guest editorship. Some patients have clear precipitants for some episodes, but not for others. . . . Sometimes depressions begin after a physical stress. . . but sometimes they begin when the patient has not experienced any kind of unusual event.[59]

She goes on to explain "endogenous" depression and then says:

> Depressions occurring after a stress were called "reactive" and considered to be purely psychological. More-recent research suggests that this view is an oversimplification.[60]

Drs. Ted and Renate Rosenthal speak of "Depression as a 'Final Common Pathway.'" They say:

> . . . such affective illnesses as pronounced, melancholic depressions are assumed to occur when a threshold is crossed by a combination of biological, psychological, and situational strains acting conjointly.[61]

Dr. Myrna Weissman, in discussing depression, presents evidence that "the reasons are biologic as well as psychosocial."[62]

The following quotes will illustrate the extent of the promise for cure for depression that Meier and Minirth offer. They say:

> Depression is one-hundred percent curable.[63]
>
> We have treated over two thousand patients for depression, both Christians and non-Christians, and *all* of them get over their depression.[64] (Emphasis theirs.)
>
> But even now, by applying the contents of this book [*Happiness Is a Choice*], depression is 100 percent treatable. In fact, depression (over a period of weeks or months) is 100 percent curable.[65]

Even the subtitle of *Happiness Is a Choice* implies the promise for cure. It is: *A Manual on the Symptoms, Causes and Cures of Depression*. Note the word *cures*.

In reviewing Meier and Minirth's book *Introduction to Psychology and Counseling* in the *Journal of Psychology and Theology*, Stanton Jones notes that "this book contains many factual errors" and then gives examples. Jones also says:

> An area of grave concern for this volume is the tendency of the authors to use empirical research to illustrate points they are advocating rather than seriously struggling with the frequently contradictory evidence of our field. Their assertions are presented as unequivocal, with evidence contradicting their positions rarely cited.[66]

The strongest point that Jones makes is that they make several "poorly qualified clinical assertions which are quite misleading, the most obvious of which was that in the treatment of the clinically depressed person."[67] Jones discusses the claim and then says, "Such claims are overstated and have no place in professional publications." In

conclusion Jones says, “Overall, I cannot recommend this book as an introduction to psychology, nor as an introduction to counseling, nor as an introduction to Christian counseling.”[68]

And Still Other Claims.

In their publication *Christian Psychology for Today*, Meier and Minirth list a number of problems: “panic attacks, agoraphobia (fear of open places—they can’t leave their home), multiple personalities, psychoses, bedwetting and hyperactivity (in children), or sexual dysfunctions.” They go on to say: “If people with such problems are to be helped, they will probably need the assistance of a trained psychologist or psychiatrist. These problems are curable. . . .”[69] There is no qualifier used. They declare very simply and very directly, “These problems are curable.”

On one of their radio broadcasts Meier mentioned almost the same list and said, “They’re easily curable.”[70] If taken literally, this is a fantastic claim! It is a claim we have not seen supported in any of the literature; a claim we have not seen supported in any of the research; a claim which no other clinic we are aware of has made or would probably dare to make; and a claim that requires substantiation because it is in such contrast to what is known about those individual problems. We have never read nor heard of such an extreme claim in all the years we have been reading the professional journals, books, and research in these various fields.

Any statement to the effect that depression or any other such broad category of problems is one-hundred percent curable is likely to be spurious and promote false hope and grave disappointment. In *The Broken Brain*, Andreasen cautions:

> The word *cure* is used much too liberally today. We need to learn to distinguish between cure and care. People have been too often taught by both physicians and journalists to hope for “a cure” when in fact they should be hoping for care instead.[71]

We believe that by any reasonable standard, Meier and Minirth’s comments made about schizophrenia, “panic attacks, agoraphobia. . . multiple personalities, psychoses, bed wetting and hyperactivity. . . sexual dysfunctions,” and depression are overstatements, to say the least. The word *cure* is rarely, if ever, used for extreme disorders and we find no one who uses it as glibly as Meier and Minirth.

It is unfortunate that the major Freudian ideas that have not withstood the test of research are staunchly held and promoted by Meier and Minirth. Their continued use of the Freudian fallacies of the past, repression, the unconscious, defense mechanisms, the early psychosexual stages of development, and so on are startling in light of the current indictments against Freudian mythologies. More and more researchers and scholars are criticizing Freudian theories and presuppositions, and secular theorists are using them less and less. But Meier and Minirth continue to treat Freud’s unfounded opinions as facts.

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71. Andreasen, *op. cit*., p. 257.

PROPHETS OF PSYCHOHERESY I

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Chapter 22

SAPPINESS IS A CHOICE

In their book *Introduction to Psychology and Counseling*, Meier and Minirth say:

> The science of psychology not only embraces a diversity of subjects and interests but also has the ability to provide practical knowledge for everyday living. The fact that both psychology and the Bible provide information for daily living as well as information about how human beings can be expected to think and behave in various environments has sometimes produced tension. As Christians and as responsible members of the scientific community, the authors hope that this book will help to reduce any antagonism Christians may have experienced toward psychology.[1]

We have addressed the issue of whether or not this kind of psychology is science earlier in the section on Collins as well as in our previous books. The kind of psychology that purports to understand why man is the way he is and how he changes is not science.

An even more serious error in what Meier and Minirth say is:

> The fact that both psychology and the Bible provide information for daily living as well as information about how human beings can be expected to think and behave in various environments has sometimes produced tension. [2]

They set this forth as an axiom of their faith in psychology, but it is a false axiom. The Bible and psychology do not provide such information. In fact, equating the two in this manner demeans God's Word and exalts psychology. The Bible does not merely "provide information." It is God's truth to humanity! And psychology does not "provide information" in a scientific sense. As we have repeatedly demonstrated, this kind of psychology is merely a collection of the opinions of men. By grammatically equating the Bible and psychology, Meier and Minirth have dramatically presented a new theology. In their new theology, God's truth and men's opinions are presented on the same plane.

Meier and Minirth further state:

> A basic concept underlying this book is that all truth is God's truth, no matter where one finds it. A further concept is that God intends for us to learn truth from many sources in addition to the Bible. Physicians do not

> expect to find the treatment for a case of tuberculosis contained within the pages of the Holy Scriptures, although many principles for good health are found there. Geologists do not expect to find there a description of the sand containing oil reserves. [3]

We have discussed the errors of this reasoning earlier in the Collins' section. Numerous philosophers and medical writers have debunked this type of reasoning. The fact that "Physicians do not expect to find the treatment for a case of tuberculosis contained within the pages of the Holy Scriptures" is not even remotely related to the issue of psychology and the Bible. As Szasz has pointed out, this type of ill-logic equates "brain and mind, nerves and nervousness."[4]

Meier and Minirth's constant use of the discredited medical-model rationale for the use of psychology is tragic. They apparently honestly believe in it or they would not repeatedly resort to it. In their latest book they say, "Mental health disorders are illnesses just as surely as heart disease, diabetes and pneumonia."[5] But, Dr. Ronald Leifer in his book *In the Name of Mental Health* says:

> If we grant that in its paradigmatic cognitive use in medicine the term "disease" refers to the body, to modify it with the word "mental" is at worst a mixture of logical levels called a category error, and at best it is a radical redefinition of the word "disease." A category error is an error in the use of language that, in turn, produces errors in thinking. . . . Whatever the mind may be, it is not a thing like muscles, bones, and blood. [6]

Leifer discusses the arguments for the medical model (similar to those used by Meier and Minirth) and then the defects of such arguments. He concludes by saying:

> The principle advantages of this argument are therefore neither scientific nor intellectual. They are social. They prejudice the lay public to see psychiatric practices as more like medical treatment than like social control, socialization, education, and religious consolation. It bids them to presume that the psychiatrist, like other physicians, always serves the individual in his pursuit of life, health, and happiness. [7]

Dr. E. Fuller Torrey also discusses the medical model in his book *The Death of Psychiatry*. His entire book is "an attack upon the medical model"[8] when used in the way that Meier and Minirth use it. Torrey says that "the medical model of human behavior, when carried to its logical conclusions, is both nonsensical and nonfunctional."[9]

Meier and Minirth's statement that "all truth is God's truth, no matter where one finds it" [10] is the chant of the integrationists. But, to what "truth" are they referring? What have the Freudian pronouncements of the Oedipus complex to do with God's truth? Or, what do Freudian determinants of behavior or Carl Jung's mythological archetypes have to do with God's truth? Or what about Roger's unconditional self-regard? Or the behaviorism of B. F. Skinner? The lack of conformity in the community of professional

psychological practitioners who profess the Christian faith demonstrates more confusion than it does "God's truth."

The enticement of the "all truth is God's truth" fallacy is that there is some similarity between biblical teachings and psychological ideas. But similarities do not make psychology compatible with Christianity. They only emphasize the fact that the systems of psychological counseling are religious rather than scientific. Just as the various world religions include glimpses or elements of truth and just as Satan's words to Eve in the Garden contained some truth, so do psychological opinions of men. But we certainly would not recommend a person to search for truth in other religions. Nor would we suggest that a person seek out Satan in his search for truth about mankind.

Those who cry, "All truth is God's truth," want the freedom to incorporate any psychological ideas or techniques that appeal to them even though the ideas and techniques are part of a godless system. The vast preponderance of what Christian therapists attempt to integrate with the Bible is based upon those theories which in turn are based upon unbiblical presuppositions. The systems of psychological counseling from which they borrow are based upon theories devised by non-Christians. And, the presuppositions upon which those theories are based include evolutionism, secular humanism, atheism, psychic determinism, environmental determinism, and various forms of non-Christian religions.

Because many in the church believe that theories and techniques of counseling psychology are based upon empirical evidence, they put them on the same level of authority as the Bible. In so doing, the subjective observations and biased opinions of mere mortals are placed on the same authoritative level as the inspired Word of God. But those psychological theories give no more substantive, authoritative insight into understanding the intricacies of the human psyche than literature, mythology, world religions, sociology, or philosophy. Although they may seem to reveal truth, they are clouded by subjectivity and based upon secular presuppositions.

Furthermore, attempting to syncretize psychology with Christianity denies the sufficiency of the Word of God and the sufficiency of the Spirit of God in all matters of life and conduct. It suggests that the Bible needs substantiation, confirmation, expansion, and assistance in matters of life and godliness. And, it regards the distorted, limited glimpses of human perception and understanding as necessary additions to what the Bible has to say about the human condition and conduct.

The title of this chapter is obviously a one-letter variation of Meier and Minirth's popular book *Happiness Is a Choice*. The dictionary slang definition of *sappy* is "foolish; silly; fatuous" [11] and we believe that this type of psychology is worse than "foolish; silly; fatuous." Hopefully the evidence and arguments presented in this volume reveal that this is indeed so.

We have shown throughout this section that Meier and Minirth are heavily dependent upon Freud, that at times they inaccurately use Scripture to support their personal psychological opinions, that they unjustifiably claim research support for their conclusions, and that some of their major therapeutic claims are in clear contradiction to what the research reveals.

Unfortunately, in their attempts to biblicize psychology, Meier and Minirth have ended up psychologizing the Bible. And further, they have demeaned the Word of God by

sometimes twisting the Bible to make it fit their preconceived, unproven psychoanalytic opinions. They have confused the issue even more by using the defunct medical model of human behavior and justifying their psychology with "all truth is God's truth." For those individuals who want fellowship with Freud with a biblical facade, Meier and Minirth would be a good choice.

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BOOK CHAPTERS