

A Biblical Understanding of Depression

By Steve Lehrer

Depression is the buzzword for our time and culture. Every other commercial seems to be an advertisement either from a mental health institution or a drug company offering a sure cure for people who find themselves depressed. If you have ever been depressed, you know that it is a terrible state in which to exist. It is as if you are carrying around a 300-pound pack on your back, being forced to walk uphill, while having a terrible case of the flu. So those who are depressed will pursue any possibility for a cure. But before a cure for depression can be found, we must be sure we have a proper understanding of this terrible condition.

There are two major obstacles we face when addressing the issue of depression. First, people are very emotionally attached to their understanding of depression. I believe this is, because as we work through the issue of depression in the light of Scripture, people find themselves being forced to confront loved ones, to come face to face with incorrect counsel they have given, or to look at their own lives and current practices and see that they themselves need to change. If you find yourself in one of these three positions, before you “take sides” on the issue, please take a few deep breaths and consider the thoughts and Scriptures presented in this article. A second problem in addressing depression is that it is difficult to find a clear definition. It is to this second problem that we must now turn our attention.

The Holy Bible for psychology and psychiatry is the Diagnostic and Statistical Manual of Mental Disorders, the 4th edition (DSM-IV) published by the American Psychiatric Association, 1994. One would hope that turning to this secular authority might clear things up, but the definition they give is profoundly subjective and arbitrary. For a diagnosis of a major depression they write that a patient must have:

1. At least 5 of the following symptoms:
 - Depressed mood, nearly every day during most of the day
 - Marked diminished interest or pleasure in almost all activities
 - Significant weight loss (when not dieting), weight gain, or a change in appetite
 - Insomnia or hypersomnia (excess sleep)
 - Psychomotor agitation or psychomotor retardation
 - Fatigue or loss of energy
 - Feelings of worthlessness or inappropriate guilt
 - Impaired ability to concentrate or indecisiveness
 - Recurrent thoughts of death, recurrent suicidal.
2. These symptoms must be present during the same 2-week period.
3. These symptoms must represent a change from a previous level of functioning.

Why 2 weeks and not 1 or 3 weeks? Are there objective standards for defining and measuring a “depressed mood”? What makes 5 symptoms equal depression and not 4?

Perhaps the most disturbing thing about this list is that, other than weight gain or loss and changes in sleep patterns, all the criteria are uncheckable by the physician and subjectively evaluated by the patient. This is disturbing because anyone with a medical degree, from a psychiatrist to a gynecologist, can make a diagnosis of depression on the basis of these subjective criteria and prescribe dangerous drugs to you or to someone you love. In the biblical counseling that I do, over 80% of the people who come in are taking drugs prescribed by physicians to deal with depression.

Depression is the name we have given to the spot where a person has had a “crash landing” after reacting sinfully to one or more difficult or undesirable situations that God has brought into his life. Jay Adams explains depression this way:

Almost anything can be at the root of the counselee’s depression: a recent illness in which he gets behind in his work, hormonal changes, a reversal of his fortunes, the consequences of simple negligence, guilt over a particular sin, self-pity arising from jealousy or a disadvantageous turn of events, bad feeling resulting from resentment, worry, etc. The important fact to remember is that depression does not result *directly* from any one of these factors, but rather comes from a cyclical process in which the initial problem is mishandled in such a way that it is enlarged in downward helical spirals that eventually plunge one into despair.

The downward cycle of sin moves from a problem to a faulty, sinful response, thereby causing an additional complicating problem which is met by an additional sinful response, etc.¹

Dr. Robert Smith wrote the best concise definition that I have found for depression in his book *The Christian Counselor’s Medical Desk Reference*: “Depression is a debilitating mood, feeling, or attitude of hopelessness (despair or joylessness), which becomes a person’s reason for not handling the most important issues of life.”²

Before we can fully understand this definition we must grapple with the meaning of the words “feeling, mood, or attitude” because they serve as principle components of the definition itself. We can cut our work by 2/3 by simply acknowledging that feeling, mood, and attitude are used synonymously in the definition above. Now feelings are not thoughts because sometimes I am feeling happy or sad but not thinking anything in particular. Feelings (synonymous with emotions or moods) are physiological responses to what we are thinking. Sometimes the particular thought is difficult if not impossible to connect to the feeling, but nevertheless feelings are always the result of what we think. Let’s add this to our definition of depression so that we might have a precise and helpful description: “Depression is a debilitating physiological response to our thoughts of hopelessness (despair or joylessness), which becomes a person’s reason for not handling the most important issues of life.” Notice, this puts the origin of depression in our thoughts.³

What we are calling depression is not simply a case of the blues. “The blues” is a phrase used to describe a sad feeling. But the blues can be considered a rest stop on the way to depression. A person who has the blues graduates to full blown depression when he allows this feeling to consume him to the point that he is paralyzed. Notice the last clause in our definition: “which becomes a person’s reason for not handling the most

important issues of life.” Full-blown depression is when someone is so overwhelmed by his feelings that his participation in life comes to a screeching halt.

Can a feeling be sinful? This is the point at which we begin to step on people’s toes. It is comfortable for me to think about my feelings and actions as the medical field wants me to think about them, the direct result of a disease or sickness. A sickness is something that happens to me when I am an unwilling victim. When I was a little boy I used to love catching a cold. I could stay home and watch television all day long and just lie on the couch. No one got mad at me or blamed me for being sick. They understood that I had been “attacked from without” by some evil microscopic bug! When I got back to school, often my teachers would tell me not to worry about making up my work because, after all, I was sick! When a person is sick, he is physically unable to perform many of his daily responsibilities. We understand this fact. Just as we do not expect a person with two broken legs to walk across the room, neither do we expect a person with a bad case of the flu to get up and go to work. The medical theory concerning depression is that depression is like being sick in that I am not to blame for my thoughts or lack of action because I am *physically* unable to do other than that which I am doing. It is this theory concerning depression that we are calling into question. According to Scripture, a feeling is sinful when it leads you in either your thinking or your actions to disobey God’s Word. To be more accurate, feelings, which are physiological responses, are never sinful. **But the thoughts that cause the feelings and the thoughts and actions that are the result of the feelings can be and often are sinful.**

Depression is by definition disobedience to God’s commands in both attitude and action. Let’s keep the definition before us: “Depression is a debilitating physiological response to our thoughts of hopelessness (despair or joylessness), which becomes a person’s reason for not handling the most important issues of life.” In 1 Thessalonians chapter 5 we are commanded to ALWAYS be joyful and thankful: “Be joyful always; pray continually; give thanks in all circumstances, for this is God’s will for you in Christ Jesus” (1 Thessalonians 5:16-18). Depression is the antithesis of joy. Joy is a liberating mood or feeling, which motivates one to live for Christ. The source of joy is hope and trust in what God has done, is doing, and will do. I have never met a depressed person who described himself or was described by others as joyful or thankful. The reason for this is because a depressed person is by definition joyless and hopeless. According to Scripture, to be in a state of joylessness and hopelessness is a sinful choice one makes. We have responsibilities as believers: believers are to serve God by loving others in concrete and tangible ways; husbands are to provide for their families and care for their wives; wives are to submit to their husbands and be workers at home; children are to obey their parents.⁴ But when one becomes depressed he stops handling these primary responsibilities. He begins to disobey God’s commands. At its most basic level, *depression is rebellion against God because of the way one feels.*

As a believer, I am fully aware of what God commands. But what I like to think is that my problem, my feeling, my situation is of such a kind that I don’t have to obey. God speaks directly to this rationalizing process: “No temptation has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can stand up under it” (1 Corinthians 10:13). There is never a situation that entitles me to disobey my Lord. God commands me to be joyful and thankful. God commands me to

provide for my family and to care for other believers. When I don't do these things it is a decision to do my will rather than to follow God's will. I say this knowing from my own life how hard it can be to fulfill my responsibilities when I feel paralyzed and how painful it is to deal with my own struggles with depression. But just because it is hard does not give me a right to call something a disease that God calls sin.

The wrong and even harmful views about depression that are floating around today need to be examined with a critical eye so that we might have a sharper and clearer understanding of what depression actually is. The world wants us to believe that depression is an illness. The reigning understanding of the nature of man is materialism, that man is no more than the sum of his physical parts. That is, man is simply a complex chemical reaction. There is no spiritual dimension to him. Based on this presupposition, if a person is experiencing some sort of emotional problem, there must be something wrong with the mixture of chemicals inside him. I fear that the Christian community has bought into some of the conclusions of the medical community about depression, not realizing that those conclusions are based on presuppositions that they would never accept otherwise.

Depression is not an illness or a disease. "For something to be considered an illness there must be evidence of malfunction of or damage to some part of the body's tissue."⁵ Although scientists have been studying depression for several decades, they have not been able to find any hard evidence that proves that depression is a disease or illness. A person's response to an illness may lead to a depressed state, but depression itself is not an illness. That is, it might happen that I come down with cancer or have chronic pain due to some injury. This might make life extremely difficult for me. In my struggle to deal with my condition, I might begin to think unbiblically about my situation and I spiral downwards into despair and depression. The cause of my depression is not the illness, but rather my sinful reaction to the illness.

The most popular theory concerning depression is the "chemical imbalance theory" which says that there is an imbalance in the chemicals in the brain that causes the depression. But currently no scientists have the ability to actually measure the different chemicals in the brain.⁶ Even the medication that is given out to correct the imbalance is rather mysterious. Scientists do not know exactly how it functions. Once again, they have theories, but they are short on facts.⁷ The medications seem to lift some people out of depression, and therefore many people think that it must be correcting the theoretical chemical imbalance. But, just because a person feels better when they are on medication, it does not mean that the medication is actually solving the problem.

The current medical practice of giving antidepressant medication to those dealing with depression is analogous to the ancient practice of blood-letting. Blood-letting (or phlebotomy) was an almost universally practiced medical procedure from the earliest of times until the 19th century. It involved withdrawing blood from the patient, often a considerable amount, in hopes of curing or preventing a disease. The history of and theories behind this practice are quite impressive:

It was in use around the time of Hippocrates and was reinforced by the ideas of Galen, after he discovered the veins and arteries were filled with blood not air as commonly believed. There were two key concepts, first was that blood was created and then used up, it did not circulate and

so it could ‘stagnate’ in the extremities. Second was that humoral balance was the basis of illness or health, the four humours were blood, phlegm, black bile, and yellow bile (relating to the four Greek classical elements of earth, air, fire and water). Galen believed that blood was the dominant humour and the one in most need of control. In order to balance the humours a physician would either remove ‘excess’ blood (plethora) from the patient or give them an emetic or diuretic. Galen created a complex system of how much blood should be removed based on the patient’s age, constitution, the season, the weather and the place. Symptoms of plethora included fever, apoplexy and headache...⁸

The most well-respected scholars in the field of medicine throughout history bought into the theory of blood-letting and practiced this procedure on a regular basis. But the theory was erroneous. The physicians prior to William Harvey did not have an accurate understanding of how the circulatory system worked. They had a erroneous theories about the circulatory system. They came up with medical practices, specifically bloodletting, based on that erroneous theory. Much of the medical profession wised up in the 19th century and came to reject the theory behind blood-letting. But that did not stop physicians from practicing this procedure. Even though the theory had been rejected, the procedure upon which the theory was based was still widely practiced.⁹ Notice why they continued to practice bloodletting:

The reason for the continued popularity of blood-letting (and purging) was that while anatomical knowledge, surgical and diagnostic skills increased tremendously in Europe from the 17th century the key to curing disease remained elusive and the underlying belief was that it was better to give any treatment than nothing at all, the psychological benefit to the patient outweighing the physiological downside. Even as bloodletting lost favour in the 19th century there was nothing in particular to replace it. Mercury, quinine, digitalis, amyl nitrate, and colchicum were the only substances known to have any effect almost to the end of the 19th century. ¹⁰

They continued the practice because they felt they had to do something, even if that something did not make medical sense and did not help the patient!

Medically we are in the dark as far as our understanding of brain chemicals and how they work, just as physicians were in the dark about the circulatory system until William Harvey came on the scene (1578-1657). Medical science has theories that may or may not be right. But, basing a widespread and habitual medical practice (giving out psychotropic drugs, the function of which is itself theoretical) on a theory (chemical-imbalance) is not only unscientific,¹¹ but, as in the case and bloodletting, could also be harmful.¹²

The medical community has offered us many wonderful cures that makes life much more pleasant. But they are treading on holy ground with their medical theories concerning depression. You see, some physical problem (whether it is a problem with your brain or a broken leg) might make it harder for you to be joyful, but God’s Word

says that it cannot *cause* you to sin by spiraling into depression. The reigning theory concerning depression is in direct opposition with God's Word. Christians are being prescribed pills to deal with spiritual problems. We must base our understanding of depression on God's Word. As I demonstrated above, Scripture calls depression a sinful choice rather than a disease. Because God gave us His Word to equip us for "every good work," He has shown us in his word how to dig ourselves out of the sin of depression so that we might climb up into a life of joyful obedience. It is to this issue we will turn our attention to the next segment of this paper entitled: "A Biblical Prescription for Depression."

Endnotes:

¹ Jay Adams, *The Christian Counselor's Manual*, Zondervan: Grand Rapids, Michigan, 1973, p.375.

² Robert Smith, *The Christian Counselor's Medical Desk Reference*, Timeless Texts: Stanley, NC, 2000, p. 206.

³ This does not mean that I believe we can always know what we were thinking that led us to become depressed. This is important because much time can be wasted trying to scour the past to come up with the exact thought or chain of events that led to depression. Although it might be worthwhile, the emphasis in Scripture is to repent of the sins you are presently aware of and obey right now.

⁴ John 13:34, 1 Timothy 5:8, Ephesians 5:22-32, Titus 2:5, Ephesians 6:1

⁵ Smith, 198.

⁶ Ibid., 66-68.

⁷ Ibid., 68-70.

⁸ This article on bloodletting which is extensively quoted here can be found online at http://www.wikipedia.org/wiki/Blood_letting. *Wikipedia* is an online encyclopedia.

⁹ Benjamin Rush, a top notch physician and signer of the Declaration of Independence treated George Washington in his last days. Rush is said to have withdrawn up to 4 pounds of blood from Washington, almost certainly contributing to his death.

¹⁰http://www.wikipedia.org/wiki/Blood_letting. *Wikipedia* is an online encyclopedia.

¹¹ I say this because of the nature in which the medicine in this area is practiced. The theory of chemical imbalance is treated as if it is a proven fact. Then the drugs are prescribed so widely and freely that it is completely out of harmony with the few medical studies supporting their effectiveness to the patient.

¹² For further reading on this subject I recommend anything by Dr. Peter Breggin. Dr. Breggin is a world-renowned psychiatrist, although he is not a Christian. I found his book *Toxic Psychiatry* extremely helpful in terms of gaining an historical understanding of medical practices used in conjunction with psychiatry. Dr. Breggin also wrote a book called *Talking Back to Prozac* in which he does a great job of exposing some of the dubious research practices of Eli Lilly and clearly explaining some of the deleterious effects of the popular drug Prozac.