

Dealing With Depression

Recent survey results at a CSBC ministers' conference in April, 2002, revealed that 34% of the participants indicated that they struggle with depression. Everyone has or will experience depression in their lifetime.

Symptoms of depression may stem from feelings of guilt, fear, worthlessness, hopelessness, anger and sadness. Pastors can especially be prone because of the unrealistic expectations that they may have of themselves or that come from the congregation. There is a growing sense of inadequacy to face the demands of ministry.

In churches where there is frequent internal strife, emotional fatigue and discouragement can cause depression in pastors. Another cause comes from compassion fatigue, where a pastor "runs out of fuel" from constantly helping others.

Pastors can also be susceptible to depression because they are secondary victims of all crises in the members' lives. The pastor always has to be the strong one and is under pressure to have the right words for comfort. He has to be the source of strength for everyone else. The pastor has human limitations on how much his emotional system can withstand. Simply, he gets tired!

What does he do with his sadness, sense of helplessness or hopelessness, grief from losses, anger at injustices and disappointments with people? Who does he go to for support and help? It is common for the pastor to NOT recognize his need to intentionally get help for himself to stay healthy emotionally and physically.

Depression sets in. The pastor may feel guilt for feeling depressed. Oftentimes, the pastors may ignore or deny that he has a serious emotional problem. Even though he realizes that he is isolating himself, feeling down on himself, fatigued, irritable, unable to have pleasure, eating too much or too little, indecisive, not sleeping well, having more conflict in relationships, or struggling with low self-esteem.

The attached article is a good one for helping pastors to not feel guilty about being depressed. After reading the article, hopefully, you will seek help if your life and ministry is being adversely affected by depression. You might be suffering from clinical depression, if you have at least four of the following symptoms.

1. poor appetite/significant weight loss, or increased appetite/significant weight gain
2. insomnia
3. states of agitation or restlessness, or slowed body responses
4. loss of pleasure or interest in usual activities

5. loss of energy, fatigue
6. feelings of worthlessness or self-depreciation, inappropriate guilt
7. diminished ability to concentrate, slowed thinking
8. recurrent wishes of death, suicidal thoughts

What should I do if I feel depressed? It is extremely important to consult with your doctor or a professional counselor. I can usually recommend one in your area.

On a lighter level, it would be helpful to do the following:

1. Eat balanced nutritious meals.
2. Get plenty of rest and sleep, but don't over do it
3. Exercise regularly.
4. Plan for some pleasure or fun into each day.
5. Build structure into your day. Make small goals.
6. Spend quality time with significant people in your life. Talk about your FEELINGS.
7. Keep a daily journal. Keep track of your moods, feelings and thoughts.
8. Daily devotionals are essential.
9. Take timeout for a periodic sabbatical rest.

God's blessings on you,

Greg Sumii
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Exposing the Myth that Christians Should Not Have Emotional Problems **By, Dwight L. Carlson**

"The only army that shoots its wounded is the Christian army," said the speaker, a psychologist who had just returned from an overseas ministry trip among missionaries. He summed up the philosophy of the group he worked with as:

1. We don't have emotional problems. If any emotional difficulties appear to arise, simply deny having them.
2. If we fail to achieve this first ideal and can't ignore a problem, strive to keep it from family members and *never* breathe a word of it outside the family.
3. If both of the first two steps fail, still don't seek professional help.

I have been a Christian for 50 years, a physician for 29, and a psychiatrist for 15. Over this time I have observed these same attitudes throughout the church—among lay leaders, pastors, priests, charismatics, fundamentalists, and evangelicals alike. I have also found that many not only deny their problems but are intolerant of those with emotional difficulties. Many judge that others' emotional problems are the direct result of personal sin. This is a harmful view.

At any one time, up to 15 percent of our population is experiencing significant emotional problems. For them our churches need to be sanctuaries of healing, not places where they must hide their wounds.

THE EMOTIONAL-HEALTH GOSPEL

Several years ago my daughter was battling leukemia. While lying in bed in the hospital, she received a letter, which read in part:

Dear Susan,

You do not know me personally, but I have seen you in church many times.... I have interceded on your behalf and I know the Lord is going to heal you if you just let Him. Do not let Satan steal your life—do not let religious tradition rob you of what Jesus did on the cross—by His stripes we were healed.

The theology behind this letter reminded me of a bumper sticker I once saw: "Health and Prosperity: Your Divine Right." The letter writer had bought into a "healing in the Atonement" theology that most mainstream evangelicals reject. According to this traditional faith-healing perspective, Christ's atonement provides healing for the body and mind just as it offers forgiveness of sins for the soul. The writer meant well, but the letter created tremendous turmoil for my daughter.

While evangelicals have largely rejected "health and wealth" preaching—that faithful Christians will always prosper physically and financially—many hold to an insidious

variation of that prosperity gospel. I call it the "emotional-health gospel." The emotional-health gospel assumes that if you have repented of your sins, prayed correctly, and spent adequate time in God's Word, you will have a sound mind and be free of emotional problems. Usually the theology behind the emotional-health gospel does not go so far as to locate emotional healing in the Atonement (though some do) but rather to redefine mental illnesses as "spiritual" or as character problems, which the church or the process of sanctification can handle on its own. The problem is, this is a false gospel, one that needlessly adds to the suffering of those already in turmoil.

This prejudice against those with emotional problems can be seen in churches across the nation on any Sunday morning. We pray publicly for the parishioner with cancer or a heart attack or pneumonia. But rarely will we pray publicly for Mary with severe depression, Charles with incapacitating panic attacks, or the minister's son with schizophrenia. Our silence subtly conveys that these are not acceptable illnesses for Christians to have.

The emotional-health gospel is also communicated by some of our most listened-to leaders. I heard one national speaker make the point that "At the cross you can be made whole. Isaiah said that 'through his stripes we are healed' ... not of physical suffering, which one day we will experience; we are healed of emotional and spiritual suffering at the cross of Jesus Christ." In other words, a victorious Christian will be emotionally healthy. This so-called full gospel, which proclaims that healing of the body and mind is provided for all in the Atonement, casts a cruel judgment on the mentally ill.

Two authors widely read in evangelical circles, John MacArthur and Dave Hunt, also propagate views that, while sincerely held, I fear lead us to shoot our wounded. In his book *Beyond Seduction*, Hunt writes, "The average Christian is not even aware that to consult a psychotherapist is much the same as turning oneself over to the priest of any other rival religion," and, "There is no such thing as a *mental* illness; it is either a physical problem in the brain (such as a chemical imbalance or nutritional deficiency) or it is a moral or *spiritual* problem."

MacArthur, in *Our Sufficiency in Christ*, presents the thesis that "As Christians, we find complete sufficiency in Christ and his provisions for our needs." While I agree with his abstract principle, I disagree with how he narrows what are the proper "provisions." A large portion of the book strongly criticizes psychotherapy as one of the "deadly influences that undermine your spiritual life." He denounces "so-called Christian psychologists and psychiatrists who testified that the Bible alone does not contain sufficient help to meet people's deepest personal and emotional needs," and he asserts, "There is no such thing as a 'psychological problem' unrelated to spiritual or physical causes. God supplies divine resources sufficient to meet all those needs completely." Physically caused emotional problems, he adds, are rare, and referring to those who seek psychological help, he concludes: "Scripture hasn't failed them—they've failed Scripture."

A PLACE FOR PROFESSIONALS

When adherents of the emotional-health gospel say that every human problem is spiritual at root, they are undeniably right. Just as Adam's fall in the garden was spiritual in nature, so in a very true sense the answer to every human problem—whether a broken leg or a burdened heart—is to be found in the redeeming work of Christ on the cross. The disease and corruption process set into motion by the Fall affected not only our physical bodies but our emotions as well, and we are just beginning to comprehend the many ways our bodies and minds have been affected by original sin and our fallen nature. Yet the issue is not whether our emotional problems are spiritual or not—all are, at some level—but how best to treat people experiencing these problems.

Many followers of the emotional-health gospel make the point that the church is, or at least should be, the expert in spiritual counseling, and I agree. Appropriate spiritual counseling will resolve issues such as salvation, forgiveness, personal morality, God's will, the scriptural perspective on divorce, and more. It can also help some emotional difficulties. But many emotional or mental illnesses require more than a church support network can offer.

I know it sounds unscriptural to say that some individuals need more than the church can offer—but if my car needs the transmission replaced, do I expect the church to do it? Or if I break my leg, do I consult my pastor about it? For some reason, when it comes to emotional needs, we think the church should be able to meet them all. It can't, and it isn't supposed to. This is why the emotional-health gospel can do so much harm. People who need help are prevented from seeking it and often made to feel shame for having the problem.

Thankfully, more and more people in the Christian community are beginning to realize that some people need this extra help. If professionals and church leaders can recognize the value of each other's roles, we will make progress in helping the wounded. Forty percent of all individuals who need emotional help seek it first from the church, and some of these will need to be referred to mental-health professionals. Church leaders should get to know Christian therapists in their communities so they can knowledgeably refer people with persistent emotional problems.

DEPRESSED SAINTS

Lurking beneath the stigma that many Christians with mental and emotional problems face is a simple question: Can a Spirit-filled Christian have emotional problems? The emotional-health gospel overlooks the record of the Bible itself and church history, just as health-and-wealth gospels must ignore the history of not-so-rich saints (not to speak of Jesus himself).

The Reformer who penned "A Mighty Fortress Is Our God," Martin Luther, in 1527 wrote: "For more than a week I was close to the gates of death and hell. I trembled in all my members. Christ was wholly lost." According to Luther's famous biographer, Roland Bainton, Luther found himself "subject to recurrent periods of exaltation and depression of spirit." Luther himself had written that "the content of the depressions was always the same, the loss of faith that God is good and that he is good to me."

The famous preacher Charles Spurgeon, who lit the fires of the nineteenth-century revival movement, struggled so severely with depression that he was forced to be absent from his pulpit for two to three months a year. In 1866 he told his congregation of his struggle: "I am the subject of depressions of spirit so fearful that I hope none of you ever get to such extremes of wretchedness as I go [through]." He explained that during these depressions, "Every mental and spiritual labor...had to be carried on under protest of spirit." In the Bible we find that Moses, Elijah, Job, and Jeremiah suffered from depression, often to the point of being suicidal. Elijah's miraculous victory over the prophets of Baal in 1 Kings 18 is followed in the next chapter with Elijah despondent and trembling with fear: "And he was afraid and arose and ran for his life...and sat down under a juniper tree; and he requested for himself that he might die" (1 Kings 19:3-4; all verses quoted from the NASB unless otherwise noted).

I've heard Elijah here described as being a coward or accused of having a grand old pity party. Such interpretations fail to see God's compassionate response to his cry: "And the angel of the Lord came again a second time and touched him and said, 'Arise, eat, because the journey is too great for you'" (19:7). Far from criticizing him, the Lord allows him to rest and twice sends an angel to feed him.

Job cried out in the midst of his suffering, "I cannot eat for sighing; my groans pour out like water.... My life flies by—day after hopeless day.... I hate my life.... For God has ground me down, and taken away my family.... But I search in vain. I seek him here, I seek him there, and cannot find him.... My heart is broken. Depression haunts my days. My weary nights are filled with pain.... I cry to you, O God, but you don't answer me" (3:23-24; 7:6, 16; 16:7; 23:8; 30:16-17, 20, LB). Notice that even with his depression, the Bible says, "In all this Job did not sin" (1:22). Moreover, God reproves Job's friends for accusing Job of sin and for their "failure to speak rightly concerning my servant Job" (42:7-8).

So the answer to our question is a definite yes: Spirit-filled Christians can experience emotional problems.

Those who adhere to the emotional-health gospel often believe that negative emotions are in themselves sinful. We need to ask them how they account for the displays of Christ's emotions. In the Garden of Gethsemane, he "began to be very distressed and troubled. And He said to them, 'My soul is deeply grieved to the point of death'" (Mark 14:33-34). Jesus, in coming to earth, took upon himself the form of a human with all its frailties, yet he did not sin.

Paul writes with affirmation, "And I was with you in weakness and in fear and in much trembling" (1 Cor. 2:3). Later he wrote, "We were afflicted on every side; conflicts without, fears within. But God, who comforts the depressed, comforted us by the coming of Titus" (2 Cor. 7:5-6).

Consider this thought experiment. Give me the most saintly person you know. If I were to administer certain medications of the right dosage, such as amphetamine, thyroid hormone, or insulin, I could virtually guarantee that I could make this saint anxious with at least one of these agents. Would such chemically induced anxiety be explained as a spiritual sin? What if the person's own body had an abnormal amount of thyroid hormone or insulin and produced nervousness? I have seen patients in this precise predicament.

While the church should never condone willful sin, it must learn to accept that people within it may suffer from emotional symptoms that are not the result of personal unconfessed sin, as many proponents of the emotional-health gospel suggest. We must take seriously Paul's injunction to "encourage the fainthearted, help the weak, be patient with all men" (1 Thess. 5:14).

CALLING WOUNDS SCRATCHES

Which brings us to the heart of the problem with the emotional-health gospel. Followers of the emotional-health gospel often have a naïve understanding of the nature and cause of mental illness. Is mental illness always due to sin? Can people cure themselves by doing or thinking the right things? What role do chemicals and genetics play? What part can good, biblical counsel have in restoring people? How we answer these questions will dramatically skew how we deal with those suffering emotional problems.

It is tempting for people experiencing everyday stress and its accompanying anxiety or depression to think that those with severe emotional problems feel much the same as they do—only a little worse. After all, isn't depression merely feeling blue or down, and anxiety just plain worry or nervousness?

One minister writing on depression stated that he was "depressed" for several days after a property contract had failed. He wrote, "As a basic rule I never sympathize with depressed people.... These people have already pitied themselves excessively, thus generating their depression. What they need is help, which comes by gently getting them to see that they are indulging in self-pity." From the experiences of the many patients I have observed, I strongly doubt this author has experienced or understood clinical depression.

Recent studies of more than 11,000 individuals found depression to be more physically and socially disabling than arthritis, diabetes, lung disease, chronic back problems, hypertension, and gastrointestinal illnesses. The only more disabling medical problem was advanced coronary heart disease. And the U.S. Department of Health and Human Services reports that individuals who have suffered both emotional illness and cancer report that their emotional illness caused them the greater pain.

Deep depression is not just self-pity. The level of anxiety of those with generalized anxiety and panic attacks is significant even during sleep. If you can imagine the anxiety of being on a hijacked airplane and seeing several copassengers shot, you can begin to grasp the level of anxiety some people suffer for days at a time. Even people with moderate clinical depression (dysthymia) feel pain on their best days.

From a research perspective, the emerging answer to what causes emotional illness involves three components: nature (one's biological, chemical, and genetic makeup), nurture (environment, circumstances, teachings), and personal choice (which can but does not necessarily include sinful choices). Not uncommonly, the cause is a combination of all three of these.

While research into these matters is still in its infancy, some conclusions are already clear. Any paradigm that judges all mental illnesses to have the same cause (whether it be "sinful choices" or chemical imbalances) is too simplistic. We are a complicated and

dynamic amalgam of body and spirit, nurture and nature. Any attempt to reduce our holism dishonors the Craftsman who made us.

Let me provide some examples of how these factors interact. More than a decade ago I experienced a severe depression caused by an external event: a patient for whom I cared very much committed suicide. For over three months a devastating sense of doom kept me feeling desperate and hopeless. I forced myself to socialize, exercise, and think on positive things. I spent additional time in the Word and in prayer. But I couldn't shake the depression until I asked for the help of a colleague. A circumstance in life (nurture) had thrown me into a tailspin I couldn't handle any more than I could a car out of control. At the height of my depression, I am sure my brain chemistry was affected. Still, God chose to preserve me through talking with a colleague, which had the effect of restoring me emotionally and, theoretically, chemically.

While my depression had been triggered by an outside circumstance, Marty's* was the result of a physical cause. A popular Big Ten athlete and a committed Christian, he encountered his first major depression the year after college. While at times he experienced tremendous highs, other times it took incredible effort for Marty to get up in the mornings, go to work, play with his young children, or go to church.

He was afraid of discussing his problem with friends because he believed it was a symptom of sin. He prayed, struggled, asked God to forgive him, and looked for what God might be teaching him. The only answers he heard from conference speakers and church leaders were prayer and confession. He wondered if demons caused his affliction. When his problem was diagnosed as a physical one—bipolar disorder—I started him on lithium. The results produced an emotional stability that has lasted to this day—12 years so far. He is very active in his church and is involved in discipling a number of young men. But because of the stigma, only his wife and I know of his condition or that he is taking medication.

A number of studies point to a genetic origin of bipolar disorder. They show that while close relatives and the second fraternal twin have a 15 percent probability of acquiring the disease, the second *identical* twin has a 75 percent chance of acquiring it.

While Marty's illness had an internal cause, it resulted in external behaviors. The same is true for the cure. Does the physical cause of his illness mean that he was not responsible for his behaviors? No. We all have to stand before God for what we have done. Yet independent of what one does, we know that a person with a bipolar disorder is helped by chemical therapy.

Pat* provides an example of the inadequacy of a rigid physical/spiritual distinction and of the interplay between nature, nurture, and personal choice. A vivacious 23-year-old secretary, she had been extremely healthy until her car blew a tire on a busy but unfamiliar Los Angeles street. When she noticed the graffiti on the walls and people of another ethnic group who seemed to be watching her every move, she grew frightened. Subsequently, whenever she drove more than a few miles from home, dreadful panic attacks ensued. She feared, she said, she would "go Loony Tunes" or die. These attacks soon began to control her life, even when she was in "places that were perfectly safe." She also began to withdraw socially.

Her agoraphobia, as this kind of fear is called, had occurred in her family before. Her maternal grandmother and an aunt had experienced panic attacks, and her mother was

afraid to ride elevators. As Pat sat in my office for her first appointment, she asked, "What is the cause of these attacks—physical or mental?"

"The answer is both," I told her, explaining that these factors cannot easily be separated. Studies show that 7 percent of the population develop panic attacks (with or without agoraphobia) during their lifetime, and 25 percent among those with close relatives with the problem. Which raises the question: Does agoraphobia run in families because of genes or environment?

In 1946, it was observed that patients with panic attacks often have an intolerance to heavy exercising. Researchers found that during exercise the body normally produces the chemical sodium lactate, but at higher levels in those who suffered from panic disorders. In 1967, Ferris Pitts injected sodium lactate intravenously into individuals prone to panic and found that the injection usually brought on attacks similar to the patient's worst attacks. The fact that individuals not subject to panic disorders in the first place did not develop attacks when given the sodium lactate pointed to a chemical difference in the individuals who experienced the panic attacks.

A later study showed that if patients with panic attacks were given certain medications, such as an antidepressant or a benzodiazapine tranquilizer, they greatly decreased or prevented panic attacks from developing when the sodium lactate was later injected. These are the medications we now use to help individuals such as Pat.

Interestingly, doctors also discovered that telling their patients to relax in order to relieve their anxiety usually did not work. In fact, for six out of ten patients, trying to relax actually brought on a panic attack.

With this medical evidence, it is obvious that we cannot attribute such panic attacks to wrong thinking or choice alone; there are clear underlying biological and chemical factors. The latest research shows that in anxiety disorders, the nerve endings overfire and excite the brain with chemicals called catecholamines. Medications we use to treat anxiety help reduce this overfiring to a normal level.

So what caused Pat's panic disorder? Her history suggests a very strong genetic-biological vulnerability to develop panic attacks. The fact that her grandmother and mother often communicated their fears to Pat while she was growing up points to a developmental influence, as does her learned fear of neighborhoods painted with graffiti and populated with people of a different ethnicity than her own. The threatening experience of being stuck on that unfamiliar street provided the environmental trigger that precipitated her first attack.

Besides nature and nurture, a third part of the equation—personal choice—must be factored in to understand her attacks fully. Her later avoidance behaviors (such as not driving far from home) decreased Pat's panic attacks for a time, but they also allowed her fear to fester and grow. Even after we talked about how avoidance can make panic worse, and I had encouraged her to take steps to counteract it, she had a hard time following through on the assignments. She also continued to feed her fears with the notion that she was going crazy. Such "catastrophizing" often leads to a debilitating fear of having panic attacks. Since agoraphobia increasingly incapacitated her, I recommended some medications that often help. To date she has refused them—another choice.

So are Pat's problems caused by sin? If her pastor tells her simply to trust in the Lord, to pray more, and to meditate more on Scripture (all of which is generally very good advice), have we really understood or helped Pat with her problems?

WHAT THE WOUNDED NEED

An issue of *Moody* magazine several years ago addressed the debate over Christian counseling. A number of writers took a strong stand against it. But Joseph M. Stowell, president of Moody Bible Institute, offered the balanced view I am arguing for. He said, in part:

There is often a need for well-trained counselors to lead the broken to healing.

Does that mean the Scripture and the Spirit are not sufficient? No...

While much that is taught and practiced in secular counseling is unbiblical, it is also true that there are many helpful insights to be gleaned from this field....

We live in a season when life is increasingly complex and the fragility of precious souls is demonstrated by growing brokenness and complicated conflicts. We dare not waste their sorrow on the battlefield of careless counsel that violates biblical parameters or with simplistic, unqualified solutions that plunge them ultimately into deeper despair.

What the emotionally wounded need is for the body of Christ to be a place of love, acceptance, encouragement, forgiveness, and compassion. They need a place where Christ is lifted high and God's Word is never compromised but also where there is openness to use all available methods of healing that are not contrary to his Word. This kind of environment will not only foster emotional growth, but it will make this healing effort a spiritual service pleasing to God.

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