

Dealing With Depression

- I. depression: a. The condition of being depressed in spirits; dejection. b. *Psychol.* Freq. a sign of psychiatric disorder or a component of various psychoses, with symptoms of misery, anguish, or guilt accompanied by headache, insomnia, etc.
- II. Preliminary thoughts.
- A. Depression is a reality of life that even great men and women of God might go through.
 - B. Depression may be a short-term or long-term problem but need not be permanent.
 - C. Depression may be owing to mental, emotional, organic, biological, chemical, spiritual causes (or combinations of these).
 - D. Depression can be associated with *burnout*, which is the exhaustion of physical or emotional strength brought on by continued stress, a loss of enthusiasm, energy, idealism, perspective, and purpose.
 - E. Depression can feed itself through faulty rationalizations like *inevitability/fatalism*, which suppresses initiative to seek solutions or change.
 - F. Fatigue can invite depression which then contributes to fatigue, a troubling circle.
 - G. Circumstances alone do not universally cause depression: what puts one person into depression may not do so with another.
 - H. How one processes circumstances plays a powerful role in inviting, giving in to, avoiding, bearing or conquering depression.
 - I. The cause of depression may be hard to pinpoint and we may need to give our souls a “good talking to” when the lack of *the joy of the LORD* saps our strength.
NEH 8:10; PSA 42:5-6, 11.
 - J. Depression may not be because of sin but sin can lead to depression. **GEN 4:3-8.**
 - K. Some may actually prefer depression since it elicits attention or sympathy. c/w **MAT 6:16.**
 - L. There may be a need for consultation with a professional clinician but do not overlook the help and counsel of the Great Physician Who *knows what is in man*.
JOH 2:25; HEB 4:12.
 - 1. A Biblical *perspective* on sin, salvation, life, time and relationship to God is important for a realistic *perception*, and a faulty perception of things can be as powerful a motivator as the reality of things. **2KI 7:6-7; ACT 16:27.**
 - 2. We are not under the *spirit of bondage* again since Christ came but the *Spirit of adoption* by a loving Father which liberates, empowers, and gives soundness of mind. **ROM 8:15 c/w 2TI 1:7.**
 - 3. Faith may not make things easy but it does make things clearer, possible, bearable and hopeful.
 - M. Life is not a bed of roses and there will be *seasons* of heaviness because of our own choices or even by God’s decree. **1PE 1:6-7; 5:10.**
 - 1. Ignorance or emotion-led thinking can cause us to make decisions which are unprofitable, regrettable and sometimes of long-lasting consequence.
 - 2. We may have to bear with a condition we created and it is a foolish thing to fret against God Who did not force us to make the choice. **PRO 19:3.**
 - 3. This is especially of concern in choices to sin against better knowledge, and then having to deal with the guilt, shame, consequences, expectation of chastening, and worries about grieving/quenching the Spirit (all of which are incentives to prompt confession of the sin and earnest repentance). Consider David in **PSA 51:7-12.**
- III. Beware *despair* (The action or condition of despairing or losing hope; a state of mind in which

there is entire want of hope; hopelessness).

A. Be not as those who only looked at the odds but as Paul who looked at God.

ACT 27:20-25.

1. Without hope we are lost. **ROM 8:24.**
2. Without hope we are adrift without an anchor. **HEB 6:18-20.**
3. Without hope we are defenseless, without a helmet. **1TH 5:8.**
4. Without hope we are insecure. **JOB 11:18-19.**
5. Some who say, "There is no hope" really mean that they prefer their idolatry and immorality to needed reform. **JER 2:25-27; 18:11-12.**
6. Christ resurrected as the firstfruits of the dead is our ultimate hope and without this anticipation of future relief and glory, we are of all men most *miserable*, a component of depression. **1CO 15:19-20.**

B. **GAL 6:9** is a telling commentary on *burning out*, a common aspect of depression.

1. A person starts out doing well.
2. As well doing escalates, he becomes weary.
3. He loses sight of the prospect of reaping in due season.
4. He faints, that is, he gives up.
5. His view as to the time of reward is askew. Expected immediate reward or gratification can be a trap for the soul. ct/w **HEB 6:11-15.**
6. He may see the seeming prosperity of the wicked, which makes his own well-doing seem futile, but faith answers this with **ECC 8:12-13; PSA 37:1-11.**

C. Under great pressure, Paul "...despaired even of life" (**2CO 1:8**).

1. How many of us who have not borne great trouble as Paul been tempted to despair of life: wondering about the seeming futility of staying the course, or flirting with the notion of escape? Desiring to depart and be with Christ should be balanced by present duty. **PHIL 1:23-24.**
2. Paul gathered himself from that desperation by leaning on God's expectations, previous salvations, and promises. **2CO 1:9-10.**
3. Paul could be "...troubled on every side, yet not distressed...perplexed, but not forsaken; cast down, but not destroyed" (**2CO 4:7-12**).
 - a. He did not have false expectations about what God had said about him in **ACT 9:16.**
 - b. He ever measured temporal distresses as small compared to eternal bliss. **ROM 8:18; 2CO 4:17-18.**
4. Be careful as to where your greatest affections are based. **COL 3:1-2 ct/w 2TI 4:10.**
 - a. An inordinate affection for earthly things is not only missing the target, it sets one up for disillusionment and despair when those things are found not to satisfy the soul, or are taken away (and along with that, one's confidence).
 - b. "Aim at heaven and you will get earth 'thrown in.' Aim at earth and you get neither." (C.S. Lewis)

IV. As a pastor, I try to be careful to not make clinical diagnoses beyond obvious cases (e.g. "Not only your nagging hangover headaches but perhaps even your depression might be tied to your alcohol overconsumption since alcohol is a known depressant."), nor take hard-line binary approaches to treatment protocols that might include a special therapy, prescription drug or OTC medication. This is not to say that I might not make some cursory observations based upon years of living and I especially will speak when there are likely spiritual issues underlying a disorder.

- A. In the medical profession, depression was once treated almost exclusively by counseling and psychiatric therapy.
- B. A shift began in about the 1950's to deeming the condition of depression to be the result of chemical imbalances in the brain or body and this spurred the introduction of a series of classes of drugs to counter the assumed imbalances.
- C. Electroconvulsive Shock Treatment (ECT) was a controversial treatment that began in the 1930's. It electrically induced convulsions called Grand Mal Seizures and it was supposed to "clear the cache and re-boot the system." The procedure and after-effects were sometimes disturbing.
- D. Speaking generally, the medical community does not consider spiritual problems which can be alleviated by repentance and faith to be part of the regimen for treating mental/emotional/mood disorders.
 - 1. In overview, the medical model embraces a naturalistic view of man and tends to address disorders with a view to man being a victim of chemical, physiological or organic forces. Personal volition and responsibility are downplayed.
 - 2. "Today, *everything* is physiological and genetic and treated with drugs. *Nothing* is your fault. You're an innocent victim. Furthermore, many of us *like* it that way. We like the idea that whatever is wrong with us is an organic disorder, that there's no sin, no weakness, no deficit of character on our part. Our egos love that, it comforts us."
(David Kupelian, Why So Many Americans Today are Mentally Ill, 8-14-2007)
(<http://www.wnd.com/2007/08/43033/>)
 - 3. "The biblical position is this: the ravages of brain injury, disease, or dysfunction cannot rob us of spiritual vitality. At the core of our being we are moral creatures, image-bearers of the Most High. Certainly, this center can be defaced or suppressed, but the culprit is sin, not sickness."
(Edward T. Welch, Counselor's Guide to the Brain and Its Disorders, p. 291)
- E. "Severe depression has many different symptoms that are placed together in DSM-III-R. From a biblical perspective, however, they fall into roughly two categories: those related to the body and to the heart...

The phenomenon of depression may be caused by the body, the heart, or both. The cause that is most familiar is the heart. When difficult circumstances encounter a heart of unbelief, responses might include guilt, anger, feeling defeated and 'down in the dumps,' or despair. Persons who base their meaning on personal performance (i.e., works righteousness) rather than the finished work of Christ are particularly susceptible. Then, because of the unity of heart and body, the heart might initiate a cycle that leads to bodily feelings of depression. These bodily feelings, in turn, can continue the cycle and make the heart more prone to despair.

Depression may also be caused by the body---physical processes that are unrelated to personal sin. Disease may produce bodily weaknesses such as fatigue, insomnia, poor concentration, and a sense of alienation. Then affected persons might think, 'I feel depressed. Why? What has been happening to me? What have I done?' They look to the heart for answers, and, not uncommonly, the heart attributes blame to itself or bad circumstances, and the whole person plummets into despair."
(Edward T. Welch, Counselor's Guide To The Brain And Its Disorders, p. 212)

- V. Following are two *anecdotal* cases which highlight opposing scenarios of treating depression with

antidepressant drugs (some of which are prescribed to offset the side-effects of other drugs).

- A. “Not surprisingly, although many diseases can cause depression, the number one culprit remains the unwanted and unpredictable side effects of prescription drugs. The documented offenders are nearly endless.”
(Edward T. Welch, Counselor’s Guide To The Brain And Its Disorders, p. 212)
- B. “In July 2005, actress Brooke Shields told the New York Times about her postpartum depression: ‘In a strange way, it was comforting to me when my obstetrician told me that my feelings of extreme despair and my suicidal thoughts were directly tied to a biochemical shift in my body. Once we admit that postpartum is a serious medical condition, then the treatment becomes more available and socially acceptable. With a doctor’s care, I have since tapered off the medication, but without it, I wouldn’t have become the loving parent I am today.’ ”
(David Kupelian, Why So Many Americans Today are Mentally Ill, 8-14-2007)
(<http://www.wnd.com/2007/08/43033/>)
- C. “I began to suspect psychiatric meds were problematic three decades ago after a conversation with a friend who, to relieve her anxiety, had been taking the sedative Valium — then the nation’s top-selling pharmaceutical. A spiritually perceptive lady, she summarized her experience this way: ‘David, do you know what the Valium did for me? It deactivated my conscience.’

And just recently, another Christian lady anonymously wrote a highly thought-provoking essay — primarily for the benefit of other female members in her church — on the effect antidepressants had on her.

Stressed-out and depressed, she had sought her pastor’s spiritual counsel — and he told her to go on antidepressants.

‘Not a word was said about my sinful attitudes regarding my responsibilities, and there were no offers of practical help,’ she wrote. ‘Just go to the doctor. He proceeded to tell me about many other women in our church who had taken his advice and were doing great. In retrospect, this makes sense — ours was a ‘happy church.’ No one seemed to struggle with any serious life issues. Only smiling, happy greetings and small talk. Imagine the ‘Stepford Wives’ at church and you’ll get the picture.’

Within weeks, she wrote, she was feeling better. ‘By two months into treatment I was doing swimmingly, smiling and small-talking with the best of them. I was handling the stress better and sleeping well. Most of my physical complaints were gone, and I felt very capable. Life went on.’

Five years later, unhappy with their ‘happy’ church, she and her husband sought out and joined a more traditional and biblical church “‘sin is called sin, and people are held accountable.’

At the new church, she said, ‘I met people who grieve over their sin. This was foreign to me. I have never cried over my sin. I have felt bad for my sin, but I have never truly grieved over it. I began to think that perhaps that little pill that was meant to ‘take the edge off’ was preventing me from grieving over sin. One thing I had noticed since being on it was that I could not cry. Nothing could bring me to tears, and I mean nothing. I didn’t even cry when my dad died, not even as I watched him take his last breath, uncertain where

he would spend eternity. No tears.’

After much thought and prayer, she finally decided to get off her medication. As a result, she wrote:

‘Last week, after I sinned in anger at my son, I was grieved! I had asked for forgiveness from him and from the Lord, but I could not deny a deep sense of grief in my soul as I realized this had been a pattern of sinful anger for years. I had committed this same sin many times before, but felt justified, either by stressful circumstances in my life or by my son’s bad behavior. I had never before felt such grief over my own sin, and I knew I could not indulge one more outburst like this.

The antidepressants, she concluded, had ‘blurred the ends of the emotional spectrum, so that I experienced neither deep sadness nor great joy. I have now come to appreciate that both are vital to the Christian life. Oh, I was somewhat happy, and able to cope with life quite well, but the edge was off, not only from my sadness, but from my joy as well.’

She added: ‘In the beginning, the drug was good, because it enabled me to think rationally and come out of my basement. If I had used that rational thinking to get a grip on the sin that was pulling me down into depression, I could have dealt with it biblically, and been off the drug in short order. But I did not. I became dependent on those pills and was gradually numbed to the seriousness of my sin. By God’s grace, I came to the recognition that this drug could be stunting my spiritual growth, and that turned out to be exactly the case.’

The possibility that psychiatric drugs could impair our conscience should not come as a shock. We know people do bad things under the influence of alcohol, crack and meth that they wouldn’t do otherwise. Is it so hard, then, to comprehend that some legal drugs can also obscure or eliminate our awareness of conscience? After all, what does ‘feeling better’ often involve but the elimination of conflict? And what is conflict but the evidence inside us that we’ve done something wrong — something contrary to our conscience?

Getting rid of conflict, then, often involves blotting out our conscience! But the problem with that is, conscience is literally the presence of God in us, the friction between the way we are and the way He wants us to be. We experience this correcting and illuminating presence — which is actually our greatest friend (like Jiminy Cricket in Disney’s ‘Pinocchio’) — as a psychic pain when we deviate from its urgings. Thus, many of us foolishly come to regard conscience as a problem, even an enemy.”

(David Kupelian, Why So Many Americans Today are Mentally Ill, 8-14-2007)

(<http://www.wnd.com/2007/08/43033/>)

- D. “Nearly 150 million U.S. prescriptions were dispensed in 2004 for SSRIs and similar antidepressants called SNRIs, according to IMS Health, a Fairfield, Conn., drug data and consulting company — more than for any other drug except codeine. Perhaps one out of 20 adult Americans are on them now, making brands like Zoloft, GlaxoSmithKline’s Paxil, Forest Laboratories’ Celexa, and Solvay Pharmaceuticals’ Luvox household names. Though they don’t work for everybody — many people have gone off the medicines because of side effects such as dampening of sexual response — they’ve done more than any other class of drugs to spur psychiatry’s substitution of pills for couches. In fact, we’re popping so many SSRIs that their breakdown products in urine, gushing into waterways, have accumulated in fish tissues, raising concerns that aquatic animals may be getting toxic

doses, according to recent research at Baylor University.”

(Fortune Magazine, Nov. 2005)

- E. “The biblical position is this: the ravages of brain injury, disease, or dysfunction cannot rob us of spiritual vitality. At the core of our being we are moral creatures, image-bearers of the Most High. Certainly, this center can be defaced or suppressed, but the culprit is sin, not sickness.”
(Edward T. Welch, Counselor’s Guide to the Brain and Its Disorders, p. 291)
- F. I do not utterly discount the value of drug therapy but if professional clinical help is needed, and drug therapy is recommended, strive to be accurately well-informed about the drug(s) and side-effects, especially sudden termination.
- G. My pastoral advice to someone struggling with something like depression is to not dismiss the importance of examining yourself, your decisions and your understanding in light of God’s Word. Sin, error and ignorance are well-addressed in Scripture. Pray for help to repent as needed.
1. Faulty rationalizations of sinful thought and behavior do not eliminate the underlying guilt that fosters depression; they only mask the issues that demand change, somewhat like a drug does.
 2. Faulty perceptions of God, and one’s ability to serve and please Him while yet a sinner are not uncommonly factors in mental and emotional distress and spiritual stagnancy. **MAT 25:24-25.**
 3. Faulty expectations of personal perfection while in mortal flesh can breed discouragement unto depression when times of moral/spiritual failure occur. That we are to “...press toward the mark for the prize of the high calling of God in Christ Jesus” presupposes that we are not there yet, even though we are a fine example of a *Christian with weakness*, and this is as perfect as we should expect to be until the resurrection. **PHIL 3:13-15 c/w ROM 7:22-25; ECC 7:16.**
 - a. Beware of an unbearable obsession with absolute perfectionism which paralyzes personal growth and spiritual liberty, and can push one towards isolation and compulsive rituals.
 - b. “The compulsive rituals become legalistic means of neutralizing or atoning for obsession. Afraid, unwilling, or untaught---those who persistently obsess don’t go to God for forgiveness and the assurance of ‘no condemnation.’ Instead, they use their rituals to appease God or assuage his perceived wrath.”
(Edward T. Welch, Counselor’s Guide to the Brain and Its Disorders, p. 222)
 4. Faulty expectations of one’s role in the midst of a lost culture can breed discouragement unto depression and so need to be adjusted by applying the principle of *putting on your own oxygen mask first* and saving yourself *from* an untoward generation. **ACT 2:40; PHIL 2:12-16.**
 - a. “O God, give us the serenity to accept what cannot be changed, the courage to change what should be changed, and the wisdom to know the one from the other.” (The Serenity Prayer, variation)
 - b. It is possible to have hope-filled peace through a God-centered moderate view of life in this world and all the troubles and anxieties that would consume us. **PHIL 4:4-7.**
 5. Whereas the gospel pointedly shows us sinners who we are by nature and how much we need Christ, it also shows us that Christ met our need when nothing else or nobody else could. Wherever the gospel pricks our hearts, it also pours in healing oil, even for *the spirit of heaviness*. **ISA 61:1-3.**

- VI. Guilt can be a fertile source for depression that can end up in complete burnout.
- A. The symptoms arise from the burden of guilt. **PSA 38:1-11.**
 - B. Guilt can arise from actual sin or from imagined sin as in the case of thinking that we must be constantly “on the go and on fire for Jesus,” consumed with false spiritual responsibilities to the disregard of practical Christian living such as not being slothful in business or tending to one’s own family needs. **ROM 12:11; TIT 3:14; 1TI 5:8.**
 - C. Guilt that arises from *actual* sin should not be ignored nor numbed away by intoxicants or antidepressant drugs which are substitutes for what is really needed: earnest confession of one’s sin, seeking God’s forgiveness, believing it has been granted, and then, “...sin no more, lest a worse thing come unto thee.” **PRO 28:13; 1JO 1:9; JOH 5:14.**
 - D. Guilt that arises from *imagined* sin is best cured by applied knowledge of the truth which saves from destruction by casting down the false condemner. **HOS 4:6 c/w 2CO 10:5.**
- VII. Unfulfilled expectations or deferred hope are another major source of depression.
- LUK 24:17-24; PRO 13:12; PSA 13:1-2; JER 15:16-18.**
- A. One can become so absorbed with an unfulfilled expectation that it is all he thinks about.
 - 1. This continuous thinking is exhausting and frightening.
 - 2. In such a state even small problems and decisions become major hurdles.
 - 3. In such a state a person may begin to fear he is “losing it.”
 - B. This is the parent who poured himself into his child only to have that child turn out to be a fool. **PRO 17:21, 25.**
 - C. It is the parent who keeps hoping that a wayward child will get his act together.
 - D. It is the spouse who longs to see positive change in their spouse but their spouse is not amenable to change.
 - E. It is the person who has been betrayed by a friend he thought he could trust. **PSA 41:9; 55:12-14.**
 - F. This is the person who thought he could please everybody and discovers that he cannot.
 - G. This is the person who is running out of time on earth and sees so many missed opportunities, things that should have been done, things that should be done, and things that are increasingly beyond his capacity to do.