

# Depression and the Christian

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*“Depression is a leak through which the soul’s force wastes itself drop by drop.”*  
-Charles Haddon Spurgeon

Depression has been afflicting people for more than three thousand years and is a worldwide phenomenon that affects people of all ages, races, and economic and religious backgrounds. It disrupts the lives of an estimated thirty to forty million Americans alone.<sup>1</sup> Depression is known as the “common cold” of mental disorders and has been called “the most widespread, serious, and costly psychiatric disease afflicting humankind today.”<sup>2</sup> Not even Biblical characters were immune from depression. For instance, Moses, Elijah, and Job became so depressed at some point in their ministries that they wished they would die (Num. 11:15, 1 Kings 19:4, and Job 3:20-21). Loss of appetite, another symptom of depression was experienced by Ahab, Hannah, and Saul (1 Kings 21:4, 1 Sam. 1:7, and 1 Sam. 28:23). Even Jesus himself experienced depression while praying in the garden of Gethsemane (Matt. 26:37).<sup>3</sup>

Depression has come in many forms and has been called by many names, for the longest time being termed “melancholia.” Today, depression and depressive disorders are more prevalent than heart disease and cancer combined, and the annual economic cost for depression is more than that of heart disease. However, while the recognition of heart

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<sup>1</sup> Collins, 105

<sup>2</sup> *ibid.*

<sup>3</sup> Hart, 7

disease and cancer is high, the recognition of depression remains low.<sup>4</sup> Depression can reveal itself in a host of symptoms. Some of the main ones are:<sup>5</sup>

1. Depressed mood
2. Loss of interest or pleasure in usual activities
3. Change in appetite (usually loss of appetite)
4. Change in sleep pattern
5. Change in movement (individual seems to “slow down”)
6. Fatigue
7. Feelings of worthlessness, self-reproach, or guilt
8. Change in thinking and concentration
9. Suicidal thoughts and acts

Though a depressed individual may not exhibit all of these symptoms, he or she will usually exhibit five or more.<sup>6</sup>

Besides having a variety of symptoms, depression comes in many different forms: neurotic, psychotic, reactive, endogenous, agitated, involuntal, acute, chronic, masked, senile, mixed, claiming, manic-depressive, self-blaming, unipolar depressive disorder, bipolar mood disorder and postpartum.<sup>7</sup> Each of these has its own specific characteristics and usually needs to be diagnosed by a professional therapist. However, the above list of disorders can for the most part be grouped into two types of depression—psychological and biological.

Psychological depressions are the most common types and have an incredibly diverse range of causes such as stress, grief, external pressures, family problems, etc. Biological types of depression (the focus of this paper), on the other hand, aren't as common and have fewer causes. Many biological forms of depression are due to chemical imbalances in the brain and require diagnosis and treatment by a professional,

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<sup>4</sup> Meier et. al., 257

<sup>5</sup> Miller and Jackson, 199

<sup>6</sup> *ibid.*

<sup>7</sup> Fairchild, 2

medically trained psychiatrist. For example Hypothyroidism is an imbalance that occurs when the thyroid gland does not produce enough thyroid hormone. This results in fatigue, body temperature problems, and depression.<sup>8</sup> Another imbalance that often causes depression is Biogenic Amine Imbalance. Amines is the term for the neurotransmitters that float in the synapse between two nerve cells in the brain. The main amines are serotonin and norepinephrine.<sup>9</sup> When there is a decrease in the levels of these neurotransmitters depression is often the result.

Biological depression is as prevalent among Christians as it is among the general population, however it often goes undiagnosed due to erroneous views held by many in the church regarding the cause of depression. In her book on Spurgeon's struggle with depression, Elizabeth Skoglund notes:

With the advent of Freud in the early twentieth century, and his emphasis on sexual dysfunction as an underlying factor in emotional problems, psychotherapy changed, and anyone with emotional problems became stigmatized. The understanding of the connection between body and mind—and eventually spirit—was lost for the most part. With that loss the mind was seen as solely responsible for emotional problems and thus the implication was drawn by some that such problems could be controlled by the will alone. In this way the overspiritualization of emotional problems became reinforced.<sup>10</sup>

She goes on to give an example:

A woman going through menopause may experience periods of depression that should not be labeled as primarily psychological or spiritual. She may derive help from spiritual or psychological sources, but the primary cause is physical.<sup>11</sup>

It is important for Christians, especially those in counseling positions, to realize that many times, the depressed person is suffering from a medical disease and it needs to be treated as such. As Miller and Jackson note: "...it is abundantly clear from current

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<sup>8</sup> Meier et.al., 82

<sup>9</sup> *ibid.*

<sup>10</sup> Skoglund, 29

<sup>11</sup> *ibid.*, 30

research that certain kinds of depression have important biological roots and can be substantially relieved through the appropriate use of medication. The counselor who is unaware of this biological side of depression is overlooking significant information.”<sup>12</sup>

Charles Spurgeon was a man who was very familiar with the horror of depression, experiencing it on more than a few occasions. He frequently warned not to dismiss depression as merely an emotional problem that they could will themselves out of. His words are vivid and worth quoting at length:

Advice is usually given gratis, and this is very proper, since in most cases that is its full value. Advice given to persons who become depressed in spirit is usually unwise, and causes pain and aggravation of spirit. I sometimes wish that those who are so ready with their advice had themselves suffered a little, for then, perhaps, they would have the wisdom to hold their tongues. Of what use is it to advise a blind person to see, or to tell one who cannot lift up herself that she ought to be upright, and should not look so much upon the earth? This is a needless increase of misery. Some persons who pretend to be comforters might more fitly be classed with tormenters. A spiritual infirmity is as real as a physical one... As one that poureth vinegar upon nitre, so is he that singeth songs to a sad heart: there is an incongruity about the choicest joys when forced upon broken spirits. Some distressed souls are so sick that they abhor all manner of meat, and draw near unto the gates of death. Yet, if any one of my hearers be in this plight he may not despair, for Jesus can lift up those who are most bowed down.”<sup>13</sup>

Spurgeon realized that depression goes much deeper than many think and he knew how serious it was.

However, in spite of warnings like this, many Christians still cling to old myths concerning depression. The following is a list of current myths concerning depression, which still find their way into the pews and (unfortunately) the pulpit:<sup>14</sup>

1. Depression is always the result of unconfessed sin.
2. Depression is always the result of lack of faith in God.
3. Depression is always caused by self-pity.

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<sup>12</sup> Miller and Jackson, 203

<sup>13</sup> Spurgeon as quoted in Skoglund, 39

<sup>14</sup> Collins, 106 (cf. Hart, 8-9)

4. Depression can always be removed by spiritual exercises such as prayer and fasting.
5. Depression can be removed by making a choice to be happy.
6. The term “Depressed Christian” is a contradiction.
7. All depression comes from Satan.
8. Depression is God’s punishment.
9. Depression is never the will of God.

These myths are not true and are misleading because they oversimplify the concept of depression, don’t allow that depression is sometimes a normal process, and create unrealistic expectations and self-rejection in the minds of those who suffer.<sup>15</sup> Yet many pastors and other well-meaning Christians continue to view biological depression through some or all of these lenses. This is counter-productive and often dangerous for as Hart notes:

The depressed individual is already likely to be experiencing intense guilt feelings. He engages in self-condemnation, believes that his sins are unpardonable, and is preoccupied with how terrible everything appears to be. Laying an additional guilt trip on him by insisting that there is or may be a sin component in his depression will only increase the guilt feelings and bring on deeper depression. Since the sufferer already feels alienated from God, the added guilt will only make matters worse.<sup>16</sup>

Biological depression should be treated as a disease rather than as a strictly spiritual problem. One would hardly tell a diabetic that his blood sugar levels are the result of unconfessed sin; yet pastors do this all the time when dealing with biologically depressed persons. A competent pastor would never seek to treat a cancer victim without at least consulting a doctor; yet many pastors feel that they are fully equipped to deal with biological depression. This is simply untrue. “Ignorance of basic physiology and psychopathology and the attribution of spiritual causes to common emotional disorders can be very damaging. Most pastors and Christian workers would do better to leave the

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<sup>15</sup> Hart, 9.

<sup>16</sup> Hart, 30

Holy Spirit to do his work of convicting and healing.”<sup>17</sup> It should be clear by now that biological depression often needs medical treatment. Fortunately, there are now many medications available which are highly effective in the treatment of biological depression.

In the mid-fifties and early sixties, many types of antidepressant drugs were introduced. “Beginning with a drug called Tofranil (imipramine), a variety of related drugs soon began to appear with the trade names of Elavil, Aventyl, Norpramin, Sinequan, and many others, each advertised elaborately and persuasively in the medical journals.”<sup>18</sup> Since then, many new antidepressants have become available. They now generally fall into three categories: MAO (mono-amine oxidase) inhibitors, Tricyclic derivatives, and Lithium Carbonate. The MAO inhibitors restrict the ability of a certain enzyme to break down serotonin, which, in turn raises the level of serotonin and other brain chemicals. Due to their side effects, MAO inhibitors are usually prescribed only if tricyclics are not effective.<sup>19</sup> Tricyclics are the most important and most widely used group of antidepressant drugs currently available. They work by increasing the level of serotonin and other brain chemicals by direct stimulation.<sup>20</sup> Lithium Carbonate is used only for the specific form of depression, manic-depressive psychosis. It has the opposite effect of MAO inhibitors and is used to correct the overactivity of the catecholamines seen in the “manic” phase of this disorder.<sup>21</sup> None of the above antidepressant drugs are habit-forming and are only effective in treating biological depression. Therefore, the

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<sup>17</sup> Hart, 31

<sup>18</sup> Fairchild, 41

<sup>19</sup> Hart, 109

<sup>20</sup> Hart, 110

<sup>21</sup> *ibid.*

danger of addiction or taking them to escape the normal stresses and pressures associated with other forms of depression is practically zero. Antidepressants are not stimulants nor are they “quick solutions.” Other than a placebo-induced change, most antidepressants take days or even weeks of use before any substantial change is noticed.

Biological depression is nothing to take lightly; but rather, is a serious medical ailment that requires serious medical attention. Ignorance or disregard of the medical aspect of depression on the part of pastors can be hindering or even devastating to their counseling endeavors. A wise pastor will seek out the help of solid, trained, professional and if possible, Christian psychologists and psychiatrists in his or her area whom he can build a relationship with and will not hesitate to refer those in his care to them. Only in this way can the pastor effectively counsel victims of biological depression.

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