

DEPRESSION AND THE CHRISTIAN (2) **THE COMPLEXITY**

INTRODUCTION

Last week we began the study of depression by considering eight reasons **why** the Christian should study this subject. This week we would like to look at **how** the Christian should study depression - with what attitude and in what spirit the subject should be approached.

We will here propose two principles which should condition all our thoughts and the expression of them in studying depression.

I. LET US AVOID DOGMATISM AND SEEK HUMILITY

Firstly, let there be an absence of dogmatism. Where the Word of God is dogmatic the preacher must be dogmatic. He must clearly and boldly declare God's Word with all authority. He must have no hesitation or equivocation. He must not make mere suggestions or proposals. He must pronounce, "Thus saith the Lord..."

Unfortunately, Christian preachers and writers have often taken a dogmatic attitude into areas where the Word of God is not dogmatic. One such area is that of mental illness. In researching these addresses, I have been frequently shocked by the almost *ex cathedra* infallibility assumed by Christian writers and speakers when writing or speaking about mental illness. This dangerous dogmatism often reflects not the principles of the Word of God but their own prejudices and experiences.

It must be admitted that confident, sweeping dogmatic certainty appeals to the writer or preacher, and also to the hearer who craves simplicity in a confusing world. However, it is highly damaging in this complex area of mental illness which requires careful, balanced, and sensitive thinking and speaking.

When we look back on the treatments which used to be offered for bodily diseases we shudder with horror at the frequently crude and unsuitable advice and potions which were confidently given to patients. With the advances in medical research such advice and medicines now look ridiculous. It is very likely that in the years to come, with increased research into mental illness and also increased understanding of the Bible's teaching, that much of the confident certainty which presently masquerades as biblical or medical expertise will then also look ridiculous, cruel, and even horrifying.

In our study, and in our contact with those suffering from mental illness, let us avoid unfounded and unwarranted dogmatism; and let us study, listen and speak with humility and an awareness of our own ignorance and insufficiency when faced with the complex and often mysterious causes and consequences of mental illness.

II. LET US AVOID EXTREMES AND SEEK BALANCE

There are three simplistic extremes which we should avoid when considering the causes of depression. Firstly, that it is all physical. Secondly, that it is all spiritual. Thirdly, that it is all mental. Let us examine these three propositions in turn.

1. Depression is all “physical”

For many years, the foundational presupposition behind the largely drug-driven solutions offered by many doctors and psychiatrists has been that depression has purely physical roots – one of which is that of chemical imbalances in the brain. And, if the presupposition of a physical cause is correct (chemical deficiency), then the prescription of anti-depressants (chemical correction) is a logical conclusion. This is often called the “medical model”. It can also be called the “drug-treatment model”

There is, undoubtedly, much scientific evidence to support the “drug-treatment model”. Studies have shown that the brains of depressed patients have a different chemistry compared to people with good mental health. To put it simply, the brain needs chemicals to move our thoughts through the brain, and when these are depleted, as they often are in cases of depression, then the whole process slows down, or even stops in certain areas.

Obviously, the “drug-treatment model” or the “all-physical model” for depression is supported by those who wish to deny the existence of a non-physical, or spiritual element to human beings. However, there are Christians who also take the “drug-treatment model” approach. An example of this is found in the book *Broken Minds* by Steve and Robyn Bloem. Steve is a Christian pastor who has struggled with serious depression throughout his ministry. His book, co-written with his wife, gives a deeply moving account of his life-threatening battle with mental illness. There is no book I know of which gives such an honest and hard-hitting insight into the pain and distress which the mentally ill and their families have to endure. If you wish to increase your sympathy and compassion for sufferers and their loved ones, then this heart-rending and tear-jerking book is for you.

However, the book’s greater usefulness is limited by the adoption of the purely “drug-treatment model” approach to causes and cures. As we have said, there is unquestionably a physical element to most depressions, often requiring medication. And, in Steve Bloem’s case, there would appear to have been a very large and serious physical problem, which required necessary and life-saving medication. However, it is far too big a step to move from this to proposing the “drug-treatment model” as the only model in every case, and medication as the only solution to every case. In this complex area, it is a big mistake to use one’s own experience as the “norm” for everyone else.

In some ways, the Bloem’s “all-physical” position is understandable. For far too long, Christian writers and speakers in this area have been over-influenced by the Jay Adams extreme position of “all-spiritual” in both causes and cures (see below). However, we must not over-react to one unhelpful extreme (“it’s all spiritual”) by going to another (“it’s all physical”).

2. Depression is all “spiritual”

This extreme position takes two forms. We shall look at the first briefly, as it is not so common in our circles, and then we shall look in more detail at the second. Thirdly, we shall consider the rare situations when depression does have a sole spiritual cause.

a. Mental illness is caused by demonic possession and therefore exorcism is required

This idea is associated with some Pentecostal and Charismatic Churches which place a large emphasis on “spiritual warfare”. The “spiritual warfare” movement takes the view that mental illness (just like alcoholism and immorality) is usually due to the demonisation of

the believer – either demonic oppression or possession. The “treatment” therefore is to effect “deliverance” from or expulsion of these demons.

As we have already highlighted, there is substantial scientific evidence that connects mental illness with physical causes, a fact confirmed by the success of medications in relieving many of the symptoms.

Hopefully, such dangerous views and practices will eventually be swept away by the increased knowledge of medical research, just like advances in research and increased education of the public eventually swept away the once-common view that epilepsy was caused by demons.

b. Mental illness is caused by sin and therefore rebuke, repentance and confession are required

This idea is widespread in the Evangelical church, largely as a result of the writings of the American Christian counsellor, Jay Adams, and those who follow him.

We shall, firstly, summarise Adams’ approach. Secondly, we shall highlight the strengths of Adam’s reasoning, And, thirdly, we shall look at the weaknesses.

(i) Summary

Like the Bloems, Jay Adams’ approach is founded on his own personal experience of mental illness, in his case as he encountered it at two treatment centres in Illinois. He summarised his experience-based conclusion as follows:

“Apart from those who had organic problems like brain damage, the people I met in the two institutions in Illinois were there because of *their own failure to meet life's problems*. To put it simply, they were there because of their unforgiven and unaltered sinful behavior”¹

On the basis of this he argues in another place:

“The hope for the depressed persons, as elsewhere, lies in this: the depression is the result of the counselee's sin.”²

If this diagnosis is correct, then we would expect the logical prescription to be “rebuke and repentance”, or counseling with a view to conviction and conversion, and that is exactly what we find in Adams’ writings. He describes his counseling method as “nouthetic counseling”. The word “nouthetic” is from the Greek noun *nouthesia* and verb *noutheteō*, to admonish, correct or instruct (Rom.15:14).

Following on logically from Adams’ belief that bad feelings are the result of bad actions, is the usual nouthetic remedy of, “If you do right, you feel right.” If you get depressed because of sinful behavior, then, obviously, you get better by righteous behavior.

¹ Jay Adams, *Competent to Counsel* (Grand Rapids: Zondervan, 1970), xvi

² Jay Adams, *Christian Counselor Manual* (Grand Rapids: Zondervan, 1973), 378.

(ii) Strengths

Adams was reacting against the humanistic view which explained sinful addictions like alcoholism as “sickness”, or which attributed immoral behavior to one’s genes, and so tried to remove people’s guilt feelings by encouraging them to deny personal responsibility for their actions and simply accept themselves as they were. Adams’ emphasis on the need to accept personal responsibility in these situations was very much needed.

Also, Adams’ approach is correct and pastorally useful in situations where the problem is everyday mood swings and simply “feeling down”. There are times in all of our lives when, often in response to difficult personal situations, we allow ourselves to wallow in hopeless self-pity and slip into blaming everybody else for our problems. At such times, nouthetic counseling is exactly what we need. We need to be confronted with the sinfulness of our reactions and to be encouraged to get on with our daily duties and responsibilities.

In addition, though he has gone too far in saying “mental illness is all spiritual”, Adams has shown the need for the spiritual dimension of mental illness to be addressed, and therefore has secured the role of Christian pastors and counsellors in treatments.

Finally, though we disagree with Adams’ argument that depression is almost always caused by sin, we must accept that sometimes, as a result of depression, people can adopt unhelpful attitudes and sinful behaviour patterns which should be sympathetically addressed and corrected.

(iii) Weaknesses

While Adams is to be commended for giving an important place to personal responsibility, he greatly errs in placing all responsibility on the patient.

The fundamental weakness of Adams’ approach is that he fails to appreciate the significant difference in kind between bad moods or short-term depressions of spirit, which are sometimes sinful and to be repented of, and the far deeper kinds of “depression” which have far more complex causes than the sinful choices of individuals. When comparing “feeling down” with “depression”, Adams says:

“This movement from down (not depression) to down and out (depression) occurs whenever one handles down feelings sinfully (thus incurring guilt and more guilt feelings), by following them rather than his responsibilities before God.”³

In *Broken Minds* the Bloems comment, “This is not Christianity, but the good old American pioneer, self-sufficient spirit.”⁴

To always put all the blame for depression on the individual is wrong, damaging and dangerous, as it can only increase the feelings of guilt and worthlessness. Such mistaken views have been around for a long time. Almost 150 years ago the depressed Charles Spurgeon said:

³ Jay Adams, *What about Nouthetic Counseling*, 4 n.7.

⁴ S & R Bloem, *Broken Minds* (Grand Rapids: Kregel, 2005), p187.

“It is all very well for those who are in robust health and full of spirits to blame those whose lives are sicklied or covered with the pale cast of melancholy, but the [malady] is as real as a gaping wound, and all the more hard to bear because it lies so much in the region of the soul that to the inexperienced it appears to be a mere matter of fancy and diseased imagination. Reader, never ridicule the nervous and hypochondrichal, their pain is real; though much of the [malady] lies in the imagination it is not imaginary.”⁵

Let us, for a moment, allow that Adams’ diagnosis is correct in some situations. Here is a person who has major depression as a result of his sinful handling of down feelings or his sinful reactions to difficult life events. A knock-on effect is that his brain chemicals are now imbalanced and his thought circuits are malfunctioning. He is at the bottom of the black hole of depression. He cannot do and he can hardly think. The last thing he needs is a preacher telling him to repent and shouting down the hole, “Do right and you will feel right.” He needs someone to shine a light and throw down a rope. Medicine can play this role. It can restore the chemicals required to help a person think. And then, if required, repentance can take place.

As we noted above, the nouthetic counseling movement grew out of a frustration at the way in which secular doctors and psychiatrists squeezed Christian pastors and counselors out of any role in the treatment of mental illness. However, in the valiant and commendable attempt to secure a much-needed place for Christian pastors and counselors in the treatment of mental illness, the nouthetic counseling movement has often gone to the opposite extreme in attempting to exclude doctors and psychiatrists from the treatment process. In both cases the sufferer is the one who loses out.

A much more balanced view is reflected in the book *I’m not supposed to feel like this*:

“Being a Christian does not inoculate us from the possibility of experiencing anxiety or depression; many Christians have experienced quite severe depressive illnesses. This is true in the same way that being a Christian does not prevent you from becoming ill or falling victim to crime or assault.”⁶

Finally the Adams remedy of do right and you will feel right fails to address the faulty thought processes which have contributed to or have even caused the depression. Such superficial behavioristic solutions will often fail in the long-term.

c. Mental illness can sometimes be caused by sin

When a Christian becomes depressed, the first conclusion he usually jumps to is that the cause is spiritual, that his relationship with God, or poverty of it, is all to blame. While almost every depressed Christian will feel that their relationship with God is all wrong and all to blame, this overly-self-critical feeling is usually one of the fruits of depression and, therefore, is usually wrong. It is important for the Christian in such situations to doubt, question and even challenge the accuracy of their feelings as they rarely reflect the facts.

Having said that, however, it is important to acknowledge the occasional possibility of a primarily spiritual cause. The Psalms of lament describe the depressed feelings of the Psalmists which were usually no fault of their own. However, we do have Psalm 32 and 51

⁵ Charles Spurgeon, *The Treasury of David*, 3 Vols (Newark, Del.: Cornerstone, 1869), 2.132

⁶ C Williams, P Richards, I Whitton, *I’m not supposed to feel like this*, (London: Hodder & Stoughton, 2002), 33.

which clearly link the traumatic physical and mental symptoms of depression with David's sins of murder and adultery.

In later addresses we will examine how to decide if depression has spiritual causes or simply spiritual consequences. However, I agree with the general stance taken by the authors of *I'm not supposed to feel like this*, that we should, in general, reassure Christians suffering with depression that most often their damaged spiritual relationships and feelings are not the cause of their depression but the consequence of it.

3. Depression is all mental ("in the mind")

"It's all in the mind" can mean two very different things. Some people who say it, may be correctly identifying the seat of the depression – the chemical imbalances in the brain. However, most people who say it are incorrectly alleging that the depression is a fiction, a delusion, something made up. Usually implicit, and sometimes explicit, in this view is the idea that the depressed person is someone with a weak and fragile mind.

Charles Spurgeon, who suffered from frequent deep depression and anxiety, and who could hardly be accused of mental weakness, addressed this fallacy in the quote we looked at previously. He said:

"Reader, never ridicule the nervous and hypochondrichal, their pain is real; though much of the [malady] lies in the imagination it is not imaginary."⁷

Mental illnesses, such as depression, afflict the strong and the weak, the clever and the simple, those of a happy temperament and those of a melancholy temperament. Never was the caution so much needed, "Let him that thinketh he standeth, take heed lest he fall" (1 Cor.10:12)

CONCLUSION

Let us try to recognise the exceeding complexity of mental illness and resist the temptation to propose and accept simple analysis and solutions. Just as no two hearts are identically diseased, and just as no two cancers are the same, no two mental illnesses are the same in cause, symptoms, depth, duration and cure. Therefore, we must avoid making our own experience the norm for others.

The body, the soul, and the mind are extremely complicated entities and the inter-relation of the physical, the spiritual, and the mental is even more complicated. Unravelling the sequence of what went wrong in a depressed person's brain, soul, or thoughts is usually a humanly impossible task. Analysis of the mental, physical, and spiritual contributions to the situation is equally difficult.

Consequently, the prescription of solutions is often a matter that takes much time and even trial and error. There are no quick fixes. For Christians there will need to be a balance between medicine for the brain, counsel for the mind, and spiritual encouragement for the soul. Recovery will usually take patient perseverance over a period of many months, even years.

⁷ Charles Spurgeon, *The Treasury of David*, 3 Vols (Newark, Del.: Cornerstone, 1869), 2.132.

Great care is therefore required in coming to conclusions about our condition or that of others. We finish by underlining our two main principles. Avoid dogmatism and seek humility. Avoid extremes and seek balance.