

# Psalm 77

## God's Cure for Depression

PART 1

### I. Introduction

The United States has seen a significant increase in anxiety and depression since the COVID pandemic began in early 2020. The Centers for Disease Control and Prevention put out a report in August 2020 about the impact of COVID-19 on the nation's mental health. According to the report, "Among people ages 18-24, one in four (25.5%) 'seriously considered suicide in the past 30 days,' according to the survey. That translates into 82.5 million young men and women across the country contemplating ending their lives. Furthermore, 40% of U.S. adults reported struggling with mental health or substance use in the prior 30 days, according to the CDC data."<sup>1</sup> The results of a survey conducted by the Mental Health America organization, found that in September 2020 the rate of moderate to severe anxiety and depression peaked with over 8 in 10 people scoring moderate to severe symptoms.<sup>2</sup> This means 80% of people you come across during daily life will be struggling with depression or anxiety. One online therapy/telehealth company reported a 65% jump in clients from mid-February to May 2020 showing how much people are looking for help.<sup>3</sup> The Kaiser Family Foundation found that 30% of adults in U.S. report having symptoms of anxiety or depression, but over 20% report needing, but not receiving, mental health counseling or therapy.<sup>4</sup>

1. What are some reasons "mental health/illness"<sup>5</sup> issues have skyrocketed during the pandemic? What are the dangers if it these issues go unaddressed in people's lives?
2. Why do Christians often feel intimidated or inadequate to address depression through biblical counseling?
3. How do 2 Peter 1:3 and 1 Timothy 3:16 encourage believers to wade into the water to help?
4. What is the problem with society referring to depression or anxiety as a "disorder" or "disease"? What is the solution to this problem?

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<sup>1</sup> <https://www.thenationalcouncil.org/press-releases/demand-for-mental-health-and-addiction-services-increasing-as-covid-19-pandemic-continues-to-threaten-availability-of-treatment-options/> Accessed January 22<sup>nd</sup>, 2021.

<sup>2</sup> "The State of Mental Health in America 2021" <https://mhanational.org/issues/state-mental-health-america>, Accessed January 22, 2021.

<sup>3</sup> William Wan, "The Coronavirus Pandemic is Pushing America into a Mental Health Crisis," The Washington Post, <https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/> Accessed January 22, 2021.

<sup>4</sup> "Mental Health and Substance Use State Fact Sheets" Published Nov. 19, 2020. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/> Accessed January 22, 2021.

<sup>5</sup> "Mental illness" is a term that, although it can refer to real problems, is loaded with meaning from the psychology world I do not agree with – in particular that anxiety and depression are an physical illness.

## II. Understanding Depression (What is it?)

1. What descriptive synonyms or words come to your mind when you hear the word depression?

### DSM-IV Criteria for Depression (*Diagnostic and Statistical Manual* – American Psychiatric Association)

1. “Five or more of the following symptoms have been present during the same two-week period and represent a change from previous function; at least one of the symptoms I either (1) depressed mood or (2) loss of interest or pleasure.
  - a. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.
  - b. Marked diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
  - c. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
  - d. Insomnia or hypersomnia [can’t stay awake] every day.
  - e. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
  - f. Fatigue or loss of energy nearly every day.
  - g. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilty about being sick).
  - h. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or observation made by others).
  - i. Recurrent thoughts of death (not just fear of dying); recurring suicidal ideation without a specific plan; or a suicide attempt or a specific plan for committing suicide.
2. The symptoms do not meet criteria for a Mixed Episode (fast manic depression -daily change for a week).
3. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
4. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
5. The symptoms are not better accounted for by bereavement; for example, after the loss of a loved one, the symptoms persist for longer than two months or are characterized by marked functional impairment, morbid preoccupation along with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.”<sup>6</sup>

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<sup>6</sup> Robert D. Smith, M.D. *The Christian Counselor’s Medical Desk Reference* (Stanley, NC: Timeless Texts: 2011), 222-223.



### c. The Problem with Calling Depression an Illness

#### i. It Disregards Objective Science and Pathology

“With depression, there is no proof that something is wrong with the body. The diagnosis ‘depression’ is based on thinking and behavior, not on something wrong with the body. The diagnosis is based on subjective criteria – not objective or empirical criteria. Subjective criteria come from the person’s description of his feelings and thoughts. The diagnosis is also based on an interpretation of the individual’s thinking and behavior. There is nothing wrong with any tissues of the body in depression. There are not laboratory tests that will show there is damage or malfunction of any body tissues; thus depression is not an illness. The use of chemicals that have definitely improved the feeling of depression has contributed to the idea that it is an illness...chemical imbalance is a theory, not a fact. The most popular theory today deals with serotonin...However, there is no test to prove there is an abnormal serotonin level in the body that produces depression.”<sup>10</sup>

#### ii. It Disregards the Bible’s Holistic View of Man (body/soul)

1. Our soul is embedded in the body
    - a. Gen. 2:7 *“then the LORD God formed the man of dust from the ground and breathed into his nostrils the breath of life, and the man became a living creature.”*
    - b. 2 Cor. 5:8 *“Yes, we are of good courage, and we would rather be away from the body and at home with the Lord.”*
  2. What happens to the body influences the soul
    - a. Job 2
    - b. Psalm 32:3-4 *“3 For when I kept silent, my bones wasted away through my groaning all day long. 4 For day and night your hand was heavy upon me; my strength was dried up as by the heat of summer. Selah”*
  3. What happens to the soul may influence the body
    - a. Prov. 14:30 *“A tranquil heart gives life to the flesh, but envy makes the bones rot.”*
    - b. Proverbs 17:22 *“A joyful heart is good medicine, but a crushed spirit dries up the bones.”*
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1. How does a biblical, holistic view of man impact how we approach counseling someone who is depressed? What imbalances in our approach should we watch out for?

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<sup>10</sup> Robert D. Smith, M.D. *The Christian Counselor’s Medical Desk Reference* (Stanley, NC: Timeless Texts: 2011), 198-199.

“Depression will always have a spiritual component and will usually have a physical component.”<sup>11</sup>

*Where do you see, or do you see, a line between the medical and the spiritual regarding these depths of despair?*

Dr. Lee Edmonds<sup>12</sup> answers this question this way:

“That’s a common question, which I get asked frequently. One might see the body, as cared for by medical science, as actually separate from the soul cared for by pastors, but that really is not correct. Genesis 2:7 says, ‘then the Lord God formed the man of dust from the ground and breathed into his nostrils the breath of life, and the man became a living creature.’ Humans are not either spiritual or physical, but rather an alloy of both components without a clear line. If you think of the example of steel, you cannot separate steel into carbon and into iron and still have steel. They’re really an alloy, which is fused. We as humans are the same. That means that sometimes the body and the soul live in such close proximity that they catch each other’s diseases.”<sup>13</sup>

“The point I think, as we boil this down, is that we address a person holistically. We can’t allow a secular field to narrow down one aspect of a person and think that that’s addressing a person toward true and legitimate health. We have to begin to address some of the specific spiritual issues that arise and to see that there’s biblical hope to be found even when dealing with very complex issues...”<sup>14</sup>

### **iii. It Disregards the Bible’s View of Sadness**

1. Sadness is not a sin, but a normal response to a sin cursed world.
  - a. Psalms of Lament (e.g. Ps. 88) & Lamentations
  - b. God is grieved over sin (Gen. 6; 1 Samuel 15)
  - c. Jesus wept out of love and sorrow over sins effects (John 11:35)
  - d. The Holy Spirit is grieved by sin (Eph. 4:30)
2. A gift of God toward sin that leads to salvation (2 Cor. 7:10)

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<sup>11</sup> Jim Newheiser, “Biblical Counseling: Depression,” Level 1 Care & Discipleship Student Handbook, Version 2.0 (Escondido, CA: IBCD, 2013), 71.

<sup>12</sup> Dr. Lee Edmonds has a Bachelor’s degree from Bucknell University and Medical Degree from Jefferson Medical College in Philadelphia. His advanced training was at the Mayo Clinic as an active teacher in the field of medicine, and he holds the position of Associate Clinical Professor of Medicine at Columbia University College of Physicians and Surgeons; and an ACBC certified member.

<sup>13</sup> Lee Edmonds, Samuel Stephens, Dale Johnson, “Despair: A Medical Perspective,” Truth in Love, Episode 275, September 7<sup>th</sup>, 2020, <https://biblicalcounseling.com/resource-library/podcast-episodes/despair-a-medical-perspective/> Accessed January 22<sup>nd</sup>, 2021.

<sup>14</sup> Dale Johnson, “Biblical Answers for Bipolar Depression.” Truth in Love, Episode 264, June 22, 2020. <https://biblicalcounseling.com/resource-library/podcast-episodes/biblical-answers-for-bipolar-depression/> Accessed January 22<sup>nd</sup>, 2021.

1. How does the world view sadness? How should we view sadness in light of the Bible? What is sadness ultimately meant to do to a believer spiritually?

“We are essentially reconfiguring misery, sadness, and fear. We’re reconfiguring that misery of life into an illness. This is all in an effort to address these problems, that can’t be ignored, without objective morality or objective truth. The psychiatric industry at large, definitely clinical psychology and psychotherapeutic approaches, are all about assuaging guilt, removing the concept of disease and replacing that with dis-ease—discomfort and anything that would cause us pain.”<sup>15</sup>

2. Understanding that sadness is a normal response to living in a sin-cursed world, and not a sin, really helps restrain over use of the term “depression.” How can we discern between normal sadness and could be called “disordered sadness”?

“Disordered sadness comes without reason and stays without any good explanation as to why or when it is going to come or go. You can recognize normal sadness in an individual by talking to them, they will tell you. In that case in biblical counseling we have just a wealth of resources in the Scriptures to help people deal with the losses of life. We can show them in the Scriptures how they should respond, also what and how God will use this in their life to His glory and to their benefit. It is understanding the difference, I believe, between normal and disordered sadness.”<sup>16</sup>

“It is common for spiritually mature men and women who feel depressed to think they are doing something wrong... On earth...however, God doesn’t prescribe a happy life. He doesn’t legislate emotions... When your emotions feel muted or always low, when you are unable to experience the highs and lows you once did, the important question is, ‘Where do you turn – or, to whom do you turn – when you are depressed.’”<sup>17</sup>

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<sup>15</sup> Sam Stephens, “The Diseasing of Anxiety and Depression,” Truth in Love, Episode 260, May 25, 2020. <https://biblicalcounseling.com/resource-library/podcast-episodes/the-diseasing-of-anxiety-and-depression/> Accessed January 22<sup>nd</sup>, 2021.

<sup>16</sup> Amy Evenson, Charles Hodges, “Is it a Sin to be Sad?” Truth in Love, Episode 24, Nov. 16, 2015, <https://biblicalcounseling.com/resource-library/podcast-episodes/til-024-is-it-a-sin-to-be-sad-feat-dr-charlie-hodges/> Accessed January 22<sup>nd</sup>, 2021.

<sup>17</sup> Edward T. Welch, *Depression: a Stubborn Darkness* (Greensboro, NC: NewGrowth Press, 2004), 15.

#### **d. Since Depression is Not an Illness, Is Medicine for Depression Ok?**

##### **i. Pragmatism Does NOT Mean Medicine is Right**

“One of the strongest reasons for considering depression an illness, is the improvement people feel as a result of medication. When feeling-oriented people feel better, they function better. The logic is that since the medication affects the physical feelings of the body, there must be something wrong with the body. Even though the improvement is sometimes considered a ‘cure,’ that term is incorrect. The word cure means that medication is no longer needed. But with depression, the feelings of these people, are controlled only for as long as they take the medicine. To use a previous illustration, this is like giving a pain pill to a person sitting on a tack.”<sup>18</sup>

##### **ii. Pragmatism Does NOT Mean Medicine is Wrong**

“I mean medication isn’t necessarily a sin, and the benefits are sometimes great. Medication can be used to take a psychotic or delusional person who might even think they’re Jesus and bring them back to an area where they can have a cogent discussion where we can counsel and we can work with them. Unfortunately, much of the medical profession and society really has come to rely too heavily upon medication and the medical model alone. There’s a common cultural and medical misperception actually regarding the most common diagnoses in the DSM realm like depression, anxiety, eating disorders, insomnia, PTSD.”<sup>19</sup>

##### **iii. Don’t Impersonate a Doctor – It’s Dangerous and a Felony**

“DON’T START OR STOP HIS MEDICATION. Encourage an appropriate medical evaluation to rule out any diseases that produce depressed feelings...If someone is already on an antidepressant, don’t tell him to stop taking it...For people already started on them, the antidepressants have possibly improved their feelings. So the medication has become a crutch to help them deal with life. Even though the Bible has superior answers, counselees may not know or understand that when they come to you. The drugs are replacing biblical principles. Until the crutch is replaced by biblical principles, the person will not be successful without it. Teach him the principles he needs for his life, and let the Word demonstrate the uselessness of the medication. When he has reached the point of understanding this and wants to stop the medication, send him back to the physicians who put him on it”<sup>20</sup>

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<sup>18</sup> Robert D. Smith, M.D. *The Christian Counselor’s Medical Desk Reference* (Stanley, NC: Timeless Texts: 2011), 195-196.

<sup>19</sup> Lee Edmonds, Samuel Stephens, Dale Johnson, “Despair: A Medical Perspective,” Truth in Love, Episode 275, September 7<sup>th</sup>, 2020, <https://biblicalcounseling.com/resource-library/podcast-episodes/despair-a-medical-perspective/> Accessed January 22<sup>nd</sup>, 2021.

<sup>20</sup> Robert D. Smith, M.D. *The Christian Counselor’s Medical Desk Reference* (Stanley, NC: Timeless Texts: 2011), 215.

**Note:** Be aware that “psychotropic drugs have adverse side-effects and often lose their potency.”<sup>21</sup> Loss of weight, appetite, thoughts of suicide, depression and many others can be negative side effects which might drive someone to get another drug to counterbalance these side effects which can produce even more!

**e. Sources of Temptation That Can Lead to Depression**

**i. Other People**

1. Overwhelming circumstances (Ps. 42:1-7, 9-10; 43:2; 2 Sam. 17:23; Job 1-2)
2. Injustice (Ps. 73:2-14)
3. Relationships (Jer. 17:5-6)
4. Death

**ii. Satan (Job 1-2)**

**iii. Ourselves**

1. Sin and Guilt (Ps. 32:3-4; 38:1ff.; Jer. 2:13)

**iv. Our Bodies**

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| <ol style="list-style-type: none"><li>1. <i>Any Chronic illness or disease (e.g. cancer)</i></li><li>2. Parkinson’s Disease</li><li>3. Strokes</li><li>4. Multiple Sclerosis</li><li>5. Epilepsy</li><li>6. Head trauma</li><li>7. Lupus (SLE)</li><li>8. Vitamin deficiencies</li><li>9. Post-surgical changes</li><li>10. AIDS</li><li>11. Hepatitis</li><li>12. Hyperthyroidism</li><li>13. Hypothyroidism</li><li>14. Cushing’s Disease</li><li>15. Premenstrual depression</li><li>16. Viral or bacterial infections</li><li>17. Certain types of headaches</li><li>18. Heart disease</li></ol> | <ol style="list-style-type: none"><li>19. Post-partum changes<ol style="list-style-type: none"><li>a. Emotional, struggle to function, lack of excitement, no feelings of love for child, paralyzed by basic tasks of caring for child and themselves</li><li>b. Sleep deprivation</li><li>c. Expectations of mothering vs. reality (unmet expectations)</li><li>d. Labor/trauma of delivery &amp; recovery time</li><li>e. Traumatic delivery</li><li>f. Hormonal changes (9 months of changes, then a “4<sup>th</sup> trimester”)</li><li>g. Nursing not going well</li><li>h. Anxiety of development and milestones of child’s growth</li><li>i. Relationship changes (in-laws)</li><li>j. Guilt over not feeling certain ways (e.g. not feeling love for child, over not being able to care for the child, or self-care, or care for other family members, or care of the home)</li></ol></li></ol> |
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<sup>21</sup> Jim Newheiser, “Biblical Counseling: Depression,” Level 1 Care & Discipleship Student Handbook, Version 2.0 (Escondido, CA: IBCD, 2013), 71.

**Note #1:** It's important to remember that God is never a source of temptation in any way! (1 Cor. 10:13)

**Note #2:** You will not always be able to identify the exact cause of depression (e.g. Job). God's goal is not to find the cause ("what?" "when?" and "why") but to find God Himself in the midst of depression ("who?").

"The reason Scripture doesn't give clear guidelines for assigning responsibility is that it is not essential for us to know precise causes. Job, once again, is the model. Although we know that Satan caused Job's suffering, Job did not... We might uncover some of the reasons for our suffering but we might never find them all. There is a mystery in suffering, just as there is ultimate mystery at the end of all human investigations. Instead of teaching us how to identify the causes of suffering, Scripture directs us to the God who knows all things and is fully trustworthy. In other words, Scripture doesn't give us knowledge so that we will have intellectual mastery of certain events; it gives us knowledge so that we would know and trust God... Somehow, turning to God and trusting him with the mysteries of suffering is the answer to the problem of suffering."<sup>22</sup>

#### **f. The Progression of Depression**

##### iv. Depression Cycles Down <sup>23</sup>

1. Begins with a problem followed by a sinful response to that problem which leads to a complicating problem
  - a. Example: concerned about politics, overwhelmed with worry, leads to hopelessness, stop working in order to watch news...etc.
2. Hopeless thoughts lead to greater hopelessness
3. Failure to perform duties/chores makes one feel more guilty and depressed, which makes it harder to perform duties
4. Depressed people can cycle back up again
5. People who are prone to depression tend to cycle in and out of depression
6. Many have patterns of alternating high activity followed by depression (e.g. "bi-polar" or manic-depressive)
7. It often takes a long time for a person to come out of depression

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<sup>22</sup> Edward T. Welch, *Depression: a Stubborn Darkness* (Greensboro, NC: NewGrowth Press, 2004), 43.

<sup>23</sup> Jim Newheiser, "Biblical Counseling: Depression," Level 1 Care & Discipleship Student Handbook, Version 2.0 (Escondido, CA: IBCD, 2013), 72.

**g. Biblical Examples of Depression**

- i. Elijah (1 Kings 17-19)
  - 1. Contributing Factors to Breakdown
    - a. Conflict and confrontation
    - b. Response of Fear
    - c. Response of self-reliance, self-focus, failure to trust the power of God
    - d. Fatigue and response of isolation and despair
  - 2. God the Counselor
    - a. Rest and Physical Nourishment (tokens of His grace)
    - b. The Diagnosis: Gathering Data
    - c. The Cure
      - i. Knowing God
      - ii. A Proper Perspective (v.18)
      - iii. A Task to Accomplish
- ii. Jonah (Jonah 4:1-9)
  - 1. Jonah was suicidal on multiple occasions
  - 2. Jonah would have been described as manic depressed by psychologists today.
- iii. Job
  - 1. Job's Condition
    - a. Job 3:3, 20-26
    - b. Job 30:16-27
  - 2. God's Counsel (Job 38:1-3ff.)
  - 3. Job's Response (42:1-6)
- iv. Jeremiah
  - 1. Jeremiah's Condition (Lamentations 3:1-18)
  - 2. Jeremiah's Hope (Lamentations 3:21-33)