CLINICALLY DEPRESSED AND CHRISTIAN: A CONTRADICTION IN TERMS?

New Approaches for the Conservative Christian Community with regard to Clinical Depression

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Introduction

> You know what I think one of the worst things about depression is? When you think that you're happy in life and things are going well, you always have that lurking feeling of doom inside of you. Like you're cognitively aware that you're happy, but you know what it feels like to be in hell and every step on the way down. So you doubt the length of your happiness and that takes away from it. You're always just waiting and looking out for that moment (and it's inevitable) when you'll start to be sad again. Because that's what you're used to and that's what feels natural. Sometimes I get so afraid that I've forgotten *how* to be happy. Maybe there's no concept of happiness even left in my soul.[1]

Depression is an extremely common phenomenon in our modern experience of life. It is so prevalent that some have referred to it as the "common cold" of the mental health world.[2] Throughout a lifetime, about 17 percent of Americans will undergo a period of major depression and at any given time 6 percent of women and 4 percent of men are suffering from this mental illness.[3] And depression isn't just an American or Western problem, either. A recent study comparing the incidence of depression in Taiwan, Puerto Rico, and Lebanon (among other countries) found that depression is showing up at earlier and earlier ages and that over the course of a lifetime the risk of depression keeps increasing.[4]

Mental health professionals have developed a list of the symptoms that are used in diagnosing this illness, which are described in The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) published by the American Psychiatric Association. They include depressed mood, loss of pleasure or interest in usual activities (also known as anhedonia), disturbance of appetite marked by rapid weight loss/gain, sleep disturbance (insomnia or hypersomnia), psychomotor retardation or agitation, fatigue or loss of energy, feelings of

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[1] Laura Moses, private journal, written Oct. 6, 2002.
[2] M. Seligman, *Helplessness: On depression, development, and death* (San Francisco: Freeman, 1975)
[3] Lauren B. Alloy, Neil S. Jacobson, Joan Acocella, *Abnormal Psychology: Current Perspectives* 8th ed. (McGraw Hill, 1999), 240-241.
[4] Richard O'Connor, Undoing Depression: What Therapy Doesn't Teach You and Medication Can't Give You (Little, Brown & Co., 1997), 18.

worthlessness or guilt, difficulties in thinking, concentration, and decisiveness, and recurrent thoughts of death or suicide. Someone suffering from clinical depression (also known as a "major depressive episode") will experience a minimum of five of these symptoms over at least a two-week period in order to meet the criteria for this definition. At least one of the five symptoms must be depressed mood or loss of interest or pleasure, and all symptoms must represent a change from previous functioning.[5]

At this point, an important distinction must be made. The type of depression that I will be referring to in this thesis is known as "clinical depression," that is, it is depression without a preceding negative event or "cause." Indeed, the DSM-IV cautions against mistaking clinical depression for other forms of psychological trauma, such as: mood disorder due to a general medical condition, substance-induced mood disorder, dementia, adjustment disorder, or bereavement.[6] Many people experiencing an episode of major depression are responding to a precipitating life event that involves loss (as in bereavement) or considerable stress (as in adjustment disorder). While the symptoms of these other disorders can be very similar to those of major depressive episode, the treatment tends to be different because it involves resolving the issues around the life event. However, clinical depression is decidedly different, usually having no obvious outward cause. In my opinion, this puts a considerable strain on the depressed person, because his/her symptoms seem to come out of nowhere and, as a result, can be much more difficult to resolve. Contemporary causes for this sort of depression are usually postulated to be chemical imbalances in the brain, along with inadequate coping behaviors that exacerbate the symptoms. The main focus of this paper will be on the interaction between clinical depression and conservative Christianity.

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[5] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* 4th ed. (Washington, DC, 1994), 327.
[6] Ibid. 325-326.

There are two bodies of research with conflicting views on the usefulness of the Christian faith in combating depression. First, there is some evidence that religious faith in general helps to protect individuals from experiencing mental health problems. For example, studies have shown that certain types of religious participation, such as "spiritual help-seeking" can act as "stress-buffers" and help an individual cope better with many negative life events.[7] However, there is also a second and contradictory theme found in the literature. This second body of research suggests that membership in a Christian community can actually be harmful to those suffering from mental illness because of the negative attributions that conservative Christians often make about the nature of these illnesses (that they stem wholly from sin) and the character of the mentally ill (that they are sinners who are to blame for their illness).[8]

In this thesis, I will be examining the status of depression in the current conservative Christian church/community (defined for these purposes as individuals who typically identify themselves within the evangelical, charismatic/Pentecostal, and fundamentalist traditions, and whose main unifying worldview is their consideration of the Bible as the central source of truth about life and the world). I find the responses that the conservative church is currently making to those who are suffering from depression to be inadequate, and I believe that a large stigma still exists with regard to mental illness throughout the conservative Christian church. According to the statistics, at any given time, 10 percent of the members of any congregation are likely suffering from depression, and the conservative church has ignored and pushed aside the problem for too long. For example, Mary Louise Bringle, in her examination of the problem of depression and Christianity, recounts the story of a friend of hers who was essentially forced out

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[7] Jason Schnittker, "When is Faith Enough? The Effects of Religious Involvement on Depression." *Journal for the Scientific Study of Religion* 40.3 (2001): 393-411.

[8] Scott A. White, et al. "Christians and Depression: Attributions as Mediators of the Depression-Buffering Role of Christian Social Support." *Journal of Psychology and Christianity* 22.1 (2003): 50.

of his church's youth fellowship as a result of his depression because the leader "questioned the authenticity of his Christian conversion."[9] Others have had similar experiences, as in these cases: "[I have] mixed feelings toward going to church. At first everything is fine, but if I tell the people of my illness, I am rejected."[10] "The minister told the lady, 'I won't pray for you, because depressed people feel sorry for themselves and God doesn't condone that.'"[11] "There is no way I would ever tell a person at Grace Community Church that I am seeing a psychiatrist or taking medications."[12]

All of these encounters serve to remind us of the current crisis in the church's relationship with the mentally ill. This issue will be the focus of my study, an immensely personal one for me. I have been diagnosed with major depressive illness for over two years now, and have often struggled to reconcile this with my faith. It is my intent to examine how conservative Christianity can update its outlook on mental illness (specifically depression) and therefore avoid alienating those who are suffering. In my healing, I have received much advice from fellow Christians, some of which has been helpful, and some of which has been hurtful. As Dr. Dwight Carlson says in his book on Christianity and mental illness: "The church is the only army who shoots their wounded." [13] Can one be a faithful Christian and still be "depressed" and need to take psychiatric medicine? I believe that the answer to this question can be "yes."

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[9] Mary Louise Bringle, *Despair: Sickness or Sin?* (Nashville: Abingdon Press, 1990),18.
[10] Douglas Vaughan, "The Church and the Mentally Ill: Mixed Messages, With Some Hope and a Certain Challenge." *Church and Society* 87 (1997): 51.
[11] Dwight L. Carlson, *Why Do Christians Shoot Their Wounded? Helping (Not Hurting) Those With Emotional Difficulties* (Downers Grove, Illinois: InterVarsity Press, 1994), 14.
[12] Ibid. 30.
[13] Ibid. 11.

Historical Background

First, it is important to briefly examine Christianity's historical response to depression. It is easy to think of depression as solely a recent phenomenon since it has become so prevalent in modern society. However, by examining early Christian and pre-Christian reactions to this problem, it becomes obvious that the Christian church has a long history of responding to the issue of depression (often known as *melancholy*) and that its responses were quite varied with regard to cause and effective treatment.

Interestingly enough, the ancient world's view of the phenomenon of depression is surprisingly similar to the contemporary view. Hippocrates, in the fifth century B.C., had already postulated that the character of depression was influenced by the fact that the brain was "not healthy," following the prevailing Greek thought that many physical and mental problems could be traced to the balance or imbalance of the "four humors" (phlegm, yellow bile, blood, and black bile).[14] Hippocrates believed that melancholy (from the Greek *melaina chole*, meaning "black bile") resulted from an excess of this particular humor. However, he also acknowledged that melancholy could be induced by environmental factors of severe trauma, similar to what I have discussed as bereavement or adjustment disorder. He proposed that, in treating cases of depression with "no apparent cause," the humors be rebalanced with the administration of oral treatments such as mandrake, hellobores, and cathartic and emetic herbs to eliminate excess black bile.[15] He was also a proponent of "advice and action," (an early precursor to counseling)[16] along with diet changes in order to eliminate the problem of melancholy. Hippocrates' theories certainly have commonalities with the modern solutions of using psychotropic drugs to rebalance brain chemistry and talk therapy to aid in the recovery process.

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[14] Andrew Solomon, *The Noonday Demon: An Atlas of Depression* (New York: Scribner, 2001), 286.
[15] Ibid. 286-287.
[16] Ibid. 287.

It wasn't until the rise of Christianity that the concept of depression as a sin emerged. Indeed, Andrew Solomon, in his comprehensive book on the problem of depression, notes that, in general; "Christianity was highly disadvantageous for depressives."[17] Depression slowly went from being regarded as a problem of mere humoral imbalance to a stigmatized sin. However, as we will see, even earlier Christianity had a slightly more complex way of conceptualizing the disorder.

During the fourth century A.D., the monk Evagrius Ponticus formulated a list of eight "destructive passions" that could harm a Christian's spiritual life. He is known as the "grandfather of the tradition of the deadly sins."[18] Originally, the sin of despair or melancholy was known by the term *acedia.* Modern English translations of this term have rendered it 'sloth,' though this doesn't quite pinpoint its meaning. More accurately the term *acedia* encompasses such problems as "spiritual dryness, psychic exhaustion, impatience, alternating restlessness and listlessness, and... ultimately the monk comes to hate his very life itself."[19] This definition is extremely similar to our modern-day category of clinical depressive illness. For Evagrius, the sin of *acedia* lies mainly in the fact that the person under its influence is not "rejoicing in the goodness of God's creation." He proposes a solution of obedience, fear of the Lord, humility, sorrow for sin, and discernment of the mind to recognize when the sin of despair begins to overtake one's thoughts.[20]

Evagrius's protégé, John Cassian, further develops these ideas of despair and *acedia.* However, he makes an important distinction that serves as a milestone in Christian thought. In his *Conversations*, he states that there are times when the origins of our sadness are impossible to

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[17] Solomon, 292.
[18] Bringle, 52.
[19] Ibid. 53-54.
[20] Ibid. 54.

understand: "We feel overwhelmed, crushed by dejection for which we can find no motif [sic]."[21] Though Cassian still prescribed a rather behavioral remedy for countering a spirit of melancholy (he believes in manual labor and the strict fortitude of a 'grin and bear it' mentality),[22] he effectively opened the door for an understanding of despair as something that might not be a direct result of a conscious and identifiable sin.

Following John Cassian by a century and half is Gregory the Great, the last of the Latin "Fathers" of the church, who was pope from 590-604.[23] Gregory also ascribes to the taxonomy of the cardinal sins, and spends a great deal of time paring down Evagrius's original list to encompass only seven sins, which comes to be their final format throughout the rest of the history of the Latin church.[24] Gregory makes another important distinction in the Christian history of the concept of depression. He states that some people "become gay or sad, not owing to circumstances, but to temperament."[25] This statement takes Cassian's previous statement about being unsure of the cause of some cases of melancholy to another level. Gregory is here stating an implicit understanding of the basic theories of early Greek humoralism, which argued that the amount of each of the four bodily fluids was responsible for particular temperaments.[26] He is thus implying that there may indeed be a physiological basis for some depression.

We can see that even from Christianity's origins, there has almost always been a paradigm of looking at depression as not simply a sinful response towards God. During the rise of scholasticism, however, the idea of a physiological cause was somewhat de-emphasized, when scholars such as Thomas Aquinas redefined the problem. Thomas Aquinas believed that despair

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[21] Bringle, 57.
[22] Ibid. 57-58.
[23] "Gregory the Great." <http://www.catholic-forum.com/saints/saintg02.htm>
[24] Bringle, 58.
[25] Ibid. 60.
[26] Mark R. Rosenzweig, S. Marc Breedlove, and Arnold L. Leiman. *Biological Psychology* 3rd ed. (Sunderland, MA: Sinauer Associates, Inc. 2002), 119.

or melancholy was the opposite of the Christian virtue of hope, and in this case it was one of the "unforgivable sins" that could be committed against the Holy Spirit.[27] He believed that such despair could only come from the idea that one "know[s] more about what will or will not happen in the future than does God Godself. As a result, the person gives up on any possibilities of grace and new creation...and obdurately refuses to embrace the possibility of forgiveness."[28] This is quite a radical view of the sinfulness of depression compared to the explanations of Evagrius, Cassian, and Gregory. However, Mary Bringle notes that other scholastics such as John of Wales, Guillaume d' Auvergne, and David of Augsburg had different views of despair, all of them often attributing the problem to sickness and utilizing the expertise of a physician in lieu of a priest.[29] Therefore, the scholastic era of Christianity's appraisal of depression was somewhat of a mixed bag, with Aquinas condemning despair as sin, but other proponents of the movement concurring with earlier views on a possible physical cause.

The theological radicalization of Martin Luther's Reformation had an interesting effect on thought about depression. Having suffered from severe bouts of depression himself,[30] Luther not only describes but also incorporates it as a very central part of his understanding of the meaning of Christianity. Luther conceptualizes despair as not just a "sin", but actually "Sin" itself, because it is a failure to trust in God with all of one's heart, mind, and soul and to "rejoice in all circumstances" (1 Thessalonians 5:16).[31] However, although Luther is saying that depression is the epitome of sin, he does not necessarily condemn those who suffer. Instead, he seems to see the value of struggling with moments of despair, as he feels that it is a way in which we can draw nearer to the crucified Christ and truly understand that God is present with us at all

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[27] Bringle, 65.
[28] Ibid. 66.
[29] Ibid. 66.
[30] Ibid. 67.
[31] Ibid. 68, 80, 71.

times. Without despair, Luther reasons, we might never completely comprehend the beauty of repentance and grace. He says: "[When I was in the abyss of despair]...that is before I knew how beautiful that despair was, and how near to Grace. [The soul] is stripped of...all its possessions...casting it into utter, naked dependence upon God's gracious mercy."[32] Though Luther clearly views depression as a sin, he doesn't stigmatize it by allowing those who suffer to be marginalized. Instead, he affirms the centrality of some form of despair for truly understanding the crucifixion of Christ.

Co-existing alongside the Reformation was the Renaissance, a time of renewed interest in the physical nature of mental illness, recalling the Greek tradition of Hippocrates. The chief theologian in this era with relation to despair was Robert Burton, an Anglican clergyman working mainly in the 1620's. Burton had a strong interest in medicine and anatomy, as well as matters of the church. In his large treatise, *The Anatomy of Melancholy,* he discusses the uniqueness of despair as being a problem of both medicine and Christian morals. Therefore, he was convinced of the necessity of both Divine and Physical remedies working together to provide a cure. He states: "one amends the soul through the body, the other the body through the soul."[33]

The century following Burton's death saw the rise of modern science and "enlightened," secularized humanism.[34] This resulted in a triumph of medical and scientific remedies to govern the problem of human despair and depression. The Romantic period, lasting from the end of the eighteenth century to the advent of Victorianism, saw depression idealized. If one was in constant despair, this undoubtedly revealed a more complex understanding of the world. The

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[32] Bringle, 68.
[33] Ibid. 74.
[34] Ibid. 80.

"truths of the world were not happy,"[35] and anyone who thought that they were was likely to be dismissed as a naïve optimist. Instead, the artists and poets of the time reveled in their despair and were idolized for it. It wasn't until the nineteenth century and the philosophies of Soren Kierkegaard that theological explanations for despair again emerged, but even then only briefly. Kierkegaard, in *The Sickness Unto Death*, called for a return to the "old moralists" of the Christian tradition in which "despair and presumption are indeed close kin."[36] Because despair is sin, he believes that the only way in which it can be resolved is through the forgiveness of that sin.[37] However, Kierkegaard is also an enigma in the same way as Luther; that is, he was extremely prone to despair himself. He wrote, "My sorrow is my castle. In my great melancholy I loved life, for I loved my melancholy."[38] Therefore, although he is indeed condemning despair as sin, he believes that healing from this depression is possible, and is "the Christian's bliss."[39]

By looking at the history of different Christian views on depression, it becomes obvious that there have been many responses to the problem. It is interesting to note that there were physical explanations as early as Hippocrates in the fifth century B.C. and that these explanations made a comeback during the 1600's with the ideas of Robert Burton, as well as in the science-dominated era that followed. We've also seen that while many early Christian views on depression were somewhat dominated by the idea that despair or *acedia* was one of the deadly sins, most thinkers expressed at least some willingness to take a physiological cause into account.

The modern period in the history of depression began around the turn of the twentieth century with the publication of works by Sigmund Freud and Emil Kraepelin. Freud championed

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[35] Solomon, 314.
[36] Bringle, 107.
[37] Ibid. 110.
[38] Solomon, 316.
[39] Bringle, 110.

the psychodynamic theory of depression (he believed that depression was the result of unconscious conflict between different parts of the self) and therefore proposed using psychoanalysis to discover the underlying psychological problem and resolve it.[40] Kraepelin, on the other hand, believed that all mental illness had an internal biochemical or hereditary cause and therefore prescribed rest, opium or morphine, and dietary restrictions.[41]

Currently, two major modalities (representative of the two early theories of Freud and Kraepelin) are involved in the secular treatment of depression. One is the use of "talk therapy" and the other is physical intervention in the form of medication, or, in extreme cases, electroconvulsive therapy (ECT).[42] Most mental health professionals recommend combining counseling therapy techniques with psychotropic medicine.[43] There are several different kinds of talk therapy (cognitive, behavioral, psychodynamic, etc.) depending on the underlying theoretical perspective that a particular counselor ascribes to. Evidence suggests that there are real positive effects that can be observed in the brain of a person who undergoes counseling therapy, and that these effects are probably similar to medicine.[44] Therefore, a combination of medicine and talk therapy obviously increases the chances of recovery. In addition, researchers are undergoing promising research related to a more complex understanding of antidepressant medications.[45]

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[40] Solomon, 323-325.
[41] Ibid. 327.
[42] Ibid. 101.
[43] The terms "psychiatric" and "psychotropic" medication will be used interchangeably during this thesis. Both refer to common medications prescribed to lessen the symptoms of mental illnesses such as depression or anxiety. Examples would be Prozac, Paxil, Wellbutrin, or Xanax.
[44] Solomon, 111.
[45] Ibid. 120.

A Contemporary Approach: Dr. Jay Adams and Nouthetic Counseling

In the past thirty years, the conservative Christian community has been faced with the onslaught of psychiatric medicine. In what some have dubbed "the Prozac revolution," we have seen psychotropic drugs (specifically selective serotonin reuptake inhibitors or SSRI's, like Prozac, Paxil, and Zoloft) become increasingly available and easily prescribed to the general public because of their relatively low incidence of side effects.[46] These developments could jeopardize the conservative church's view on the treatment of mental illness, or, in other words, the sufficiency of Christ to meet all of a Christian's needs.[47] This tension reflects the larger struggle in society between the conservative church and modern secular influences. In other words, if psychiatric medication can help to alleviate symptoms of depression, then this challenges the Christian idea that "Christ is all you need." As a result of this challenge, the conservative Christian church has increasingly sought to protect its beliefs from modern psychotropic medicine by developing various theoretical methods of approaching and treating mental illness.

One such method is Dr. Jay Adams's "nouthetic counseling," whose name comes from the Greek word *nouthesis*, meaning to admonish, warn, or teach.[48] This has been a very influential approach that has permeated conservative Christian thought about mental health since Adams's first book, *Competent to Counsel*, was published in 1970. He has since published more than sixty books related to what he sees as the only effective method for counseling Christians, and he has even formed his own online training school to teach people his techniques. All of the classes offered use his books *Competent to Counsel* and *The Christian Counselor's Manual* as

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[46] Solomon, 114-115.
[47] Carlson, 34ff.
[48] Jay E. Adams, *Competent to Counsel* (Grand Rapids, MI: Baker Book House, 1970), 44.

the texts, despite the fact they were written almost 35 years ago.[49] Adams has established the Christian Counseling and Educational Foundation in Philadelphia, and several seminaries across the country have adopted his counseling techniques as the primary method of instruction in their classes, including: The Master's College in Newhall, California, Faith Baptist Bible College and Seminary in Ankeny, Iowa, Central Baptist Seminary in Minneapolis, Bob Jones University, and Westminster Theological Seminary in California.[50] In the fall of 2001, the Redeemer Biblical Counseling Training Institute was established at the Redeemer Presbyterian Church in Moore, South Carolina, featuring the teachings of Dr. Adams. Thus, it seems safe to say that the conservative Christian community is still widely influenced by Adams and his ideas about correct Christian counseling techniques.

A common theme throughout Adams's work is his insistence that every Christian, especially one with seminary training, is "competent to counsel" other believers. He is responding to what he sees as a loss of power in the church with regard to mental health problems. He remarks that he is "calling God's people back from their dalliance with unbiblical psychological theory to a renewed confidence in the power of the Holy Spirit and the sufficiency of God's Word to equip the man of God to help his people with problems of living and relationship."[51] Therefore, he advocates that the church stop turning over the task of counseling to secular psychologists and psychiatrists. As a consequence, Adams rejects all scientific advances sight unseen, in order to insure that the church can still be seen as providing for all aspects of its members' growth.

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[49] "Institute for Nouthetic Studies: Certificate Program in Nouthetic Counseling." <www.nouthetic.org/counseling_prog.htm>
[50] "Institute for Nouthetic Studies: Dr. Jay Adams."<www.nouthetic.org/adams.htm>
[51] Ibid.

Adams's main theological underpinning is that conservative Christians (those who consider the Bible the inerrant word of God)[52] can never be truly mentally ill. He believes that "the mentally ill are really people with unsolved personal problems."[53] Specifically referring to depression, Adams states that it "never need result if the initial problem is met God's way. Depression is not inevitable, something that simply happens and cannot be avoided."[54] This philosophy supposedly gives the depressed person hope. After all, "if the depression were some strange, unaccountable malady that has overcome him, for which he is not responsible and consequently about which he can do nothing, hope would evaporate."[55] But, if "the depression is the result of the counselee's sin,"[56] there is hope, because upon confession of that sin and a return to a Christ-centered lifestyle, the so-called "depression" may be healed.

Adams proposes a very simple solution to the problem of "mental illness." His method of nouthetic counseling involves an extremely direct confrontation of the sin in the client's life and a subsequent leading of him/her to repentance. He gives the example of Nathan confronting David after his sin with Uriah and Bathsheba (2 Samuel 12)[57] as being representative of a Biblical nouthetic confrontation. To me, it still remains somewhat unclear how, according to Adams, a counselor is able to determine the sin in a client's life. There is some evidence that suggests he believes it is wisdom from the Holy Spirit that allows this discernment.[58] Otherwise, in some (perhaps less obvious) situations, he recommends taking a client's "behavioral history"

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[52] Adams, xxi.
[53] Ibid. 29.
[54] Jay E. Adams, *The Christian Counselor's Manual* (Presbyterian and Reformed Publishing Company, 1973), 378.
[55] Ibid. 378
[56] Ibid. 378.
[57] All Scripture quotations are from the New International Version (NIV).
[58] Adams, *Competent*, 20-25, as well as the Biblical example given of the prophet Nathan, who, presumably, had divine guidance when confronting David.

of Steve, a college-aged man who had been diagnosed with catatonic schizophrenia (characterized by a persistent unresponsive state).[65] The counselors immediately told Steve that they knew he was merely faking his illness and, though he might have fooled others, he would not fool them. They continued to press at the issue until finally Steve broke down and admitted that it was all an act in order to keep his parents from finding out he was about to fail out of college.[66] Another story Adams tells is of Mary, who had been diagnosed as manic-depressive and responded to any sort of counseling by howling, crying, and screaming. The nouthetic counselors, however, saw through this "avoidance behavior" by "looking her square in the eye" and saying, "O be quiet! Unless you stop this kind of nonsense, we simply can't help you, Mary. Surely a young girl like you doesn't want to spend the rest of her life in this institution. Now let's start talking turkey."[67]

Adams refuses to acknowledge that there may be a biochemical element to mental illness such as clinical depression. When his first books were written there was not much information known about psychotropic drugs and their effects, but he has clearly not updated his viewpoint. In a statement he made in 2002, he said: "The use of psychotropic drugs...*inhibits* the body from functioning as it should. What [I] do deplore is the use of medicine to deal with problems that have no organic cause...so-called 'chemical imbalances.'"[68]

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[65] DSM-IV, 289.
[66] Adams, *Competent*, 31-32.
[67] Ibid. 34.
[68] "Institute for Nouthetic Studies: Adams Response." <http://www.nouthetic.org/Obj-medicine.htm>

Critical Response to Dr. Jay Adams

There are several issues that must be addressed when assessing Adams's influential model of approaching the problem of mental illness. First of all, I believe it is important to understand a possible reason he has arrived at his proposed solution. Dr. Dwight Carlson believes that unless you have had an actual experience of clinical depression, there is no way that you can comprehend the complexity and severe emotional pain that it entails.[69] Therefore, the trouble with many Christians who speak or write about depression is that they grossly misrepresent the actual facts of having the disease. People are likely to feel as though they have experienced a major depressive episode when they have likely only been "blue" or "down in the dumps" for a few days before returning to normal functioning. In fact, recent research studies show that people who have undergone both believe depression to be more physically and socially disabling than arthritis, diabetes, lung disease, chronic back problems, hypertension, and gastrointestinal illnesses.[70] If this is the case, then it is impossible for people like Jay Adams, not having undergone this experience, to truly understand what depression would feel like. This could be one reason why he proposes that depression is not really a mental illness.

Secondly, it is important to realize that the only evidence Adams can provide in support of his model is anecdotal evidence, like the kind we have seen. When asked what empirical evidence he has that his method is sound, Adams replies: "Quite frankly, none."[71] He argues that it would be impossible to obtain statistical evidence for his counseling method because only God is able to look upon the heart of the man to see the internal changes that have taken place in his soul. Furthermore, he doesn't believe that any empirical evidence is even necessary, since for him the goal of counseling is not relief but rather the giving of glory to God by following

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[69] Carlson, 21.
[70] Ibid. 23.
[71] "Institute for Nouthetic Studies: Adams Response." <http://www.nouthetic.org/Obj-evidence.htm>

Biblical principles.[72] If a counselor has sincerely attempted to solve the problem Biblically, regardless of the outcome, the case would still be considered a success in Adams's mind.

In addition, I believe Adams fails to realize that his idea that sin causes depression could actually do more harm than good for some groups of counselees. Not only is it usually impossible to isolate the beginning of a clinical depression, and in that way determine which sin "caused" it, but there are also many instances when blaming the client for his/her depression may be contraindicated: "To someone that already feels guilty about everything, this just piles on even more guilt."[73] For example, those suffering from an already low self-esteem hardly need to be told that they are the cause of their own problems, and I can imagine that such a confrontational approach may push someone who is already suicidal over the edge.

Not only is his underlying theology difficult to swallow, Adams's method of getting his point across also leaves something to be desired. Christian psychiatrist Frank Minirth discusses the tenuous balance between being directive and non-directive in Christian counseling. He believes that secular psychotherapies have become far too non-directive, [74] but also that Christian counselors, in an attempted response, have swung the pendulum too far in the other direction, becoming too directive. He remarks: "Christ was directive at times and non-directive at other times. The point is that each individual must be dealt with as an individual, and the approach must be tailored."[75] Minirth believes the fact that Jesus dealt with some people by speaking in parables, others by asking questions, and still others with directive statements indicates that Jesus did alter his approach depending on whom he was ministering to. Also, in his letter to the

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[72] "Institute for Nouthetic Studies: Adams Response." <http://www.nouthetic.org/Obj-evidence.htm>
[73] Mark Sutton and Bruce Hennigan, *Conquering Depression: A 30-Day Plan to Finding Happiness* (Nashville, TN: Broadman &Holdman, 2001), 16.
[74] For example, the Rogerian concept of the counselor as simply a "sounding board" that repeats the client's ideas back to him.
[75] Frank B. Minirth, *Christian Psychiatry* (Old Tappan, NJ: F.H. Revell Co., 1977), 156.

Corinthians, the apostle Paul describes his process of changing himself and his approach in order to best serve the various groups that he was speaking to (1 Corinthians 9:19-23). These examples are in direct opposition to Adams's interpretation of the character of Biblical counseling and how it should be put into practice.

Moreover, William Kirwan believes that such a direct approach not only goes against Paul's call to "restore the sinner gently" in Galatians 6:1, but it also puts the client–patient relationship in jeopardy. Kirwan asserts that such a directive approach as used in nouthetic counseling can cause a dominant/submissive relationship between counselor and counselee, which could lead to the client becoming dependent upon the counselor or simply changing in order to please the counselor and not to please God.[76] It is also important to remember the universality of the Fall's effects, and that the counselor is a sinner too, also subject to human frailty.

While Adams maintains that his method is based on the Bible, it is obvious that he has not taken into account the fact that there are several examples of people in the Bible becoming "depressed." In fact, Carlson argues "the Scriptures tell us that significant negative emotions plagued some of God's chosen deliverers and prophets...Moses, Elijah...and Jeremiah suffered from depression, often to the point of being suicidal." [77] Many have considered the story of Elijah in 1 Kings 18-19 the "classic study of a depressed person in the Bible."[78] From the context of the chapters, it is rather clear that no sin is directly responsible for Elijah's depression. In fact, Elijah has just experienced an amazing show of God's power; God has just defeated the Baal worshippers on Mount Carmel (1 Kings 18:16-46). Though he did feel that his life was in

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[76] William Kirwan, *Biblical Concepts for Christian Counseling: A Case for Integrating Psychology and Theology* (Grand Rapids, MI: Baker Book House, 1984), 136.
[77] Carlson, 40. See Numbers 11, Lamentations 1-5.
[78] Paul W. Powell, "Elijah: Handling Depression." *Preaching* 4 (1988), 27.

danger, Elijah had no real reason to doubt God's faithfulness to him, having just witnessed such an awesome display of His power. Therefore even Elijah, remembered as one of the greatest prophets in the Old Testament, fell victim to despair and asked God to take his life (1 Kings 19:4).

Though the depression experienced by Elijah cannot necessarily be seen as directly parallel to our modern diagnosis of clinical depression, it is clear that we can still glean some Biblical principles for how to deal with feelings of despair and hopelessness from his example.[79] It is important to note the ways that God helps Elijah to deal with these feelings of despair, especially in contrast to what we've seen of Jay Adams's methods. First, God allows Elijah to rest and recover physically by sending an angel with food and water (19:5-8). Also, he allows time for Elijah to vent his feelings (19:10) and, finally, gives him an attendant, Elisha, to help him carry out the rest of his journey (19:16-21).

Adams also appears to be completely ignoring the Biblical evidence for the "suffering of the innocent," of which the prime example is the book of Job. Indeed, William Kirwan, in a critique of Adams's theories, likens nouthetic counseling to the advice given by Job's three friends, Eliphaz, Bildad, and Zophar while he is suffering. In the book of Job, all three give Job reasons for his despair and attempt to explain it in terms of Job's sin. At the end of the book, God becomes angry with them because they have not spoken what was right to Job, and have instead condemned him (Job 42:7). Kirwan states that what Job needed from his friends was not "rational theological discourse, but ...someone who would understand and empathize with his emotional desperation."[80]

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[79] Powell, 29.
[80] Kirwan, 145.

A final Biblical passage that goes against Adams's model of sin resulting in depression is the story of Jesus healing the blind man in John 9. In this story, the disciples come upon a man who was blind from birth and ask Jesus, "Rabbi, who sinned, this man or his parents, that he was born blind?" (John 9:2). Jesus, in verse 3, replies, "Neither this man nor his parents sinned, but this happened so that the work of God might be displayed in his life." Here Jesus seems to be speaking directly against the simplistic model of sin that Adams and others have proposed by saying that specific sins do not necessarily cause illness. While blindness is not as complex as a mental illness such as depression, it is still worth acknowledging that Jesus does not necessarily equate personal sin with disease of any kind. Although, in principle, all illness (whether physical spiritual or emotional) is a result of sin, "one should differentiate between personal conscious sin and the inherited sinfulness that taints everything."[81]

I would also like to respond to the idea, not propagated by Adams himself but a logical conclusion from his arguments, that emotional illness challenges the sufficiency of Christ. In other words, if you're a Spirit-filled Christian, it is impossible for you to have emotional problems because Christ dwelling inside you is sufficient to solve any problem that may arise. Many Christians ascribe to this idea, which is sometimes known as the "health and wealth" gospel—that is, they believe that if you are walking in the Spirit, you will always have a sound body and be prosperous. Logically, then, the converse of this would apply to the mentally ill: if you are not prosperous and physically or emotionally healthy you must not be walking in the Spirit.[82] I believe this assertion to be false. Though I believe there is no question that God is ultimately sufficient, there are some instances when He allows us to endure difficult times of trial for varying reasons. For example, God did not remove Paul's "thorn in the flesh," he instead

[81] Kirwan, 31.
[82] Carlson, 34.

said, "My grace is sufficient for you, for my power is made perfect in weakness (2 Corinthians 12:9). Therefore, if someone is undergoing a hard time, it does not mean that they are any less devout.

Finally, in response to Adams's comments on the uses of medication to treat depression, it is important to examine contemporary biological and neurological evidence on the subject. There is a moderate amount of research that has been examining the role of genetics in depression, and the results suggest that it may be at least partially heritable. The risk of developing depression becomes almost three times greater when a first-degree relative also has the diagnosis. Twin studies have shown that if one monozygotic (identical) twin is diagnosed with depression, the other is 40 times more likely to develop it.[83]

Also, there are signs of significant (and quite complicated) mechanisms in the brain that can be indicative of depressive symptoms. Neuroimaging research using CT scans and MRIs has discovered tendencies for people suffering from mood disorders to have enlarged ventricles and sulci (spaces between the brain tissue) and reduced volume of the frontal lobe, cerebellum, and basal ganglia, all of which are thought to be important in mood regulation.[84] Most recent research, though, has focused on affecting change in neurotransmitters (the chemicals released by neurons during communication), because their levels can be easily controlled and monitored. However, the relationship between neurotransmitter levels and depression is not a simple one; that is, more of any neurotransmitter (such as serotonin, to use a popular example) does not necessarily ensure a happier or healthier person.[85] Instead, there is increasing evidence that the effects of antidepressant drugs on brain chemistry are indirect. In other words, a gradual change

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[83] Alloy, 260.
[84] Ibid. 262-263.
[85] Solomon, 111.

in brain structure, resulting from adaptations made by the altered neurotransmitters, is what many believe to be the cause of the therapeutic effect of medication.[86]

Contrary to Adams's fears, psychiatry is in no danger of making the counseling therapies of the church obsolete. In fact, Steven Hyman of the National Institute for Mental Health even states: "The medication versus psychotherapy debate is ridiculous...the two should work well together because the medication will make people more available for psychotherapy."[87] Research shows that less than 50 percent of depressed people recover when using either medication or talk therapy in isolation, but the number rises to 80 percent when they are combined in some way.[88] Indeed, if "depression consisted solely of spiritual problems, there would be no reason to talk about medication and other physical treatments. But depression *does* have physical symptoms,"[89] and, by extension, some physical causes. This again offers proof that a two-part modality of treatment is necessary. Christians have little trouble understanding a disease when it is primarily physical, such as diabetes. A helpful analogy that has been used is this: "Who would argue with the use of insulin to return a diabetic to a normal physiologic state? In like manner, some drugs used in psychiatry serve simply to return the body back to a balanced physiologic state."[90] Moreover, even the most physical of problems has more than one method of treatment. In the case of diabetes, medication is obviously used, but other lifestyle changes are imperative, such as learning how to diet, exercise, and manage stress better.

In response to Adams's views on the true cause of all depression and the evils of psychiatric medicine, it is important to realize that he is not the only conservative Christian voice

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[86] Solomon, 112-113.
[87] Ibid. 103.
[88] Ibid. 104.
[89] Edward Welch, *Blame it on the Brain? Distinguishing Chemical Imbalances, Brain Disorders, and Disobedience* (Phillipsburg, NJ: P & R Publishing, 1998), 125.
[90] Minirth, 141.

out there, although he may seem to be the most prominent. A study done on the psychiatry division of The Christian Medical and Dental Society shows that some conservative Christians (especially those with medical training) have different views of how mental health should be theorized about and treated. Because membership in The Christian Medical and Dental Society requires a certain authenticity of faith (candidates must sign a form affirming the authority of the Bible above all else),[91] it is safe to say that they fall into the conservative Christian milieu. The study, done on 193 of these Christian psychiatric professionals, suggested that there were certain situations when dealing with mental illness (such as an acute schizophrenic episode or an acute manic episode) where even Christian practitioners felt more comfortable administering psychotropic drugs rather than relying exclusively on prayer and Biblical teachings (though these did have some part in the therapy they provided).[92]

Although at the time Adams was writing there were indeed fewer physical interventions for depression, the fact that his books are still being used in some circles as the authoritative texts in counseling is evidence that he still influences the way people view this disease. He also continues to speak at various conferences, and he writes and propagates his ideas through his website. In his rush to protect the conservative church from infringement by secular science, Adams is denying and continuing to deny some very real medical data, as well as stigmatizing an entire group of fellow Christians, those who may be suffering from a partially organic mental illness. Simplifying the reality of mental illness by saying that it can always be solved simply through recognition of sin and behavior modification puts Adams in danger of alienating members of the conservative Christian community. Simply willing oneself out of a depression

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[91] Marc Galanter, David Larson, and Elizabeth Rubenstone, "Christian Psychiatry: The Impact of Evangelical Belief on Clinical Practice." *American Journal of Psychiatry* 148.1 (1991), 90.
[92] Ibid. 92.

"would be as ludicrously self-destructive as entering a modern war on horseback,"[93] which is exactly what Adams is prescribing. Conservative Christians, out of necessity, will be forced to remove themselves from this form of Christianity that tells them that their experiences of intense psychological pain can be solved with simply "a verse of Scripture and a call to repentance."[94] Or, and even more tragic, they will be further driven to despair and even suicide, having not been able to find a suitable outlet for help.

There is even empirical evidence that having a wrong belief about how Christianity views depression can contribute to the experience of depression itself. In one study, researchers assessed the beliefs that professional clergy and their depressed clients had about depression. They found that many clients had skewed beliefs about how the church viewed their illness. One woman believed that, "depression was evidence that God wanted her to suffer... [and] if God did not prevent her suicide, God must at least condone her suicide and might even want her to die."[95] This statement suggests that depressed patients may believe that God is out to get them, or to punish them for sins that they have committed. Clergy respondents were in strong accordance that this was a misinterpretation of Jewish and Christian teaching, and that challenging these erroneous beliefs would likely aid in relieving some depressive symptoms.[96] Therefore, it is possible that Adams's teachings that all depression is a direct result of sin will simply reinforce the stereotypical client ideation of the cause of depression and thus lead to feelings of further despair and de-identification with Christianity.

Jay Adams, then, cannot be said to have a "traditional Christian view" on depression by any means, simply because he so vehemently denies any physical causation. Though Adams's

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[93] Solomon, 133.
[94] Kirwan, 13.
[95] Janice Miner Holden, Richard E. Watts, and William Brookshire, "Beliefs of Professional Counselors and Clergy about Depressive Religious Ideation." *Counseling and Values* 35 (1991): 93.
[96] Ibid. 100, 102.

views are partially similar to those of Aquinas, I've already noted that Thomas was an anomaly in the era of scholasticism, and even Luther and Kierkegaard found some redemptive worth in despair, something Adams does not do. It therefore seems safe to say that Adams is bucking centuries of sophisticated Christian dialogue with the issue of despair in favor of his simplistic model.

What does this mean for the conservative Christian church of today? It means that not only is Adams going against much of traditional Christian thought on the problem of mental illness, but he is also missing much of the point of what it means to be a Christian in modern society. For example, with regard to the psychiatric approach, he states, "[it] constitutes rebellion against God by the rejection of His Word, His Son, and His Spirit as irrelevant or inadequate."[97] What Adams doesn't realize is that by denying the blessings and wisdom God has given us through the understanding of modern medical procedures, he is actually rejecting God as well.

Take, for example, the mission statement of the Christian Medical and Dental Society of Canada. In it, they avow "all [the physician's] skill, and knowledge, and energy as they have been given him by God...should be exercised for His glory, and the good of mankind."[98] They obviously understand that all wisdom that we have about the human body and its workings are blessings and gifts from God, to be used for the good of all humanity.

William Kirwan, in his book about the relationship between psychology and theology, also affirms the fact that recognizing God's gifts and blessings throughout creation is part of being a responsible Christian. He believes that the doctrine of common grace states that every human is endowed with a measure of intellect, reason and talents, whether or not they acknowledge that these gifts come from God. Therefore, "the Christian can legitimately make

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[97] Jay Adams, *The Use of the Scriptures in Counseling* (Philadelphia: Presbyterian and Reformed Publishing, 1975), 19-20.

[98] "The Christian Medical and Dental Society." <http://www.cmds-emas.ca/page2.lasso>

use of and build upon the findings of secular scientists…because ultimately all truth springs from God."[99] Kirwan criticizes the modern evangelical and conservative Christian churches for completely rejecting all advances made in psychology and psychiatry simply because many of the researchers tend to be non-Christians. He believes that if a fundamental truth about humans is uncovered from secular research, this truth is no less valid simply because of its source.

Adams is effectively ignoring the gifts that God has for us today. I assert that by denying the good things God has given us we are truly denying God's Word, Son, and Spirit. Of these good things, one is the ability to understand the minute details of brain chemistry enough to assess the ways in which psychotropic medication can be useful. The use of medication in no way takes away from God's power. For Christians, there is no question that the Bible is truly sufficient for solving spiritual problems. However, as we have seen, most clinical depression has part of its basis in a biological or neurological abnormality. While psychotropic medicine is necessary for the treatment of depression, it is not sufficient, as it fails to address other spiritual issues. In the next section, I will discuss a responsible Christian approach to clinical depression.

[99] Kirwan, 25-26.

Proposals for a more accurate conservative Christian approach

Since we've seen the problems that the conservative Christian church has created for people diagnosed with depression, it seems logical that Christians suffering from depression should simply seek treatment through secular modes of therapy, discussed earlier. However, in a study done in 1999 by Rebecca Hawkins et al., this assumption was found to be faulty. The study examined the effectiveness of different cognitive-behavioral therapies on a group of depressed Christian adults. The patients were given either treatment involving regular, non-religious cognitive-behavioral therapy (CBT) or Christian cognitive-behavioral therapy (CCBT). Non-religious CBT consists of cognitive retraining in an attempt to modify dysfunctional thinking patterns. CCBT involves a similar challenge of self-defeating thoughts, but also includes contemplative worship, prayer between client and therapist, Scripture memorization, Christian support groups, as well as an environment where belief in Christ's unconditional love and God's truth and ultimate plan is supported.[100]

The results of this study showed that the Christians who were treated with CCBT scored higher on scores of well-being at the end of the experiment than those Christians who had undergone the CBT method.[101] This finding provides support for the idea that congruency between values, beliefs, and method of treatment is an important factor in recovery from depression. Therefore, it would be counterproductive to give a Christian completely secular therapy, as this would not address a large portion of his/her identity (that is, the fact that he/she is a Christian). I believe that this is especially important for conservative Christians, simply

[100] Rebecca S. Hawkins, Siang-Yang Tan, Anne A. Turk, "Secular Versus Christian Inpatient Cognitive-Behavioral Therapy Programs: Impact on Depression and Spiritual Well-Being." *Journal of Psychology and Theology* 27.4 (1999): 311.
[101] Ibid. 316.

because they are accustomed to solving many of their problems in a Biblical manner, and drastically removing them from such a solution would be confusing.

For Christians, the main problem with most secular therapy is the fact that it tends to be humanistic in nature. That is, secular therapy usually presupposes that the human person and his reason are the ultimate sources of truth.[102] In other words, the solution to any problem can be found inside the depressed person and there is no outer reference point. This presupposition goes against the basic tenets of Christianity, which state that God's infinite revelation is the point of reference from which solutions can be drawn.

The results of the above study clearly show that a Christian would be better off receiving therapy for depression through Christian means. But, as we've seen, there are certain ways in which the Christian community has been less-than-welcoming about the reality of depression. This is evident in the arguments of Jay Adams, but is not limited to him. Our society as a whole struggles with condemning the mentally ill. A recent public opinion survey found that 71 percent of people believe mental illness is due to an emotional weakness; 45 percent think it is the sufferer's fault (he/she could will it away if they really wanted to); and 35 percent believe it is the consequence of sinful behavior.[103] The question then becomes: shouldn't the church be a part of the solution, instead of contributing to the problem?

Ironically enough, Christian conscientious objectors were the first to champion the deinstitutionalization of the mentally ill in favor of the more "Christian" solution of community mental health centers, where the sufferers were likely to be "surrounded by the open warmth of community concern and capability" and far from "lengthy confinement in huge, unhappy mental

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[102] Kirwan, 28.
[103] Carlson, 17.

hospitals."[104] However, the mentally ill as a category currently comprise over sixteen percent of the current prison population, [105] and one-third of the more than one million homeless Americans are mentally ill.[106] This is proof that the mentally ill are not getting the help that they need. Florence Kraft, author of the Presbyterian Church's original (1988) statement on mental illness, chastises the Christian community as a whole for not fulfilling their original goals and not doing more to combat the stigma of the mentally ill. I argue that Jay Adams, by denying that such illness even exists, is preventing the reintegration of these people into society. Kraft suggests that the Christian community take a closer look at the Biblical basis for embracing those struggling under the weight of a mental illness. She quotes Psalm 82: "You ought to give judgment for the weak and the orphan, and see right done to the destitute and downtrodden, you ought to rescue the weak and the poor" (v. 3-4). And Jesus, in the New Testament, describes the criteria for entering the kingdom of heaven and says, "Whatever you did for one of the least of these brothers of mine, you did for me"(Matthew 25:40).

Kraft believes that the church is the only institution that can promote some of these changes, having in so many ways contributed to the maintenance of unhealthy views. She calls for a return to Christian caring: "Caring means changing attitudes to eliminate stigma. Caring means individuals, families, and congregations will offer friendship and support. Caring means forming connections and inviting outsiders into your circle. Caring means planning and implementing model programs of community treatment. If we [Christians] don't care, who will?"[107]

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[104] Florence Kraft, "Mental Illness? Not on our street! Replacing stigma and shunning with changed attitudes and hospitality." *Church and Society* 91.4 (2001): 61-62.
[105] Kraft, 64.
[106] Alloy, 20.
[107] Kraft, 70.

In order to effectively treat Christians who are undergoing an experience of clinical depression, the first step is getting them to ask for help. Persuading Christians to seek help for a problem such as depression can be very difficult because many people with depression will be unwilling to come forward out of fear that their problem will be judged as a spiritual failure.[108] The fact remains that 90 percent of those suffering from depression, when treated promptly, can look forward to a complete recovery.[109] Therefore, it seems ludicrous that there are people out there suffering when a solution awaits them. The conservative Christian community can solve this problem through the de-stigmatization of mental illness. What is needed is an understanding of the reality of the neurological basis for depression, as well as techniques that affirm the person's identity in Christ.

The use of psychotropic medication is probably one of the greatest obstacles that the conservative Christian community must overcome. Their belief that by taking medication a person is refusing to trust completely in God is an example of refusing to accept God's healing work from sources of general revelation.[110] Affirming that medication can be a useful tool to start the person on the road to healing can do a great deal to help. Medication can help a person to think more clearly, so they are able to do the necessary therapeutic work that follows. As one depression sufferer stated: "As I got better I remembered, 'Oh yeah, religion—why didn't I use that to help me?' But it couldn't help me at the low points."[111] Christian physician Bruce Hennigan believes that by stressing the fact that some depression is greatly helped by medication, the church can begin to alleviate some of the guilt that Christians may undergo while

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[108] White et al, 49.
[109] O'Connor, 19.
[110] White et al, 52
[111] Solomon, 131.

experiencing depression. He believes that it's time for conservative Christians to "get rid of the guilt trip and begin focusing on the cure."[112]

However, it is also important to realize that there is no way that medication by itself can be a solution to the problem of depression. For many people, undergoing the experience of a major depressive episode can be life-altering. Thus, simply putting them on a psychotropic medication isn't desirable because they don't have the time and opportunity to deal with the changes they have undergone and re-integrate these experiences into their personality.

For example, it is important to recognize the degree to which depressive behaviors may become adaptive or "routine." Dr. Richard O'Connor believes that an essential part of any therapy for depression must include the possibility that the depressed person has become unable to imagine the alternative to depression. He states: "We [depressed people] are experts at it. Depression becomes for us a set of habits, behaviors, thought processes, and feelings that seems very much like our core self."[113] People who have depression may differ significantly from others in their ways of perceiving the world, interpreting and expressing feelings, and communicating with others.[114] This means that depression may indeed be something they, for all intents and purposes, *desire* to get out of (with the help of medication), but it may prove to be difficult because of these deeply ingrained behaviors. O'Connor calls them a depression "skill set;" in other words, skills depressives have learned as a way to minimize pain, such as emotional control, isolation, putting others first, and being overresponsible.[115] It can be extremely difficult to relearn the essential parts of the personality, especially if a person has always had depressive tendencies. Indeed, "you can't give those [learned behaviors, enduring

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[112] Sutton and Hennigan, 19.
[113] O'Connor, 4.
[114] Ibid. 71.
[115] Ibid. 4.

thought processes, etc.] up without something to replace them."[116] In particular, depressed people tend to be overly dependent on external forces for their self-esteem. In other words, they rely on feedback from others or success in certain goals or accomplishments in order to feel good about themselves. This is an example of a self-destructive adaptation or mindset that is fundamental to maintaining depressive ideation. I believe that the best way to replace these cognitions is to replace them with positive Christian identity.

Identity, simply put, is the collection of thoughts and ideas that involve how we view ourselves. Psychologist Erik Erikson believes that beginning in late adolescence and young adulthood people are faced with the challenge of constructing a "self" for themselves, that is, answering questions such as, "Who am I?" and "How do I fit into the adult world?" The identity that we form for ourselves depends on the integration of skills, values, goals, and roles to make a coherent whole that provides us with purpose and meaning.[117] Dr. Neil Anderson describes Christian identity comprehension as integral: "I have found one common denominator for all struggling Christians. They do not know who they are in Christ, nor do they understand what it means to be a child of God."[118] So how can we best help those Christians struggling with depression to understand their spiritual identity and worth?

First, it is important to understand the way in which identity will have been changed through an experience with depression. Even if the person was a devout Christian before being diagnosed with depression, the experience of depression can so radically change the perception of one's identity that it may be necessary to relearn many things already thought to have been understood. For many, this personal experience of depression may be one of the first times in

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[116] O'Connor, 4.
[117] Dan P. McAdams, *The Person: An Integrated Introduction to Personality Psychology* 3rd Ed. (Harcourt Inc., 2001): 643.
[118] Neil Anderson, *Victory Over the Darkness: Realizing the Power of Your Identity in Christ* (Ventura, CA: Regal Books, 2000): 18.

their lives that they have faced the feeling of being abandoned by God. They may need to rediscover their true spiritual identity on the other side of this experience.

William Kirwan describes the formation of the human identity in the creation narrative and then after the Fall. He believes that God's original design for human identity was a strong self-identity, having been created "in the image of God" (Genesis 1:27). That is, before the Fall, humans were "whole and fulfilled persons. They enjoyed harmony within themselves and in their relationships to God, to the rest of creation, and to one another."[119] However, after the Fall, mankind's identity became confused because of his alienation from the character of God. Humans feared His reality, and now, instead of viewing everything from God's perspective, they looked to themselves to find the answers. Kirwan believes that their self-concept was no longer secure and they could have no absolute knowledge of reality. In short, "because of the Fall no one has a totally true picture of himself or herself."[120] But what does this mean for the person who has undergone depression?

I believe that what Kirwan is describing about identity before and after the Fall is directly analogous to one's identity before and after an episode of clinical depression. Before having such an experience, one's personality may be integrated and the world may "make sense," so to speak. However, depression, by its very nature, may make a person question his/her identity. There will be a state of confusion of identity and not understanding the experience they have just come through. Therefore, one of the crucial parts of Christian therapy for persons suffering or having suffered from depression involves a reintegration of their identities as found in God. Anderson affirms that understanding "who you are" in relation to God is "the critical foundation for your

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[119] Kirwan, 74.
[120] Kirwan, 80.

belief system and your behavior patterns as a Christian."[121] He believes that this identity is so important because how you view yourself has ramifications for how you view everything else in life. Identity is part of one's "world view," so, "if you see yourself as a child of God...you will begin to live accordingly."[122]

Identity therapy for a depressed person, in addition to medication (if recommended) would combine two potent ingredients that lead to spiritual and physical healing. There are many ways to go about this identity counseling, but I believe an important step is to do a study of various verses in the Bible that discuss the Christian's status in Christ. That is, putting an emphasis on the fact that we are not simply "forgiven sinners" but, in fact, "redeemed saints."[123] One thing that many people who suffer from depression have in common is a tendency to "overthink" and ruminate on negative feelings or incidents.[124] Therefore, it is important to replace these negative cognitive patterns with prayerful meditation and repetition of some key Bible verses. There are many verses that are relevant, for example: "I am God's child," (John 1:12), "I have been bought with a price. I belong to God." (1 Corinthians 6:20) "Nothing can separate me from the love of God" (Romans 8:38-39).

In 1998,George Stavros did an empirical study that endeavored to find out whether contemplative, focused prayer could make a difference in psychological well-being. His results indicated that those who included only ten minutes of prayer daily affirming the centrality of Christ in their lives experienced a statistically significant decrease in depression symptoms.[125] This repetitive prayer transforms the individual from simply reading the verses about identity in

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[121] Anderson, 24.
[122] Ibid. 47.
[123] Ibid. 45.
[124] Susan Gilbert, "New Clues to Women Veiled in Black." 16 March 2004. <www.NYtimes.com>
[125] George Stavros, "An empirical study of the impact of contemplative prayer on psychological, relational, and spiritual well-being." *Dissertation Abstracts International Section A: Humanities & Social Sciences* 59(2-A), Aug 1998, 528.

Christ is to believing what the verses proclaim about the Christian's identity. As Neil Anderson says, "People cannot consistently behave in ways that are inconsistent with the way they perceive themselves. You don't change yourself by your perception. You change your perception of yourself by believing the truth."[126] This identity therapy as part of the whole of Christian cognitive-behavioral therapy (as discussed previously and involving prayer between client and counselor, worship, identifying cognitive misconceptions, and replacing maladaptive behaviors) is the most useful remedy for helping to heal the wounds that depression has inflicted.

This process can be time-consuming, especially in contrast to Jay Adams's direct nouthetic method of sin identification and repentance. However, considering that depression can also involve adaptive behaviors that may become deeply ingrained, I believe it to be essential in transforming an individual's view of himself or herself. Bear in mind that, at first, the task may seem daunting. An individual still deeply mired in a depressive state of mind may refuse to believe that the same God that they once believed in still cares for them.

I envision a conservative Christian community that has replaced the stigma of being mentally ill with a genuine understanding of the reality of neurological causes of depression. The church could be a place of tremendous healing if they would stop hurting those who are already in extreme emotional and physical pain. I imagine this thesis as somewhat of a challenge to the conservative churches who still remain obstinate in declaring that all depression results from personal sin. The studies mentioned in this paper clearly show that Christian counseling methods in addition to medication can be extremely effective in treating clinical depression, in contrast to Dr. Adams, who has no empirical proof that his method is sound.

Raymond Council tells a story of counseling a depressed parishioner: "I shared with him my belief that he would in time find that what he thought had been lost... 'I can't believe that,'

[126]Anderson, 47.

he sobbed. 'I know you can't see that now,' I replied. 'So for now I want you to know that I believe it for you.'"[127] Our job, as Christians, is to provide a supportive, consistent, reliable, prayerful, and hopeful relationship with the depressed person, not condemning or judging, but simply letting him/her know how God sees them and that their struggles are not the end. Instead of being so quick to call them sinners and question their moral fiber, we need to aid in reestablishing their hope in the future glory that Christ has called them to. The following poem, whose author is unknown, represents for me our duty as Christians in helping those struggling with clinical depression. There is one line that sticks out as being especially important: "Acknowledge my pain, it is so real and ever present." Jay Adams, by refusing to believe that those suffering from mental illness are actually experiencing pain (except for pain that they deserve, having brought it upon themselves), is merely prolonging the experience of depression and hindering recovery.

Lend me your hope for awhile,
I seem to have mislaid mine.
Lost and hopeless feelings accompany me daily,
pain and confusion are my companions.
I know not where to turn;
looking ahead to future times does not bring forth
images of renewed hope.
I see troubled times, pain-filled days, and more tragedy.

Lend me your hope for awhile,
I seem to have mislaid mine.
Hold my hand and hug me;
listen to all my ramblings, recovery seems so far distant.
The road to healing seems like a long and lonely one.

Lend me your hope for awhile,
I seem to have mislaid mine.
Stand by me, offer me your presence, your heart, and
your love.

[127] Raymond Council, "Out of the Depths: Pastoral Care to the Severely Depressed." *Pastoral Psychology* 31.1 (1982): 64.

Acknowledge my pain, it is so real and ever present.
I am overwhelmed with sad and conflicting thoughts.

Lend me your hope for awhile;
a time will come when I will heal,
and I will share my renewal,
hope and love with others.[128]

[128] Author Unknown.

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