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# *Dealing with Depression*

*Dealing with a Common Complaint*

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## Gaining and Giving Hope:

### “DEPRESSION” AND THE SUFFICIENCY OF JESUS CHRIST

Taught as "Your day at church on Sunday hearing the Word"

**Jesus Christ**, through His Word and His Spirit, provides grace to enable you to:

1. Serve Him wholeheartedly in your family and job life (*Eph 1:3-2:10; 5:18-6:9; Col 3:1-4:1*)?

2. Carry out the daily duties He gives you, with His motivation and strength (*Phil 2:12-13; 3:12-14; 4:11-13*)? Not duties you create but ones He gives you.

3. Exercise good stewardship and experience God's peace in your sleep patterns (*Psalms 3; 4*) and exercise good stewardship and discipline in your eating habits (*1 Cor. 10:31; 1 Tim 4:1-5*)?

4. See yourself as God sees you, i.e., as worthless, hopeless and lost apart from Christ (*Rom 3:9-20; Eph 2:11-12*), but as chosen, holy, loved and forgiven in Christ (*Col 3:12-14; Eph 1-3*)?

Taught as "Monday morning advertisement on television."

Secular culture presents the following warning signs indicating the "disease" called "clinical depression":

1. Loss of interest in job and family

2. Serious lack of energy

3. Change in sleeping or eating habits

4. Feeling worthless or hopeless <sup>1</sup>

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<sup>1</sup> Television ad for COPES 800 hotline of H.C.A. River Park Hospital, Huntington, WV

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**Question:** What chemical causes this?

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"Most people have an occasional attack of 'the blues' or a 'down in the dumps' funk, short periods when things don't seem to go well in life. Clinical depression is different. It is a medical disorder characterized by persistent, and sometimes severe, feelings of worthlessness, guilt, sadness, helplessness and hopelessness."<sup>2</sup>

How is this a *medical* disorder?

*Severe* – measured by what?

*Feelings* – is there a feelometer?

Are we in the realm of the **body** or the **soul**?

## Describing Depression

### ***Perspective of Clinical Psychiatry (DSM-III-R):***

Diagnostic criteria symptoms [From *The Quick Reference to the Diagnostic and Statistical Manual of the American Psychiatric Association*, 3rd ed., revised.]

- |                               |                                 |
|-------------------------------|---------------------------------|
| • Depressed mood              | • Feelings of worthlessness, or |
| • Diminished interest or      | excessive or inappropriate      |
| pleasure in daily activities, | guilt                           |
| apathy                        | • Diminished ability to think   |
| • Weight loss or gain, or     | or concentrate, or              |
| appetite increase or decrease | indecisiveness                  |
| • Insomnia or hypersomnia     | • Recurrent thoughts of death   |
| • Psychomotor agitation or    | or suicidal ideation            |
| retardation                   |                                 |
| • Fatigue or loss of energy   |                                 |

#### Critique

- ❶ Very subjective
- ❷ Outside the medical realm
- ❸ Testimonial and anecdotal from the patient
- ❹ There is a presuppositional faith grid used in the interpretation of the data.

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<sup>2</sup> Karta Purkh Singh Khalsa, "Ending Depression, *Let's Live*, March 1998, p. 91

## ***Perspective of Personal Experience:***

The term "depression" is usually too general to be helpful in counseling yourself or others. Listen and look for more specific, detailed descriptions and word pictures or metaphors.

- Suffering
- Hopelessness
- Anger
- Emptiness
- Aloneness, isolation
- Spiritual battle
- Sadness
- Apathy, numbness
- Fear/anxiety

## ***Ministry Implications:***

Work hard to understand what it is like on the experiential level for the person suffering depression.

Summarize what you hear the person saying, using his/her descriptions or metaphors (supplying some that he accepts).

Use Biblical metaphors: e.g. Isaiah 59:10 – "groping along the wall."

Summarize what you think is happening in the person.

Show Christ-like compassion and give Christ-centered hope

2 Corinthians 7:6 But God, who comforts the downcast, comforted us by the coming of Titus...

## **Biblical Perspectives on Depression**

### ***The English term "depression" is a relatively recent term.***

Older term was "melancholy." Lloyd-Jones "depression," Piper "despondency," Baxter "despair"

### ***While no single biblical term covers all the above experiential data, the terms translated "downcast" serve as helpful starting points to study Scripture:***

Genesis 4:5; 1 Samuel 1:18 She said, "May your servant find favor in your eyes." Then she went her way and ate something, and her face was no longer downcast;

Job 22:29 When men are brought low and you say, 'Lift them up!' then he will save the downcast;

Psalms 42:5-6, 11; 43:5; Lamentation 3:20 I will remember them, and my soul is downcast within me.

Luke 24:17; 2 Corinthians 7:6

### ***Four Biblical Case Studies (Chart):***

<i>Person &amp; Passage</i>	Situation	Behavior (incl. Emotions)	Motives/Desires and Beliefs	God's Answers
Disciples in <b>Luke 24:17-27</b>	2 disciples on the road to Emmaus. Kept from recognizing Jesus. State that the Messiah has been crucified and buried	Downcast	Had hoped the Messiah would redeem Israel in their time (now) and in their way (militarily) (v.25) core problem – unbelief from a wrong interpretation	Rebuked... Analysis: slow to believe Correction: Instructed in the Scriptures as to what God does guarantee.
Cain in <b>Genesis 4:1-8</b>	Offering was not accepted by God and Able's was	Downcast Anger → murder	I want my offering accepted on my terms.	Do right... Offer the right offering Warning: beware of your anger and where it will lead you
Psalmist in <b>Psalms 42-43</b>	Are not able to join the crowd and lead the procession to worship	Downcast	Hoping to return to the Temple	Rebuke yourself by preaching God's Word to yourself. Hope in God in such a way that you will praise Him
Jews in <b>Haggai 2:1-9</b>	Had stopped working on the Temple. Time – should have been a time of thanksgiving	Downcast	Wanted to celebrate harvest but they had none (due to sin). Sinful nostalgia – Temple would not be like Solomon's	Framed in the "already...not yet" God is Sovereign and Rich. In the present smallness of the work keep looking to the future glory

## ***Biblical Summary and Conclusions:***

Depression occurs when . . .

#1 -- You have a strong desire (hope, demand, craving, felt need, etc.) that rules your heart. It may even be, and often is, a ruling desire--an “inordinate desire”--for a good thing.

- Disciples (Luke 24):
- Cain (Genesis 4):
- Psalmist (Psalms 42-43):
- Jewish exiles (Haggai 2):

#2 -- Your ruling desire is disappointed , or you come to believe it will be disappointed.

The depression may express itself in various ways, with various related components. (anger in Cain; immobilization of work in Haggai)

God is at work to smash our heart idols and ruling desires!

God’s answer to non-organic, functional depression is to repent , believe , and obey God (R.B.O.), in growing measures.

<b><i>One Golden Guideline:</i></b>
Never put your hope in what God has not guaranteed ! Memorize this! Distinguish between small “h” hope (my desires) vs. capital “H” Hope (my confident expectation in what God promises in His Word). Objective Word + subjective faith

## **Organic Forms of Depression**

Recommend: Welch, *Blame It on the Brain?* and *Counselor's Guide to the Brain and Its Disorders*  
Depression symptoms can originate from organic (bodily) problems. Our bodies (including brains) are fallen , finite, mortal, decaying, sin-cursed, groaning, etc. It is also likely that some people, by temperament, are more prone to depression. (e.g. Martin Lloyd-Jones, William Bridge.) They long for new, perfect bodies.

### ***Some depression arises from known organic causes:***

From a demonstrable disease (in which depression follows the course of the disease)

Example: Parkinson's Disease

- Debilitating, chronic – this in and of itself is depressing
- Affects brain
- Slows you down, produces lethargy

**Ministry Guideline:** Refer person to primary physician if depression emerges:

- 1) suddenly,
- 2) without warning OR
- 3) emerges with other physical symptoms

From medications (prescription, over the counter, or illegal)

Examples:

- Heart or blood pressure meds
- Oral contraceptives
- Sleep meds
- Psychiatric meds (antianxiety, sometimes antidepressants)

**Ministry Guideline:** Ask person if he has recently begun any new medication. If so, have him ask prescribing physician or pharmacist if it can produce depression.

***Some depression can arise from unknown physical causes, since medical science's diagnostic ability is limited.***

Negative test results don't prove/disprove the presence/absence of organic problems. Be agnostic.

***Some depression can arise from various medical or quasi-medical treatments used for non-organic, functional depression:***

- Antidepressant medications
- Electroconvulsive therapy (ECT, "shock treatment")
- Sleep therapy, including sleep deprivation
- Light therapy for "seasonal affective disorder" (SAD)
- Nutritional (orthomolecular) approaches -- herbs, removal of mercury fillings, etc.

## **"Chemical Imbalance" Theories of Depression**

**Turf war:** Physicians/psychiatrists vs. psychologists/psychotherapists.

While research and theories abound, there is no consensus scientific proof to date that depression is caused by a chemical imbalance ("C.I."), nor is there any simple diagnostic tool (or procedure) to prove C.I.

Instead, physicians make the "diagnosis" after patients report improvement after taking the medication.

Blood tests are designed to *eliminate* other, physiological causes NOT to *establish* a chemical imbalance.

**Analogy:**

You have a severe headache. What is the cause? Don't know. It could be a bumped head, lack of sleep, mishandling of pressure, caffeine withdraw, tumor, pinched nerve in your neck??? But acetaminophen will help me feel better, symptom relief. Conclusion? You have an acetaminophen deficiency or imbalance?

Any "C.I." theory of depression must prove the following:

1. That the person has imbalanced chemicals
2. If so, that the lack or imbalance of *this* brain chemical *causes* depression (mere correlation does not prove causation).
3. If so, that the *cause* of the imbalance is organic and not due to sinful thinking and behavior (e.g., can anger affect brain chemicals?).
4. Is the chemical imbalance a *cause* or an *effect* of my soul problems?

Guidelines for ministering to people with a C.I. label or who take antidepressants.

1. Determine your stance and procedure concerning the use of anti-depressant medications. {See Powlison, "Let's Talk," for options by biblical counselors}
2. Your instructors' position: Ask yourself two questions before condoning antidepressants (or other medical therapies):
  - Is the person committed to thorough and lasting godly change, including biblical self-examination and repentance?
  - Is the person's suffering so severe that it interferes with his sincere efforts to carry out your ministry agenda?

**Objections:**

- "Give em medication and they won't come back."  
Response: This has not been my experience if the above questions have been dealt with.
- Adams' "red light on the dashboard" illustration.  
Response: What if the red light is harmful, spewing acid? And what if it's not easy to fix what's under the hood? What if it may take several months to fix? What should be done in the meantime?
- Illustration: "You wouldn't give a pain reliever to the person sitting on a tack?"

Response: If that's all that's involved, let's remove the tack right now (but depression is not on the same par with a tack removal). If we are in the *process* to remove, then let's ease the pain and focus the concentration while we together work on the process.

3. Don't play doctor in recommending or removing meds
4. Cultivate working relationships with primary care physicians who are committed to a biblical ministry worldview.
  - He/she can advise you on medical issues
  - You can "safely" refer people to him/her when physical problems are indicated
  - He/she can lend his/her professional credibility to your views
5. Proceed, confidently, with biblical ministry.  
"Psychiatric problems are always spiritual problems and sometimes physical problems."<sup>3</sup>

## Ministering Biblically to Depressed People:

### ***Give hope.***

Jerry Bridges, *TCTG* booklet. *Psalms*

### ***Comfort them in their suffering***

Get involved with them; maintain loving concern and personal contact (2 Cor 7:6), be ready to be patient and to persevere.

2 Cor 7:6 But God, who comforts the downcast, comforted us by the coming of Titus,

**Assemble a ministry team to assist; mobilize the body of Christ**

High maintenance, high care...

**One tool: Teach, encourage, and assign the use of lament**

Psalms (e.g., Psalms 6, 13, 32, 38, 51).

Values: Stanley Hauerwas, *Naming the Silences*.

- They articulate the experience of depressed people They teach us how to speak to God.
- They shape and teach godly interpretations of their experience
- ❶ Have them use the lament Psalms to articulate their experience to God...
- ❷ Have them write their own *holy* complaint to God...

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<sup>3</sup> Welch, *Blame It on the Brain*, pp. 106-107



## ***Establish your goals :***

### ***Not to get rid of depression***

Because God does not set this as a goal , no guarantee all of it will lift

### ***Not to locate the exact cause of depression***

Because God does not guarantee you can pinpoint all the complex causes.

### ***But to help the person to know Christ and to trust and obey Him in the midst of his suffering***

## ***The “prognosis” to present in session 1:***

**Best case:** You grow to know Christ and the depression completely lifts

**Worst case:** You grow to know Christ and the depression lessens but it continues, but you know how to handle it better and find hope amidst it.

## ***Deal with root (heart) issues, not just fruit (behavior) issues***

### **Heart Themes to Observe:**

Idolatry = I want something so badly that if I don't get it I will be depressed.

Unbelief = I must have something other than God and His promises or I will be depressed.

Legalism = I have to be or do some required thing other than what God requires, or I will be depressed.

Control = I will use depression in a purposeful way, to get benefits:

- Attention, support, pity from others
- Others will make less demands on you
- Excuse yourself from duties
- Control, manipulate others
- Revenge against others
- Victim status that supports self-righteousness, permits judgmentalism and hinders forgiving and trusting others

**Proclaim the Gospel: Focus on God's provisions and promises in Christ, and on repenting, believing and obeying in light of them. Don't be afraid to wisely (caringly) confront the person with God's Truth.**

Jesus rebukes them in Luke 24

Lamentations 3:19-20 (downcast) with 3:21-26

### ***Haggai 2:1-9 Themes:***

- Repent of the idols/ruling desires that produce your depression
- Press on obediently in your God-given duties despite your feelings {Adams}
- Flood your mind with, and believe, God's promises {Piper}

### ***Psalm 42-43 Themes:***

- Focus on God not on yourself, others, or your circumstances
- Focus on God's present and future promises, not His past blessings
- Focus on giving adoration to God not getting explanations from God

### ***Be patient and realize the process nature of change in this area***

Progressive transformation, includes progressive faith/belief

*1 Thessalonians 5:14* And we urge you, brothers, warn those who are idle, encourage the timid, help the weak, be patient with everyone.

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#### ***SOME BRIEF COMMENTS ABOUT MANIC-DEPRESSION, AKA BIPOLAR DISORDER***

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View and deal with “manic-depression,” and with the associated questions about chemical imbalance and lithium, in ways similar to “depression” in the main points above.

### ***In terms of the “manic,” and sometimes bizarre, behavioral episodes:***

Realize various spiritual (non-organic) and/or physical (organic) factors can contribute to this. <sup>4</sup>

Hold the person accountable for his heart and behavior before God. “Manic-depression” can neither cause sin nor prevent godliness. Call him to repentance, faith and obedience. Proceed with biblical ministry.

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<sup>44</sup> Adams, “The Christian Approach to Schizophrenia,” Adams, *Manual*; Welch, *Blame It on the Brain*; Welch, *Counselor's Guide*, 238-242

## Resources

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