Depression seems to invade every aspect of life. It affects one’s cognition, emotions, spiritual faith, and physiology. Given such diverse symptoms, is depression best understood as a spiritual, psychological, or medical problem—or some combination of the three? This is not simply an academic question: your answer will profoundly shape your approach to depression.

The majority of Christian counselors seem to have adopted a three-fold, or trichotomistic, approach to depression, trying to understand depression from the perspectives of body, soul, and spirit. It is reasoned that if depression arises from and affects these three constituents of human life, it should be understood and treated from all three perspectives. The logic is appealing, and seems to resonate with helpers’ experience with depressed persons as well. Pastors often find themselves dealing with problems that feel more “psychological” than “spiritual” (or at least they feel their seminary training didn’t equip them to deal with these sorts of problems). Doctors find themselves treating patients with aches and pains that they suspect result from stress and other emotional factors. Psychologists find themselves dealing with problems that stubbornly persist and have both a biological feel to them (substance abuse, bipolar disorder, etc.) and a “spiritual” feel (substance abuse is “idolatry,” substituting for God).

But trichotomy fails to produce a unified understanding or treatment for depression. For instance, there are certainly physical symptoms that a doctor could treat with sleeping medications or a host of psychoactive drugs. A psychologist could employ cognitive-behavioral strategies to address irrational fears, thoughts, and anger, or could offer presumed insight into the impact of past events. A pastor could certainly address how faith in God produces hope and gives meaning to life. So who should treat depression? Does any one perspective address the cause of depression? Does one perspective have authority over the others, or are they equals? Do we simply add together all three perspectives to be holistic in ministry? Or do the three per-

Dichotomy or Trichotomy? How the Doctrine of Man Shapes the Treatment of Depression

by Winston Smith

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The Problems of Trichotomy

Trichotomy is the belief that human beings consist of three basic components: body, soul, and spirit. While the operations of these three components appear seamless, they are nonetheless distinct and have discrete properties. Each component, therefore, is considered responsible for overlapping but largely separate operations within human beings: the body for the physical, the soul for the psychological, and the spirit for the spiritual (defined as vertical dimension, relationship with God).

Two biblical passages are often cited to support the three-fold view. The first is Hebrews 4:12: “For the word of God is living and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart.” From this passage it is argued that if soul and spirit can be divided, then they must be distinct. Similarly, 1 Thessalonians 5:23 states: “May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ.” Again, the Scriptures seem to be making a distinction between three components, body, soul, and spirit.

But there are many problems with a trichotomous interpretation of these passages. First, language simply doesn’t work in such a mechanical, one-meaning-per-word sort of way. In common usage, words with similar meaning are often used together to strengthen an idea. Jesus does this in Mark 12:30: “Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.” Jesus is not proposing a four-fold view of people as heart, mind, soul, and strength, but commanding us to love God with our entire being. The same principle applies to Hebrews 4:12. A straightforward interpretation is that the Word of God is able to penetrate and divide soul and spirit, not divide soul from spirit. In other words, the division of soul and spirit are parallel examples of the same penetrating activity of God’s Word—just as a sharp sword gets inside of bones (“joints and marrow”). The “thoughts and intentions of the heart” at the end of the sentence states exactly what one finds inside soul and spirit (using a third synonym) when you cut a person open. Similarly, 1 Thessalonians 5:23 pulls synonymous terms together to communicate the totality and thoroughness of God’s sanctifying work. God will sanctify us spirit, body, soul, heart, conscience, kidneys, mind, and the rest! God will sanctify all of who you are, not three separate pieces.

Second, the synonymous nature of spirit and soul is assumed in the way Scripture repeatedly uses the terms interchangeably. Death is described as both “giving up the soul” in some passages (Gen. 35:18; 1 Kings 17:21; Acts 15:26), and “giving up the spirit” in others (Ps. 31:5; Luke 23:46; Acts 7:59). The dead are described as “the spirits in prison” (1 Pet. 3:19) and as “the souls of those who had been slain” (Rev. 6:9). The scriptural designation for man is “body and soul” at times (Matt. 6:25; 10:28) and “body and spirit” at others (Eccl. 12:7; 1 Cor. 5:3,5).¹

This threefold theory is an old one, with roots more in Greek philosophy than biblical exegesis. Many Greek philosophers believed that spirit and body were of such a disparate nature that they could only meaningfully interact through a third intermediary substance. In other words, they believed the soul functions as a sort of middle ground for the spirit and body. Though common among the early Christian Greek fathers, the tripartite view of man was gradually reject-

ed by the majority after Apollinarius (4th cent.) employed it in a way that threatened the perfect humanity of Christ. A general rejection of trichotomy continued in the Roman Catholic Church, and, afterwards, in Protestant churches. Both held to a two-fold rather than a three-fold view of man. It wasn’t until the nineteenth century that a few theologians sought to revive trichotomy.2

Trichotomy’s current popularity, however, is not the product of a theological movement, per se, but rather a counseling movement. Christian counselors such as Clyde Narramore, Tim LaHaye, and others have used the soul/spirit distinction to establish the pertinence of psychology to Christian counseling. It is difficult to find the soul/spirit distinction carefully defined within their writings, but in practice the distinction seems to be that thoughts and feelings fall within the bounds of the soul, and therefore, the practice of psychology. They acknowledge that thoughts and feelings affect the spiritual aspect, but problems in thoughts and feelings are understood primarily through the use of psychological categories. For them, Scripture serves primarily to validate psychological theory and to act as a guideline or guardrail for the soul, rather than as the soul’s explanation and cure. An example of such thinking is Happiness is a Choice by Minirth and Meier, examined below.

The distinction between the psychological and the spiritual is more problematic than it may first appear. Where do psychological problems end and spiritual ones begin? Let’s say a depressed person reveals years of bitterness towards his or her spouse. Are patterns of mishandled anger primarily psychological or spiritual? A psychologist might answer that psychology has the insight into how these patterns develop, and that it offers practical interventions to teach the depressed person new ways of thinking about and handling anger. Yet Scripture makes an equally exclusive claim that bitterness is sinful and reflects attitudes and beliefs about God, self, and neighbor that can be remedied ultimately by Christ alone. As many counselors try to cut this Gordian knot, a troubling pattern emerges: the spiritual category increasingly loses significance and becomes functionally subordinate to body and soul. Anything that relates to the body is placed in the domain of medicine. Symptoms with physiological causes seem to stand alone. Depressed persons are not considered as persons who respond heart-soul-mind-spirit to physiological events. The “spiritual” realm shrinks, whereas God views even our bodies as the focus of “spiritual” problems and interventions (James 5:13-20). Then, because the soul is functionally defined as anything that is cognitive or emotional, the spiritual is virtually squeezed out of consideration. What is left as “spiritual” are commands of Scripture, its illustrations, and a handful of strategies. Because of the emphasis on psychology and medicine, the “spiritual” data often feels thrown in and less relevant. And in a sense it is. Divorced from a truly biblical understanding of the heart as the seat of human motivation and behavior, the gospel and the commands of God are superficial and ineffective, only vaguely relevant to “psychological problems,” and irrelevant to “physiological problems.”

Dichotomy and the Comprehensive Nature of the Spiritual

While the Bible doesn’t make the overly precise distinction between body, soul, and spirit, it does describe man as complex. At the most general level the Bible makes a distinction between the “outer” and the “inner” man. The “inner” man refers to the level of thoughts, desires, will, emotions, and any other “psychological” activity we may ascribe to man, as well as his “spirit”. The multifaceted nature of the inner man is usually encapsulated in the term “heart” (1 Sam. 25:36; 2 Sam. 6:16; 1 Kings 3:12; Ps. 4:7; 33:11). The “outer man” refers to actions and words that can be observed. The outer man consists of the physical self subject to decay (2 Cor. 4:16), and carries out the desires of the inner man through its “members” (Rom. 6:13), “mouth” (Luke 6:45), “feet” (Prov. 1:16), or “hands” (Prov. 12:14).

While the Bible recognizes the distinction between inner and outer man, it stresses the ultimate unity of the person. God relates to man as a whole, not just “spiritually.” Interestingly, the very passages cited in defense of trichotomy (Heb. 4:12 and 1 Thess. 5:23) emphasize the comprehensive work of God in the entire person. First Thessalonians 5:23 emphasizes the complete sanctifying work of God in the whole person. Hebrews 4:12 emphasizes that the Word of God penetrates the whole man. The Bible’s frequent use of the term “heart” to capture the varied activity of the inner

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2 Ibid., pp. 191-192.
man strengthens our understanding of man’s unity and suggests Scripture’s reluctance to make unnecessary distinctions.

The theology of Scripture emphasizes the essential unity of man. It is this unity of man that makes hypocrisy detestable to God. No matter how proper the actions of the outer man, they are defiled if the motives of the heart are impure (Matt. 7:21-23; 15:7-9; 23:25). In a sense, deceit can be understood as an attempt to divide the inner and outer man artificially. Deceit entails presenting oneself on the outside in a way that veils the intentions of oneself on the inside. The unity of man is a reflection of God in His essential unity. God cannot be divided against Himself, and therefore, cannot lie or be a hypocrite.

The Bible’s reference to dichotomy provides cohesiveness to the way we think about people because it clarifies this hierarchical relationship between the inner and outer man. The Bible also describes the inner man as ultimately directing the behavior of the outer man. Again, Scripture usually describes this with language of the heart, as in Proverbs 27:19: “As water reflects a face, so a man’s heart reflects the man.” In other words, to see a man at the level of the heart is to see him as he truly is. In Luke 6:43-45, Jesus uses the metaphor of a tree and its fruit to illustrate that, just as a tree’s nature determines the type of fruit it produces, so the heart determines the behaviors of man. “The good man brings good things out of the good stored up in his heart, and the evil man brings evil things out of the evil stored up in his heart” (v. 45). The activity of the heart determines the activity of the outer man.

This does not negate the powerful influence that the outer man can have on the inner. Scripture makes it clear that our bodies can be a stumbling block to us. In Gethsemane, Jesus comments on his disciples’ lost battle against sleep by commenting, “The spirit is willing, but the body is weak” (Matt. 26:41b). The Bible demonstrates God’s great compassion and love for those who suffer in the body. However, the Bible never uses the weaknesses and sufferings of the outer man as a trump card that overrides the responsibility of the inner man to respond in faith and obedience. This is ultimately exemplified by Christ in His triumph over temptation both in the wilderness and at the cross. A lack of food, shelter, and water, and even the experience of torture did not override His ability to respond in faith and love. Physical and mental limitations may shape the form that our faith and obedience take, but they cannot prevent a response of faith.

The Bible also describes the fundamental nature of the inner man. The chief way that Scripture characterizes the activity of the heart is as “religious”. Whether evaluating the thoughts, desires, fears, or intentions of the heart, the critical question of Scripture is always, “Whom do you serve?” or “Who is your God?” That is, man is always evaluated and addressed as a creature that worships by nature. Worship, as Scripture uses the term, is not simply the intentional act of bowing down before a chosen deity. Rather, worship describes man’s inescapable need to organize his life around the pursuit of something greater than himself. This greater thing actually may be God, or it may be a counterfeit. He may worship the Creator, or he may worship some created thing, whether it is something as concrete as sexual pleasure or as abstract as control or power. This is the situation that Paul describes in Romans 1:18-36. Man in his fallen state doesn’t stop worshiping; he exchanges the worship of the Creator for created things. Because the outer man is driven by the activity of the heart, a perversion of worship leads to a perversion of behavior. In this way the Bible teaches that all activity of the heart and its subsequent expression in behavior is spiritual in nature. The way to understand human behavior is to recognize that it proceeds from inner to outer as an expression of worship. This comprehensive understanding of the spiritual makes it impossible to neatly separate the spiritual from the physical and the psychological.

An Example:

Happiness is a Choice by Minirth and Meier

The implications of trichotomy are best understood through example. Happiness is a Choice (HIC)\(^3\) is one of the most popular books on depression within the Christian evangelical culture. Claiming “over five-hundred thousand copies in print” on the cover, HIC continues to be a bestseller, now in its second edition and its fifth printing. It is also a book organized around a commitment to trichotomy. I believe this has much to do with its popularity. First, Minirth and Meier speak with the authority of psychiatrists. They know the human body and, presumably, the human soul. These credentials

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\(^3\) Paul Meier and Frank Minirth, M.D., Happiness is a Choice: The Symptoms, Causes, and Cures of Depression (Grand Rapids, MI: Baker Books, 1994).
command respect, especially on a topic that seems to have clear physical and “psychological” elements. Secondly, Minirth and Meier speak with the authority of pastors. They know the language of the evangelical community. No matter how far they may guide us into the confusing waters of psychological theory, neurotransmitters, and the DSM IV, they always direct a reassuring glance to the familiar shores of discipleship, prayer, and Scripture. This is a winsome approach for many Christians who believe that all aspects of a complex problem are being considered and ultimately blended into a harmonious whole. Minirth and Meier know the body; they know the soul; and they know the spirit.

The Psychological Perspective (the Soul):

Of the three perspectives represented in HIC, the “psychological” is dominant. Insight into the thought processes and emotions serves as the primary integration point for observations made within the other two perspectives. Four major themes make up their psychological perspective: grudge bearing, childhood influences, personality disorders, and unmet needs and self-worth.

1. Grudge Bearing

HIC asserts that the “irresponsible action of holding grudges is what causes the majority of depressions” (p. 46). My own experience with depressed persons also bears out that anger and grudges often play a major role in depression. But HIC’s authors do not follow up this observation with an understanding of how sinful anger reveals a heart in desperate need of repentance and faith. They proceed instead on a quest for insight into the supposed developmental roots of anger mismanagement. HIC does occasionally mention sin with respect to grudge holding, but these brief mentions are lost between pages and pages of “psychological” insight. Their implicit message is that sin is a factor in grudge bearing, but that the key to overcoming such sinful behavior is psychological insight. “Some individuals are irresponsible because they choose to be, but most are irresponsible only because of lack of proper education” (p. 46). Of course, awareness of the events and patterns of one’s own history can be useful in counseling, but two checks are essential. First, historical awareness is not an end in itself, as if insight alone were the cure. Second, historical events are not the “cause” of grudge bearing (or any other sin). A duplex-unity view will protect us from interpreting anger in isolation from the worshipping heart. James 4:1-4 makes this connection clear: “What causes fights and quarrels among you? Don’t they come from your desires that battle within you?” Patterns of anger don’t just expose poor strategies, but themes of the heart, ruling desires, and lies about God, self, and neighbor. In response, a Christian’s goal needs to be spiritual maturity.

2. Childhood Influences

Chapter 6 of HIC cites earlier work done by Dr. Meier in Christian Child-Rearing and Personality Development:

…approximately 85 percent of our adult behavior patterns are firmly entrenched by our sixth birthday. In those crucial first six years of life, we copied our parents’ behavior patterns, especially the parent of the same sex. We learned to automatically do what they did. If they repressed their anger, we too have a tendency to repress our anger. If they used physical illnesses or depression to gain sympathy, then, in all likelihood, we do too. (p. 50)

In other words, we mismanage anger because (wittingly or unwittingly) we were taught to do so by our parents. Why are these patterns so powerfully ingrained? Because our brains, according to HIC, operate much like computers recording events and responses that are played back to us over and over again.⁴

Do parents exert a powerful shaping influence over their children? Certainly. Scripture clearly outlines the powerful role of parents in shepherding their children. But we simply do not function as machines whose historical buttons, when pushed, go spinning off in a predetermined direction. The root of sin is sin, not environment or “bad programming.” Such a psychological/spiritual distinction truncates our understanding of sin. HIC seems to assume that learned childhood patterns are not sinful because they were not self-consciously chosen. But the category of sin penetrates deeper than our self-consciousness choices. Sin is not simply a set of willful behaviors and choices, but our very condition. It is our sinful condition that allows

⁴ This is spelled out most clearly in Chapter 12, “Are There Some Basic Guidelines for a Happy Life?” Here the experimental work of a neurosurgeon, Penfield, is cited as evidence that the brain records the memories and feelings of everyday life like a computer. (Penfield prompted people to recall past events by touching an electrode to different regions of the brain.) In effect, these memories serve as “bad programming” in the depressed person. “It can affect the way we go around talking to ourselves during the day, and thus how we feel” (p. 139). The importance of this “bad programming” is further emphasized in Appendix 2: Case Studies of Depressed Individuals. Eleven cases are summarized within four pages. The case studies are really little more than anecdotes that highlight the effects of childhood influences on depressed persons.
these parental patterns to take root. Environment may influence us, but the child sins because of his sin nature, self-consciously chosen or not. Regardless of parents’ good or bad examples of dealing with anger, a child born with folly bound up in the heart will choose, apart from Christ, to indulge sinful anger, whether it involves angry outbursts or other more subtle forms of angry manipulation.

Another example of the psychological/spiritual distinction in HIC is their statement that “the mind can be reprogrammed by using the Word of God.” Here they describe the power and veracity of God’s Word and they mention the role of the Holy Spirit, but their statement is troubling. Does the Bible function in our lives simply to provide new programming material? Do our thoughts amount only to the amoral ramblings of a computer brain? No! Our thoughts are not neutral territory, but are spiritually based. Obviously, Romans 12:1 and other passages assert our need to have our thoughts transformed, but the process is not as simple as “in with the good, and out with the bad,” as if cognition exists unto itself. This would reduce Christianity to nothing more than first-century cognitive therapy. The Word points us to a person, not simply a set of precepts. I don’t just need to think the right thoughts; I need renewal at the core of my being, in the heart. It is only through a personal interaction with Christ that the process of genuine mental renewal begins.

HIC also cites Philippians 4:6-23 as the basis for ten biblical guidelines for anxiety. The advice here is sound, but superficial. We are instructed to obey God, pray, meditate on positive thoughts, divert attention from self to others, and so forth. Of course, this is good advice for anxious and non-anxious persons alike. But how does it uniquely speak to anxiously depressed persons? HIC makes no connection between our being “computer brains” with repressed anxiety and these instructions. This is an example of how their trichotomous view of thought patterns fails to connect with our fundamental spiritual nature. HIC presents the Bible as offering interesting strategies to alleviate symptoms, but they don’t see the Bible as able to speak to people whose primary problems are intrapsychic battles. For instance, their advice for meditating on positive thoughts is explained this way:

We have often encouraged people who catch themselves worrying to say, “Stop, relax; anxiety is a signal to relax, so relax.” We then encourage them to go over and over a verse like Philippians 4:8. Anxiety is usually a signal to become more anxious, but by a simple technique of behavior modification the brain can be conditioned to use anxiety as a signal to relax. (p. 172)

When the Bible is understood through the lens of cognitive/behavioral therapy, we are no longer addressed as fallen and redeemed worshipers, but as cognitive/biological machines. In truth, the Bible’s advice to worriers is not simply, “Hey, why don’t you think about something else?” The Bible speaks to us as sinful worshipers, who, in order to love the Lord with all of our heart, mind, soul, and strength, must put off the lusts and concerns that the “pagans run after” and “seek first his kingdom and his righteousness.” The sinful and inordinate commitments of the heart are the primary targets of the Bible’s teaching on anxiety. The reality of the goodness and the presence of God changes worry (Luke 12:32). Therefore, Philippians 4:8 does not amount to behavior modification therapy, but is a call to align our hearts with the goodness and glory of God. We “make our requests with thanksgiving” to a Person who is near, who is with us (Philippians 4:5,6,9). We set our hopes on this Person doing something. This relationship with Another is the furthest thing from a simple relaxation technique.

3. Personality Disorders

The third psychological theme that HIC concentrates on is personality disorders. They examine depression in the context of the obsessive-compulsive personality and the histrionic personality. Here Minirth and Meier’s clinical experience is obvious. They have observed interesting and significant personality traits in depressed persons. In fact, they cite no fewer than 130 characteristics to describe the obsessive-compulsive personality. Further, they claim that most are males who work hard to overcome a deep sense of inferiority. The obsessive-compulsive male ends up being praised as a sacrificial worker and dedicated servant—a “good guy.” According to HIC, in mid-life the obsessive-compulsive may become depressed because he realizes he has not become perfect, his personal relationships have suffered, and he resents having so much demanded of

\(^*\) HIC, pp. 140-144.
The histrionic personality is described as a female who “acts out” depression as a strategy to get attention, and is not truly depressed. She is also generally very emotional, extroverted, dramatic, impulsive, fearful of rejection, and dependent on others, with passive-aggressive strategies of getting even with the person upon whom she depends. She tends to seduce members of the opposite sex to bring them down. Again, HIC emphasizes childhood upbringing, and offers a list of twelve factors that contribute to the hysterical personality.

After such descriptive riches, one might expect HIC to provide a riveting approach for addressing depression in each case. Not only do they fail to provide such an approach, but it would seem that insight into the origin of these personalities is itself the treatment! HIC offers nothing by way of Scripture to address the histrionic personality, but they do mention one important spiritual insight into the obsessive-compulsive personality by considering the difference between true and false guilt feelings.6 However, HIC’s ruling psychological perspective ends up blunting these critical truths. Why is the obsessive-compulsive person so prone to adopt the standards of the world, rather than God’s standards or His mercy and grace? HIC points the reader yet again to the roots of childhood. Citing the work of Dr. O. Quentin Hyder, “The causes of false guilt stem back to childhood upbringing. Too rigid a superego or conscience can only be developed by too rigid expectations or standards imposed by parents.” HIC concludes along with him that, “the only treatment for false guilt is understanding it and evaluating it for what it really is” (p. 74).

But Scripture points us even deeper than childhood: to our sin nature. The truth is that, despite our upbringing, our very nature as sinners is to prefer a righteous standard that we erect on our own so that we can reject God and boast in our own accomplishments. This does in fact lead to much unnecessary guilt and suffering on our part, but that is the irrationality of sin. We need to repent of our false guilt. Often we reject God’s standards and grace, not because we want to suffer, but because apart from Christ we are often blindly committed to our own quest for personal righteousness and glory. HIC misses a rich opportunity to expose our nature as works-righteous rebels who need rescue by a merciful God, and instead offers us more “insight” and “education.” Again, HIC’s psychological/spiritual distinction turns personality disorders into an ultimate category that blinds them to the deeper truths of the heart that actually drive the personality features that they describe.

4. Unmet Needs and Self-Worth

The fourth major theme is that of unmet needs and self-worth. HIC describes the primary sources of emotional pain that contribute to repressed anger (supposedly the overarching problem in depression) as lack of self-worth, lack of intimacy with others, and lack of intimacy with God. They correlate these with Jesus’ teaching on the first and second great commandments, and come up with “seven basic guidelines.” Because HIC interprets the first and second great commandments as an expression of our need for intimacy and self-worth, they present Jesus’s teaching within a psychological framework, and thus distort what He is saying. HIC expands these two commandments into three: “Love God; love your neighbor; love yourself” (p. 134). Changing what Jesus qualifies as a first and a second great commandment leads to several errors. First, when HIC understands self-love as a command rather than a qualifying statement on how to love neighbor, they miss basic anthropological assumptions made by Scripture. Secondly, the preeminence and profundity of the first great commandment is lost when it is leveled with the command to love self. Jesus actually says something quite different! He directs our attention to our need to place God, not ourselves, in the center of our devotion and duties. To love Him with all of our heart, soul, mind, and strength is the greatest commandment. Our duty and ability to love our neighbor is consequent to our knowledge of and relationship with God as the focus of our lives. For HIC, however, self-love functionally becomes the first great commandment. The end result is that the command to be wholly absorbed in the extensive worship of God is reduced to a strategy for avoiding depression!

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6 The general outline of this discussion is good. People are often unnecessarily burdened by guilt when they have transgressed, not God’s law, but man-made, cultural, or family laws. Such persons need an education in the difference between God’s requirements and the requirements of man. They also need to accept the work of Christ as sufficient to cover their true sins.
In the last third of the book, the practical implications of this psychological framework become even clearer. In Chapter 11, “Depression Viewed from Various Angles,” HIC considers depression from the trichotomistic perspective, among others. HIC recognizes the interrelatedness of the spiritual, physical, and psychological, but suggests that one may be primarily responsible over the others. For example, a spiritual depression may involve true guilt, anger turned inward, a wrong perspective, or an attack by Satan. Psychological problems are addressed as a need to either 1) know Christ (i.e. salvation), 2) grow in Christ, 3) deal with a specific sin, or 4) deal with demonic forces. In none of these categories is the individual challenged to see himself at the level of the heart. In general, the advice consists of exhortations to pray, have quiet times, seek fellowship, repent of specific sins (behavior), and memorize Scripture. Again, HIC’s spiritual advice always has the flavor of moralistic behavior modification, because it really does not address man at the deepest level.

Under the heading of psychological problems come the teachings that make up the bulk of HIC. Here is where we are instructed to lead the person to insight: to recognize the “strengths and weaknesses” of their given personality, whether it be hysterical or obsessive/compulsive; and to listen with empathy. Yet, HIC recommends no insight into the heart.

The Medical Perspective (The Body)

HIC allows the body a significant role in depression. In fact, HIC assumes that to qualify as “clinical” depression the body must be involved (p. 30). In most cases, however, HIC would assign biological aspects a secondary role in depression. For them the primary roots of depression are factors that lead to emotional pain, anger, and bitterness. They see this as mismanaged anger as affecting the body and leading to serotonin or norepinephrine depletions in the brain which, in turn, result in a host of physical ailments that deepen the depression.

To their credit, Minirth and Meier strongly state that they believe genetics are not at the root of depression, and they “get disgusted with people who blame everything on their ‘bad genes’” (p. 45). Where they do see genetics playing a role is in how our bodies respond to long-term anger and bitterness. One person may be genetically predisposed to serotonin depletion, and therefore also predisposed to depression, while another person is more genetically predisposed to dopamine depletion and so is more likely to suffer schizophrenia. Whether or not these depletions can be reversed, short of medication, is a question that is not clearly answered, although one of HIC’s arguments for using medication is that recovery takes much longer without it.

Bipolar disorder has a unique place in their understanding of depression because it seems unrelated to environmental stresses and so is considered “largely genetic” (p. 48). This still falls short of bald determin-

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8 The issue of medication is taken up primarily in Chapter 14, “When are Medication and Hospitalization Advantageous?” HIC seems to step away completely from the spiritual and psychological insights previously asserted, and strenuously argues here for the necessity of medication. Rather than seriously addressing concerns of applying biological medicine to a possibly spiritual or psychologically generated depression, HIC assumes a complete medical model at this point. The straw man, ad hominem arguments leveled at opponents in the drug debate are things like: “A century ago, a number of Christians thought it was a sin to wear glasses—or ‘devil’s eyes.’” “Christ Himself said that those who are sick need a physician.” “Luke, who wrote a larger quantity of the New Testament (including Acts) than did the apostle Paul, was a physician.”

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7 This chapter is essentially a summary of the book in suggestion form (27 suggestions).
ism, but consider statements like, “Depression (without biological causes) is usually curable with the right kind of therapeutic help...Even depression caused by biological reasons, although not curable, can generally be managed with proper medication and counseling” (p. 23), and, “...if a person puts into practice the knowledge he gains from this book, there is no reason why he should ever get clinically depressed unless he has a genetic bipolar disorder, which occurs in only one percent of the population. For the other 99%, happiness, in the long run, will be his choice” (p. 42). But does HIC therefore allow no place for the Holy Spirit to produce joy in the remaining 1%?

Again, the Bible recognizes the difference between the inner and outer man, between sin and sickness. Physical afflictions do not occur in a vacuum, but are experienced by persons with worshiping hearts, who live every moment before God. In the Bible, physiological problems are not a category unto themselves (consider James 5:14ff; Jesus’ healing of others and His own sufferings; Isaiah 38; etc.). The worshiping heart is always engaged, sometimes playing a role in causing physiological problems (“psychosomatic”), always reacting to physiological suffering or blessings. People with physical afflictions need to be guided through their responses to suffering. Even when suffering is physiological in nature, the leading perspective needs to be man as a worshiper before God. Depressed persons are in desperate need of the carefully nuanced truth of Scripture, which, on the one hand, proclaims compassion and mercy for sufferers, but, on the other, calls them to respond with honesty, faith, and hope in Christ. If the outer, physical man is considered in abstraction from the inner, spiritual man, then physiology becomes the controlling perspective.

The Spiritual Perspective (Faith)

Many of my concerns about HIC’s treatment of the spiritual aspect have already been expressed in my comments on the physical and psychological perspectives. But simply put, a clear understanding of sin and its cure in Christ’s grace is missing from HIC. HIC’s functional commitment to psychology as a “deeper” understanding of people blinds them to the true nature of sin and the comprehensiveness of the spiritual. Therefore, sin receives only obligatory and scant mention, and thus has for them only superficial meaning, as the violation of commandments and principles. They place emotion and thought in the domain of psychology, and so these are subject to investigation and treatment only by therapists.

Conclusion

The first and second great commandments call us to consider the comprehensive nature of our relationship to God and the resulting spiritual duty to love our neighbors. No aspect of our being or activity of life escapes our obligation to be absorbed in the service of God with our mind, emotions, will, etc. In this sense, then, there is not simply a spiritual part of me. I am spiritual—mind, body, soul, heart, conscience—and I cannot carve out any part of myself and treat it as if it exists apart from my spiritual obligations to God. To do so impoverishes our understanding both of Scripture and of the role of Christ Himself. Christ did not come simply to rescue one-third of my being and contract the rest of it out to the psychological and medical professions. Christ came to redeem me from my fallen nature as it pervades the way I think, the way I feel, what I do, my bodily existence. Depression is, indeed, a complex condition that involves every aspect of our being. But unless we understand people as fundamentally spiritual, worship-driven creatures, our approaches will be inconsistent, and we will miss our goal of glorifying God in everything we do.