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# **COPING WITH DEPRESSION IN THE MINISTRY AND OTHER HELPING PROFESSIONS**

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To all the pastors,  
missionaries, and Christian workers  
who have provided the clinical experience behind this book:

Also, to Dr. Carl Tracie,  
whose encouragement and friendship gave birth to the idea  
that this book should be written.

## DEPRESSION IN THE TWENTIETH CENTURY

Peter had been a minister in a large Protestant denomination for about fifteen years. He was a dynamic preacher and had been extremely effective in two previous pastorates. One morning, about a year after he had begun work in his present pastorate, he awoke to find himself obsessed with thoughts of death. He could not shake these thoughts; the more he tried to stop them, the more they seemed to haunt him. He was barely able to drag himself out of bed in the mornings; a great heaviness seemed to hold him down. He moved slowly and with great effort and could hardly finish shaving and brushing his teeth. Many mornings he found himself heading back to his bed, where he sometimes remained for days. During the daytime he just wanted to sleep. At night he would toss restlessly, obsessed with fears that he would never be able to sleep again.

Peter's wife was alarmed. What was happening? What could she do to shake Peter out of this strange behavior? At last, moved by sheer desperation, she called me.

Peter was experiencing what millions of Americans will experience at some time in their lives: depression.

Of course, it doesn't always strike in quite the same way. Some are only slightly affected while others are completely immobilized by it.

Any of these symptoms may be present:

- confused thinking,
- inability to reason or make decisions,
- slowed speech,
- loss of interest in work or hobbies,
- inertia,
- fear of losing one's mind,
- flogging oneself with guilt and self-reproach,

- thoughts of death and death wishes,
- feelings of hopelessness and inadequacy,
- inability to concentrate,
- loss of appetite or a marked increase in appetite,
- feeling of total futility,
- inability to sleep or oversleeping,
- stomach discomfort.

Sometimes the depression hits like a bolt of lightning. Sometimes it creeps up like a cat stalking a bird—slowly and insidiously. Often the sufferers can give no clear reason why they feel as they do. They certainly cannot shake off the feelings. The depression may last a few days or it may last for years.

When I first saw Peter, he could not explain why he felt the way he did. His home life was good. His wife was a patient and loving person and his children were well behaved. His work as the senior pastor of a large congregation was satisfying. Though he admitted that there were some conflicts brewing in his church he did not see these as threatening or upsetting. "Nothing is wrong with my life so far as I can see," he insisted.

But as I began to explore his feelings and thoughts we agreed that his garden wasn't full of roses. The weeds of self-doubt emerged. His self-confidence was waning. Many influential members of his congregation were beginning to resist his ideas and give him a hard time at committee meetings. It was very clear that Peter was experiencing a significant loss in his vocational effectiveness. Even though he was not able to identify his many conflicts and could not consciously admit what was happening, his body system was responding with the normal, natural, and expected response—it became depressed.

Ideally, depression performs a very important function. It triggers a series of important responses in the body to deal with the chaos in life. Peter's depression was forcing him to withdraw from his troublesome environment so that he could regain his perspective and make appropriate adjustments. As we will see later, this purposeful function of depression is frequently overlooked by lay people as well as psychologists. I believe it provides the key to unlocking the misery and mystery of this affliction.

## Depression in History

Depression has afflicted humanity since creation. In fact, remarkably accurate descriptions have come down to us from ancient times. Hippocrates and Galen in their writings both stressed the existence of the depressive mood. The early Greek, Roman, and Arab physicians

knew that retarded thinking, slowed speech, and sluggish movements were obvious features of the depressed condition.

Of course, treatment in those early days followed the then-accepted theory of the causes of depression. Since many believed that a "noxious humor" and disharmony of the "normal" body humors was at fault, bleeding, purgation, and sweating were commonly employed as efforts to restore the "harmony." Fortunately, this early method of treatment often also included nutritious food, satisfactory fluid intake, ensuring regular bowel movements, sufficient sleep, and a balance of rest and exercise, as well as the removal of "disturbing influences," so that a remarkable and very effective cure was often achieved for these early sufferers. It is not surprising, therefore, to find that these early therapeutic practices, with some variations, were followed by the physicians of the Western world up into the sixteenth and seventeenth centuries.

It was not until the seventeenth century that further clinical progress in observation and understanding of the depressive illness was made. In that century, as a result of progress in chemistry, anatomy, and the general understanding of emotional disorders, there emerged a variety of newer theories. By the eighteenth century the relationship of emotion to the somatic or bodily system was becoming clearer. In the nineteenth century the fact that depression could occur either as an isolated illness or as a periodic problem (sometimes alternating with times of manic excitement) was generally accepted.

During the past twenty years, interest in the problem of depression has risen sharply. Impetus has come from the introduction of antidepressant medication and, more recently, a simple test for the efficacy of treatment by medication for some forms of depression. These developments have underscored the probability that biochemical and physiological factors contribute greatly to the origin of much severe depression. Effective diagnostic tools will soon help the clinician distinguish between depressions which may be primarily physiological in nature and those which are psychological.

Despite these advances, depression is still poorly understood. Too many clinicians still hold tenaciously to their individual and outdated theories. The age-old mind-body dilemma is still very much with us. The link between the body and the mind remains a mystery.

## The Many Faces of Depression

We now know that depression affects people of different age groups differently. The fact that depression may present radically different symptoms confuses the picture even more. The depression of an ado-

lescent whose physiology is undergoing rapid change may reveal itself quite differently from the depression of an elderly person whose brain functions are showing marked signs of deterioration. Yet we still label both as "depression." The depression of a sophisticated socialite having problems with her eldest son may show itself quite differently than the depression of the primitive African who believes his ancestral spirits are displeased with him. Making sense of the common denominator, depression, is therefore no easy task.

All this is to say that depression is a complex emotion, not always recognizable by the depressed individual. It may express itself in many guises and may or may not be a consequence of what is happening in the environment. Therefore, the minister or Christian worker who adopts a simplistic, single-cause theory about his depression or who does not readily recognize his emotional discomfort as depression only increases the misery of the experience. Spiritualizing a problem which is psychological or physiological in nature may hinder attempts to get at the real cause of the problem (just as psychologizing a spiritual problem may hinder spiritual healing). My goal in this book is to help the reader make discriminating judgments about the cause of a particular depression and thus begin to find a way out of it. The misunderstanding of depression, especially the error of attributing it to the wrong cause, is the single most influential factor that perpetuates a depression beyond the point of early recovery.

### Depression—the Dominating Emotion of Our Age

While depression has existed from the beginning of time, our present age is seeing a marked increase in the incidence of low-grade, persistent depression in the Western world. While the incidence of severe psychotic depression is about the same worldwide (it appears to be a function of genetic factors) the prevalence of the lesser debilitating depressions differs widely from culture to culture.

A culture such as ours, where there is a high priority placed on performance and success as symbols of worthiness and where there is a diminishing opportunity to be successful, is bound to give rise to an increased gap between expectations and accomplishments. This in turn creates disillusionment, the apparent loss of a dream. And the vocation of ministry is not exempt from this loss.

Many psychological and sociological commentators have made reference to this prevalent sense of loss. They emphasize there is now very clear evidence that the "age of anxiety" that characterized the first half of this century has given way to an "age of melancholia"—that

depression is the dominant mood of our age. Mental health statistics appear to support this interpretation. The suicide rate has increased dramatically over the past twenty years. Women are now higher on the suicide-risk scale, and the median age for suicide is now just under thirty—and dropping. Both are significant changes. Before World War I, the median suicide age was between forty and fifty and men were at greater risk.

But societal disillusionment is not the only factor contributing to the rise of depression in our age. Equally important is the increasing abuse and misuse of the body. *Stress* is the key word explaining this abuse. The more complex a culture, the greater is the experience of stress. The consequent physiological distress plays havoc with the biochemical processes of the body, and depression is a symptom and the natural outcome of this distress. Who would disagree that the pace of our Western lifestyle is less than ideal? The intensity of our work and living is placing demands on our physiology for which it was not designed. In previous ages, the time it took to get from one place to another provided our biological system with ample opportunity to rest, recover, and restore its balance. Our speeded-up world no longer provides this for us; the time we save traveling speedily to work or to another city is used for additional work activity instead of stress recovery. This is the trap of technological efficiency—the time we save by doing something quickly is given to doing something else! The result has been a marked increase in the incidence and severity of stress-related disorders, including depression.

Perhaps a personal example would be helpful. I recently spoke to a large church gathering in the East. The two-day speaking assignment required me to travel two thousand miles, and this distance could be flown in about four hours. If I had traveled by train it would have taken me, I suppose, about six days total, leaving me with three days' rest time. But I was a victim of my efficiency. The travel time itself did not provide rest—it was too short. I planned my trip so as to return from the East late on a Saturday evening in time to be up early on Sunday to fulfill a speaking engagement in Los Angeles. Naturally, the following week I paid for my hectic schedule in depression, fatigue, and loss of efficiency in the tasks I tried to perform. I should have planned for recovery time.

While a few such abuses do not have serious and long-term effects, repeatedly subjecting our bodies to this kind of stress will take its toll. It takes courage, determination, and a clear awareness of how stress produces depression to avoid these traps. We have only ourselves to blame if we become trapped by our twentieth-century efficiency!

## How Common Is Depression?

Depression is a lot more common than the average person realizes. Sufferers from depression often feel they are the only people ever to have suffered like this; they take it very personally. But the ability to suffer depression is the lot of all humankind; we are built to experience it.

Every person experiences the repeated cycles of being in and out of a "normal" depression. Sadness, discouragement, pessimism, and a sense of hopelessness must surely overtake all of us from time to time. These are called "reactive" depressions. I occasionally hear someone say, "But I honestly never feel depressed." Is it possible to be completely free of these normal depressions? I doubt it! Those who claim never to be depressed are probably not using the correct label for the emotion. They misunderstand what depression really is—either they do not readily recognize the symptoms of depression, or they simply have another label for it.

These "normal" depressions, while being unpleasant and even noxious, are mostly short-lived and self-limiting. When they pass, we incorporate them into our experience and move on with a new perspective.

Sometimes these depressions don't pass so readily. In various ways, which I will discuss later, we perpetuate and even intensify what would otherwise be a normal depression. A prolonged experience of a deep depression then ensues. Thus a normal depression becomes "abnormal" by virtue of the fact that it has moved from being purposeful to becoming destructive.

## Abnormal Depressions

A group of depressive disorders always considered to be "abnormal" are those which are psychotic in nature. These depressions are so severe that the sufferer loses contact with reality, becomes delusional, and cannot take care of himself or herself. These psychotic depressions are considered by most authorities to have biochemical causes. Whether milder forms of these abnormal depressions (sometimes called "endogenous") are on a continuum with normal depression is uncertain, but I personally do not believe so. Psychotic depression clearly stands apart and is both qualitatively and quantitatively different from other depressions.

Statistically speaking, while normal depression is the experience of every person, about one in five will experience the symptomatology to even a moderate degree. Only one percent of the population suffers a psychotic depression.

While some depressions clearly are the consequence of physiological disturbances, mainly disturbances of biochemical systems, the environment will also play a determining part. Where there is stress, an unsatisfactory support system, work dissatisfaction, interpersonal conflict, marital unhappiness, and/or feelings of helplessness, the frequency and intensity of depression will be greater, no matter what the underlying cause of the depression. Environmental factors will operate to increase the tendency to depression as well as to reduce the resources needed to make appropriate adjustments to the depressing event.

Unfortunately, this diminished capacity to tolerate depression is present to a marked degree in the vocation of ministry and many of the helping and teaching professions.

## Depression in Biblical Context

The term depression is not used in the Bible. It is a technical term of more recent origin. Very accurate descriptions of depression are nevertheless to be found in Scripture. Biblical terms such as *despair*, *cast down*, *sad*, and *sighing* all refer to forms of the depressive syndrome.

It is also very common for a biblical character to express a desire that God would take his life. For example, in Numbers 11:15, Moses prays: "And if thou deal thus with me, kill me, I pray thee, out of hand, if I have found favour in thy sight; and let me not see my wretchedness."

Elijah prayed a similar prayer during his depression (1 Kings 19:4), and Job expressed his death wish clearly when he cursed the day of his birth and said: "Wherefore is light given to him that is in misery, and life unto the bitter in soul; Which long for death, but it cometh not; and dig for it more than for hid treasures" (Job 3:20-21).

Loss of appetite as a symptom of depression is seen in the story of Ahab, who couldn't get Naboth's vineyard (1 Kings 21:4); in Hannah, whose womb the Lord had shut up (1 Sam. 1:7); and in Saul, who had just heard the prophecy of Samuel that Israel would be delivered into the hands of the Philistines (1 Sam. 28:23).

The Psalms are full of references to depression and consequently have been a major source of comfort to the despairing and downcast. Jesus himself, while praying in the Garden of Gethsemane, "began to be sorrowful and very heavy" (Matt. 26:37).

My purpose in drawing attention to these obvious references to depression in Scripture is to emphasize that depression has always been a part of human experience and that it is a natural and normal response to a particular set of circumstances.

## Erroneous Christian Ideas about Depression

Frequently I encounter devout Christians, including ministers, who cannot accept the fact that depression is a normal part of human experience. Their refusal to accept it as such is equivalent to refusing to accept that pain is an inevitable part of human existence. Designed as we are to experience physical pain, we readily accept its purposeful function as a warning system alerting us to impending disaster or disease and forcing us to take corrective healing steps. Depression, in many of its forms, has an identical purpose. Its intended function is to warn us that something is wrong and needs attention. The symptoms of depression have the purpose of forcing us to retreat from our environment so that we can have an opportunity to deal with the cause, or at least cope with it. Sometimes the cause is physical, and the depression slows us down so that we may more rapidly recover from the illness. Sometimes the cause is psychological, and the depression should be used as an opportunity to make appropriate adjustments in the way we think or relate to other people.

Depression is always purposeful. It is most unfortunate that, despite our sophisticated understanding of many human problems, we have lost sight of this normalizing function of depression.

More specifically, popular Christian thought involves a number of erroneous ideas about depression. These beliefs influence behavior and emotions, so I want to discuss a few of them briefly.

(1) *"All my depression comes from Satan."* Such an idea is based on the notion that depression is alien to the body and comes upon it as an outside force or intruder. The danger in this idea is that it puts the blame on the external force (Satan) and keeps us from facing the adjustments that are needed. It also leads to the idea that depression is evil. While satanic forces may operate to tempt us, with depression resulting when we succumb, the depression itself is not evil—any more than pain is evil. The depression is a normal and natural consequence.

(2) *"Depression is the consequence of my sin."* This idea is misleading because it implies that depression is the consequence of being unspiritual or unbelieving. "If you are depressed, then look for the sin that is causing the depression" is frequently the well-meant advice of uninformed pastors.

This idea fails to allow for the many times when the depression is a response to neutral events in which no good or bad issues are at stake. If I accidentally drop and break a cherished vase which belonged to my grandmother and which she lovingly entrusted to me before she died, I will experience a deep sadness. This sadness is a reactive depression and has nothing to do with sin. If a pastor is feeling sick but decides

nevertheless to preach, and if as a consequence of illness he or she does a poor job and feels bad about it afterwards, that depression also has nothing to do with sin. It is merely a natural consequence of certain unfortunate events.

(3) *"Depression is God punishing me."* It is important not to confuse punishment with discipline. Punishment is a "getting even," while discipline is intended to correct behavior. It is unfortunate that Christians have difficulty accepting the fact that God has provided forgiveness through the death of his Son, Jesus Christ, and the shedding of his blood. Either I am punished or I am forgiven. If I am punished I don't need forgiveness.

I have, unfortunately, heard a devout father say, "The reason my daughter has leukemia is that God is punishing me for what I have done behind my wife's back." Such a statement is "guilt talk." Why would God make someone else to suffer for his sin when Christ has already done all the suffering? No, these notions are erroneous. Depression may sometimes be the natural consequence of sin. And God may convict us of sin through depression, or he may use it as a message to get our attention or teach a better way to live. But this is not the same as seeing it as a form of punishment for sin. Depression must not be seen as God's punishment of one of his children—not since the Cross.

(4) *"Depression is not the will of God."* I suppose that in an idealistic sense we would be better off if we never became depressed. We would also prefer never to experience pain! But then how would we know when something was wrong with our bodies? As we have already seen, depression often fulfills a useful purpose. Besides, some depressions are the consequence of fatigue, viral infection, physical disease, and disturbances of hormonal and complex biochemical balances. Since God has created us, how can it not be within his will for us to experience these problems that stem directly from the way we are made?

There are other erroneous ideas that are variations on the theme mentioned above: "Depression is a sign that you are not right with God"; "You should never be depressed if you are a Christian"; "Prayer can take away all depression"; and so on. All are misleading because they oversimplify the concept of depression, don't allow that depression is a normal process, and create unrealistic expectations and self-rejection in the minds of those who suffer depression. However, there is a form of depression that we could call "spiritual depression," and to which some of these statements may apply. I will discuss this in a later chapter.

## Should Christians Be Free of Depression?

One minister, whose depression had taken him very close to suicide as a means of relieving the intense misery he and his family were suffering, wrote to me:

In those black and bleak days when I was at my lowest, I was convinced God had abandoned me. "How could anyone who was a friend of God be so abandoned by him?" I asked myself. I became convinced that my depression was a sign that God had rejected me.

Such distorted feelings and thoughts are very common when we are depressed. Depression wreaks havoc on our perceptions and creates irrational beliefs. We desperately search for reasons to explain our depression. The search is very selective, as the depression itself causes us to attend only to the negative aspects of our lives.

Depression works like a pair of sunglasses; it causes everything to appear darker than it really is. Such was the experience of Elijah (1 Kings 19:4) when, after the victory over the prophets of Baal on Mount Carmel, he fled fatigued and depressed into the wilderness. There, under the juniper tree, things looked so bad he asked God to let him die. Two days of sleep and food from God's angels removed the depression so that he could go "in the strength of that meat forty days and forty nights" (v. 8).

The answer to the question, "Should Christians be free of depression?" becomes clearer when we ask another question: "Why should Christians be free of depression?" What special privilege does a Christian have to be exempt from the normal functions of the body? The answer is "none."

While I firmly believe that the committed Christian has tremendous *resources* for dealing with the *causes* of depression, I see no evidence in Scripture to support the idea that, in the acceptance of the Christian faith and the accompanying new-birth experience, we are given a "go to heaven and bypass all human suffering" card. Yet this irrational and unconscious belief is very prevalent.

The problem exists because we do not understand the role of the emotions, especially the negative emotions, in the spiritual life of the believer. We accept physical pain and disease as a normal part of human existence, even though we may pray for healing. When the pain is emotional, however, we do not accept it in quite the same way. We question whether or not it should be present and do not readily accept the legitimacy of emotional pain.

All I have said thus far is not intended to deny that there are some aspects of depression, or more correctly, some *causes* of depression,

which could be avoided if we sincerely believed the gospel and followed its teachings with full reliance upon God. I am convinced that the values of the Christian faith, the perspective that the claims of Christ presents, and the resources of prayer and Scripture can remove many causes of depression in the individual Christian believer. To be able to separate the essentials of life (as God presents them to us) from the nonessentials can so create a balance in our beliefs and attitudes that many of the conflicts and losses we experience could be reduced. Our experience of reactive depression would then dramatically decline. In other words, it is possible to avoid some depression if we stay close to God.

The reader will notice that I draw a distinction between the *causes* of depression and the *experience* of depression. The *experience* of depression is always legitimate. It is a natural and normal response to something happening either in our environment or in our bodies. The *cause* of depression may not be. We may be depressed over something that ought not to be depressing us. For example, if we are angry at ourselves because of a lost opportunity to make some money through a shady deal, the depression following the loss is a normal and legitimate response. However, if our moral sensibilities were firmly grounded in the righteousness of the gospel, we would not have valued the dishonest opportunity in the first place, and would not be depressed after losing it. The key to coping with depression, therefore, lies in removing the *cause* of the depression but not in fighting the *experience* of the depression itself. When the cause cannot be removed—as in, say, bereavement—the normal thing to do is grieve. In the final analysis, grieving is what most psychological depressions are all about, and Christians ought to know how to grieve—they have been given the resources for it!