

Depression: The Church's Best Kept Secret

Seeing past the stigma

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Here's a statistic that should give us pause:

At least one in four American women now takes a psychiatric medication.

Many of these women are depressed—12 million of them, actually.

And while women are roughly twice as likely as men to experience depression, many aren't receiving the holistic treatment and support they need.

Depression continues to be discussed prominently in the public sphere.

- Should women with a history of severe depression continue to take medication during pregnancy, despite the potential risks?
- Should females begin exploring and valuing their negative emotions and pain instead of suppressing them?
- What do the latest developments in brain imaging and clinical studies reveal about the most effective forms of treatment?

Yet despite the ongoing discourse, many women don't feel empowered to speak openly about their depression, and they aren't finding the support they need in their local church or Christian community. Dr. Archibald Hart, a licensed California psychologist and senior professor of psychology at Fuller Theological Seminary, vividly recalls the time he spoke about depression during a seminar to 3,000 women at Crystal Cathedral in Orange County, California. "I asked, 'How many of you are on an antidepressant but have not told your husband?' At least half of them stood up," he says.

Shame and stigma can keep people from sharing their experience with those who know them, even those who are closest to them, says Amy Simpson, author of *Troubled Minds: Mental Illness and the Church's Mission*. "There's an assumption among many people that if they were honest about what they experienced, it would be rejected or they would be shamed."

Pervasive in Nature

"I have so many friends who take medication for different things, but none of them go to counseling," Christina Fox, a licensed counselor in Florida, says. "It's hard to open up to people in your own family and tell them you're struggling, much less to a complete stranger. There's a fear of what you might have to unpack. Sometimes it's easier to shove it down than to do that kind of work."

Scripture reveals that depression has continuously been part of the human experience.

But it can become easy for well-versed believers to gloss over the reality that Hannah "would be reduced to tears and would not even eat... [She] was in deep anguish, crying bitterly as she prayed to the Lord" (1 Samuel 1:7, 10).

Or that David, his heart struck down like withered grass, couldn't stomach food. "Because of my groaning, I am reduced to skin and bones," he said (Psalm 102:5).

Elijah asked God to take his life (1 Kings 19:4), while Job described his life as ebbing away. “Depression haunts my days,” he said. “At night my bones are filled with pain, which gnaws at me relentlessly” (Job 30:16–17).

Passages such as these demonstrate that depression reaches men and women of all ages and socioeconomic levels. Yet while strides have been made within the culture and the church to understand and support those facing depression, mental illness still often confounds those who haven’t faced it, says Christian author and speaker Sheila Walsh, who’s lived with depression for most of her life. “If it doesn’t show up on an x-ray, people have a problem with it,” she says. “If someone has a brain tumor, that person can rally people all over the world to pray. But if you have a deficiency in the chemicals in your brain, then that’s harder for people to grasp.”

The Two Types of Depression

Like all other parts of the body, the brain is a physical organ, subject to injury, disease, or decay, Simpson explains. “There is confusion when we think the brain, the soul, and the spirit are the same. They’re not. Certainly we can’t separate them from one another. We can’t treat the brain without taking into account the spirit because we’re holistic beings.

But there is a difference. And just because someone’s brain isn’t quite working right or doesn’t have the right mixture of chemicals going through it doesn’t necessarily mean there is a spiritual problem.”

Fundamentally, a significant lack of knowledge also still exists in understanding variances in depression and how to best treat them, Hart adds. One form of depression is endogenous by nature, meaning it’s strongly genetic and signifies a deficiency of neurotransmitters in the brain.

This is the type of depression Walsh says she’s experienced since her teenage years when she began enduring periods of acute sadness and withdrawal. “My mom described it as if I had disappeared into a hole, and it would be hard for her to reach in and pull me out,” Walsh explains.

Walsh continuously struggled with a dichotomy of what she *knew* to be true (God’s love for her and presence with her) and the isolation and darkness she *felt* to be true. She eventually was hospitalized for a month in 1992 for severe depression. “At that point I didn’t know of anyone who openly admitted that they struggled with any kind of mental illness, and I had a very poor concept of what medication did,” she says. Throughout the next two decades, the medications Zoloft and then Cymbalta became a lifeline for her, lifting the weight of the illness and restoring her strength and perspective.

Walsh’s own father lived with depression before taking his life at age 34. In the years leading up to his death, he’d also slip into a state of mind where no one could reach him. “I’m pretty sure that same tendency was in my father just as it is in me,” Walsh says.

Understanding the genetic component of depression is important because the illness can easily run down the family line. For this kind of depression, medication is vital. “It responds 100 percent to antidepressants, so it brings it under control,” Hart says.

The other kind of depression is exogenous—which Sigmund Freud once described as a “reactive depression.” This type of depression is a reaction to loss, a pronounced experience of grief. It could be the loss of a loved one, a marriage, a dream, or a job—any kind of loss, really. “It can be prolonged or even incapacitating, but it’s not necessarily connected to something that is wrong

biologically,” Hart explains. It can also be exacerbated by the growing sense of stress, isolation, and exhaustion many women regularly face (issues Hart has explored in detail in his books).

Man Is Not Healed Through Pills Alone

A failure to properly diagnose the type of depression women experience has created problems, Hart says. “Research now shows we are overprescribing antidepressants while often neglecting the actual depression. People are not getting the treatment they need.”

This could include those struggling with a genetic or biological form of depression who are not currently receiving proper medication; it could also include those with reactive depression who are taking medication but not participating in therapy, which Hart believes is crucial in treating this kind of depression.

Fox, the Florida counselor, says it was a combination of short-term use of antidepressants along with counseling that helped her through her own personal experience with depression after the birth of her two children. “For the longest time I struggled, blaming it on lack of sleep with a newborn,” she says. “Finally I reached out to my doctor, and he gave me a prescription.”

The medication initially helped keep her head above water, but it was the counseling she received that also helped her move forward “into more and more light,” she describes. “I gained insight into what I was thinking, how I was looking at my life, and how to use a scriptural framework to apply the truth of the gospel to my situation. Those concepts still help me today, when my thoughts can snowball and I feel overwhelmed. I remind myself of things that are true.”

Before starting an antidepressant, Fox proposes that women ask themselves a few key questions: What is the reason I feel the need for this? Am I treating my struggle like a cold or flu, wanting to medicate to primarily treat symptoms? Am I willing to also seek counseling?

Additionally, Hart recommends that women undergo a complete medical evaluation before taking medication. These tests will reveal if any other biological issues such as a thyroid, gland, or estrogen abnormality is triggering the depression—all valid culprits that could be treated with various medications, depending on the issue. The key is moving beyond what has become the typical experience for women seeking answers and relief: the brief, ten-minute office visit with a busy general practitioner who’s often required to see ten or more patients per hour. “The average GP just doesn’t have time to sit down and explore the depression,” Hart says.

The Necessity of Support

The church, Christian communities, and individual Christ-followers should also play a role in coming alongside those facing depression. “The most important thing a church can do is set up a support group for people living with depression,” Hart says, pointing to Saddleback Church in California as a model of a congregation caring for members in this way (Its pastor, Rick Warren, is one of Hart’s former students.)

If churches desire to start this kind of ministry, then Simpson strongly urges for a group to be led either by someone who has personally experienced depression and is now in a healthy place to minister to others or by someone who’s walked with a loved one or family member through depression. (Simpson outlines several examples of churches and ministries doing this well in her book *Troubled Minds*).

What church leaders or individuals should *not* do is take an extreme approach—either ignoring the problem altogether or deciding they can take care of everything themselves. While pastoral counseling can at times be sufficient, separate mental health evaluations and the involvement of

medical professionals are often necessary. Those coming alongside people with depression also should not assume they can relate to what someone with depression is feeling or facing simply because they've encountered sadness or discouragement themselves.

“People who have not experienced the clinical side of depression often tend to think they can relate because they know what sadness feels like, and they don't understand it's a completely different situation,” Simpson notes. “It's more intense, more entrenched, and often depressed people have no control over it. They can't make it go away. They can't depend on the fact that they're probably going to feel better tomorrow or next week. It's a malfunction that needs treatment.”

Churches would do well to minister to those with depression in the same fashion they do to those who are struggling with an illness such as cancer. “We recognize there are spiritual and practical needs for a person who's facing this kind of crisis,” Simpson says. “We don't discount that they need the professional help of an oncologist. We do everything we can to support the person so she can receive the treatments she needs. We help the family; we feed the spiritual and social needs of the person. We do the things the church does best through offering support but not feeling an obligation to fix the problem entirely.”

To this end, Walsh believes the act of coming together as a church, support group, or community of friends can reveal a needed and forgotten art among today's culture: the ability to just listen.

“There is such a temptation within the church to think we have a Scripture verse for everything,” she says. “We can't wait to tell the struggling person how to be fixed. But if churches have support groups for women that avoid sending a ‘Come to the group so we can fix you’ message but instead simply create a place where they can come and be heard, that would meet a tremendous need. Some women just simply need to be heard.”

A Holistic Approach

Hart also encourages his students at Fuller to take a holistic approach to health in learning how to shepherd people in their churches and communities who are living with depression. Pastors need to understand the complexities of mental illness and demonstrate greater wisdom and sensitivity toward those living with it. Men and women in the pews need to be taught good theology alongside what it means to care for their bodies through stress management, proper sleep, and even activities such as meditation on Scripture or contemplation—learning to listen as well as to speak as part of the practice of prayer.

There's a healthy and healing synchronization that occurs when we realize that our bodies, emotions, and beliefs aren't separate entities but all play an integrated role in shaping who we are. While the condition of our faith may not play a role in the onset of depression, it is certainly vital in treating it.

“We are whole people: feeling people, spiritual people, and biological people,” Hart says. “Healing comes when there's balance in the whole system. And our spiritual life is the most powerful balancing factor there is for us. If we neglect it, then everything else that is wrong gets worse. Faith is a powerful remedy for the stresses and complexities of modern life. A balanced life is one where our spirituality informs the lives we live—not the other way around.”