

Literature Research

for

PAIN OF MIND

A BIBLICAL PERSPECTIVE OF DEPRESSION

BY

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## INTRODUCTION

Among the first recorded words of man after his fall is found a unique characteristic of humanity thereafter: "I was afraid" (Gen. 3:10). Mankind is potentially a victim of emotional bondage. This fact has never been more apparent than in our present era in which "Americans pay more than \$17 billion annually for psychological therapies,"<sup>1</sup> and "more than 250 different kinds of psychotherapy have been identified within its own profession."<sup>2</sup>

Man's emotional bondage is also apparent among the present North American evangelical churches, among whom the American Association of Christian Counselors "reports a membership of 17,500 and the RaphaCare network boasts of 3500 participating churches."<sup>3</sup> This large membership points to the high degree of emotional troubles for which

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<sup>1</sup>Ed Bulkley, *Why Christians Can't Trust Psychology* (Eugene, Oreg.: Harvest House Publishers, 1993), 90.

<sup>2</sup>C. P. O'Brien, "Evaluation of Psychotherapy," in *Comprehensive Textbook of Psychiatry*, 5<sup>th</sup> ed., ed. Harold Kaplan and Benjamin Saddock (Baltimore: William & Wilkens, 1989), 32.

<sup>3</sup>Steve Rabey, "Hurting Helpers: Will the Christian Counselling Movement Live Up to Its Promise?" *Christianity Today*, 16 September 1996, 78.

evangelicals seek counsel. This trend has never been more apparent than now as evidenced by the present rise of those seeking help specifically for depression.

While most people experience a measure of "emotionally down" time commonly referred to as "the blues," there is a severe state of being emotionally down that interrupts the normal functions and routines of life. The severe state, that disrupts normal life functions, is distinguished from "the blues" by specific symptoms and is identified by the term *depression*.<sup>4</sup> Those seeking help for this state of depression "doubled from 10.00 million to 20.43 million within a five-year period between 1988 and 1993."<sup>5</sup>

This severe state that disrupts normal life functions is evident in Scripture. In particular, David defines this state as "*My heart is sore pained within me*" (Ps. 55:4). Here he identifies its effects, which parallel the symptoms of depression, suggesting that the emotional despondency of Biblical record remains the social problem of depression today.

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<sup>4</sup>Archibald D. Hart, *Counseling the Depressed*, vol. 5 of *Resources for Christian Counseling*, ed. Gary Collins (Waco: Word Books Publisher, 1987), 45.

<sup>5</sup>Harold A. Princus et al., "Prescribing Trends in Psychotropic Medications," *Journal of the American Medical Association* 279, no. 7 (18 February 1998): 526-531.

### *Overview of the Problem*

There is broad reference in society both historically and medically to depression. As well, there are thousands of Christians who suffer from depression. That there is a high incident of depression, in North American society in particular, is clearly evident.

### *The Evidence of Depression in Society*

Multiple clinical studies from a variety of perspectives have been cited to support the high incident of depression in society. It is presently reported that "approximately 17.1 percent of Americans have a lifetime of major depression,"<sup>6</sup> that "one woman in five and one man in seven can expect to develop depression,"<sup>7</sup> that "over one in five Americans can expect to suffer from some form of depression in their lifetime and over one in twenty Americans have a depressive disorder every year."<sup>8</sup> Susan Nolen-Hoeksema cites a similar rate of depression in

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<sup>6</sup>Nicole G. Parker and Candace S. Brown, "Citalopram in the Treatment of Depression," *Annals of Pharmacotherapy* 34 (June 2000), 761.

<sup>7</sup>Donald F. Klein and Paul H. Wender, *Understanding Depression: The Complete Guide to Its Diagnosis and Treatment* (New York: Oxford University Press, 1993), 4.

<sup>8</sup>*Depression Resources: The Depression Clinical and Research Program at Massachusetts General Hospital* [online], accessed 15 Sept. 2003, "About Depression" <<http://www.mghdepression.org/aboutdepression.htm>>.

society:

Survey studies have found that at any given time, approximately one out of six adult Americans reports moderate to severe levels of depression. . . . For most of us these episodes last only a few hours or a few days and do not interfere with our day-to-day functioning. However, nearly 8 percent of all Americans have at some time in their lives experienced an episode of severe depression that has left them incapacitated for a period of weeks or months.<sup>9</sup>

These statistics have been reiterated throughout the field of medicine and psychology for many years. Although these findings vary in percentages as a result of the specific limitations of each research approach taken, it cannot be denied that depression has a high rate of occurrence in modern society.

Depression is considered by leading cognitive therapist David D. Burns as the world's number one public health problem. He states it as "the common cold of psychiatric disturbances."<sup>10</sup> The last quarter of a century has evidenced a continual rise in depression as affirmed by Walter Knapp. He states: "An age of depression seems to be descending upon us. According to one survey, over 50% of Americans report feeling depressed at one time or another. In general practice, the depressed state is encountered

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<sup>9</sup>Susan Nolen-Hoeksema, *Sex Differences in Depression* (Stanford: Stanford University Press, 1990), 1.

<sup>10</sup>David D. Burns, *Feeling Good: The New Mood Therapy* (New York: Avon Books, 1980), 9.

with increasing frequency either as a cause or a concomitant of physical symptoms and signs."<sup>11</sup>

Depression is found to be no respecter of age. A recent clinical study of children concludes that "adverse parenting, characterized by low care, is a significant risk factor in depressive disorders among children."<sup>12</sup> This fact is affirmed by prominent writers in the field of medicine. In *Depression in Medical Practice*, Joseph Teicher suggests that depression is particularly manifested by "eating and sleeping disturbance and hyperactivity in young children and by loss of self-esteem, feelings of self-depreciation, and guilt in older children."<sup>13</sup> During the years of adolescence, vulnerability to depression increases markedly as Susan Nolen-Hoeksema reports:

Most studies find that the rate of depressive symptoms rise substantially from childhood into adolescence. . . . For example, Kandel and Davis (1986) found that 21 percent of a group of 762 adolescents age 15 or 16 scored in the depressed range on a questionnaire. This figure is substantially higher than the 15 percent of

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<sup>11</sup>Walter Knapp, "Pathophysiology of the Depressed State," in *Depression in Medical Practice*, ed. Allen J. Enelow (West Point, Pa.: Merck & Co., 1970), 1.

<sup>12</sup>Tetsuya Sato et al., eds., "Parental Bonding and Personality in Relation to a Lifetime History of Depression," *Psychiatry and Clinical Neuroscience* 54 (2000): 121.

<sup>13</sup>Joseph Teicher, "The Enigma of Depression in Infancy, Childhood and Adolescence," in *Depression in Medical Practice*, ed. Allen J. Enelow (West Point, Pa.: Merck & Co., 1970), 41.

pre-adolescent subjects who scored in the depressed range of the Children's Depression Inventory in the Smucker (1982) study.<sup>14</sup>

These statistics have been affirmed in repeated studies by the Division of Child Psychiatry, New York State Psychiatric Institute, as published in the *American Journal of Psychiatry*, January 1999.<sup>15</sup> Clinical studies affirm that symptoms of depression in adolescents "strongly predict an episode of major depression in adulthood."<sup>16</sup>

A Louis Harris nationwide poll for the Blue Cross Association revealed that 52 percent of adults polled reported suffering from depression after undergoing medical or surgical treatments.<sup>17</sup> Teicher similarly reports a high evidence of depression among the middle aged. "Manic-depressive disease tends to begin in early and middle adulthood with the age of onset usually being between 20 and 50 years of age. . . . The occurrence of depressed attacks is about five times as common as manic attacks."<sup>18</sup>

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<sup>14</sup>Nolen-Hoeksema, *Sex Differences*, 24.

<sup>15</sup>Daniel S. Pine et al., eds., "Adolescent Depressive Symptoms as Predictors of Adult Depression: Moodiness or Mood Disorders?" *American Journal of Psychiatry* 156, no. 1 (January 1999): 133.

<sup>16</sup>Ibid.

<sup>17</sup>John Schwab, "Depression in Medical and Surgical Patients," in *Depression in Medical Practice*, ed. Allen J. Enelow (West Point, Pa.: Merck & Co., 1970), 109.

<sup>18</sup>Teicher, "The Enigma," 179.

Yet there are conflicting opinions regarding depression among the aged within society. Nolen-Hoeksema makes the following observation: "The rates of depressive disorders among people 65 and over appear to be lower than the rates on younger adults. Many clinicians argue, however, that biases against seeking treatment for or admitting depression are particularly strong among people 65 and over and that depression in that age is often mis-diagnosed."<sup>19</sup> However, having stated these conflicting opinions, Nolen-Hoeksema offers further statistics that suggest a large incident of depression among aged men. She writes: "Approximately 80 percent of people who commit suicide are depressed. Suicide statistics in the United States in 1982 show that the rate of suicide per 100,000 males age 25 to 64 was 25.9, the rate for those 65 to 74 was 33.1, the rate for those age 75 to 84 was 48.5, and the rate for those age 85 and older was 53.9."<sup>20</sup>

The frequency of depression has not only increased among aged men, but is also increased significantly among medical patients. Citing studies available to the Department of Psychiatry of the University of Florida

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<sup>19</sup>Nolen-Hoeksema, *Sex Differences*, 36.

<sup>20</sup>*Ibid.*, 35.

College of Medicine, John Schwab, professor of Psychiatry and Medicine, reports consistently high figures:

28% of the referred medical and surgical patients in New York Hospital were depressed;  
15% of the referred medical patients at John Hopkins were depressed;  
21% of patients at the Columbia-Presbyterian Medical Center were depressed;  
The term "depressed" could be found in 32% of all the records.<sup>21</sup>

Studies affirm that depression is comprehensive and exhaustive in its scope. It can start with the young, but in its inception or continuation, depression is not limited to any age group nor to a particular sex. Yet studies do indicate that the rate of depression is higher among women generally, as Nolen-Hoeksema reports: "Among adults age 19 or older, women are about twice as likely as men to show moderate or severe levels of depression. There are a few subgroups of the population--college students, the Old Order Amish, the widowed and perhaps people 65 and older--in which no sex differences are found."<sup>22</sup>

As well as being no respecter of age, depression is also no respecter of particular career positions or professions. In the past such national leaders as Lincoln and Churchill have suffered from depression, as well as

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<sup>21</sup>Schwab, "Depression in Medical and Surgical Patients," 109-110.

<sup>22</sup>Nolen-Hoeksema, *Sex Differences*, 36.

novelists, poets, and playwrights such as Poe, Dostoyevsky, Milton, and Eugene O'Neil.<sup>23</sup> The effects of depression within society in recent decades has become severe. Hugh Strow ranks depression as the largest single disease cause of suffering. He suggests that depression causes more human suffering than any other single disease, mental or physical.<sup>24</sup>

So significant is the epidemic of depression that it has been marked as the leading cause of suicide,<sup>25</sup> which in itself is the tenth leading cause of death among college students.<sup>26</sup> Simply stated, depression is the "most common complaint" of people seeking therapy.<sup>27</sup>

#### The Evidence of Depression in the Church

This severe state of depression has not escaped the church of North America. Howard E. Butt, Jr., challenges the church to recognize that "there are millions of

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<sup>23</sup>Hart, *Counseling*, 49.

<sup>24</sup>Hugh A. Storrow, "The Diagnosis of the Depressed," in *Depression in Medical Practice*, ed. Allen J. Enelow (West Point, Pa.: Merck & Co., 1970), 21.

<sup>25</sup>Frank B. Minirth and Paul D. Meier, *Happiness Is a Choice: A Manual on the Symptoms, Causes, and Cures of Depression* (Grand Rapids: Baker Book House, 1988), 20.

<sup>26</sup>Ibid., 227.

<sup>27</sup>Bernie Zilbergeld, "Myths of Counseling," *Leadership* 5 (winter 1984): 88.

Christian Americans suffering from severe depression."<sup>28</sup> In reviewing Butt's work, Don E. Eberly, former aide to President Ronald Reagan and Jack Kemp, supports the claim that there are millions of Americans who "start their day with prayer and Prozac."<sup>29</sup> There is evidence to indicate that the high incident of depression in society at large affects the church as well.

*The Evidence of Depression  
among Church Leadership*

Severe depression has been evident among church leaders, both historical and modern-day. Among leading figures through church history depression has been a struggle. Church leaders such as John Calvin, Martin Luther, John Wesley, and Charles Spurgeon all suffered from depression.<sup>30</sup> This historical perspective is elaborated by William Kirwan who records that Charles Spurgeon was frequently in the grips of massive depressions, William Cowper was hospitalized several times because of "melancholy" and attempted suicide, and Martin Luther experienced deep depression which on occasion was so great

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<sup>28</sup>Howard E. Butt, Jr., *Renewing America's Soul: A Spiritual Psychology for Home, Work, and Nation* (New York: Continuum Publishing Co., 1995).

<sup>29</sup>Don E. Eberly, "Prayer, Prozac, and the Healing of America," *Christianity Today*, 7 October 1996, 59.

<sup>30</sup>Hart, *Counseling*, 48.

that "he could consider suicide." Kirwan also lists John Donne, Alexander Whyte, John Henry Jowett, Andrew Bonar, G. Campbell Morgan--all famous preachers who "suffered from lack of self-esteem, anxiety, and other emotional ailments common to humankind."<sup>31</sup> The list of prominent servants of God who suffered from depression goes as far back as Bible-times. Dwight Carlson reminds readers that depression among God-appointed leaders can be traced back to such Bible figures as Moses (Num. 10), Elijah (1 Kings 19), Job (Job 3), and Jeremiah (Jer. 20).<sup>32</sup>

*The Evidence of Depression  
among Church Laity*

Not only has depression been evident among spiritual leaders, but it has also been evident among the church laity. Prominent pastors of the past and the present have published works addressing depression among believers. Richard Baxter wrote *The Signs and Causes of Melancholy*,<sup>33</sup> and David Martyn Lloyd-Jones wrote *Spiritual Depression*:

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<sup>31</sup>William T. Kirwan, *Biblical Concepts for Christian Counseling* (Grand Rapids: Baker Book House, 1984), 67-68.

<sup>32</sup>Dwight L. Carlson, "Exposing the Myth That Christians Should Not Have Emotional Problems," *Christianity Today*, 9 February 1998, 28.

<sup>33</sup>Richard Baxter, *The Signs and Causes of Melancholy* (London: S. Crutten & T. Cox, 1716).

*Its Causes and Cure*.<sup>34</sup> Pastoral focus through sermons and publications, especially within the last century, is further evidence of the problem of depression within the church. Church historian P. Lewis cites Puritan writers such as Thomas Brook, Christopher Love, and Archibald Alexander as addressing the topic of depression under the term *melancholy*.<sup>35</sup> He refers to Archibald Alexander who wrote of religious melancholy in his *Thoughts on Religious Experience* (1844) (87), and he quoted the preface of Timothy Roger's "Discourse on Trouble of Mind and the Disease of Melancholy" (66-67). Spurgeon also specifically addressed the topic of depression in a message entitled "The Valley of the Shadow of Death" published in 1881.<sup>36</sup>

As deep emotional despondency has grown in society, so has it grown within the church. Because evangelical churches have sought to address the needs of suffering humanity, they themselves have been sought out as a point of help particularly by the depressed of society. Mullen suggests that "depression is slightly more common in

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<sup>34</sup>D. Martyn Lloyd-Jones, *Spiritual Depression: Its Causes and Cure* (Grand Rapids: Wm B. Eerdmans Publishing Co., 1965).

<sup>35</sup>P. Lewis, *The Genius of Puritanism* (Sussex, England: Cary House Publishing, 1975), 89.

<sup>36</sup>C. H. Spurgeon, *Metropolitan Tabernacle Pulpit* (Pasadena: Pilgrim Publications, 1973), 230-231.

evangelical churches" because these churches "deliberately attract seekers who are looking for answers to life."<sup>37</sup>

This fact is evident by the growing number of Christians that have sought therapy. John MacArthur points out that in the last fifteen years, Christian psychology has become a billion-dollar industry. He states: "More Christians than ever are lining up at the doors of clinics and professional counselors. Christian psychologists offering live counsel are now heard daily on thousands of Christian radio stations around the country."<sup>38</sup>

The pastoral experience of this researcher affirmed that depression is not confined to people perpetually inclined to emotional struggles. Nor is it confined to new believers immature in the faith but can also be the harsh reality of the spiritually mature believer, committed to Christ in every aspect of life. This researcher has experienced, first hand, the debilitating effect of depression on a church member brought on as a result of a serious medical condition and has been involved extensively

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<sup>37</sup>G. W. Mullen, *Breaking the Chains: What Christians Should Know about Depression, Anxiety, Mood Swings, and Hyperactivity* (Grimsby, Ont., Canada: Orchardview Medical Media, 1995), 6.

<sup>38</sup>John F. MacArthur, Jr., and Wayne A. Mack, *Introduction to Biblical Counseling* (Dallas: Word Publishing, 1994), 4.

with his recovery.<sup>39</sup> It has been this researcher's experience to minister through counsel and seminars to many Christians who are depression sufferers.

These pastoral experiences are not isolated incidents. In *Moody Monthly*, Susan Pfeiffer reported that "a pastor of a large church on the East Coast recognizes at least ten severely depressed, suicidal people every Sunday as he looks across the congregation."<sup>40</sup> That depression is a real problem that the church must address is affirmed by M. J. Brandt: "Too many fine Christians have suffered, and continue to suffer crippling depression. For them to spend their longing for good health and faith in God, it seems the heavens are closed . . . nothingness yawns at their feet."<sup>41</sup>

As well as being altogether too frequent, the struggle with depression among believers has also been too often faced without help. Bible translator J. B. Phillips, who suffered greatly from depression, expressed the dilemma of a lack of sound direction with these words: "It would have been of inestimable comfort and encouragement to me in some

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<sup>39</sup>See appendix A for a summary of this case study.

<sup>40</sup>Susan Pfeiffer LeGras, "The Bottom Line of Depression," *Moody Monthly*, February 1982, 19.

<sup>41</sup>M. J. Brandt, *Victory over Depression* (Grand Rapids: Baker Book House, 1988), 85.

of my darkest hours if I could have come across even one book written by someone who had experienced and survived the hellish torments of mind which can be produced."<sup>42</sup> Such comments point to the occurrence of depression among laity and emphasize the need to address the struggle of depression on behalf of suffering believers.

Finding the Bible as the Source Book for help has escaped the grasp of today's troubled believers. The dilemma now facing believers who struggle with depression is the confusion that exists with the proliferation of survivor experiences being published. The cited publications collectively express multiple approaches to depression and respectively claim to be the answer to depression; nevertheless, the struggle continues as evidence points to depression's rising occurrence among the populace.

#### The Problem of Multiple Approaches to Depression

The high incident of depression reported in American society in particular poses a unique problem. The vastness of the problem of depression in our society has led to multiple diagnosis theories that are very broad in scope and rooted in the historical development of multiple

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<sup>42</sup>Elizabeth Skoglund, *Bright Days, Dark Nights* (Grand Rapids: Baker Books, 2000), 76.

psychotherapeutic approaches. These broad approaches to diagnosis have led to multiple treatment approaches. A summary of these approaches and treatments follows.

*Multiple Diagnosis-Theories  
of Depression*

Birckhead offers a brief history which evidences how broad the approach to general mental disorder has become. She traces the roots of Freudian psychoanalysis to post-hypnotic suggestion from Jean-Martin Charcot, as early as 1825-1893. Her historical panorama follows the "new and innovative approaches" from Carl Jung (1875-1961), highlighting "unconscious processes"; Alfred Adler (1870-1937), emphasizing "the drive for superiority vs the feeling of community"; Harry Stack Sullivan (1892-1949), emphasizing "interpersonal relationships and human security"; Abraham Maslow (1908-1970), focusing on the needs for self-actualization; and Carl Rogers (1902-1987), emphasizing feelings and "a sense of genuineness."<sup>43</sup>

The evident variety of theoretical approaches to the diagnosis of mental disorders has necessitated a standardized classification system among practitioners. Historically, this classification system began with the

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<sup>43</sup>Loretta M. Birckhead, *Psychiatric Mental Health Nursing: The Therapeutic Use of Self* (Philadelphia: J. B. Lippincott Co., 1989), 5-6.

*Diagnostic and Statistical Manual of Mental Disorders (DSM)*

as explained by Minirth and Meier:

The official way to classify depression is by the DSM2 model. . . . It is currently being re-organized into a DSM3 model but at the present there are ten classifications that pertain to a depressive disorder. They are:

1. Involutional melancholia
2. Manic depressive illness, manic type
3. Manic depressive illness, depressive type
4. Manic depressive illness, circular type
5. Psychotic depressive reaction
6. Schizophrenia, schizoeffective type excited
7. Schizophrenia, schizoeffective type depressed,
8. Depressive neuroses
9. Cyclothymic personality
10. Adjustment-reaction of adult life with depressive features.<sup>44</sup>

In presenting the development of the categorization of depressive disorders Toshi A. Furukakawa states that the earlier categories evident in DSM 1 and DSM 2 were expanded with the revised *DSM III*:

Every category and subcategory was provided with operational definition. The term *manic-depressive* and other ambitious epithets such as *psychotic*, *neurotic*, *endogenous*, and *reactive* were all discarded. The two basic categories of DSM-III were designated as "manic episode" and "major depressive episode" and a fundamental distinction was drawn between unipolar and bipolar disorders.<sup>45</sup>

The more recent publications of the *Diagnostic and*

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<sup>44</sup>Minirth and Meier, *Happiness*, 201.

<sup>45</sup>Kazutaka Anraku, et al., eds., "A Polydiagnostic Study of Depressive Disorders according to DSM-IV and 23 Classical Diagnostic Systems," *Psychiatry and Clinical Neurosciences* 53 (1999): 387-388.

*Statistical Manual of Mental Disorders IV* have reclassified mood disorders into three parts: Mood Episodes (Major Depressive Episode, Manic Episode, Mixed Episode, and Hypomanic Episode), Mood Disorders (Major Depressive Disorder, Dysthymic Disorder, Bipolar I Disorder), and the specifiers describing recent mood episodes and recurrent episodes.<sup>46</sup> The continued defining and redefining of the categories of depression demonstrate the difficulty of sustaining any measure of clarity even among medical practitioners.

Among psychiatric practitioners themselves there is an admission of controversy regarding diagnostic classifications:

Throughout most of the 20<sup>th</sup> century, the classification of mood disorders has been one of the most highly debated topics in psychiatry. Innumerable classifications of depressive illnesses have been proposed. The complexity of these controversies are well illustrated by the fact that almost every classificatory format that is logically possible has been advocated and some more or less plausible evidence has been offered in its support.<sup>47</sup>

The names of the mood disorders have been changed repeatedly and "the layperson is generally confused about

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<sup>46</sup>*Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> ed. (Washington: American Psychiatric Association, 1994), 317.

<sup>47</sup>Anraku et al., "A Polydiagnostic Study," 387.

their meaning."<sup>48</sup> The multiplicity of diagnostic theories for depression has created an environment of uncertainty and a source of confusion to the average individual as Brant affirms: "We have failed to provide adequate measures for the prevention and treatment of depression. The reasons for our failure are many. It has been difficult to define accurately, and classify depression. There has also been much confusion because of different theories provided by authorities within the field."<sup>49</sup>

*Multiple Treatment Practices  
for Depression*

Added to the confusion of multiple theories is the confusion of multiple treatment practices which have spawned from these theories. The multiple approaches to depression resulted quite naturally in a host of treatment practices, many of which are "medically" recognized, some of which are quite contradictory. Birckhead traces the historical development of multiple treatments for depression from the private offices of psychiatrists to the large public mental hospitals and as part of the curriculum in medical schools. He elaborates on the steps in the treatment of mental disorders from somatic therapies in the

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<sup>48</sup>Klien and Wender, *Understanding Depression*, 11.

<sup>49</sup>Brandt, *Victory*, 19-20.

1930s, insulin shock therapy, Metrazol shock therapy (1935), electroshock therapy (1937) and psychosurgery (1935-1936), sedation, tranquilizers, and finally, anti-depressant, anti-excitement, and anti-hallucinatory preparations.<sup>50</sup>

In recent years, treatment approaches have become very broad. A focus on cognitive therapy is recommended by some, such as Martin Seligman who suggests "that depression is the result of learned behavior associated with helplessness"; therefore, he suggests that to teach proper understanding of helplessness will create its own cure through cognitive study.<sup>51</sup> As well, these treatment approaches seem to contradict each other. Some focus exclusively on psychological therapy with varying degrees of drug application. Others such as those proposed by Edith Jacobson are vague expressions of psychobabble. She suggests that through psychological therapy, individuals, "whether by lot of patience or whether by fullness, can find solution."<sup>52</sup> In the other extreme, Charles Solomon in

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<sup>50</sup>Birckhead, *Mental Health Nursing*, 6.

<sup>51</sup>Martin Seligman, *Helplessness: On Depression, Development, and Death* (San Francisco: W.H. Freeman & Co., 1975), 73.

<sup>52</sup>Edith Jacobson, *Depression: Comparative Studies of Normal, Neurotic, and Psychotic Conditions* (New York: International Universities Press, 1971), 174.

developing his "Spiritotherapy" states: "It is a thesis of the Word of God and consequently a spiritual therapy that the abundant life and anxiety are mutually exclusive."<sup>53</sup> In this treatment approach to depression, there is no acknowledgment of any area of required treatment other than the spiritual aspect of man.

#### *Summarization of the Problem*

There is a high occurrence of what is commonly called depression within modern society, as documented. This fact is evident as well among Christians, as demonstrated by historical testimony, puritan and modern pastoral emphasis, documented pastoral counseling demands, and testified pastoral experience. This fact has also been affirmed by the twenty-five years of pastoral experience of this researcher. The breadth of meaning of the term *depression*, covering everything from feelings of self-pity that results in emotional despair to the drug-induced postoperative chemical imbalances in the brain, is confusing. The diversity of diagnoses and treatments facing believers who have been diagnosed as suffering from depression is confusing and often conflicting.

The high incident of debilitating emotional struggles

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<sup>53</sup>Charles R. Solomon, *Handbook to Happiness: A Guide to Victorious Living and Effective Counseling* (Wheaton: Tyndale House Publishers, 1971), 8.

among believers, the broad use of the term *depression*, and the apparent problem of confusing and conflicting approaches to depression have created a need among the Christian community. There is a need for a study that will meaningfully define these emotional struggles, identify the common symptoms of emotional struggles, and outline an appropriate approach to emotional struggles, all from Biblical testimony.

#### *Significance of This Study*

A study of this nature would be a meaningful contribution to the evangelical church for several reasons. Christians who have been diagnosed through medical analysis with *depression* or labeled through counseling with the term *depression* can find clarity by relating their struggle to Biblical truth rather than secular dogma. Christians who are sufferers of the emotional struggles called *depression* can find comfort in knowing that God addresses their struggle. As well, in identifying this struggle among Biblical characters, they would find immediate emotional support by being reassured that they are not alone among God's people. To know that God acknowledges such emotional struggle by a defining term and reveals identifiable symptoms that relate to modern diagnosis would be a comfort by the certainty found in God's infallible Truth rather

than uncertain humanistic assumptions. To realize that the Bible gives evidence of how to cope with emotional struggles in God's way would be a meaningful resource for personal guidance and courage.

Not only would a clear Biblical approach to understanding emotional struggle help Christian sufferers, but it would also help Christian counselors. In understanding emotional struggle by Biblical terminology, as well as by Biblically identifiable symptoms, and by determining the Biblical response to it, pastors and counselors can be more specific in giving Bible-based counsel with the comfort of defined Biblical authority. Also, by providing clear Biblical direction for believers, the apparent confusion can be addressed. Christians, such as Client A,<sup>54</sup> are looking for Bible answers as a means to dispel the confusion of secular humanistic reasoning.

There is a need, as well, to affirm to the suffering the fact that the Scriptures have the answers for life. Such a study would attest to one of the fundamental doctrines of the Christian faith, that "all scripture is given by inspiration of God and is profitable" (2 Tim. 3:16). Such an affirmation is greatly needed in the church as Packer suggests: "The present state of our

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<sup>54</sup>See appendix A for a summary of this case study.

churches makes it hard to doubt that God has begun to forsake us in these days, as a judgment for our irreverent disregard of His written Word."<sup>55</sup> A study of this nature could express meaningful care toward believers who have been abandoned by the church. Martin Bobgan suggests that the sheer volume of people with problems "prompted ministers to refer problem people away."<sup>56</sup>

In seeking to reaffirm care, a study of this nature would provide church leadership with a means to address a real need from an inductive Bible study approach, using the Bible as the only necessary tool, rather than redirecting people elsewhere. A study relating appropriate Bible truths to sufferers of emotional despondency could enhance the emotional healing ministry of the Spirit of God among believers as expressed in Scripture itself: "The law of the LORD is perfect, converting the soul: the testimony of the LORD is sure, making wise the simple. The statutes of the LORD are right, rejoicing the heart: the commandment of the LORD is pure, enlightening the eyes" (Ps. 19:7-8).<sup>57</sup>

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<sup>55</sup>J. I. Packer, *God Has Spoken* (Grand Rapids: Baker Book House, 1979), 42-43.

<sup>56</sup>Martin Bobgan and Deidre Bobgan, *The Psychological Way, the Spiritual Way: Are Christianity and Psychology Compatible?* (Minneapolis: Bethany Publishing House, 1978), 25.

<sup>57</sup>Unless otherwise stated, all Scripture quotations in this study have been taken from the King James Version.

### *Definition of Terms*

For the purpose of this study the following definitions shall be used:

*Secular* shall refer to that which is not Christian in world-view, in which Biblical truth is not regarded as absolute and where values are determined by reason, culture, tradition, and human preference and where scientific research and clinical studies are the measure for final authority.

*Integrationist* shall refer to an approach to counseling, claimed to be Christian, in which the mixture of secular presuppositions with Christian philosophy is attempted. The integrationist perspective centers on an understanding that human studies in each of the physical, mental, emotional, and religious realms "offer equal insight"<sup>58</sup> and therefore authoritative truth along with Scripture.

*Nouthetic* shall refer to a Christian approach to counseling where counseling is based solely on Biblical understanding. The nouthetic perspective has been defined as counseling with the principles and practices of the Scriptures, where God's Word is brought to bear upon

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<sup>58</sup>Paul Maves, *The Church and Mental Health* (New York: Charles Scribner's Sons, 1953), 19.

peoples' lives in order "to expose sinful patterns, to correct what is wrong, and to establish new ways of life of which God approves."<sup>59</sup>

*Emotional despondency* shall refer to the emotional state of suffering found specifically in Scripture. This is the evident dejection of spirits, disheartedness of soul, disappointment, or discouragement among Biblical characters. The term *emotional despondency* shall make no distinction in the severity of emotional struggle and shall make no allusions to, nor presuppositions about, its cause or its course with respect to sin.

*Depression* shall be defined as the secular term for debilitating emotional struggle that results in an inappropriate and sinful response to the emotional struggle. For the purposes of this study the term *mild depression* shall be used to distinguish what is secularly termed *normal depression* (sometimes called the blues), or that state of emotional struggle whereby an individual has feelings of self-pity and despair which cast a cloud over and disrupt daily routine. *Severe depression* shall distinguish the degree of emotional despondency in which an individual ceases to have the ability to daily exercise

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<sup>59</sup>Jay E. Adams, *Competent to Counsel* (Grand Rapids: Baker Book House, 1970), 50-51.

responsibilities or function normally. This state in secular terms is referred to as *abnormal depression* or in medical journals as *clinical depression*. *Severe depression* shall refer to an emotional state with symptoms that "interfere with normal functioning including sleep, appetite, and capacity for work and social relationships."<sup>60</sup>

*Pain of heart [mind]* shall refer to the Biblical term found in Ps. 55:4 which defines that degree of emotional despondency affecting the whole of man physically, psychologically, volitionally, spiritually, and socially, as evident in Scripture by such symptoms as a sense of hopelessness, fear, withdrawal, escapism (Ps. 55:4-8), desire for nonexistence (Gen. 30:1), suicide (Matt. 27:5), loss of appetite (1 Kings 21:4), weeping (Gen. 21:4), physical trembling (1 Sam. 1:8), and audible groaning (Ps. 42:3).

It is the intent of this study to demonstrate that *pain of heart* is the Biblical term for emotional despondency and that this term is a more appropriate term for believers to use than the modern and broader term *depression*. It is also the intent of this study to demonstrate from Scripture that "pain of heart" is to man's emotional framework what pain is to man's physical

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<sup>60</sup>Hart, *Counseling*, 45.

framework. The intent of this study is to further demonstrate that "pain of heart" may or may not be caused by sin and may or may not lead to sin and that God's Word provides a divinely directed approach to victory over *pain of heart*.

The *soul-led life* shall be defined as that life whereby an individual allows his/her intellect, emotions, or will to govern the reaction to "pain of heart" rather than allowing the Spirit of God to lead. Thus, the soul-led life is the sinful response to life's difficulties.

*Scripture* shall refer to that body of revelation known as the Holy Bible, consisting of the thirty-nine Old Testament books and twenty-seven New Testament books, so being the inspired Word of God and, therefore, inerrant and infallible. The term *Bible* and *Scripture* shall be used synonymously. Texts shall be quoted from the King James Bible. Whenever it shall be necessary to cite the original Bible languages, this study shall use the Masoretic Old Testament Hebrew text and the Textus Receptus New Testament Greek text.

*Church* shall refer to that body of believers consisting of all born-again, baptized believers yet emphasizing the local aspect of the church.

In addition, the following terms are defined:

*Church leadership* shall normally refer to pastors, elders, or deacons but include any other church-appointed positions such as counselors and administrators.

*Inductive Bible study* is defined as an approach to studying the Bible which begins with Scripture and studies it on its own terms, thereby maintaining the "infallible rule of interpretation of Scripture [which] is the Scripture itself."<sup>61</sup>

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<sup>61</sup>"Westminster Confession," in *Creeds of the Churches*, ed. John Leith (Atlanta: John Knox Press, 1973), 196.

CHAPTER 2  
REVIEW OF LITERATURE

*Problem Summary*

The high incident of debilitating emotional struggles among believers, the broad use of the term *depression*, and the apparent problem of confusing and conflicting approaches to depression have created a need among the Christian community. There is a need for a study that will meaningfully define these emotional struggles, identify the common symptoms of emotional struggles, and outline an appropriate approach to emotional struggles, all from Biblical testimony.

This need must be addressed first by a review of literature. The review of literature shall include a review of "The Major Theoretical Approaches to Depression," first under the heading "Secular Perspectives." This section shall include "Psychoanalytical Theory," "Behavioral Theory," "Cognitive Theory," "Sociocultural Theory," "Existential Humanism Theory," "Biological Theory," "Stress Theory," "Psychopharmacological Theories," and "Critical Literature of Secular Perspectives." This section shall conclude with a "Summary of Secular Perspectives."

The review of "The Major Theoretical Approaches to Depression" shall next include "Christian Perspectives" under the headings "The Integrationist Perspectives," "Critical Literature of Integrationist Perspectives," and "The Nouthetic Perspectives," concluding with "A Summary of the Christian Perspectives." This section shall be followed by a "Review of the Biblical Record of Emotional Despondency" under the following headings: "Emotional Despondency Is a Possible State Implied in Scripture by Declared Creative Design in Consequence of Man's Fall," "Emotional Despondency Is a State Acknowledged in Scripture by Descriptive Language," "Emotional Despondency Is a State Described Particularly by David in the Psalms," "Emotional Despondency Is a State Given Testimony to through the Different Circumstances of Many People in Biblical Record," and "Summary of the Review of the Biblical Record of Emotional Despondency." Chapter 2 will conclude with a "Conclusion of Literature Review."

*A Review of Literature of the Multiple  
Theoretical Approaches to Depression*

The pattern of symptoms of depression have been identified through clinical studies. These are listed as sadness, unhappiness, the blues, and crying; thought deviations: pessimism and ideas of guilt; behavior and

appearance changes: agitation and neglect of appearance; somatic troubles such as loss of appetite, loss of sleep, aches and pains; anxiety features; and suicidal behavior.<sup>1</sup> Although the more recent *DSM IV* manual has divided and subdivided these symptoms into multiple categories, it is evident that these symptoms virtually parallel the Biblical symptoms of emotional despondency. It is also evident that this emotional despondency is referred to in the field of medicine and psychology, and in the vernacular of modern literature, as depression.

Martin and Deidre Bobgan point out that a broad segment of Christian counseling uses the theories and techniques devised by such men as Freud, Jung, and Rogers. An understanding of the modern "Christian" approaches to depression cannot be understood without an appreciation of the secular foundation. Therefore, this research will examine in summary the theoretical approaches to depression first from the secular perspectives and then from the Christian perspectives.<sup>2</sup>

#### Secular Perspectives

Outside the Christian context, the historical

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<sup>1</sup>Mendels, *Concepts*, 7.

<sup>2</sup>Martin Bobgan and Deidre Bobgan, *Psychoheresy: The Psychological Seduction of Christianity* (Santa Barbara: EastGate Publishers, 1987), 5.

development of the treatment of depression and other mental disorders has been bound to the ever growing list of theoretical approaches to man's psychological make up. A complete historical perspective as well as detailed analysis of theoretical approaches is found in the *Comprehensive Textbook of Psychiatry*.<sup>3</sup> The authors trace the predominant psychotherapies back to the pre-Freud eighteenth century with references to the use of hypnosis and detail the progress of various methodologies. Another valuable source of the historical perspective of psychotherapies can be found in *Mental Health--Psychiatric Nursing*.<sup>4</sup> Here, the more predominant theories listed and worth examination include psychoanalytical, behavioral, cognitive, sociocultural, existential humanism, biological, and stress.

#### *Psychoanalytical Theory*

The founding father of the modern theories mentioned above is Sigmund Freud who first developed the psychoanalytical theory. Freud, in *The Ego and the Id*, emphasizes the "study of unconscious mental processes and

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<sup>3</sup>Harold I. Kaplan and Benjamin J. Sadock, eds., *Comprehensive Textbook of Psychiatry*, vol. 1 and 2 (Baltimore: Williams & Wilkins, 1995).

<sup>4</sup>Ruth Rawlins, Sophronia Williams, and Cornelia Beck, eds., *Mental Health--Psychiatric Nursing* (St. Louis: Mosby Year Book, 1993).

the psychodynamics of behavior."<sup>5</sup> According to C. G. Jung, the result of Freud's emphasis was an analysis procedure that was "entirely dependent upon his infantile past."<sup>6</sup> Specifically relating to depression, Freud, in *Mourning and Melancholia*,<sup>7</sup> contributes "loss states" or early childhood trauma, such as the loss of parents, as the cause. Here he expresses the view that the lingering guilt brought about the state melancholia.

Another prominent scholar in the field of psychoanalytical theory is C. G. Jung. In *Collected Papers* Jung developed his psychoanalytical theory with an emphasis on the role of the unconscious as a determinant of behavior. Here he insisted that the theory of neurosis did not change "the procedure of psychoanalysis."<sup>8</sup> Nevertheless, Jung's key concepts as outlined in *The Psychoanalysis of Mental Disease* focus on the collective unconscious, archetypes, persona, anima and animas, and shadow and consequently differ from

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<sup>5</sup>Sigmund Freud, *The Ego and the Id*, ed. J. Stachey (New York: W.W. Norton & Co., 1962).

<sup>6</sup>C. G. Jung, *Collected Papers on Analytical Psychology* (London: Bailliere, Tindall & Cox, 1920), 227-228.

<sup>7</sup>Sigmund Freud, *Mourning and Melancholia* (London: Hogarth Press, 1917), 243-258.

<sup>8</sup>Jung, *Collected Papers*, 234.

Freud's.<sup>9</sup>

Other popular proponents of the psychoanalytical theory are E. H. Erickson (*Childhood and Society*), E. Berne (*Transactional Analysis in Psychotherapy*), H. S. Sullivan (*Interpersonal Theory of Psychiatry*), and Edith Jacobson (*Depression: Comparative Studies*).<sup>10</sup> They each have their own unique psychoanalytical approaches. For example, Edith Jacobson traces the roots of understanding depression from the Freudian psychoanalytical approach. However, she suggests a modern-day departure from Freudian thought: "By focusing on the origin and the unique function of anxiety as a specific unpleasurable affect that induces depression, present anxiety theory is much more consistent with the pleasure-unpleasure principle than Freud's purely economic hypothesis."<sup>11</sup> Jacobson seeks to make more specific clarification on the actual types of depression and therefore suggests different approaches to therapy as well.

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<sup>9</sup>C. G. Jung, *The Psychoanalysis of Mental Disease* (New York: Pantheon Books, 1960).

<sup>10</sup>E. H. Erickson, *Childhood and Society* (New York: W. W. Norton, 1968); E. Berne, *Transactional Analysis in Psychotherapy* (New York: Grove Press, 1961); H. S. Sullivan, *Interpersonal Theory of Psychiatry* (New York: W. W. Norton, 1953); and Edith Jacobson, *Depression: Comparative Studies of Normal, Neurotic, and Psychotic Conditions* (New York: International Universities Press, 1971).

<sup>11</sup>Jacobson, *Depression: Comparative Studies*, 9.

Underlying all of these is the premise that depression can be resolved through therapeutic work by "comparative psychoanalytical study of various neurotic and psychotic types of depression."<sup>12</sup>

### *Behavioral Theory*

In clear distinction to psychoanalytical theory, the behavioral theory of the psychological framework of man has gained acceptance. Behavioral theory was championed by I. P. Pavlov in *Experimental Psychology and Other Essays*. He emphasizes mechanistic principles, believing that an individual's behavior is under the control of past learned experiences and current environmental circumstances. He believes the method of investigating the "system of man is the same as that of any other system in nature."<sup>13</sup> Pavlov's concepts focus on conditioning, stimulus, and reinforcement with a view of understanding human behavior in the context of animal behavior.<sup>14</sup> Other behavioralist writings include B. F. Skinner (*About Behaviorism*), Joseph Wolpe (*The Practice of Behavior Therapy*), and John Dollard, Frank Auld

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<sup>12</sup>Ibid., 174.

<sup>13</sup>I. P. Pavlov, *Experimental Psychology and Other Essays* (New York: Philosophical Library), 144.

<sup>14</sup>Ibid., 141.

Jr., and Alice M. White (*Steps in Psychotherapy*).<sup>15</sup> The central concept of the behavioral theory approach to the treatment of depression is that depressed individuals receive insufficient reinforcement from those around them for exhibiting nondepressive behavior but do receive reinforcement for depressive behavior.<sup>16</sup>

### *Cognitive Theory*

Another theory finding broad acceptance among medical practitioners is defined as the cognitive approach. Simply stated, cognitive theory focuses on changing the way people interpret and look at things when feeling upset. The idea that thinking patterns influence mood has been described by philosophers for 2500 years. The systematic application and scientific evaluation of this approach began with Aaron T. Beck in the mid-1950s.<sup>17</sup> Aaron Beck developed the cognitive theory with an emphasis on distortions. His focus in

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<sup>15</sup>B. F. Skinner, *About Behaviorism* (New York: Alfred A. Knopf, 1974); Joseph Wolpe, *The Practice of Behavior Therapy* (New York: Pergamon Press, 1969); and John Dollard, Frank Auld Jr., and Alice M. White, *Steps in Psychotherapy* (New York: Macmillan Co., 1953).

<sup>16</sup>E. Thomas Dowd, "Behavioral Therapy of Depression," in *Comparative Treatments of Depression*, ed. Mark A. Reinecke and Michael R. Davison (New York: Springer Publishing Co., 2002), 195-197.

<sup>17</sup>Burns, *Feeling Good*, 1, 10.

*Cognitive Therapy and the Emotional Disorders*<sup>18</sup> on thinking disorders in clinical anxiety centers on such concepts as "alarm system" and "automatic thought," stimulus generalization, and catastrophizing.<sup>19</sup> Summarizing Beck's comprehensive theory of depression, Robert M. A. Hirschfeld suggests that Beck was one of the first modern writers to challenge the Freudian view that depression was only emotional. Beck suggested that depression is associated with negative thought patterns, specific distorted schemas, and cognitive errors, resulting in physical changes and suggested that other associated features of depression are its consequences.<sup>20</sup>

In *Cognitive Therapy of Depression*, Beck offers an examination of the cognitive approach of psychotherapy in depression. He expresses doubt regarding the use of antidepressants, maintaining "that cognitive therapy might have longer range "anti-suicidal effects" than the use of chemotherapy."<sup>21</sup> He suggests therapy for the depressed

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<sup>18</sup>Aaron T. Beck, *Cognitive Therapy and the Emotional Disorders* (New York: International University Press, 1976).

<sup>19</sup>Aaron T. Beck, Gary Emery, and Ruth L. Greenberg, *Anxiety, Disorders, and Phobias: A Cognitive Perspective* (New York: Basic Books Publishers, 1985), 31-33.

<sup>20</sup>Robert M. A. Hirschfeld, "Mood Disorders: Psychological Treatments," in *Comprehensive Textbook*, 1183.

<sup>21</sup>Aaron Beck et al., *Cognitive Therapy*, 3.

attempt to formulate the patient's wrong thinking into hypothesis and then test the validity of the hypothesis systematically.<sup>22</sup> Another cognitivist, Martin Seligman, also presents a treatise on the cognitive approach to understanding and treating depression in *Helplessness: On Depression, Development, and Death*. Seligman's premise is that helplessness is a learned behavior and helpless subjects may progress through successive stages of fear and anxiety to a deep depression and in some instances even death.<sup>23</sup>

Other cognitivists are J. Piaget (*The Origin of Intelligence in Children*), Albert Ellis and Russell Grieger (*Handbook of Rational-Emotive Therapy*), Dennis Greenberger and Christine Padesky (*Mind over Mood*) and David Burns, whose book *Feeling Good: The New Mood Therapy* is broadly referred to in modern therapy clinics.<sup>24</sup> Burns promotes a cognitive approach to depression as a "fast-acting"

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<sup>22</sup>Ibid., 7.

<sup>23</sup>Seligman, *Helplessness*.

<sup>24</sup>J. Piaget, *The Origin of Intelligence in Children* (New York: International University Press, 1952); Albert Ellis and Russell Grieger, *Handbook of Rational-Emotive Therapy* (New York: Springer Publishing, 1978); Dennis Greenberger and Christine Padesky, *Mind over Mood: A Cognitive Therapy Treatment Manual for Clients* (New York: Guilford Press, 1995); David Burns, *Feeling Good: The New Mood Therapy* (New York: William Morrow and Co., 1980).

technology of mood modification that people can apply on their own, once they grasp the principle that in feeling depressed, "thoughts are dominated and distorted by pervasive negativity."<sup>25</sup> Cognitive therapy has a broad application, claiming a measure of success in helping many people with various mood disorders, especially that of depression.<sup>26</sup>

### *Sociocultural Theory*

Whereas the cognitive theory focuses primarily on the individual influences of mental disciplines, the recognized influence of social interaction upon individuals has led to the sociocultural theory of man's psychological make up. The sociocultural theory is championed by such men as G. H. Mead in *On Social Psychology*, Allen Enelow in *Depression in Medical Practice*, and Erving Goffman in *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. A summary of the social model of depression is expressed by G. W. Brown and T. Harris, *The Social Origins of Depression: A Study of Psychiatric Disorder in Women*.<sup>27</sup> According to

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<sup>25</sup>Burns, *Feeling Good*, 203.

<sup>26</sup>Ibid., 1.

<sup>27</sup>G. H. Mead, *On Social Psychology* (Chicago: University of Chicago Press, 1956); Allen J. Enelow, ed., *Depression in Medical Practice* (West Point, Pa.: Merck & Co., 1970); Erving Goffman, *Asylums: Essays on the Social Situation of*

these authors, the cause of depression is longstanding life problems that impede culturally expected plans, resulting in the deprivation of sources of reward or value and the loss of control over circumstances.

### *Existential Humanism Theory*

Another modern approach to depression and emotional disorders is found in existential humanism theory. Existential theory focuses on relating personal actions to expressions of "mode of being in the world," or the aspects of an individual's being, which are observable and suggests that human anxiety, such as experienced in depression, stems from man's free yet powerless state, resulting in fear and more severe mood disorders. The distinctive features of the existential theory are defined by R. D. Laing in *The Divided Self: A Study of Sanity and Madness*, Erich Fromm in *Escape from Freedom*, Joen Fagan and Irma L. Shepherd in *Gestalt Theory Now: Theory, Techniques, Applications*, John O. Stevens's *Gestalt Is*, Sidney Jourard in *The Transparent Life*, and A. H. Maslow in *Toward a Psychology of Being*.<sup>28</sup>

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*Mental Patients and Other Inmates* (New York: Anchor Books, 1973); G. W. Brown and T. Harris, *The Social Origins of Depression: A Study of Psychiatric Disorder in Women* (London: Tavistock, 1978).

<sup>28</sup>R. D. Laing, *The Divided Self: A Study of Sanity and Madness* (London: Tavistock Publishing, 1960); Erich Fromm, *Escape from Freedom* (New York: Rinehart & Co., 1941); Joen

Maslow represents a typical existential approach to understanding and treating emotional disorders. He emphasizes fulfilling human potential through the hierarchy of needs as he understands them. His approach has found wide acceptance.<sup>29</sup> In relation to depression, Maslow offers a specific course of action in *Principles of Abnormal Psychology* which focused upon the patient's understanding that therapists desire to help. Encouragement is therefore to be given with "persistence, persuasion, and kind firmness."<sup>30</sup>

#### *Biological Theory*

The advancement in science and new discoveries in DNA research in recent years have led to an increased acceptance of the biological theory of man's psychological framework. Biological theory focuses on the influence of genetics and organic factors on a person's development of psychiatric

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Fagan and Irma L. Shepherd, *Gestalt Theory Now: Theory, Techniques, Applications* (Palo Alto, Calif.: Science and Behavior Books, 1970); John O. Stevens, ed., *Gestalt Is* (Moab, Utah: Real People Press, 1975); Sidney M. Jourard, *The Transparent Life* (New York: D. Van Nostrand Co., 1971); A. Maslow, *Toward a Psychology of Being* (Princeton, NJ.: D. Van Nostrand, 1962).

<sup>29</sup>Maslow, *Psychology of Being*, 68-85.

<sup>30</sup>A. H. Maslow and Bela Mittelmann, *Principles of Abnormal Psychology* (New York: Harper & Bros. Publishers, 1941), 455.

illness. Emphasis is placed upon defective genes and environmental stresses that interfere with biological functions.

The growing field of biological research has led to multiple theories and a growing number of detailed presentations of the "biological theory." These presentations have been written by proponents such as N. C. Andreasen in *The Broken Brain: The Biological Revolution in Psychiatry*, Demitri and Janice Papolos in *Overcoming Depression*, Mortimer Ostow in *The Psychology of Melancholy*, and Lesley Hazelton in *The Right to Feel Bad*.<sup>31</sup>

The variety of views regarding depression range from the Papoloses' position that "generic components" are at the root of depressive disorders to Ostow's position that every phase of depression includes a "component of anger." Yet Ostow makes a clear link to hereditary causes of depression.<sup>32</sup> Treatment approaches practiced by those holding the biological theory include exposure to bright

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<sup>31</sup>N. C. Andreasen, *The Broken Brain: The Biological Revolution in Psychiatry* (New York: Harper & Row, 1984); Demitri Papolos and Janice Papolos, *Overcoming Depression* (New York: Harper & Row Publishers, 1987); Mortimer Ostow, *The Psychology of Melancholy* (New York: Harper & Row, Publishers, 1970); Lesley Hazelton, *The Right to Feel Bad: Coming to Terms with Normal Depression* (Garden City, N.Y.: Dial Press Doubleday & Co., 1984).

<sup>32</sup>Papolos and Papolos, *Overcoming Depression*, 54; Ostow, *Psychology*, 71.

light for two or three hours per day, sleep deprivation for several hours per night, as well as electroconvulsive therapy.<sup>33</sup> Neil Carlson, in *Foundations of Physiological Psychology*, presents the more recent biological treatments for depression as drug treatment including monoamine oxidase inhibitors (MAO) and drugs that inhibit reuptake of norepinephrine and serotonin.<sup>34</sup> Closely related to this biological model is the stress model of human psychological makeup.

### *Stress Theory*

With the high degree of economic competitiveness in our society which has given rise to work-related illnesses, the stress theory has emerged. In the stress theory, greater focus is placed on the effect of strains and stresses of life on mechanisms of the body. Here stress is, by some, viewed as a dynamic state within the organism producing protective reaction patterns. H. G. Wolff in *Life, Stress and Bodily Diseases* provides the clinical data and "a provisional formulation" of the concepts of stress theory.<sup>35</sup>

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<sup>33</sup>Daniel W. Badal, *Treatment of Depression and Related Moods* (London: Jason Aronson, 1988), 264-265.

<sup>34</sup>Neil R. Carlson, *Foundations of Physiological Psychology* (Boston: Allyn & Bacon, 1995), 460.

<sup>35</sup>H. G. Wolff, *Life, Stress and Bodily Diseases* (Baltimore: Williams & Wilkins, 1950).

Valerie J. Sutherland and Cay L. Cooper, in *Understanding Stress: A Psychological Perspective for Health Professionals*, summarize the essence of the stress theory as understanding that "hormonal and chemical defense mechanisms activated in the response to stress are part of the "fight or flight" mechanism."<sup>36</sup>

Other views of stress theory have also been put forth. Arnold A. Lazarus in *Psychological Stress and the Coping Process* emphasizes the cognitive model of stress with focus on appraisal, coping and outcome.<sup>37</sup> His approach to depression is a combination of cognitive therapy through time projection with "light hypnotic trance" to induce "pleasurable experience during stressful moments."<sup>38</sup> As well, H. Selye, in *The Stress of Life*, provides an analysis of stress at the physiological and biochemical levels of functioning with focus on what is called "general adaptation syndrome" and alarm reactions, stage of resistance and stage

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<sup>36</sup>Valerie J. Sutherland and Cay L. Cooper, *Understanding Stress: A Psychological Perspective for Health Professionals* (London: Chapman & Hall, 1990), 99-101.

<sup>37</sup>Arnald A. Lazarus, *Psychological Stress and the Coping Process* (New York: McGraw-Hill Book Co., 1966).

<sup>38</sup>Arnold A. Lazarus, *Behavior Therapy and Beyond* (New York: McGraw-Hill Book Co., 1971), 228-229.

of exhaustion.<sup>39</sup> Further studies are available which pool the research and conclusions of such proponents of cognitive theory and psychodynamic theory, for example, to facilitate "ever increasing numbers of diagnostic and treatment methods for depressive disorders."<sup>40</sup>

### *The Psychopharmacological Theories*

Distinct from the preceding secular approaches to the diagnosis and treatment of depression, some of which focus solely on a counseling methodology and others which combine counseling with drug therapy, is a new and growing field of study for mental and mood disorders. This new field of study, an outgrowth of neuroscience research, is called psychopharmacology. Psychopharmacology deals with understanding "the actions of drugs, and consequent behavior, upon chemical neurotransmission which takes place as a function of the brain."<sup>41</sup> Its premise is "the realization that the ultimate function of the nervous system

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<sup>39</sup>H. Selye, *The Stress of Life* (New York: McGraw-Hill Book Co., 1976).

<sup>40</sup>Paul Kwon and Katherine E. Lemon, "Attributional Style and Defense Mechanisms: A Synthesis of Cognitive and Psychodynamic Factors in Depression," *Journal of Clinical Psychology* 56 (2000): 723-735.

<sup>41</sup>Stephen M. Stahl, *Essential Psychopharmacology* (Cambridge: Cambridge University Press, 1996), 1.

is behavior."<sup>42</sup> Psychopharmacology is a science dedicated to "discovering the molecular problems that lead to abnormal chemical neurotransmission which cause mood disorders as well as diseases in the central nervous system" and to determining a "rationale for developing a drug therapy to correct it."<sup>43</sup>

From the Psychopharmacology Theory approach Kaplan and Sadock in *Comprehensive Textbook of Psychiatry* state that "depression is caused by abnormalities in monoamine metabolism, release and transmission."<sup>44</sup> This premise is known as the Monoamine Hypothesis.<sup>45</sup> A second hypothesis as to the cause of depression held by psychopharmacologists is called the neurotransmitter receptor hypothesis. According to this theory an abnormality in the functioning of receptors for the neurotransmitters leads to depression.<sup>46</sup>

The treatment procedures embraced by a fundamentally pharmacological approach are varied. The prevailing opinion is that "antidepressant medication is most effective for depressive symptoms, such as sleep disturbance, appetite

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<sup>42</sup>Carlson, *Foundations*, 7.

<sup>43</sup>Ibid., 69-70.

<sup>44</sup>Kaplan and Sadock, *Textbook*, 184.

<sup>45</sup>Carlson, *Foundations*, 466-467.

<sup>46</sup>Ibid., 123-124.

disturbance, and loss of interest."<sup>47</sup> Great advances have been made in developing drug therapy for the treatment of depression, yet there is a growing consensus that "a simple chemical treatment for such a debilitating illness cannot stand alone."<sup>48</sup>

*Critical Literature of  
Secular Perspectives*

With depression as much of a problem in society as it is, the books available on the subject are practically limitless. The broad social acceptance and proliferation of written material dealing with the secular approaches to depression have generated a backlash of criticism among the psychiatric and medical community. Among the critiques of secular approaches to depression are those that address the very foundation of modern psychotherapy, namely Freudian-based psychoanalysis. *The Myth of Psychotherapy* by Thomas Szasz offers a critique of Freudian psychoanalysis from a historical perspective. Szasz examines the work of Franz Anton Mesmer, 1733-1815, who believed that healing was possible through active magnetic force. Szasz traces Mesmer's development of a methodology of treatment and his formulation of the elusive terminology of Mesmerian

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<sup>47</sup>Kaplan and Sadock, *Textbook*, 1183-1188.

<sup>48</sup>*Ibid.*, 1159.

doctrine.<sup>49</sup>

Szasz states that Mesmer stumbled onto "a rhetorical device that the founders of modern depth psychology subsequently transformed into the pseudo-medical entity known as psychotherapy."<sup>50</sup> He suggests that Freud's characteristic methodology: "the offering of scientific-sounding metaphors as the accounts of actual phenomena in the brains or minds of persons," is modeled after Mesmer's. He concludes that Mesmer's explanation of his cures illustrate a recurrent phenomena in psychotherapy in which, successes and failures of the ill depend "on their abilities as actors" (66), and where a counselor alters "the complaints and conduct of persons who claim to be ill" (109). Szasz further contends that all forms of psychotherapy comprise one or several elements of religion, rhetoric, and repression. He therefore suggests that "deception is the cornerstone of modern medical psychotherapeutics" (185).

In contrast to Szasz's criticism of Freudian-based psychotherapy being just another form of religion, O. Hobart Mowrer focuses his criticism of Freudian psychology on the

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<sup>49</sup>Thomas S. Szasz, *The Myth of Psychotherapy* (New York: Anchor Press, 1978).

<sup>50</sup>Ibid., 43.

influence that Darwinism had on Freud in virtually denying religion. Mowrer suggests that Freud regarded religion as harmful to soundness of body and mind. He contends that, influenced by a "survival of the fittest" mindset, Freud came to understand that the mind was designed to serve the body.

Mowrer states that for Freud, "neurosis" was the mind protesting and retaliating against the body as a result of mistaken social values influenced by cultural morals and religion. Mowrer contends therefore that Darwinism, influencing Freudianism, led to the "biologizing" of American psychology. He concludes that "we practical, functional, behavioristic psychologists have tended to dismiss religion as irrelevant to both the scientific and human enterprise." Mowrer suggests that only here (in religion) can guilt sin and expiation be dealt with. The denying of religion, states Mowrer, is possibly ignoring "a psychology of the profoundest sort."<sup>51</sup>

This criticism of overemphasizing the role of science in therapy is also expressed by Martin Gross in *The Psychological Society*. Here he states that "the contemporary Psychological Society is the most vulnerable culture in

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<sup>51</sup>O. Hobart Mowrer, *The Crisis in Psychiatry and Religion* (New York: D. Van Nostrand Co., 1961), 8-10.

history."<sup>52</sup> His critique is based upon the tendency for psychologists to exalt science to the place of authority in determining a standard of behavior. He suggests that the result of the prominence of psychological rhetoric has led to modern man being preoccupied with himself. Gross believes that the psychological society has mistakenly equated mental health with an unrealistic and unreachable ideal combining success, love, and lack of anxiety. He traces the history of what he calls the "Psychological Idea" as the denial of one's nature or temperament, the denial of religious concepts such as God's healing power, and denial of the common-sense view, which he purports has kept man surviving for thousands of years. He suggests that the new psychological society "flourishes on the belief that human technology can remake man as effortlessly as a computerized assembly line."<sup>53</sup>

In his chapter on "The Fallacy of Psychotherapy," Gross cites study after study, by various universities and psychotherapy treatment centers, which conclude that the improvement rate for untreated individuals is the same as those that are treated. He further suggests that the

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<sup>52</sup>Martin L. Gross, *The Psychological Society* (New York: Random House, 1978), 4.

<sup>53</sup>*Ibid.*, 17.

Cambridge-Somerville Youth study, one of the earliest group studies to validate the value of psychological counseling, indicated a higher level of "delinquent episodes" among the treated.<sup>54</sup> The author's conclusion is that after three quarters of a century of Freudian psychoanalysis, research has concluded that it fails to fulfill its extravagant promises and that its pursuit of Freudian ritual and dogma has many of the manifestations of a religion (231).

Two additional areas of criticism are advanced from within the field of psychology: the first deals with what critics contend to be "myths" of psychology, the second deals with the what critics view as the problem of drugs. Bernie Zilbergeld, in *The Shrinking of America*, suggests that psychology has become a replacement for old belief systems and has introduced an era of psychological man and change without limit. He contends that there is really no proof that one's chances for feeling better and doing better are greater with some kind of counseling.<sup>55</sup>

Zilbergeld suggests that all psychological therapy operates on the following myths: "Myth 1--There is one best

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<sup>54</sup>Ibid., 54.

<sup>55</sup>Bernie Zilbergeld, *The Shrinking of America* (Boston: Little, Brown & Co., 1983).

therapy.”<sup>56</sup> “Myth 2--Counseling is equally effective for all problems” (145). “Myth 3--Behavior change is therapy’s most common outcome” (151). “Myth 4--Great changes are the rule” (159). “Myth 5--The longer the therapy, the better the results” (165). “Myth 6--Therapy changes are permanent or at least long-lasting” (168). “Myth 7--At worst, counseling is harmless” (170). “Myth 8--One course of therapy is the rule for most clients” (172). “Myth 9--Only specially trained professionals can help people change” (177). By use of research studies and case reports, the author demonstrates how each of these myths is actually unsupported. His conclusion is stated as a caution: “We believe all sorts of things about counseling, things that therapists, and many former clients as well, want us to believe. Some of our beliefs are partly true, and some are held despite abundant evidence to the contrary” (141).

Not only does Zilbergeld suggest that much of psychological therapy is based on myth, but Jeffrey M. Masson also reiterates similar “myths of psychology” in *Against Therapy*. His criticism is pointed; he believes that therapy is never honest because it is based on the false assumption that the truth of a person’s life can be uncovered. He believes that most therapy approaches are

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<sup>56</sup>Ibid., 142.

hypocritical because they display a lack of interest in social justice such as needed for physical and sexual abuse.<sup>57</sup>

Masson believes that society's confidence in psychological therapy too readily leads to emotional tyranny because it must survive on the profits of other peoples' suffering. Masson's conclusion is that therapists are a part of a community that will not depart from its professional solidarity and therefore will not speak out against error. He suggests that in this corrupt world of therapy, "therapy itself is at the core of the corruption."<sup>58</sup>

Criticism is extended not only against the foundational theories of psychological therapy but also against drug use in therapy. Michael Lemonick summarized the history and growing use of serotonin drugs in "The Mood Molecule" in *Time* magazine. Lemonick traces the multiple uses of these drugs for everything from obesity to depression and elaborates on their lethal side effects: heart problems, cardiac failure, muscle contractions, intestinal difficulties and irregular blood pressure. He suggests that the drugs used for manipulating brain chemistry are "more

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<sup>57</sup>Jeffrey M. Masson, *Against Therapy* (New York: Atheneum, 1988).

<sup>58</sup>*Ibid.*, 141-151.

like pharmacological machetes than they are like scalpels-- crudely effective but capable of plenty of collateral damage."<sup>59</sup>

After tracing a brief history of mental healing in the post-modern age, Ernest Keen, in *Drugs, Therapy and Professional Power*, focuses on the comparative similarities between lobotomies and the present-day drug therapy. His criticism regarding the danger of drug use in some approaches to therapy is based upon the fact that modern science knows few specifics about chemical imbalances and knows nothing about what drugs do to brain chemistry beyond "a few elemental facts incompletely understood and not-yet-organized more detailed findings."<sup>60</sup> Keen believes that psychopharmacology changes our consciousness chemically the same way alcohol, marijuana, and heroin do.<sup>61</sup> He maintains that without proof of actual disease, the clinical use of drugs is no different from the recreational use of drugs. He charges the social powers of psychology with legalizing specialty drugs such as Prozac while justifying criminal prosecution for drug dealers that promote the same results.

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<sup>59</sup>Michael D. Lemonick, "The Mood Molecule," *Time*, 29 September 1997, 56.

<sup>60</sup>Ernest Keen, *Drugs, Therapy, and Professional Power*, (Westport, Conn.: Praeger Publishers, 1998), 13.

<sup>61</sup>*Ibid.*, 195.

Keen suggests that there is warrant for a postmodern critique of psychopharmacology; however, he charges that our popular and legal language of drugs is a fight over wealth, power, and respect, in which truth will take a back seat. His conclusion is that all of society must come to terms with the use of drugs through language that is understandable by all and honest.<sup>62</sup>

#### Summary of Secular Perspectives

This review of literature of the secular perspectives to the approaches to emotional despondency indicates that secular medicine and psychology have identified emotional despondency as a problem in society and termed it in two categories as normal depression and abnormal (clinical) depression. Both the statistical evidence of the volume of people seeking help for depression and the proliferation of secular approaches to it give ample evidence of its high incident in society. Yet, this review of literature of the secular approaches to depression also indicates these approaches are very broad, often conflicting, and criticized on various critical aspects such as scientific validity and ethical credibility.

As well, this review indicates that an evident

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<sup>62</sup>Ibid., 195-206.

vagueness of terminology, a neglect of the spiritual aspect of man, and a deliberate absence of reference to God are characteristic of the secular approaches. The secular critiques suggest that secular approaches are steeped with errors and deception. This review supports the proposal that there is an apparent problem of confusing and conflicting approaches to depression.

#### Christian Perspectives

While in most of the disciplines of science and medicine there is little relationship between secular and Christian thought, in the disciplines of counseling those diagnosed as depressed, secular and Christian thought has in reality often been united. This reality is particularly true in recent years.<sup>63</sup> Having discussed the nonreligious or secular theories, it now remains to evaluate the Christian perspectives. The broad and differing secular theories cited above demonstrate the ambiguity of the secular perspectives, much of which have been adopted by those claiming a Christian perspective. The Christian perspectives of counseling have been categorized into two groups,

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<sup>63</sup>Julie Exline, Ann Marie Yali, and William C. Sanderson, "Guild, Discord, and Alienation: The Role of Religious Strain in Depression and Suicidity," *Journal of Clinical Psychology* 56 (December 2000): 1482.

integrationist and nouthetic.<sup>64</sup> Although adherents of each of these views claim a Christian approach, for the purposes of this review, the integrationist perspective shall be examined as distinct from the nouthetic perspective.

#### *Integrationist Perspective*

A review of literature of Christian perspectives indicates that the integrationists combine the secular perspectives with their own Christian perspective. This practice results in various views of therapy being introduced as Christian. In embracing the secular as well as the Biblical, integrationists have individually gravitated toward the various secular theories. As a consequence, these approaches offer little continuity and often contradict each other.

The integrationist approach is defended by Paul D. Maves in *The Church and Mental Health*. Here Maves suggests that the weakness of separate definitions of human welfare--physical, mental, moral and religious--is that each discipline goes off on its own tangent, producing conflicting sets of presuppositions. Maves defines the integrationist view as understanding that human studies in each of the "physical, moral, emotional, and religious"

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<sup>64</sup>Ibid., 201-203.

realms offer equal insight.<sup>65</sup> Therefore, integrationists place their confidence in research and observation from science and Scripture.

Frank Lake presents his integrationist approach to depression in *Clinical Theology*. He offers an understanding of depressed people from a totally psychological perspective based upon his concept of the origins of psychoneurotic reactions.<sup>66</sup> Tracing "an antecedent conflict and defeat" (29) from infancy, the author focuses on the Freudian "super-ego" or "neurotic conscience" (44) activity of patterning reaction to repression within the human cycle of relationships. The author suggests that these patterns of behavior form the spectrum of personalities including the "pre-depressive personality" (49). Here Lake maintains that the essence of such personalities who are prone to depression is a total change in the grounds of acceptance into relationships.

In relating the relevance of psychodynamic studies to clinical theology, Lake attempts to unite understanding of the psychology of man's depressive position and the

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<sup>65</sup>Paul Maves, *The Church and Mental Health* (New York: Charles Scribner's Sons, 1953), 19.

<sup>66</sup>Frank Lake, *Clinical Theology* (London: Darton, Longman & Todd, 1966).

spirituality of man's depressive position. A paraphrase of his four premises follows:

1. An anxiety-depressive position can be to go through life with a painful sense of God as unreasonable and unjust.
2. A depressive position can be to view the world through the pain of "loss of being-in-relatedness." The result is to have no trust in a God who is responsible for a world full of affliction, where to die is the only answer.
3. A depressive position can result from being burdened with the guilt of feelings of hate, envy, and jealousy during infancy, which leads to a bitterness toward God. The result is powerlessness to assert one's own will against almighty God and therefore a turning against oneself.
4. A depressive position can be the painful emptiness of life in a universe in which a person's dependent spirit is surrounded by persecutors. The result is a belief that God is sadistic and that He makes all of life empty of any good.<sup>67</sup>

Lake suggests that these depressive positions find their root in a conflict of mother-child relationship in which acceptance is lost, reinforced by insufficient father-child relationship in adolescence, if the "guiding force" is absent. With an existential perspective Lake suggests that these needs are met in and through the cross of Christ where acceptance and sustenance are found. Lake's existential perspective is evident in his understanding of sacraments: "His broken body is also the sacrament by which His eternal life in us is fed. . . . The sacrament of baptism is the sign of God's acceptance of us. . . . The sustenance of the

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<sup>67</sup>Ibid., 55-60.

life God gives to His adopted children is not something they have to work for or could merit. . . . Our response is to abide and rest in Him, to enjoy His gift of Himself as the Bread of Life in the joyful Feast.”<sup>68</sup>

In *Clinical Theology* the author cites Psalm 42 as “a way with depression” in which the truth liberates by demonstrating a proper view of self and God. Lake cites seven liberating facts from the text: to be honest and open about one’s struggles, to do so in God’s presence, to affirm that circumstances reconcile with God’s nature of love and truth, to look and listen with faith, to patiently wait upon God, to seek further truth from God, to rest in God’s unchanging character. Here the author presents a list of the Psalms of grief, despair, and melancholy which are of value to the depression sufferer.<sup>69</sup>

William Backus is another integrationist. In *Telling the Truth to Troubled People*, Backus reviews some of what he considers apparent weaknesses in present-day counseling. He maintains that too many inadequately trained counselors accept whatever their counsel base training states the problem might be rather than making “their own observations

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<sup>68</sup>Ibid., 69-71.

<sup>69</sup>Ibid., 60-61.

and formulating their own conclusions."<sup>70</sup> He deals briefly with the types of depression, tracing two models of psychotherapy, "the old talk therapy" of Sigmund Freud, and "cognitive behavior modification."

Backus defines the purpose of the integrationalist approach as the counselor's attempt "to help the counselee discover his harmful cognitions, grasp their false character, and replace them with the truth."<sup>71</sup> He summarizes his work as a combining of the two branches into a single therapeutic method of cognitive psychology which provides for "the practice of counseling based on the Christian belief that truth can make you free."<sup>72</sup> He understands the answer for depression to be found in reasoning with sufferers within their framework of faith, to invoke behavioral change.

In addition to Lake and Backus, integrationist John White elaborates his approach to depression in *The Masks of Melancholy: A Christian Physician Looks at Depression and Suicide*. Here he embraces a Christian perspective along with secular biological understanding. He admittedly emphasizes

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<sup>70</sup>William Backus, *Telling the Truth to Troubled People* (Minneapolis: Bethany House Publishing, 1985), 26.

<sup>71</sup>Ibid., 22.

<sup>72</sup>Ibid., 23.

bodily processes, suggesting a biological theory perspective.<sup>73</sup> White summarizes his efforts in dealing with depression as helping "the common man" to think more clearly about the relationship between physical bodies and the nonphysical part of man. He places "a grasp of Scripture, a hope in the God of Scripture, and an awareness that we humans inhabit both material and a physical world" (185) as foremost in his counsel, ensuring that no judgmental attitude clouds the counsel of the depressed. In respect to the theories of depression, White states "that no single theory, however carefully applied, alleviates every depression" (19).

In explaining the dilemma that faces the church in dealing with depression, White draws attention to the two divergent views: (1) "the quietist view," that we submit to all suffering, sickness, pain, whether mental or physical as from God, and (2) "activist view," that by power of Jesus' name we can banish every sickness, every difficulty.<sup>74</sup> He believes that the Biblical position lies between the two; in which faith calls the believer to believe that God can heal, yet looks to God to offer hope through modern medicine as

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<sup>73</sup>John White, *The Masks of Melancholy: A Christian Physician Looks at Depression and Suicide* (Downers Grove, Ill.: Intervarsity Press, 1982).

<sup>74</sup>Ibid., 47.

well.<sup>75</sup> White accepts the need both for spiritual counsel when spiritual matters are at the heart of the issue and for a psychotherapist's approach, in which counsel can offer help through drug and electrical therapy when necessary.

Another prominent integrationist is Archibald Hart. In *Counseling the Depressed*, Hart makes a thorough examination of depression. His explanation of the distinction between normal and abnormal (clinical) depression is clear: "symptoms that interfere with normal functioning--including sleep, appetite and capacity for work and social relationships--clearly crossed the boundary from normal to abnormal or clinical depression."<sup>76</sup> Hart's approach to counseling depressed individuals is not limited to one theory and advises that counselors do not get locked into any one model or theory. Hart emphasizes the importance of reviewing all options in treatment, suggesting that the psychological, environmental, spiritual, interpersonal, as well as biological factors must be taken into account in an integrated way.<sup>77</sup>

Grant Mullen's integrationist approach to depression leans toward the secular perspective of the cognitive

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<sup>75</sup>Ibid., 50.

<sup>76</sup>Hart, *Counseling*, 45.

<sup>77</sup>Ibid., 55.

theory. In *Breaking the Chains: What Christians Should Know about Depression, Anxiety, Mood Swings, and Hyperactivity*, he points to his goal to help Christians better understand "the nature and treatment of mental illness" and "to remove misunderstandings regarding mood disorders, namely depression and manic depression."<sup>78</sup> Mullen's conclusion suggests that "mood disorders" leave individuals helpless by an illness that patients cannot control. He insists that this illness involves "legitimate physical problems" with medical treatments just like any other chronic illness and that within Christian circles the common embarrassment and condemnation are unfair.<sup>79</sup>

Roger Barrett offers a similar integrationist view of depression in *Depression: What It Is and What to Do about It*. Drawing upon case studies he deals with the various types of depression and suggests that there are "no sure-fire answers." He states that promises of "happiness to one and all" are unrealistic, when dealing with the severe reality of depression.<sup>80</sup>

Barrett spells out the difference between psychotic,

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<sup>78</sup>Mullen, *Breaking the Chains*, 1.

<sup>79</sup>Ibid., 14.

<sup>80</sup>Roger Barrett, *Depression: What It Is and What to Do about It* (Elgin: David C. Cook Publishing Co., 1977), 10.

manic, and neurotic depressions and deals with specific disorders such as involuntional melancholia and postmortem depression. To this approach, the author adds a breakdown of depression types into four categories: (1) empty depression, (2) anxious depression, (3) hypochondriacal depression, and (4) angry depression.<sup>81</sup> He suggests that there are actions that can begin to remove, "inch by inch," the burden of depression (206). This approach focuses on the power of the imagination to influence man's behavior and feelings by dwelling on the positive and suggests that depression is a result of rehearsing the negatives of life repeatedly in the mind (211-212).

Other integrationists include Don Baker and Emery Nester. Their book *Depression: Finding Hope and Meaning in Life's Darkest Shadow* is an examination of depression from a testimonial perspective with a cognitive approach. The authors relate Don Baker's own experience with depression and his discovery of total personal inadequacy to cope. They challenge the depression sufferer to realize that adequacy is found only in partnership with God. As part of the Critical Concern Series of books, the authors' intent is to relate their understanding of Biblical truth to the attitudes and lifestyles of believers. Therefore, Baker and

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<sup>81</sup>Ibid., 18-19.

Emery approach dealing with depression from the mandate of a "positive lifestyle found in Christ."<sup>82</sup>

Here Baker and Nester maintain that a healthy lifestyle consists of six factors: firm commitments, adequate philosophy of life, willingness to be human, an inner sense of direction, the ability to see one's self as unique, and a determination to model liberty as a Christian. The authors demonstrate how these factors relate to Christ. They state "Jesus is the object of our supreme commitment," and suggest that "principles grounded in a personal relationship with God . . . can open the door to emotional soundness." They maintain that "practicing spirituality means to be led by the Spirit."<sup>83</sup> These authors offer predictive signs for possible depression sufferers, warning against unhealthy thought patterns and growing desires of suicide. They caution against overexpectations, drastic social changes, and an increasing sense of bleakness.<sup>84</sup> With suggestions for family members of sufferers, Baker and Nester seek to encourage a continued safe environment. They also suggest guidelines for Bible study and prayer with a goal to help

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<sup>82</sup>Don Baker and Emery Nester, *Depression: Finding Hope and Meaning in Life's Darkest Shadow* (Portland, Oreg.: Multnomah Press, 1983), 166.

<sup>83</sup>Ibid., 166-173.

<sup>84</sup>Ibid., 50.

suffering believers maintain a heart and mind prepared for God's ministry through Bible study and prayer.

Combining the psychoanalytical and stress approaches, Frank Minirth and Paul Meier, in *Happiness Is a Choice: A Manual on the Symptoms, Causes, and Cures of Depression*, acknowledge the struggle that depression is making in society with its high occurrence. Rather than focusing on the kinds of depression, they focus primarily on the causes of depression.<sup>85</sup> These authors trace the evidence of depression in Bible history as well as modern-day writings and address the symptoms of depression, emphasizing the reality of emotional pain as more severe than physical pain (23-24). They discuss the viability of personality-caused depression as cited by psychiatrists and identify the obsessive-compulsive personality as most likely to suffer from depression (55).

Minirth and Meier list the following as the major causes of depression: personal loss, anger, poor self-image, adjustment reactions, false guilt, wrong perspectives, Satanic attacks, self-effort, and wrong priorities. Most of these deal with Bible texts that relate a principle but do not clearly distinguish symptoms of depression. In dealing with "How to Overcome Depression," Minirth and Meier present

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<sup>85</sup>Minirth and Meier, *Happiness Is a Choice*.

their presupposition for recovery as the three basic needs of all human beings: self-worth, intimacy with others, intimacy with God. They point out that all three of these needs are included in the Great Commission in Mark 12:29-31 and suggest that adherence to the seven guidelines evident in the passage will help one avoid suffering from depression.<sup>86</sup> In addition, they focus on recovery from depression by following seven guidelines of a sociocultural approach (136-146).

Another integrationist, Hans Brandt, suggests in *Victory over Depression* that depression is multifaceted, dealing with the physical, the emotional, and the spiritual and suggests that counseling approaches need to vary for each of these source problems. Brandt, therefore, embraces a multiapproach therapy for depression. He does not distinguish primarily the levels or the classifications of depression but focuses on the need for "reason" to determine the source and then to apply the particular solutions according to the source.<sup>87</sup> His understanding of the biggest problem in counseling the depressed is overlooking a holistic approach by "treating all forms of depression in one manner" (20).

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<sup>86</sup>Ibid., 132.

<sup>87</sup>Brandt, *Victory*, 1-19.

Brandt addresses multiple causes of depression suggesting that wrong thinking leads to depression and that "chemical imbalances cause depression usually resulting from faulty nutrition or severe emotional and spiritual stress."<sup>88</sup> In addition, he states that "physical factors such as allergies, amino acid deficiencies, disease, drugs, glandular dysfunction, heredity, malnutrition, mineral deficiencies, neuro-transmitter deficiencies, overstimulation, poisoning, trauma, understimulation, vitamin deficiencies, unfavorable weather conditions, and yeast infections also cause depression" (65). Brandt further suggests that if the cause of depression is physical, then the treatment should be primarily dietary; if emotional, the treatment should focus on proper thinking; and if spiritual, Brandt suggests a vital relationship with the Lord through salvation is the only answer (68). He discusses these accordingly.

Tim LaHaye, yet another integrationist, combines his Christian approach to depression with the stress and behavioral secular models in *How to Win over Depression*. He lists the emotional symptoms of depression as "1. Loss of affection, 2. Sadness, 3. The weeps, 4. Hostility, 5. Irritability, 6. Anxiety, 7. Fear, 8. Worry,

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<sup>88</sup>Ibid., 66.

9. Hopelessness."<sup>89</sup> LaHaye believes depression is the result of a reaction to insult, disappointment, or rejection (88). From this premise, he develops his "Ten Steps to Victory over Depression":

- Step 1--Accept yourself as a creature of God . . .
- Step 2--Accept God's forgiveness for your sins . . .
- Step 3--Superimpose God into your self-image . . .
- Step 4--Visualize yourself as God is shaping you . . .
- Step 5--Visualize by faith your basic life goals and write them down . . .
- Step 6--Always be positive . . .
- Step 7--Anticipate the superabundant life God has in store for you . . .
- Step 8--Seek first the kingdom of God . . .
- Step 9--Give yourself to God to serve people . . .
- Step 10--In everything give thanks (201-207).

Lawrence J. Crabb is perhaps the most prominent integrationist of the day. In *Institute of Biblical Counseling: Training Manual, Vol. 1*, he develops what he calls the "layer theory of counseling" in which he focuses on an approach he suggests embraces a Biblical view of people, problems, and solutions. In this training manual, Crabb expresses his belief that Biblical counseling is founded upon God's truth.<sup>90</sup> Here Crabb rationalizes that

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<sup>89</sup>Tim LaHaye, *How to Win over Depression* (Grand Rapids: Zondervan Publishing House, 1974), 30-31.

<sup>90</sup>Lawrence Crabb, *Institute of Biblical Counseling: Training Manual* (Winona Lake, Ind.: Institute of Biblical Counseling, 1978), 1:4. The manual was distributed as class study notes for the Biblical Counseling Seminar presented by Lawrence Crabb at Bayfair Baptist Church, Pickering, Ontario, Canada, October 12, 1988.

because people are created in the image of God, they have unique qualities. He suggests that Scripture identifies people as more than just bodies, but spiritual and personal beings. He suggests that as such, there are two unique needs residing at the heart of every human in order to live effectively. The need for security and the need for significance. Crabb supports this premise by his view of God's image in man and the consequences of man's fall, resulting in loss of significance and security.<sup>91</sup>

In addition to these basic needs of man's personhood, Crabb, in *Training Manual, Vol. 1*, suggests that three basic elements comprise man's unique creation in God's image: cognition--the ability to think, volition--the ability to choose, and emotion--the ability to feel. From these premises Crabb formulates his layer theory of counseling. Man's emotion is the outer layer "E," man's volition is layer "V," man's cognition is layer "R," and man's core person is primary layer "P," where the need for significance and security exists. By application, Crabb instructs the Christian counselor to work toward the primary layer by first identifying troubled feelings. He teaches that these feelings are the negative responses of unexpected results

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<sup>91</sup>Lawrence J. Crabb, *Effective Biblical Counseling* (Grand Rapids: Zondervan Publishing House, 1977), 61.

which point to inappropriate choices. These inappropriate choices in turn are made based upon recognizable incorrect thinking regarding the pursuit of significance and security.

Here as well, Crabb suggests that as the Scriptures are taught and applied, whereby Christ is shown to be the true source of significance and security, faith takes hold of the truth, a sense of fulness in Christ is found (significance and security realized), and correct thinking leads to correct choices, bringing emotional stability as proper expectations are experienced.<sup>92</sup> Specific to the approach to depression, Crabb acknowledges the distinction between having "the blues" and suffering from a more serious and prolonged depressive disorder. In *Institute of Biblical Counseling: Training Manual, Vol. 2*, using his layer theory, he outlines the "serious depressive disorder" as having the following features:

- a. Cognitive Disturbance (R)
  - 1. Negative evaluation of self (leading to small P)
  - 2. Negative evaluation of future.
- b. Mood Disturbance (E)
  - 1. Emotions of deep sadness, hopelessness, aloneness, rejection, indifference, suicidal desires
- c. Behavioral Disturbances (V)
  - 1. Decrease in activity
  - 2. Appetite loss
  - 3. Reduced sexual desire
  - 4. Sleep Problems
- d. Somatic Complaints (as a physical being)

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<sup>92</sup>Lawrence J. Crabb, *Basic Principles of Biblical Counseling* (Grand Rapids: Zondervan Publishing House, 1975).

- e. Irregular pattern of physical complaints (e.g. chest pain, joint stiffness, headaches, dizziness).<sup>93</sup>

The approach Crabb takes regarding the counsel of clients (CE) with depressive disorders is based upon his assumption that people get depressed when: "Step #1: They fail to reach a goal which they believe they must reach to establish their worth. Step #2: They perceive that continuing efforts to reach that goal may never be successful. Step #3: They therefore quit trying to work toward a goal."<sup>94</sup> Here Crabb's counseling approach is to work within the "rational layer" of the CE by leading the client to understand he or she has a wrong belief about attaining needs (significance and security). By the use of Scripture, the client is taught to accept the fullness found in a relationship to Christ and therefore, by finding needs met, refocus life goals to a Biblical pattern, and avoid the emotional distress (depression) of a sense of failure (164-166).

Crabb charts the development of various degrees of depression using his layer theory. He also acknowledges that some feelings of depression have an organic basis and advises medical procedures. Crabb advises that when

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<sup>93</sup>Crabb, *Training Manual*, 2:162.

<sup>94</sup>Ibid., 163.

depression is severe to the point in which a relationship with the sufferer is not progressing, the sufferer should be referred to a physician.<sup>95</sup> After presenting from experience and Biblical models, a challenge for church communities to minister among themselves through authoritative words (Scripture exhortation) and confessional words (personal accountability), Crabb makes distinction regarding the counseling of "empirically researchable concerns" by trained professionals. Into this category, Crabb includes "psychotic reactions, severe affective disturbances (especially bipolar reactions and clinical depression), obsessive-compulsive disorders" (203).

With a similar approach to Crabb, Norman Wright focuses on the need for changing negative thinking patterns in *Beating the Blues*.<sup>96</sup> Wright offers ten of the most common characteristics of the depressed, such as "feeling down" (24) and "loss of perception" (27). He supports these with references to Bible passages such as Ps. 88:1, 3, "O LORD God of my salvation, I have cried day and night before thee. . . . For my soul is full of troubles: and my life draweth nigh unto the grave." However, his characteristics are

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<sup>95</sup>Ibid., 169.

<sup>96</sup>H. Norman Wright, *Beating the Blues* (Ventura: Regal Books, 1988).

stated with no Biblical or clinical support offered.

Wright states that "the wound of sadness is tied to guilt, emptiness, and doubt"<sup>97</sup> and refers to Christ's invitation to take His yoke (Matt. 11:28-30) as the solution. Similarly, the author states that depressed people lose perspective. Following which, Wright cites Jesus' healing of the blind man in Mark 8:22-25 as a text to change the distorted lens of the mind.

Wright's approach to dealing with depression is based upon finding the "trigger" and adjusting the negative thinking. He offers two suggestions: (1) To use a stopwatch and notebook to record the time of negative thoughts against positive thoughts. This discipline, Wright suggests, will demonstrate how little that negative thoughts are actually a part of life. (2) To write Phil. 4:6 on a three-by-five inch card and each time a negative thought comes, read the card out loud to defeat the negative thoughts.<sup>98</sup> Wright also offers positive steps in overcoming depression by listing critical questions to ask oneself in the areas of awareness, motivation, decision, and actions. Finally, Wright suggests each sufferer commit to examining habits, staying active, and communicating feelings with others (126).

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<sup>97</sup>Ibid., 25.

<sup>98</sup>Ibid., 45.

Also writing from the integrationist perspective, Gary Collins, in *Christian Counseling: A Comprehensive Guide*, lists seven major categories of causes for depression with six options for its treatment.<sup>99</sup> Collins bases his approach on what he terms "a new foundation for psychology," which he defends in his book *The Rebuilding of Psychology*.<sup>100</sup> Regarding the counsel of clients with emotional problems, Collins's approach is to attempt to understand the causes of feelings and to help overcome unhealthy emotional experiences or to express feelings in more acceptable ways. This approach is in place of that which calls patients to "snap out of it."<sup>101</sup>

Collins's premise is that "depression is a clinical term not discussed in the Bible even though the conditions appear to have been common."<sup>102</sup> Collins refers to Pss. 69, 88, and 102 and specifically quotes Ps. 43:5--"Why art thou cast down, O my soul? and why art thou disquieted within me?"--as David's expression of depression. The author also

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<sup>99</sup>Gary Collins, *Christian Counseling: A Comprehensive Guide* (Dallas: Word Publishing, 1988).

<sup>100</sup>Gary Collins, *The Rebuilding of Psychology* (Wheaton: Tyndale House Publishing, 1977).

<sup>101</sup>Gary Collins, *Man in Motion: The Psychology of Human Motivation* (Carol Stream, Ill.: Creation House, 1973), 54.

<sup>102</sup>Collins, *Comprehensive Guide*, 106.

refers to such Bible characters as Job, Moses, Jonah, Peter, and the whole Israelite nation as having experienced depression. He offers no further use of Biblical texts to either diagnose or offer direction in treatment of depression. Collins suggests the causes are grouped into two main categories: genetic-biological and psychological-cognitive. His six treatment approaches are as follows: (1) "dealing with the physiology" (112), (2) "dealing with the causes" (112), (3) "dealing with thinking" (113), (4) "dealing with inactivity" (114), (5) "dealing with environment" (114), and (6) "dealing with the potential for self-harm" (114).

Some of the integrationalists take more of a "step-by-step" approach to the treatment of depression. Josh McDowell offers eight major causes of depression in *Josh McDowell's Handbook on Counseling Youth*: biological factors, learned helplessness, parent rejection, abuse, negative thinking, life stress, anger, guilt.<sup>103</sup> He offers a short discussion of each. Similarly, David Seamands, in *Healing for Damaged Emotions*, suggests six pointers to help Christians cope with depression: avoid being alone, seek help from others, sing, praise and give thanks, lean heavily on the power of God's

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<sup>103</sup>Josh McDowell, *Josh McDowell's Handbook on Counseling Youth* (Dallas: Word Publishing, 1996).

Word, and rest confidently in the presence of God's Spirit.<sup>104</sup> Although both McDowell and Seamands make reference to Biblical resources, neither offers specific Bible texts to diagnose or treat depression sufferers. Rather, they present a counseling philosophy dependent largely on psychological counseling models.

James L. Christensen is another popular integrationist. Throughout his manual entitled *The Pastor's Counseling Handbook*, Christensen offers six points of advice in counseling the depressed: (1) do not offer easy, flippant advice, (2) do not wait for suicidal tendencies before acknowledging psychiatric assistance, (3) assure the counselee of hope and cure, (4) encourage continued religious practices, (5) visit the counselee and offer prayer, and (6) continue counsel throughout convalescence (84-85). The author cites seven Biblical passages in counseling the depressed--Heb. 11:1; John 10:10; 2 Pet. 3:9; Matt. 11:28-30; Isa. 40:28-29, 31; Ps. 34:4-8; Rom. 8:31-39--but offers no commentary or suggestion of Biblical approach.<sup>105</sup>

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<sup>104</sup>David A. Seamands, *Healing for Damaged Emotions* (Colorado Springs: Chariot Victor Books, 1991).

<sup>105</sup>James L. Christensen, *The Pastor's Counseling Handbook* (Old Tappan: Fleming H. Revell Co., 1963).

*Critical Literature of  
Integrationist Perspectives*

The growing number of Christian writers who are advocating the integrationist approach has given rise to much criticism. In *Introduction to Biblical Counseling*, John MacArthur explains that while the secular world is disaffected by professional psychotherapy, the Christian world is trying desperately to model its approach after the secular, resulting in a growing commitment among Christians to psychology rather than Biblical truth. He considers the term *Christian psychology* an oxymoron and claims that the infusion of psychology into Christian teaching has "blurred the line between behavioral modification and sanctification."<sup>106</sup> Although critical of present-day integrationist counseling in its introduction, MacArthur's book is a "basic guide to the principles and practice of counseling" from a Biblical perspective. Nevertheless, his book points to the area of greatest criticism--the integrationist's replacement of Bible truth with human understanding.

Not only does John MacArthur express concern, but also do Martin and Deidre Bobgan. In *Psychoheresy* these authors challenge the integrationist approach. They state that

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<sup>106</sup>MacArthur and Mack, *Counseling*, xiii, 10.

"well-meaning psychologists who profess Christianity have merely borrowed the theories and techniques from secular psychology"<sup>107</sup> and as a result have developed systems of counsel and care apart from Scripture. Like Thomas Szasz, Martin and Deidre Bobgan trace the influence of Franz Anton Mesmer to Freudian doctrine, demonstrating that both Mesmer and Freud were mere prophets of a new religion, complete with its dogmas and beliefs. They also expose the false claims and empty promises of popular "Christian psychologists" who promote "misbelief therapy" and misapplied truth. By comparing many quoted promises of prominent integrationist counselors and writers with Bible passages, the Bobgans present a convincing case that believers need to choose between God's truth and man's error when looking for answers to depression.<sup>108</sup>

Martin and Diedre Bobgan, in *The Psychological Way*, are very pointed in regard to the inconsistency of the church in matching belief to practice, especially in terms of dealing with mental and emotional disorders. With a clear nouthetic approach, they state unequivocally the essentiality of Biblical foundation for dealing with emotional disorders: "We maintain that God and His work

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<sup>107</sup>Bobgan and Bobgan, *Psychoheresy*, 5.

<sup>108</sup>Ibid.

provide a completely sufficient foundation for mental emotional health and the Bible is the repository for the healing balm for all non-organically based mental emotional disorders."<sup>109</sup> In an effort to raise awareness about the possible ill effect of psychoanalysis Martin Bobgan suggests that at best "psychotherapy helps some people at the risk of harming others."<sup>110</sup>

Martin and Diedre Bobgan challenge believers to review their understanding of acceptable therapy approaches for mental and emotional disorders. While not minimizing the burden such challenges can bring, they offer sound warning based on the slow but sure acceptance of modern psychotherapy within the church. The essence of their warning is that Christians were probably naturally suspicious of psychotherapy at the beginning but now they have uncritically accepted it, fearing to challenge a system they do not understand, and losing confidence in spiritual solutions.<sup>111</sup>

Other critics of the integrationist approach are Dave Hunt and T. A. McMahon. They challenge the Christian who beats a path to the door of psychology by their book *The*

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<sup>109</sup>Bobgan and Bobgan, *The Psychological Way*, 11.

<sup>110</sup>Ibid., 24.

<sup>111</sup>Ibid., 25.

*Seduction of Christianity*. While repeating much of what others have said regarding false promises and misapplied Scriptures, Hunt and McMahon also address what they consider to be a major issue--"the power of experiences."<sup>112</sup> They warn Christians against the seductive power of occult-styled therapy which focuses on such experiences as visualizing Jesus, or praying through imagination. In demonstrating how such methodology leads Christians away from God's Word, they expose the heresy of such teaching. By clear Bible teaching, Hunt and McMahon also expose the self-idolatry and self-love foundation of what they call the New Age "paradigm shift" taking place in the thinking of many church leaders. Their challenge for Christians is simply "God's Word offers the best of counsel in every area of human behavior and relationships."<sup>113</sup> Their counsel is for Christians to seek God's Word and Christian counsel focused solely on God's Word.

Another critic of the integrationist approach is Ed Bulkley. In *Why Christians Can't Trust Psychology*, Bulkley demonstrates the inconsistency and disharmony of the integrationist approach in seeking to embrace secular

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<sup>112</sup>Dave Hunt and T. A. McMahon, *The Seduction of Christianity* (Eugene, Oreg.: Harvest House, 1985), 175.

<sup>113</sup>*Ibid.*, 209.

approaches to counseling with Bible truth. He also traces what he sees as the myths of psychology: that it is scientific, that it is effective, that it is motivated by compassion, that psychological labels such as those used to identify the temperaments are accurate, that it is trustworthy, and that it can heal the past. Bulkley devotes a chapter to each one of these areas, using Scripture to support his conclusion that they are indeed "myths," or fabrications of truth. In this book, Bulkley presents a Biblical foundation for counseling that in itself offers a Scriptural critique of any counseling method not completely reliant upon God through His Word. His conclusion is clearly stated: "Psychology points man to self. The Bible points man to God."<sup>114</sup>

As earlier mentioned, the area of greatest criticism is the integrationist's replacement of Bible truth with human understanding. There is another area of criticism, less addressed, but documented as well. This criticism deals with "Christian psychology" and the theology of suffering. Both Jim Owen in *Christian Psychology's War on God's Word*, and William K. Kilpatrick in *Psychological Seduction* challenge the theology of suffering held by "Christian Psychologists." Owen traces Biblical evidence of the role of

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<sup>114</sup>Bulkley, *Why Christians Can't Trust*, 326.

affliction as part of the believer's union with Christ and rebukes counsel that dismisses suffering as outside God's will. He suggests that seeking deliverance from suffering, as psychology legitimizes, leaves the Christian community spiritually impoverished.<sup>115</sup>

In a similar manner, William Kilpatrick contends that in psychology suffering has no meaning while in Christianity, suffering has great meaning. He demonstrates that some pain or suffering is beneficial, unavoidable, and wasted when viewed as something to be delivered from as psychology contends. He concludes: "The proper Christian emphasis is not on *our* efforts, *our* abilities, or even *our* faith. It is on our faith in *God*."<sup>116</sup>

The critiques of the integrationist perspective demonstrate that within the Christian context a number of counselors and writers view the present tendency of the church to move toward the integrationist approach in its many models as dangerous. As Ed Bulkley explains: "I readily admit that some of what integrationalists write is helpful and Biblically solid. The danger is found in the integrationist's foundation, which rests upon the

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<sup>115</sup>Jim Owen, *Christian Psychology's War on God's Word* (Santa Barbara, Calif.: EastGate Publishers, 1993).

<sup>116</sup>William K. Kilpatrick, *Psychological Seduction* (New York: Thomas Nelson Publishers, 1983).

psychological concepts of man rather than on the scriptural precepts of God."<sup>117</sup>

### *The Nouthetic Perspective*

In contrast to the integrationist perspective which seeks to mix the secular with Scripture, the nouthetic perspective seeks to remain entirely Bible centered. The term *nouthetic* was coined by Jay Adams who referred to this approach in terms of Biblical confrontation. His commitment to Scripture as the final authority for life and practice is evident. He states: "Nouthetic confrontation is, in short, confrontation with the principles and practices of the Scriptures . . . bringing God's Word to bear upon peoples' lives in order to expose sinful patterns, to correct what is wrong, and to establish new ways of life of which God approves."<sup>118</sup>

Adams sets forth the importance of the Christian faith, the role of believers and the place of church leadership in meeting the needs of the church. He lays a framework of understanding regarding the healing ministry of the gospel message. Adams raises a red flag of warning regarding the departure from Scripture application in

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<sup>117</sup>Bulkley, *Why Christians Can't Trust*, 32.

<sup>118</sup>Adams, *Competent*, 50-51.

Christian counseling. He believes that the great deficit today in pastoral counseling is communication: "Preachers once were known as the people who talked to other people about their problems. They used to direct people to God's solutions as they are found in the Scriptures but it is strange how modern preachers have learned to keep their mouths shut when listening to people's troubles."<sup>119</sup>

One of Adams's main tenets is that the excuse of mental sickness has been used for giving people the opportunity to be irresponsible in their actions. He states: "Christians must counsel people very differently. This is because we begin with an entirely different assumption."<sup>120</sup> In expressing the essence of that assumption as a root problem with disobedience, Adams presses for a call to accountability and focuses the need for counseling at that point. He views this lack of counseling accountability within the American Christian churches as a source of great weakness.

Adams's approach to depression is evident in his chapter entitled "Helping Depressed People" in *The Christian Counselor's Handbook*. Here he suggests that depression is

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<sup>119</sup>Jay E. Adams, *The Big Umbrella; And Other Essays on Christian Counseling* (Nutley, N.J.: Presbyterian & Reformed Publishing Co., 1972), 7.

<sup>120</sup>Ibid., 42.

the resultant downward emotional spiral caused by the mishandling of adverse circumstances such as illness, hormonal changes, and work-related pressures. Adams points to Prov. 5:21-22 for Biblical support of his position: "For the ways of man are before the eyes of the LORD, and he pondereth all his goings. His own iniquities shall take the wicked himself, and he shall be holden with the cords of his sins." By citing the example of Cain, Adams points out that sinful habits are hard to break and follow the pattern of good feelings, problem, sinful response, complications, additional sinful responses, and bad feelings.<sup>121</sup>

Adams challenges depression sufferers with the words of God to Cain: "Why art thou wroth? and why is thy countenance fallen? If thou doest well, shalt thou not be accepted? and if thou doest not well, sin lieth at the door. And unto thee shall be his desire, and thou shalt rule over him" (Gen. 4:6-7). Paraphrasing the passage Adams suggests that God said: "If you do right, you will feel right." Adams's conclusion is straightforward: "Depression is the result of the counselee's sin."<sup>122</sup> In this text Adams teaches that the Christian counselor's responsibility is to lead the

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<sup>121</sup>Jay E. Adams, *The Christian Counselor's Manual* (Grand Rapids: Baker Book House, 1973), 376.

<sup>122</sup>*Ibid.*, 378.

sufferer of depression to repentance by the effective use of the Word of God: "There is in the gospel of Christ a way out of circumstances that before seemed to lead only to despair."<sup>123</sup>

Specific to Adams's approach regarding depression, in *Competent to Counsel*<sup>124</sup> he cites Ps. 32:4: "Day and night thy hand was heavy upon me"; Ps. 51:3: "and my sin is ever before me"; Ps. 51:8: "Make me to hear joy and gladness; that the bones which thou hast broken may rejoice"; and Ps. 38:3-5: "My wounds stink and are corrupt because of my foolishness" as parallel passages expressing the same severity of depression resulting in physical distress. In each text, Adams points to the fact that confession of sin was the road to happiness as David's words in Ps. 32:1-2 give evidence. Adams further suggests that peace of mind and long life come through keeping God's commandments. He draws this Biblical principle from Proverbs which says that departing from evil and reverting to God brings "health to thy navel, and marrow to thy bones" (Prov. 3:8).

With a similar nouthetic approach Mel Lawrenz and Daniel Green champion their "Strategic Pastoral Counseling" model. They suggest three stages of counseling: encounter,

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<sup>123</sup>Ibid., 283.

<sup>124</sup>Adams, *Competent*, 116-121.

engagement, and disengagement, and stress Biblical solutions. They call upon counselees to be open to a direct presentation of special truths, offering "the possibility of a new and helpful perspectives on one's situation."<sup>125</sup>

In reference to God's promises of help, the authors preface several of their chapters with the Bible texts Ps. 57:1, Job 5:11, and Matt. 5:4. As well, Lawrenz and Green offer Bible guidelines to Christian counselors. They address the importance of weighing every word in counsel: "Death and life are in the power of the tongue" (Prov. 18:21) and "A word fitly spoken is like apples of gold in pictures of silver" (Prov. 25:11). They suggest that Christian counsel embraces the dynamic of "borrowed strength" as Paul addressed in 2 Cor. 11-13 and as should be evident in healthy Christian communities.<sup>126</sup>

Another author claiming a nouthetic approach is Charles Solomon. His *Handbook to Happiness* is a defense of what he calls "Spiritotherapy." In this text the author states: "It is a thesis of the Word of God and consequently a spiritual therapy that the abundant life and anxiety are

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<sup>125</sup>Mel Lawrenz and Daniel Green, *Overcoming Grief and Trauma* (Grand Rapids: Baker Book House, 1995), 22.

<sup>126</sup>Ibid., 149.

mutually exclusive."<sup>127</sup> Solomon presents charts and graphs as well as Bible texts to demonstrate the necessity of spiritual growth. Centering on the Spirit of God as the true healer and the One who will meet all our needs in every area, this book focuses on defining and solving spiritual problems from the perspective of spiritual growth patterned in the journey of Israel from Egypt to Canaan.

Solomon identifies five stages of believer growth: in Egypt--influenced by the world, crossing the Red Sea--saved, in wilderness wanderings--immature, through the Jordan--released from control of self, and in the land--bondage to Christ. He maintains that the purpose of the counselor in Spirituotherapy is to act as spiritual guide, giving the most direct route to spiritual maturity while explaining the stops and detours on the way. Spirituotherapy is void of acknowledgment of any other causes of depression other than spiritual, defined as an internal temper tantrum.

Also writing from the nouthetic perspective of Christian counseling is Louise Caldwell. In *Something Good for Those Who Feel Bad: Positive Solutions for Negative Emotions*, Caldwell deals with the less intense side of depression. Basically dealing with emotional stress, Caldwell suggests that the single solution is found in an

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<sup>127</sup>Solomon, *Handbook*, 18.

understanding of the relationship between the believer and Christ in which, because we are in Christ, we can deny negative feelings and claim the promises of God to overcome emotional struggles. She states that the abundant life which Christ promises "can be ours no matter how we feel" and that "inherent in that abundant life are positive strategies and adequate resources for dealing with our negative emotions."<sup>128</sup> The author suggests that only at the very severe end of depression would people need to seek counsel.

Caldwell sets forth her purpose as an attempt to interpret the meaning of the gospel in connection with our emotions by leading counselees to the abundant life in Christ, despite how they may feel. She suggests that "inherent in that abundant life are positive strategies and adequate resources for dealing with our negative emotions."<sup>129</sup> Of interest to Christian readers is the author's use of Christian testimony such as depression sufferer J. B. Phillips to support her approach: "It is much more than a crumb of comfort to know that whatever we feel, God knows all about it, even when we find it next to impossible to pray. I am basically convinced that He

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<sup>128</sup>Louise Caldwell, *Something Good for Those Who Feel Bad: Positive Solutions for Negative Emotions* (Grand Rapids: Baker Book House, 1985), 10.

<sup>129</sup>*Ibid.*, 10.

understands this too. I have been through prolonged periods of utter darkness and a good deal of mental pain and have, by the grace of God, won through."<sup>130</sup>

While also holding a nouthetic approach to Christian counseling, D. Martin Lloyd-Jones provides a sermonic approach to depression in *Spiritual Depression: Its Causes and Its Cures*.<sup>131</sup> The author's focus is on spiritual depression, that state of "disquieted soul" mentioned in Ps. 42:5 and 11, and common among God's people when "they talk to themselves and to their souls, baring their hearts, analyzing their problems, chiding and encouraging themselves."<sup>132</sup> Although this category of depression falls within normal depression, the author's exposition contributes to the understanding of depression evident in Scripture. The fundamental text from which Lloyd-Jones draws his sermon is the three times repeated phrase: "Why art thou cast down, O my soul? and why art thou disquieted in me? hope thou in God: for I shall yet praise him for the help of his countenance" (Ps. 42:5, similarly expressed in 42:11, 43:5). Citing these texts as the psalmist's description of

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<sup>130</sup>J. B. Phillips. *The Wounded Healer* (Grand Rapids: Eerdmans, 1984), 109-110; quoted in Caldwell, *Something Good*, 118.

<sup>131</sup>Lloyd-Jones, *Spiritual Depression*.

<sup>132</sup>*Ibid.*, 9.

his unhappiness, the author defines his subject as "spiritual depression," gives its causes, and explains the way in which it should be treated.

Lloyd-Jones suggests that the primary cause of spiritual depression is unbelief. By reference to the life of John Wesley, he suggests the possibility of seeking to serve God without true salvation experience. He points to the essence of justification by faith declared in Romans chapters 1 through 5 as ground for peace of mind. Further causes of spiritual depression are addressed by the author from a variety of Bible texts. Some examples of these are from Mark 8:22,26, lack of clarity in spiritual vision; from Rom. 6:17, failure to realize that the Christian life is a whole life; from 1 Tim. 1:16, failure to apply the teaching of forgiveness regarding past sin; from 2 Tim. 1:7, lack of trust in God regarding the future; and from Heb. 12:5-11, failure to realize that God uses various means to work the believers' sanctification.

Lloyd-Jones suggests that there are any number of causes for spiritual depression, all of which can find resolution from three Bible truths: God will provide peace of mind by faith through prayer as promised in Phil. 4:6-7, believers can learn to be content in Christ in every circumstance as Paul testified in Phil. 4:10-12, and God can

enable every believer with sufficient strength to bear any burden (as declared by Paul in Phil. 4:13). In this text, Lloyd-Jones is committed to dealing with Biblical teaching and Biblical examples regarding emotional problems among God's people. While declaring with Scriptural authority that the cause of all spiritual depression is unbelief, this fact is a truth he does not apply to the deeper struggle of depression.

Lloyd-Jones examines the Biblical evidence for consideration of temperaments, physical condition, and demonic influence upon emotional instability. In so doing, the author lays out a foundation of Biblical truth for emotionally distraught believers. He demonstrates the sufficiency of Christ, the work of salvation, the liberation of the Spirit, the role of faith, and the place of repentance in dealing with bouts of spiritual depression.

As well, the author dispels such false assumptions as "falling back to works salvation," so often made when emotional distress is experienced by Christians. Yet Lloyd-Jones is not too reserved to use Scriptural injunction in challenging the believer to the spiritual disciplines so vital for victory in Christ. The implications of the author's call to faith in the character of God and salvation to the depressed Christian are meaningful and will be

examined in greater detail in a later chapter.

Another sermonic text dealing with depression which embraces the nouthetic approach is William Bridge's *A Lifting Up for the Downcast*. This text consists of thirteen sermons on Ps. 42:11: "Why art thou cast down, O my soul? and why art thou disquieted within me? hope thou in God: for I shall yet praise him, who is the health of my countenance, and my God."<sup>133</sup> Here the author supports the reality of the people of God experiencing discouragement to the point of affecting the whole body. His support is founded upon the theme text of Ps. 42:11 with passages from the Psalms such as Ps. 77:3, "I remembered God and was troubled," and Ps. 102:4-6: "My heart is smitten, and withered like grass; so that I forget to eat my bread. By reason of the voice of my groaning my bones cleave to my skin. I am like a pelican of the wilderness: I am like an owl of the desert." As well, the author draws support with reference to Bible characters such as Jeremiah and Job.

Bridge offers six reasons for the people of God to suffer such emotional despondency:

1. God deals with His children according to their various dispositions.
2. God makes His peace special by its occasional loss.

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<sup>133</sup>William Bridge, *A Lifting Up for the Downcast* (London: Banner of Truth Trust, 1961).

3. God prevents His people from loving His grace and love (His nurses) more than Himself.
4. God perfects His people through trial.
5. God prevents His people from growing vain and wanton.
6. God uses suffering as a surgical knife to remove things inappropriate for God's people.<sup>134</sup>

Bridge's counsel in depression is a simple call to study the Scriptures as David did, "In the multitude of my thoughts, O Lord, thy comforts have comforted my soul" (Ps. 94:19).<sup>135</sup> With various texts of Scripture, Bridge offers God's ministry of "lifting up the downcast" in the case of great sins, weak grace, miscarriage of duties, lack of assurance, temptation, desertion, unserviceableness, and temperament-imposed despair. The author's conclusion is that faith in Jesus Christ is the ultimate cure. From a solid Biblical perspective, Bridge offers counsel for the discouraged. While primarily dealing with spiritual depression that would fall into this study's *mild depression* category, the focus on the nature and character of God in disciplining and strengthening His own in love and guaranteeing their victory in promise has practical implications for the depressed as well.

Also writing from a nouthetic position, Gary L. Almy,

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<sup>134</sup>Ibid., 32-34.

<sup>135</sup>Ibid., 45.

in *How Christian Is Christian Counseling?* suggests that the modern secular and integrationist definition of depression is reduced to something bad outside of us or to chemical aberrations inside of us.<sup>136</sup> After presenting a brief summary of the evidence of depression in Scripture, he concludes that the world's view of depression and that of the Bible are incompatible and suggests that a radical departure from the world's approach is called for (309). Almy demonstrates this incompatibility by first comparing the six "pillars of insight-oriented psychotherapy" (17-30) from Freudian theory to the "six fundamentals of authentic Biblical counseling" (31-67). Having detailed the foundational differences between secular and Biblical counseling, Almy presents a Biblical approach to Depression. The essence of his approach is to see depression as it pertains to suffering in general (309).

With this approach in view, Almy offers four conclusions for ministering to the depressed. Summarized, they are given below:

1. Individual judgment before God eliminates the avenue of blaming depression on circumstances, other individuals, or the past.
2. Because only God knows the heart of individuals, no techniques exist which reliably reveal the cause of

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<sup>136</sup>Gary L. Almy, *How Christian Is Christian Counseling?* (Wheaton: Crossway Books, 2000), 306.

depression. The only tools for counsel are the Holy Spirit and the Word of God.

3. It is outside the power of the counselor to alter another person's life. God alone controls human destiny.
4. Depressed individuals must be reminded that thoughts of suicide, focus on self, bondage to hopelessness and passing blame are sinful decisions that detour the needful focus of serving God.<sup>137</sup>

Leslie Virgo in *First Aid in Pastoral Care*<sup>138</sup> sets forth a nouthetic approach to counseling based upon looking at the response of God in the understanding of pastoral care. Citing Genesis chapters 1, 22, and so on, he focuses on the act of God in blessing, which in turn, creates growth as people respond to God's blessing. Quoting 1 Cor. 3:6, "I have planted, Apollos watered; but God gave the increase," Virgo suggests that such an approach to care and counsel will avoid too high an opinion of oneself and will liberate pastoral care from an overidentification with psychology.

Although Virgo does not address depression specifically, he does maintain that through the Scriptures pastoral care can take man to the "berakah" of God: God's acts of blessing toward man. Quoting John 14:27 and John 20:21, "Peace I leave with you, my peace I give unto you," Virgo suggests that this blessing is made complete in

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<sup>137</sup>Ibid., 310-318.

<sup>138</sup>Leslie Virgo, *First Aid in Pastoral Care* (Edinburgh, Scotland: T.&T. Clark, 1987).

the resurrection and is practically available to all as the promise of peace. The author's understanding of the healing power of the "berakah" of God is expressed clearly as a source of strength: "Blessing is the inner strength of the soul and the happiness it creates. The blessing may be stronger or weaker and, according to the different personalities of souls, it may be of an entirely different kind. . . . All that has the vitality, also has the blessing, for the blessing is the life power."<sup>139</sup> Referring to John 8:28, "When ye have lifted up the Son of man, then ye shall know that I am he," Virgo suggests that the role of counselor is to bring the counselee to the life of Jesus who incarnates the blessing--the vital life and power of being. He suggests the counselor is to push against all unresponsiveness in order to see realized in each counselee his true stature.

A number of books embracing a nouthetic approach to depression are written from a Christian biographical perspective. These books offer first-hand experience of the trauma of mental and emotional disorders associated with depression and have provided a sense of hope for many as they focus on the Biblical answers others have found. One such book is Elizabeth Skogland's *More than Coping*. Here

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<sup>139</sup>Ibid., 15.

Skogland examines several areas of Christian suffering from the sermons, letters, and private correspondences of prominent Christian leaders. Among these is an examination of "Coping with Depression: An Insight into the Life of Charles Spurgeon." Here the author documents specific references to Spurgeon's degree of suffering from depression. She traces probable causes from the October 19, 1856, fire panic at New Park Street Chapel in which seven were killed, to Spurgeon's self-determined writing demands, which were a "drudgery to him."<sup>140</sup>

By examining Spurgeon's own writing, Skogland pinpoints Spurgeon's understanding of the reasons and principles of approach to depression. She identified four times when depression would come upon Spurgeon: "in the hour of great success," "before any great achievement," "in the midst of a long stretch of unbroken labor," and "at random and unexplainable times."<sup>141</sup> According to Skoglund, Spurgeon affirmed the following purposes of God for his servants in coping with depression: to hide pride from the worker, to bring glory when a servant is led to magnify Him in recovery, to affirm Christ as a very present help in

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<sup>140</sup>Elizabeth Skoglund, *More Than Coping* (Minneapolis: World Wide Publications, 1979), 11.

<sup>141</sup>*Ibid.*, 9-11.

trouble, to discipline His best-loved ones, to learn lessons that we never could attain elsewhere, and to better equip the servant of God to do good to others (12-27). To the Christian sufferer of depression, Skoglund emphasizes that there are multiple psychological and physical implications relating to depression, that some emotional problems are not spiritually related at all and should not be viewed with guilt. In *More than Coping* Skoglund pointedly affirms that help is found in Christ (14).

In *Bright Days, Dark Nights*, Skoglund specifically examines Spurgeon's teaching regarding emotional pain. In the chapter on depression the author cites the tragedy which precipitated Spurgeon's own struggle with depression and summarizes Spurgeon's understanding of the causes of depression as evidenced in his published and unpublished sermons and writings.<sup>142</sup> Skoglund reports that Spurgeon's writings suggest the following causes of depression: times of success, unbroken labor, disloyalty of friends, compounded trials. Also, according to Skoglund, Spurgeon's writings include specific causes of depression among church leadership. These causes include the unbelief of people, long study hours with little exercise, the isolation of

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<sup>142</sup>Skoglund, *Bright Days*, 63-87.

spiritual leaders, and unconfessed sin.<sup>143</sup>

In summarizing Spurgeon's concept of depression, Skogland cites the various Biblical texts he refers to and how they have influenced Biblical understanding of depression: Job 24:12, "Men groan from out of the city, and the soul of the wounded crieth out: yet God layeth not folly to them." This verse suggests that in the Christian community, depression is not necessarily a sin to be confessed and should be met with compassion. Jesus' words to affirm this conclusion: Matt. 5:4, "Blessed are they that mourn: for they shall be comforted." Citing Zechariah 4:6, "Not by might, nor by power, but by my spirit, saith the LORD of hosts," the point was made that God's providential leading includes bouts of depression to further equip the minister for service. The promise of God's strength is available to cope. In investigating the published and unpublished writings of Spurgeon regarding depression, Skogland offers hope as "we cling to life even in the darkness" from Ps. 102:23-24: "He weakened my strength in the way; he shortened my days. I said, O my God, take me not away in the midst of my days."<sup>144</sup>

Another advocate of the nouthetic approach is George M.

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<sup>143</sup>Ibid., 71-76.

<sup>144</sup>Ibid., 79.

Ella. He promotes the nouthetic approach by analyzing a historical Christian figure's struggle with depression in *William Cowper, The Man of God's Stamp*. After briefly detailing the history of Cowper's depressive episodes, Ella challenges the assumption of earlier biographers who have "sought to imitate secular critics in psychoanalyzing Cowper,"<sup>145</sup> and therefore have misrepresented the truth. He refutes two common false assumptions regarding Cowper: that Cowper's "stricken deer" words from his poem "The Task" are a testimony of his depression due to evangelical fanaticism and that Cowper's depressive bouts were the result of his adherence to Quietistic sectarian beliefs. On the contrary, Ella compares the emotional expressions of Cowper in "The Task" to the panting hart of Ps. 42:1, "As the hart panteth after the water brooks, so panteth my soul after thee, O God" and the archers of Job 16:13, "His archers compass me round about," and suggests the source of hope in God found during depression is equal to a lost man being found by God, Who sought him.<sup>146</sup>

In this book, Ella traces Cowper's simple faith in the loving character and sustaining grace of God. While

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<sup>145</sup>George M. Ella, *William Cowper, The Man of God's Stamp* (Dundas: Joshua Press, 2000), 150.

<sup>146</sup>Ibid., 149.

admitting to the severity of Cowper's depression, by examining Cowper's published writings with respect to the time they were written as well as appropriate private letters of Cowper's, Ella demonstrates the steadfast hope of Cowper during depressive traumas. Ella compares Cowper to Biblical Job; yet in distinguishing the difference at the end of their respective lives, Ella offers a hopeful perspective on Cowper's tragic suicidal-death, despite his succumbing to depression.

From a modern-day examination of Christian struggle with depression, John Timmerman's *A Season of Suffering: One Family's Journey through Depression* chronicles a family's struggle with depression. This depression was turned around with treatment which included electro-convalescent therapy. The book is focused on a clearly stated purpose: "We will consider four major questions about depression in this book. First "What is it like?" Second "What is depression?" Third "What can others do about depression?" Fourth, "How do we understand depression in the Christian life?"<sup>147</sup> In this book the author, who deals with his family's struggle with depression, admits that they waited too long to get help, suggesting there is a need for identification of certain

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<sup>147</sup>John H. Timmerman, *A Season of Suffering: One Family's Journey through Depression* (Portland, Oreg.: Multnomah Press, 1987), 60.

signs: "Affective signs include states of feelings ranging from mild blues to severe despair. The depressed person feels some great degree of anxiety, worry, anger, confusion, and helplessness."<sup>148</sup>

Timmerman utilizes the testimony of the other Christians in the book to add to the practical teaching. One quotation from *The Banner* regarding depression is readily appreciated by any reader. In this quotation the severity of depression's effect and burden is expressed with clarity:

For me depression was being too tired to move . . . having recurring headaches that pounded perpetually exploding bombs, crying hysterically at almost anything, even the ring of the telephone or door bell . . . trying to read and being unable to get my eyes past the first word, seeing and hearing my baby cry but being too drugged to give her a bottle, believing my children would be better off with a mother other than me, knowing that God wanted no part of me.<sup>149</sup>

With such added Christian testimony, Timmerman points to the true debilitating nature of depression. He further reflects the need to be aware of small improvements and minor changes as "points to signal new beginnings"<sup>150</sup> and goes on to address the differences within the family after struggling with a depressive disorder. Although reflecting the author's

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<sup>148</sup>Ibid., 45.

<sup>149</sup>Lillian Grison, "His Way Is in the Sea," *Banner*, 14 October 1985, 23.

<sup>150</sup>Timmerman, *A Season*, 149.

confidence in and help through the Word of God, the book focuses on the experiences of a depression sufferer rather than Biblical teaching.

#### Summary of Christian Perspectives

As with the secular approaches, there seems to be no limit to the Christian books and approaches to the treatment of depression. There is a growing volume of Christian literature focusing on depression. As with the secular approaches, the Christian approaches embrace multiple perspectives. Many Christian approaches even include the secular perspectives and theories. This fact has caused a backlash of criticism within the Christian community.

This review of literature of the Christian approaches to emotional despondency affirms that the Christian community has identified it as a problem. The high volume of testimonial books and the high volume of Christian counseling books written to address the issue are apparent and confirm the Christian community's awareness of the large extent of the problem. The review further indicates that the Christian approaches are broad and often contradictory.

Although the purpose of this paper is to determine what the Bible says about emotional despondency, the research of the topic covered the broader record of secular as well as Christian approaches. The reason for this approach became

apparent as this researcher discovered that the great portion of modern Christian writing on the subject was founded upon secular theories of psychology. This literature review affirms the trend toward secularization of Christian approaches to depression. The volume of literature written from the integrationist view far exceeds that of the nouthetic view. As the title indicates, the Christian integrationist approach purposely seeks to embrace both Bible truth and human wisdom. The Bible itself warns against such an alliance:

Be ye not unequally yoked together with unbelievers: for what fellowship hath righteousness with unrighteousness? and what communion hath light with darkness? And what concord hath Christ with Belial? or what part hath he that believeth with an infidel? And what agreement hath the temple of God with idols? for ye are the temple of the living God; as God hath said, I will dwell in them, and walk in them; and I will be their God, and they shall be my people (2 Cor. 6:14-16).

This literature review of the current trends in diagnosis and treatment of depression confirms the multiplicity of such. This review also reinforces the confusing nature of these trends to the lay person, and the concerned church counselor. Such confusion only adds to the anguish of a Christian who suffers from depression when forced to make choices regarding personal therapy and prescribed treatment.

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