

Road to Emmaus

Biblical Counseling Center

Understanding Depression Biblically

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Introductory thoughts:

Mk. 5:25-34

“...the first step to finding hope for people with ...depression... is to have a clear understanding of what the term means. There is often a big difference between the way a patient understands depression and the way it is described by physicians and psychologists.” Dr. Charles Hodges, *Good Mood Bad Mood*, p. 21

I. Definitions and Descriptions of Depression

A. Some Biblical Counselor’s thoughts

1. “Depression is a debilitating mood, feeling, or attitude of hopelessness, which becomes a person’s reason for not handling the most important issues in life.” Dr. Dan Wickert
2. “...depression is painful. It is a form of suffering.” Ed Welch, *Depression, Looking up from the Stubborn Darkness*, p. 25
3. “Depression is marked by feelings of despair and hopelessness. There can also be emotional pain, not like a headache or a sprained ankle, but a gnawing pain that is felt virtually everywhere. Emotional numbness may be another symptom. The numbness is a sense of indifference, not caring about anyone or anything. Ironically, the pain and numbness may coexist. Depression may also leave a person with no energy and no normal desires.” Brian Borgman, *Feelings and Faith*, p. 135

B. By our culture: “Any time a person says he is depressed, or down, very disappointed, blue, or deeply distressed, then he is depressed.”

C. By the DSM-V: If you have 5 of the following 9 symptoms over a 2-week period, and at least one of them is (1) or (2), you are clinically depressed:

(Note: Do not include symptoms that are clearly attributable to another medical condition.)

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation.)
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

II. The Importance of Your Definition

A. If it is a medical illness, the implication is that the biblical counselor should not attempt to help.

1. Why is it called an illness?
 - a. People want a reason for their feelings.
 - b. People feel better on medications.
 - c. A doctor made the diagnosis.

2. Should it be called an illness?
 - a. If there is no medical proof that something is wrong with the body?

“Pathology is the study of the essential nature of diseases, especially the structural and functional changes they produce in the body. No disease exists without some kind of change at the cell level, which results in an abnormal function.” Hodges, p. 38

b. Chemical imbalance is a theory, not a fact.

“There are many significant problems with the chemical imbalance theory, and they are key to understanding the way diagnoses of mood disorders have increased and evolved in recent years. The first problem is that the chemical imbalance theory is just that – a theory. While the lay literature and the public statements of drug manufacturers seem to indicate that this theory is scientific fact, there has never been a peer-reviewed, published journal article that proves that a serotonin deficiency is the cause of any mental disorder. Further, even today we do not know what the correct balance of serotonin, dopamine, or norepinephrine should be in the human brain. On the contrary, research has shown that depression could not be consistently induced by reducing serotonin levels or relieved by large increases in serotonin. Instead of correcting an imbalance...SSRI medicines may create an abnormal state in the brain that patients prefer to the symptoms of depression.” Hodges, pp.44-45

82% did as well due to placebo effect	87% on the drug did just as well
○○	○○
○○	○○
○○	○○
○○	○○
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c. Experiences do not prove that an illness is present.

d. Many times (most times) it is not an emotional problem – the emotions are working just fine!

B. If it is purely self-diagnosed or culturally defined, then what standards are to be applied?

C. The Biblical definition recognizes both the feelings that are present, which may or may not be the result of how a person is handling life, and the actions, or lack thereof, that demonstrate that a person is failing to function because of his or her feelings.

III. Recognizing Biblical Depression

Ask 1.) Is the counselee handling life biblically?

2.) Are responsibilities being ignored because of the feelings?

3.) Is there a significant area of life that is not being dealt with?

IV. Biblical Examples of Depression

- A. Cain and Abel (Gen. 4)
- B. Elijah (1 Kings 18 - 19)

V. Possible Causes of Depression

- A. Unresolved sin (Ps. 32, 38)
- B. Holding oneself to unbiblical standards (Ps. 73)
- C. Not dealing with a difficult circumstance biblically, which usually then spirals into further complications.

VI. Helping the Depressed

- A. You must get to know your counselee, trying to discern his situation, heart and “depression”, not just depression in general.

- B. Recognize your counselee is suffering. Share comfort and compassion as you teach God’s sovereignty, wisdom and goodness. Get involved in caring for your counselee. If there is extreme depression and suffering you may need to assign that the counselee get a medical work-up to rule out or deal with medical causes.

- C. You must help the depressed person change their thinking.
 - 1. God has answers (2 Tim. 3:16-17, 2 Pet. 1:3)
 - 2. There is hope in God (Ps. 42-43, Lam. 3:19-26, 1 Cor. 10:13, Rom. 8:28-29). However, teach your counselee to never put their hope in what God has not guaranteed.
 - 3. Praise and thanksgiving must occur (Eph. 5:20, Phil. 4:8)
 - 4. The thinking about the problems, the feelings, and the depression must change (Rom. 6:11, 1 Cor. 6:9-11, James 1:25, 2 Cor. 9:8)

“The problem is not that we feel troubled by trouble and pained by pain. Something hurtful should hurt. The problem is that God slides away into irrelevance when we obsess over suffering or compulsively avoid it.” David Powlison in *Suffering and the Sovereignty of God* by John Piper/ Justin Taylor, p. 154

5. Focus on solutions to problems – problems are meant to be solved.
 6. The primary goal is not to get rid of the feelings.
- D. You must help the depressed person change their actions.
1. No matter how they feel (Phil. 4:8-9, Eph. 4:22-24)
 2. Exercise physically and spiritually (1 Cor. 9:27)
 3. Setup accountability and the involvement of others.
 4. Work on the most recent problems – solving them first.
 5. Assign reasonable homework – even if in little bites, and then be your counselee’s biggest cheerleader.
- E. You must help your counselee repent of unbiblical thinking and behavior. Help them discern heart issues of idolatry, unbelief, legalism, and manipulation.

VII. Four Final Items to Consider

A. Circumstance/Victimization

1. We all have or are going to feel the hurts of loss and disappointment
2. We have to move out of being defined by these experiences and find healing in the Gospel, forming new thought patterns.

B. Bio-chemistry

1. Some people have a greater disposition to depression.
2. Medication may be warranted in these cases.
3. Do not make it all about the meds. Make it about Jesus.

C. Spiritual Warfare

1. Our battle is not with flesh and blood.
2. Put on the full armor of God (Eph. 6:10-20)

D. Personal Sin

1. Depression is not always the result of personal sin.
2. It can be.

“...because of Adam’s sin in Genesis 3, because we live in a fallen world, and because our personal sin commingles with all our feelings, decisions, actions, and words, we have to factor in how sin can worsen all forms of [depression] and that our application of the Gospel to our hearts is the most foundational means of growth, healing, and perseverance.” Unknown Author

Resources:

Booklets-

Bipolar Disorder by Ed Welch

Borderline Personality by Cathy Wiseman

Depression by Ed Welch

Discontentment by Lou Priolo

Hope for the Depressed by Ed Welch

What to do When You Become Depressed by Jay Adams

Books-

Depression: Looking Up from the Stubborn Darkness by Ed Welch

Down But Not Out by Wayne Mack

Good Mood Bad Mood by Charles Hodges

Hope in God by Kristie Gant

Out of the Blues by Wayne Mack

When the Darkness Will Not Lift by John Piper

Will Medicine Stop the Pain? by Laura Hendrickson and Elyse Fitzpatrick

Other known diseases that can cause depression symptoms: Hypothyroidism (low), Hyperthyroidism (high), hyponatremia (low sodium in the blood), Parkinson’s disease, a stroke, a brain injury, Multiple Sclerosis, epilepsy, hepatitis, Cushing’s disease, Addison’s disease, porphyria (hemoglobin production), Wilson’s disease (copper metabolism), Wernicke-Korsakoff’s disease (lack of thiamine). Then some infectious diseases can affect brain function (TB, mono, HIV, etc.), and side-effects of some medications, like heart/blood pressure meds, sleep meds, psychiatric meds, oral contraceptives, also, add cancer, and general sleep deprivation, and you have a host of medical contributors to depression.