

JESUS AND THE DEPRESSED

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TABLE OF CONTENTS

The Biblical Approach to Depression.....	4
Bipolar Depression	7
The Biochemical Theory of Depression	9
Don't Drugs Help People?	10
When Drugs May Be Necessary	12
Conclusion.....	13
Notes	15

JESUS AND THE DEPRESSED

THE BIBLICAL APPROACH TO DEPRESSION

Depression is an ancient human malady, and a common human experience. It troubles at times even the most godly people. Paul himself said, *"But God who comforts the depressed, comforted us by the coming of Titus"* (II Corinthians 7:6). Occasional depression is sometimes a normal part of living. The problem is when depression becomes dominating and chronic; when it becomes what is called clinical depression. There have been many opinions of the causes and cures of depression. The most recent and popular view is that clinical depression is caused by a biochemical imbalance. It is viewed as a physical problem and is treated much like a physical disease. In this study we will look at what the Bible says causes depression. We will also give specific consideration to the theory of the biochemical basis of depression. This is an important issue for it relates to the all-sufficiency of Christ and His promise to deliver the downtrodden and the oppressed.

The basic issue is this: how should a Christian approach and view people diagnosed with severe clinical depression or bipolar disorder? And then more importantly, how can they be helped? First of all, we must remember that the Scriptures speak of such people. Christ speaks of *"downtrodden and oppressed"* people in Luke 4:18. He also speaks of *"the distressed and downcast."* Matthew says of Christ that *"seeing the multitudes, He felt compassion for them, because they were distressed and downcast like sheep without a shepherd"* (Matthew 9:36).

It would seem reasonable that those who suffer from what is labeled today as bipolar disorder and clinical depression would be among those Christ refers to. They are people who, in general, suffer the severe effects of living in a cursed and sin-plagued world. Surely those given the 'disordered' label fit in one of these categories.

Christ uses strong and vivid terms. To be *"distressed"* actually means to be *"vexed and troubled."* It even means, at times, to be *"flayed"* or *"lacerated."* It is a vivid term describing the emotional state of people who, as it were, have been taken as spoil by the problems and pressures of life. The term *"downcast"* is just as vivid. It literally means to be *"thrown down"* or to *"hurl down,"* as Judas hurled down the 30 pieces of silver in the temple (Matthew 27:5). It refers to the misery that results from experiencing the problems and stresses of life - a misery often compounded by sinful responses in attempts to cope. Both terms are in the perfect tense, which emphasizes a permanent condition with no hope of deliverance. Surely today some of these people would be categorized as clinically depressed and some as Bipolar. Christ says their problem is that they have no divine shepherd. They are *"sheep without a shepherd."* In other words, their misery can be alleviated only by Christ's personal shepherding and delivering work in their lives.

So we can say the Bible speaks of people who, today, would be called clinically depressed. But what causes clinical depression and bipolar disorder from a Biblical perspective? **Before we go on, it must be emphatically stated that there are physical problems - distinguished from a neurochemical imbalance - that cause depression. Hormonal imbalances, hypothyroidism, fatigue, chronic viral infections, liver disease, and even brain tumors, and the like, have been shown to cause depression. This must be recognized and steps taken by a physician to search this out.** Of course, depression

caused or compounded by physical problems doesn't mean people aren't responsible to live godly as they seek to discover the source of their depression.

However, the question remains: what causes depression not related to physical problems? We can begin by saying that depression is a common human experience, rooted in the stresses, disappointments, disillusionments, and heartbreaks of human experience. Therefore, sometimes it can be easily traced to its cause. At other times, because of the complicated and confused nature of human experience, it is not. Regarding its evident causes it can be said that:

Even when someone we know becomes extremely depressed, we are able to attribute the reaction to something specific, such as a death in the family, the loss of a job, a failure in love, passing a landmark in aging, feeling trapped or unproductive in one's life, or coping with a life-threatening or debilitating physical illness.¹

From the Biblical perspective, we can also say that an unbelieving or sinful response to life's problems often causes or intensifies depression. David acknowledged the depression that his guilty conscience before God had brought on him because of his sin. He said, *"When I kept silent about my sin, my body wasted away through my groaning all day long. For day and night Thy hand was heavy upon me. My vitality was drained away as with the fever heat of summer"* (Psalm 32:3-4). David described a heavy hand (isn't that the basic significance of "depression"?) that was upon him continually. In another place he said:

For Thine arrows have sunk deep into me and Thy hand has pressed down on me ... For my iniquities are gone over my head as a heavy burden they weigh too much for me ... I am bent over and greatly bowed down I go mourning all day long ... I am benumbed and badly crushed; I groan because of the agitation of my heart. (Psalm 38:2-8)

King David had sinned. Severe depression was the result. In his words God's hand *"pressed down on me."* Often we miss the significance of David's teaching for our own lives. David committed adultery and murder. He should be depressed! Therefore, because we haven't sinned to the same degree, we miss the things that may be causing our depression.

I will give an example from my own personal experience. One of the most severe bouts of depression I have ever experienced occurred early in my Christian life. I literally woke up and went to bed depressed. I groaned all day long. I searched my life, but saw no sin. I was perplexed. I was losing the joy of living. Finally in desperation, I cried out to God, asking Him to show me why I was so depressed. I was earnest, ready for Him to show me whatever it was. By means of a sermon, God pointed out the cause. Unknown to me I had a critical, self-righteous attitude towards other Christians which I could not or would not see. After all, I was serving the Lord. In my mind, my attitude wasn't a judgmental spirit; it was zeal for God. When I saw my sin and acknowledged it, the depression lifted. My point is this: we can miss the cause of our depression, because we don't immediately see something as sin. However, the smallest sin can bring God's displeasure and with it depression. Discontent with our station and place in life, ungratefulness in trial, a critical spirit misread as spiritual zeal, an undisciplined irresponsible life, even a wrong attitude towards one's spouse, the so called *"smallest"* of sins can go undetected, and cause depression. In other words, sometimes the cause of depression is clear. But at other times, it is hidden, hidden by our own self-deceived heart.

From Scripture we learn that the Lord uses depression to deal with sinful attitudes, as well as, sinful behaviors. Whatever it is, it must be acknowledged. When it is, and new attitudes are actively pursued, the depression is lifted and joy is restored.

There are things, other than overt sin, however, that Scripture says cause depression. Things such as failed expectations and great disappointments. Elijah for example, experienced severe depression to such a point that he saw death as his only escape. After he fled to the desert in despair he said, *"it is enough now Lord, take my life for I am no better than my fathers"* (I Kings 19:4). The Psalmist in exile declares, *"Why are you in despair O my soul and why have you become disturbed within me?... O my God my soul is in despair [sunk down] within me"* (Psalm 42:6-7).

In both cases, a major disappointment and failed expectation was the cause of depression. In Elijah's case, revival had not come to Israel as an unrepentant Jezebel - with her idolatrous Baal worship - remained entrenched in power. In the Psalmist's case, great disappointment had overwhelmed him and he fled from his enemies, and was in exile far from Jerusalem (Psalm 42:2-4, 10). Therefore, failed expectations and disappointments, from such things today as, marriage, children and a career, are often the cause of depression.

The disciples on the Emmaus road are another prominent example of those who experienced depression because of unfulfilled expectations. They themselves said, *"we had hoped that He was the One who was going to redeem Israel"* (Luke 24:21). They were depressed, overwhelmed by shattered hope. Therefore, we can see from these Scriptures that depression is sometimes caused by our attitude towards major disappointments and failed expectations. The cure in every case is a reorienting and renewal of the mind to the promises of God. Jesus said to the Emmaus disciples, *"How foolish you are and how slow of heart to believe all that the prophets have spoken"* (Luke 24:25). The term *"foolish"* literally means *"without mind."* In other words, they lacked understanding. They had not thought about something. The following states it well:

The cure was first of all a mental reconstruction of the facts. What they had seen as disaster and an anticlimax was, according to the prophets and all the Scriptures the gateway to glory (verse 26). Soon they saw everything in a new light. They viewed it from God's perspective and consequently emerged from their depressed condition.²

This was the cure for Elijah and the Psalmist as well. The Psalmist reminded himself, *"why are you in despair O my soul? And why have you become disturbed within me? Hope in God for I shall again praise Him for the help of His presence ... The Lord will command His Lovingkindness in the daytime: and His song will be with me in the night"* (Psalm 42:5, 7). What we could call circumstantial depression is overcome by reflecting on God's character and reclaiming His promises. Christ puts the mind at ease by His Spirit through His Word. In other words, Christ gives peace and hope even when circumstances remain the same. This is the *'peace that passes all understanding'* spoken of by Paul in Philippians 4:7. The following says it well:

People in general, and Christians in particular, are not attentive enough to the truth of God about the life situations they encounter. They are carried away by the worldly interpretation of what is happening. Being emotionally wrapped up in setbacks and tragedies, they fall into the trap of being perpetually downcast. The mind absorbs this without any reference to God or Scripture and settles into depression, from which some people find it difficult to escape.³

Depression then is spoken of frequently in Scripture. Often it is rooted in disappointment and a sense of hopelessness. Satan, of course, traffics in hopelessness and despair. The believer must be encouraged and redirected to the faithfulness and love of God to renew their hope for the future. The following story aptly shows how the power of Christ through the Spirit and the Word cures depression:

Several years ago a woman came to see me in a bad state of depression. She had suffered childhood rejection from her mother, with the result that she came to regard her own birth as a tragedy. Although happily married to a man who treated her with the utmost kindness, her traumatic childhood had taken away the desire to have children of her own and prevented her regarding her own three healthy children as a blessing. Medication had not relieved the depression into which she had descended. How did biblical cognitive therapy help her? I pointed out that her life was more surprising than mine. I was born because my mother wanted me, while she was born against her mother's wishes. Clearly the hand of God was in it! The preservation of her sanity despite her mother's rejection was attributable only to the protecting hand of God. Her conversion to Christ and the provision of a loyal Christian husband were crowning mercies. Finally God's overruling to give her three healthy children despite her reservations about motherhood was further heavenly mercy. Would she think about these things? After two weeks she returned to say that after years of dark depression, she was set free at last. A few months later she told me that she had come off all medication.⁴

BIPOLAR DEPRESSION

One of the most severe depressions is that associated with Bipolar disorder. We will now look at what causes it from a biblical perspective. Bipolar depression is cyclical depression. A period of elation is followed by a period of extreme depression or vice versa. This pattern is connected with unproductive attempts to deal with stress and problems. The depression is followed by an over-compensation of self-engendered optimism and exhilaration. One man who has dealt with Bipolar for 30 years says:

The experience of going from low to high, or vice versa, is not unusual among human beings. Watch any football game or soccer match around the world, and if the stands are evenly divided, at any one moment half of the people may be displaying 'depression' and the other half 'elation.' Should the course of the game take an abrupt turn, a 'bipolar' reversal might occur, with dramatic changes in the mood on each side of the field. The man jumping up and down, his eyes bulging, adrenaline pumping through his veins, screaming and shouting as if by sheer vocal force he could change the fate of the world, looks perfectly adjusted to life – in the stands at an exciting football game. So does the vastly dejected fan whose team has just lost the championship. But suppose there were no real-life football game going on. Suppose a woman is getting high or low about her life. Suppose she's just desperate enough to be wildly rooting for - or against - herself. There's no biochemical test to distinguish the so-called manic-depressive person from the elated or despondent football fan. Nor is there any reason to assume that the manic-depressive's inner experience is driven by twisted molecules while the football fan's is driven, at worst, by twisted values. We don't call the behavior of football fans a 'mental illness' or a 'disease', because we understand and accept the context in which it takes place and because it seems harmless and short-lived. When we don't understand and accept the context of a human experience, and especially when it seems

*harmful or bad and lasts a long time, we tend to label it mental illness.*⁵

Bipolar with its high of mania and its low of extreme depression is described by another as follows:

*Mania ... is a barricade erected by the patient to block his own approach to the real business of life ... The most formidable phase of the mental disorder, as we have seen, occurs invariably when some urgent problem presses for solution and the patient has lost courage. In mania there is an effort to overcome this cowardice, and the patient pushes himself forward, exaggerates his actions, and talks and laughs with needless excitement. He is high-spirited and irritable, has great projects, is very superior and boastful of his power, and displays strong sexual inclinations.*⁶

Consistent with this, the author has insight when he says, “*mania is, like all psycho-spiritual crises, a moral and social phenomenon to be understood in the context of basic human needs and strivings.*”⁷ Therefore, as with any other non-physically caused depressions, Bipolar depression is the result of problems, stresses, disappointments and the loss of hope. Usually, the people who experience Bipolar are highly driven perfectionists who aren’t able to balance their life. Typically, they are unwilling to honestly face their personal problems, which often includes extreme emotional pain caused by rejection, abuse, or a devastating personal failure. In other words, severe depression involves a person’s struggle with God’s sovereignty over their life, even their life before salvation. It involves the struggle of accepting His providential dealings, including His allowance of great hurt and disappointment. Jeremiah, struggling with accepting his personal suffering and the recent horrors of the destruction of Jerusalem said:

He has filled me with bitterness, He has made me drunk with wormwood. And He has broken my teeth with gravel; He has made me cower in the dust. And my soul has been rejected from peace; I have forgotten happiness. So I say, “My strength has perished, And so has my hope from the LORD.”(Lamentations 3:15-18)

Could there be a more vivid description of severe depression and the loss of hope? Yet, though Jeremiah greatly struggled, he came to accept God’s providential dealings and eventually yielded to His wise and good purposes; he said:

The LORD is good to those who wait for Him, to the person who seeks Him. It is good that he waits silently for the salvation of the LORD. It is good for a man that he should bear the yoke in his youth. Let him set alone and be silent since He has laid it on him. Let him put his mouth in the dust, perhaps there is hope. Let him give his cheek to the smiter; let him be filled with reproach. For the LORD will not reject forever, for if He causes grief, then He will have compassion according to His abundant lovingkindness. (Lamentations 3:25-32)

Jeremiah struggled with anger and bitterness. But, finally he yielded himself to God’s character whether he understood His dealings or not. Jeremiah finally accepted God’s providential dealings, even when it included evil, pain, and suffering. Notice he says of God, “*if He causes grief.*” This was critical to Jeremiah’s deliverance from despair.

Those who experience Bipolar also typically aren’t willing to face the complete inadequacy of the patterns of behavior they have chosen in their attempts to cope. Often,

it is marked by anger, rage, and destructive behavior. These things, of course, the Bible doesn't attribute to a chemical imbalance, but to the human heart. In addition, the Bipolar person usually complicates the problem by not eating or sleeping for long periods of time. All of these things combine to create its own chemical reaction in the body with the final result being a psychotic and delusional state. The imbalanced chemical state in the end, is actually the final result not the ultimate cause of the problem. It is like the proverbial chicken or egg question; which came first? Does the chemical state cause the problem or is it, the chemical delusional state, the final result of the problem? The evidence would indicate the latter. This chicken or egg problem is recognized as at the heart of the issue:

The fact that biochemical changes take place in the brain in association with intense moods proves nothing about which comes first. This confusion has led to misguided conclusions. It has long been known that all kinds of stress, including head injury and chronic fatigue can cause precisely the same effects.⁸

THE BIOCHEMICAL THEORY OF DEPRESSION

We will now take a look at the matter of the chemical and neurological basis of emotional problems. The acceptance of this theory effectively removes people from the realm of spiritual help and the delivering power of Christ. They are not viewed as people in spiritual need. They have a chemical problem much like a person with a physical disease. Therefore, they don't need Christ or spiritual help. They need a psychiatrist who can prescribe the right medication. Therefore, it is a matter of great importance to the gospel and ministry to the needy that this theory be substantiated and clearly proved. Contrary to what many today take for granted the biochemical and neurological basis for emotional disorders, has not been proven. The fact is that the scientific and medical communities do not universally regard it as an established fact. Phillip Breggan, a nationally known psychiatrist writes:

A constant stream of propaganda from psychiatry tells the public that all forms of human distress are due to biochemical imbalances or even gross brain damage ... within the confines of professional books and reviews, the claims are considerably more muted, if still badly exaggerated.⁹

For example, in the book Biological Psychiatry, the authors admit, concerning a major study trumpeted as proof of the biochemical basis of schizophrenia, that there is,

The absence of a consistent and generally accepted mode of genetic transmission of schizophrenia ... Because of psychiatry's influence in the media, most people think that there is a growing body of studies supporting the genetic origin of psychiatric disorders. In reality, literature supporting a genetic cause has grown sparse over the years.¹⁰

The American Psychiatric Press' Textbook of Psychiatry admits this when, in speaking of Bipolar, it refers to "ultimate, as yet unknown factors that cause the illness."¹¹

Note that Bipolar Disorder is caused by “yet unknown factors.” They go on to further admit “unraveling causal connections awaits a better understanding of the genetic vulnerability.”¹² Finally, it is admitted that, “as it is true for most other major disorders in psychiatry, the etiology [cause] of affective illness is still unknown.”¹³ In other words, what is publically stated as fact is privately still regarded as theory and speculation.

As stated before, the public all but regards the chemical basis of most clinical depressions and other emotional problems as a proven fact, as something settled - a result of objective science. In fact, the change of terms from Manic Depressive Disorder to Bipolar Disorder was done in order to communicate this very thing:

*The very sound of the term Bipolar Disorder smacks of hard science. A synonym for the old term Manic-Depressive disorder, it has become associated in the public's mind with biological disease and lithium therapy. That was psychiatry's purpose in promoting the term.*¹⁴

However, in spite of the scientific language the biochemical basis of clinical depression has yet to be proved. The following states well the speculative nature of these theories:

*No causal relationship has even been established between a specific biochemical state of the brain and any specific behavior and it is simplistic to assume it possible ... We cannot at present scientifically confirm the suggested relationship between sluggish serotonin neurotransmission and some destructive or self-destructive behaviors ... Scientific reviews of the biochemistry of depression have failed to identify a consistent biochemical basis.*¹⁵

DON'T DRUGS HELP PEOPLE?

There is another matter that demands our attention. This is the question of how to respond to the apparent benefit that drugs and medications bring to people. People get better, it is said. How do you argue with that? This apparent benefit of psychiatric drugs confirms in peoples' minds that there must be a chemical problem. The reasoning being that if the chemicals in drugs solve the problem, then a chemical imbalance must have been the problem to start with. Moreover, it is usually assumed that psychiatric drugs are harmless, with no significant negative side effects - especially with regard to Lithium and Prozac, which are the common drugs prescribed for Bipolar Disorder and depression.

To begin with, the reasoning concerning the benefits of drugs is faulty. This would mean that alcohol, marijuana, and other such substances would be legitimately employed in helping people as well. A recent Time Magazine article on depression and drugs, recognizing this problem, says:

The line between illicit, feel-good drugs such as marijuana and amphetamines, and legal mood-altering substances such as Luvox, Wellbutrin, and Effexor is a blurry one. Many of the same optimistic claims - enhanced concentration, decreased anxiety, a renewed capacity for feeling pleasure - are made for both types of magic bullet, whether they are bought on the street or in a pharmacy. A profoundly mixed message is being sent to teens when certain substances are demonized for promoting the same subjective states touted on the labels of other compounds. Adolescents, who are famously alert to hypocrisy among their elders, will

*surely be the first to catch this irony.*¹⁶

In other words, drugs do, in some sense, “work” (even those that are illegal). The question is, how do they work? Do they bypass normal processes? Do they blunt people or exhilarate them to the degree that they do not grow, develop, and mature normally? Do they bypass the normal processes of maturation and make a person something they are not? Do they give the appearance of helping when, in actuality, they have blunted a person’s basic responses? This is, of course, what alcohol and illegal substances do. The research indicates this is exactly what prescribed psychiatric drugs do as well.

The fact is, psychiatric drugs accomplish what is called a lobotomy effect. A lobotomy is a surgical procedure done to the frontal lobes of the brain that causes a blunting of the person’s emotional and rational response to their surroundings. The following is a description of surgical lobotomy:

*Lobotomy usually refers to the surgical cutting of nerve connections between the frontal lobes and the remainder of the brain ... The frontal lobes are the seat of higher human functions; such as love, concern for others, empathy, self-insight, creativity, initiative, autonomy, rationality, abstract reasoning, judgment, future planning, foresight, will-power, determination, and concentration. The frontal lobes allow us to be human in the full sense of that word. Lobotomy basically knocks the frontal lobes out of commission. Depending on the amount of damage done, the effect can be partial or relatively complete.*¹⁷

The point in mentioning the nature and effect of a surgical lobotomy is the fact that psychiatric drugs operate on the same principle with the same effect! In other words, many psychiatric drugs, in point of fact, actually produce a chemical lobotomy. Here is a description of the nature and effect of psychiatric drugs:

*Chemical lobotomy [drugs] largely interdicts the nerve connections to the same regions. Either way, coming or going it’s a lobotomy effect. Thus the ... action ... is no mystery: clinically the drugs produce a lobotomy and neurologically the drugs produce a lobotomy. The drugs ‘work’ by suppressing the major nerve pathways into the frontal lobes and the emotion regulating system ... chemical lobotomy can have no beneficial effect on any particular human problem or human being. It puts a chemical clamp on the higher brain of anyone.*¹⁸

Contrary to helping people in a real sense, the fact is that psychiatric drugs, in general, work on this principle of the lobotomy effect to a lesser or greater degree.

The idea that drugs “work,” therefore, is a matter of perception. The person has actually been blunted, dulled and desensitized. The sobering reality of all this is seen when it is realized that the former Soviet Union used these drugs to “control” dissidents. A nineteen year old dissident poet named Olga Iofe was “treated” after she protested the resurgence of Stalinism. Harvey Fireside in his book Soviet Psychoprisons comments: “The massive drugs she was forcibly given were in fact a chemical lobotomy. Iofe, on her release, appears to be permanently damaged; an altered person.”¹⁹ Lithium is no exception to this lobotomy effect. The public image is that Lithium is harmless. A NIMH [National Institute of Mental Health] booklet says, “It rarely produces any undesirable effects on emotional and intellectual functioning. Only the symptoms are filtered out while the rest of the personality remains unaffected.”²⁰

The reality is, however, as the director of the NIMH acknowledges, that there is with Lithium “a general dulling, blunting of various personality functions.”²¹ These negative effects are mentioned in the best-selling book by Kay Jamison where she, in a moving narrative, relates her life-long struggle with Manic Depression and her total reliance on lithium. She acknowledges lithium dulling and desensitizing her. She says:

*I had discussed with my psychiatrist the possibility of taking a lower dose in hopes of alleviating some of the more problematic side effects. The effect was dramatic. It was as though I had taken bandages off my eyes after many years of partial blindness. A few days after lowering my dosage, I was walking in Hyde Park, along the side of the Serpentine, when I realized that my steps were literally bouncier than they had been and that I was taking in sights and sounds that previously had been filtered through thick layers of gauze. I wept for the poignancy of all the intensity I had lost without knowing it, and I wept for the pleasure of experiencing it again.*²²

So the case for the benefits of psychiatric drugs is a tenuous one. That they ‘help’ people is open to serious challenge. Concern for the long-term well-being of people should cause us great reticence in using them.

WHEN DRUGS MAY BE NECESSARY

Helping people with severe emotional problems often demands an immediate, short-term solution. When people become self-destructive or put others in harms way, it requires urgent measures, if only to protect them and those in danger. I have had a number of experiences with what are called delusional and psychotic people. People who were self-destructive and in danger of harming others. The mind in conjunction with the body had become delusional. In every case there was extreme stress, unsolved difficulties and personal problems mixed with anger (often veiled, but revealed later). Each also had a loss of sleep with poor or no eating over a number of days. Because of their destructive behavior, medication and hospitalization was the best thing for their immediate care and well being. In effect these things functioned as a police action, but it was not their long term solution. The Scripture tells us that Christ gives rest, He shepherds the distressed and downcast (Matthew 9:38). He sets free the captives and delivers the downtrodden (Luke 4:18). However, people must be brought by His sovereign grace to see their need of Him. They must be brought to a teachable, humble repentant state of mind, or in Christ’s own words they must become “*poor in spirit*” (Matthew 5:3). Only God can do this. Therefore, sometimes our only recourse is persistent burdened prayer, which often is exactly where God wants us to put our hope. Christ states the terms for enjoying His rest and peace. People, Christ says, must “*come to Me.*” He Himself explains what this means when He says they must “*take my yoke upon you and learn of Me*” (Matthew 11:29). The question must be asked: what can we do with people who, in spite of all attempts to help them and to point them to Christ’s all-sufficiency, remain captives mired in self-destructive patterns? The use of drugs may be their only recourse. Medication may be the only thing to keep them from their self-destruction and the destruction of others. But it must be recognized for what it is: a ‘police action’ to prevent them from harming themselves and others. It is not their long-term hope. Christ is still the only hope for those who have a long established pattern of severe depression. We must remember that Christ

promises rest for those who take His yoke upon them. It would be appropriate to quote the Lord's words at this point. Christ offering Himself to those in great need says:

Come to Me, all who are weary and heavy-laden and I will give you rest. Take My yoke upon you, and learn from Me, for I am gentle and humble in heart; and you shall find rest for your souls. For My yoke is easy and My load is light. (Matthew 11:28-30)

This rest would include the rest from the bondage of extreme depression and its destructive patterns. It must be said, as a matter of wisdom and care, that, when someone desires to come off of medication, especially after long-term use, it must be done slowly under the supervision of a doctor and the oversight of a mature Christian pastor or counselor.

CONCLUSION

There is one compelling reason that has moved me to deal with these matters. Ultimately, it is not an issue of counseling philosophy or whether psychology can be integrated with Scripture. The issue is far more significant than this. The issue is the glory and honor of Christ. The issue is people's conception of the greatness and power of Christ. He is the glorious, all-sufficient Savior who delivers from the bondage and brokenness of sin. He is the one who sets captives free. Psychology and what has been called the New Biopsychiatry has, in effect, taken the broken, oppressed captives and cordoned them off to professionals who put them in greater bondage - the bondage of brain-disabling drugs. They are considered to be beyond the delivering ability and power of Christ. Professing believers in great numbers now regard people who suffer from such problems as beyond the pale of the Gospel, the ministry of the Spirit, and the Word of God. Worse, they regard them, in the final analysis, as beyond the delivering power of Christ. The whole psychology-biopsychiatry movement has succeeded in great measure in diminishing and denigrating Christ. He is no longer the Savior who delivers from anxiety, drunkenness, sexual sin and perversion, rage and hatred, and greed. These things have been renamed and recategorized as disorders caused by biochemical or neurological abnormalities. The end result is a tranquil, powerless Savior who can forgive the guilt of sin but is not able to deliver from its power and bondage. In essence, Christ has become a figurehead deliverer. The practical result for the Church is far-reaching. People aren't pointed to Christ for deliverance, and therefore, as a whole, it doesn't see people being delivered. How many churches today can point to people who have been fully delivered from the bondage of dominating sins. How many can confidently say with Paul:

Do not be deceived; neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor homosexuals, nor thieves, nor the covetous, nor drunkards, nor revilers, nor swindlers, shall inherit the kingdom of God. And such were some of you: but you were washed, but you were sanctified, but you were justified in the name of the Lord Jesus Christ, and in the Spirit of our God. (I Corinthians 6:9-11)

Paul's list is a veritable cataloging of many of the very things that today are redefined and recategorized as disorders caused by chemical imbalances or genetic abnormalities. Notice that they "were" these things. A great deliverance and a great liberation has

occurred. They are former drunks, former covetous, former adulterers, former homosexuals, etc. The very people Christ has delivered, throughout history, by His glorious all-sufficiency are now relegated to medical professionals and stupefied by drugs. Therefore, the issue touches the core of the Gospel. It touches the glory and all-sufficiency of Christ.

Endnotes

1. Peter Breggan, M.D. Toxic Psychiatry, St. Martin's Press, New York, 1991, p.121
2. Martin Holdt, The Christian and Depression, Banner of Truth, October 2000, p. 17
3. Ibid, p. 174.
4. Ibid, pp.18-19
5. Breggan, p. 136
6. Ibid, p. 137
7. Ibid, p. 137
8. Ibid, p. 144
9. Ibid, p. 95
10. Ibid, pp. 95, 99
11. Ibid, p.143
12. Ibid, p. 143
13. Ibid, p. 143
14. Ibid, p. 141
15. Ibid, pp. 142-143
16. Howard Chua-Eoan, Escaping From the Darkness, Time Magazine, May 31, 1999, p. 49
17. Breggan, p. 53
18. Ibid, p. 56
19. Ibid, p. 57
20. Ibid, p. 172
21. Ibid, p. 177
22. Kay Jamison, An Unquiet Mind, Random House, New York, 1995, pp. 161-162