Psychiatrists and Clinical Depression – Part 2

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Continued from ***Psychiatrists and Clinical Depression – Part 1, Continued***

In Part 1 of this article, we briefly described our scientific claim that, **based on all the research, clinical depression is a systemic illness, meaning that it involves the body and brain as well as the mind/soul/spirit in origin and effects**. We said that in Part 2 we would describe **the spiritual (Bible-only) claim** held by numerous Christians, which contends that **clinical depression is a spiritual problem (mind, soul, spirit) in origin, requiring a spiritual solution (Bible-only) for cure**. Although those who hold to the spiritual claim clearly understand that depression affects the body and brain, they do not believe the scientifically based systemic claim, because the scientific systemic claim includes the physical body and brain as well as the mind in both origin and effects. The spiritual claim puts the origin in the mind/soul/spirit. With that in mind, we will now consider what research may support the spiritual claim.

Research

We have been reading research studies for over fifty years. We know about "statistical significance" and the "null hypothesis." A hypothesis is a claim in the form of a tentative testable prediction that is unlikely to be caused by pure chance or random coincidence. However, all claims must be tested to determine the truth. Claims made by anyone and everyone doing research must be tested through an **independent scientific evaluation**. "Independent" means that there would be no conflict of interest on the part of the scientist; it would be a neutral, impartial, third-party, **peer-reviewed**[1] evaluation.

The "scientific evaluation" must be "evidence-based," meaning the claim must be supported by scientific evidence. Every claim made by a researcher must undergo an independent scientific evaluation before being accepted or rejected! All reputable scientists would agree that claims must meet that standard.[2]

Scientology

Scientology is a good example of claims made without an independent scientific evaluation. Scientology has a form of counseling called "Dianetics." Scientology claims that:

> Dianetics is a methodology which can help alleviate unwanted sensations and emotions, irrational fears and psychosomatic illnesses (illnesses caused or aggravated by mental stress) …. Dianetics rests on basic principles, easily learned,

> clearly demonstrated as true and every bit as valid today as when they were first released in 1950.[3]

Scientology has a large body of data, collected from numerous testimonies over many years, on the success of Dianetics. Scientology makes outstanding claims about Dianetics in its literature and on its website. However, no independent scientific evaluation has ever been conducted to substantiate their claims. A scientist would reject all of Scientology's claims because they have never had an independent scientific evaluation.

Depression Research and Religion/Spirituality

There are variations of what we label a "Bible-only" approach to the origin and resolution of depression. One group, which we will call "purists," believes entirely in a Bible-only approach, where both description and prescription are found in the Bible and all it says about the spiritual life. The Bible-only group would quote 2 Peter 1:3, "According as his divine power hath given unto us all things that pertain unto life and godliness, through the knowledge of him that hath called us to glory and virtue," and other verses.

We could find no peer-reviewed, scientific studies validating a purist, Bible-only approach for treating clinical depression. Therefore, we will next discuss the research examining a religious/spiritual (R/S) practices approach, followed by arguments made against the systemic claim, which opens the door for the use of psychotropic medications.

Most of these studies and clinical trials reveal that religion/spirituality (R/S) can reduce depressive symptoms and help the healing process. The Abstract of an article titled "Religious and Spiritual Factors in Depression: Review and Integration of the Research" in the peer-reviewed journal *Depression Research and Treatment* reports:

> At least 444 studies have now quantitatively examined these relationships. Of those, over 60% report less depression and faster remission from depression in those more R/S or a reduction in depression severity in response to an R/S intervention. In contrast, only 6% report greater depression. Of the 178 most methodologically rigorous studies, 119 (67%) find inverse relationships between R/S and depression. Religious beliefs and practices may help people to cope better with stressful life circumstances, give meaning and hope, and surround depressed persons with a supportive community. In some populations or individuals, however, religious beliefs may increase guilt and lead to discouragement as people fail to live up to the high standards of their religious tradition.[4]

Research reveals that R/S is an important factor in resilience and recovery. However, research has not yet proven that religion/spirituality is a cure for depression. Nevertheless, "Interventions that utilize the R/S beliefs of patients have been tested in randomized clinical trials and shown to reduce depressive symptoms."[5]

What has been most compelling is the research that reveals structural changes in the brain. Much of this research has been conducted at Columbia University under the leadership of Dr. Lisa Miller, a clinical psychologist and professor there. She is the Founding Co-Editor-in-Chief of the peer-reviewed journal *Spirituality in Clinical Practice*, published by the American Psychological Association (APA). She is also the editor of the *Oxford Handbook of Psychology and Spirituality*. Her research includes any and all forms of spirituality lumped together, rather than exclusively Christianity.

In comparing high-resolution MRI scans of the brains of those who identify as religious or spiritual with those who do not, Miller found cortical thickening in individuals who score high on measures of religion or spirituality. She describes the discovery:

> The brain on the left—the low-spiritual brain—was flecked intermittently with tiny red patches. But the brain on the right—the brain showing the neural structure of people with stable and high spirituality—had huge swaths of red, at least five times the size of the small flecks in the other scan. The finding was so clear and stunning, it stopped my breath. The high-spiritual brain was healthier and more robust than the low-spiritual brain. And the high-spiritual brain was thicker and stronger in exactly the same regions that weaken and wither in depressed brains.[6]

Through peer-reviewed exchange, Miller also found that this cortical thickening confers resilience even in cases of genetic risk. She says:

> Another reviewer noticed that the magnitude of the effect of cortical thickening was even greater in the high-risk group, and asked us to dig into this data point. Why did high-spiritual people at high familial risk of depression have greater cortical thickening than high-spiritual people at low risk for depression? My brilliant colleague Craig Tenke hypothesized that perhaps the high-risk brains were more sensitive to the impact of spirituality. It was a huge insight, that people most prone to depression might be more profoundly enriched by spirituality—that a sensitivity to depression existed alongside a sensitivity to spirituality, resulting in greater neuroanatomic strengthening. People at low risk for depression still benefited from spirituality. But for those at high risk for depression and cortical thinning, spirituality mattered even more.[7]

Although the above research pertains to all forms of religion and/or spirituality, Christians may be encouraged by the results. Nevertheless, there is a danger here: individuals may be deceived into thinking that it does not matter which God, faith system, or form of spirituality one follows.

Depression Research and Psychotropic Medication

Many in the Bible-only group quote psychiatrists and other distinguished individuals to support their Bible-only claim by discrediting the systemic illness claim and its use of psychiatric medication possibilities. Probably the best-known person used for this purpose is Dr. John P.A. Ioannidis, a distinguished professor at Sanford University. In 2005, *PLOS Medicine* published his paper "Why Most Published Research Findings are False." His paper sparked a massive shift in metascience and research practices. Ioannidis's paper became one of the most downloaded and cited papers in medical history.

Every time those who oppose using psychiatry and/or psychotropic medication quote something a well-known medical luminary has said that seems to support their case, the other shoe drops. And it is found that Ioannidis reports the following:

> By putting together cleaned, standardized data from more than 116,000 patients and 522 randomized trials, and by using the highest possible standards of analysis, we can offer some concrete evidence to inform the proper use of 21 different antidepressants.[8]

Notice that Ioannidis is referring to research that meets the criteria for an independent, neutral, impartial, third-party, peer-reviewed scientific evaluation. And he is affirming the "proper use of 21 different antidepressants."

Another example is Dr. Daniel Berger II. He gave a talk titled "The Bible and Mental Health" at Calvary Chapel of Hope.[9] It is a common occurrence that when a psychiatrist or other professional is used to support the Bible-only claim, it is discovered that these medical experts are not at all opposed to all psychotropic medications but are concerned about how and when they are used.

Berger believes that depression is not a physical brain disease but that it is a spiritual challenge needing a spiritual cure. In his talk, Berger quotes the following men to support his claim: Ronald W. Pies, Paul Minot, S. Nassir Ghaemi, Kenneth Kendler/Joseph Parnas, Andrew Sims, and Richard C. Lowentin. We searched the original sources that Berger used, as well as other writings by these men. Contrary to what Berger teaches, all would believe that depression is a systemic illness, sometimes requiring the use of psychotropic medication, and they would **all** dramatically disagree with Berger's claim that all mental disorders are spiritual problems requiring a spiritual solution. Particularly, Kendler is a highly regarded psychiatric geneticist and philosopher of psychiatry. He has extensively written about critics who argue against mental disorders being systemic illnesses, along with the use of psychotropic medication.[10]

While Berger writes prolifically and eruditely in support of the Bible-only position, none of his claims have undergone peer review. Neither has he been published in academic peer-reviewed journals.

All those individuals, used by Bible-only claimants by quoting their individual concerns about psychotropic drug use, at some level believe in the use of psychotropic medication. The three we find most quoted by Berger and others to support their Bible-only claim are Dr. Thomas Insel, Dr. Steven Haman, and Dr. Allen Francis. Not one of these highly respected medical authorities is totally opposed to psychotropic medication!

Question from a Reader

Question*:* "Have we demonstrated that depression is a systemic illness, or have we demonstrated that depression affects the entire person, including the body?"

Answer: Both views can be held simultaneously. In fact, the systemic illness position includes the idea that the depression itself "affects the entire person, including the body." So, is the question really about the cause of depression? Is it the person's thinking that causes depression, which then affects the entire body? Or are there bodily conditions that affect the brain in such a way as to cause depression? We say both are possibilities.

Our Prayer

We pray that you will read every part of this article. Later, we will emphasize the role of the mind and spirit within the scientific, systemic understanding of depression. Christians can affirm that depression is a systemic illness because this view includes the mind and, therefore, the soul/spirit. Remember, during every trial, Christians need to keep their focus on the Lord and on opportunities for spiritual growth, no matter the issue or its cause. The Creator of our body, soul, and spirit is the Lord of all, and He remains the ultimate healer.

[1] "A peer-reviewed publication is also sometimes referred to as a scholarly publication. The peer-review process subjects an author's scholarly work, research, or ideas to the scrutiny of others who are experts in the same field (peers) and is considered necessary to ensure academic scientific quality," https://www.usgs.gov/faqs/what-does-it-mean-when-a-publication-peer-reviewed.

[2] That high standard of an independent scientific evaluation causes many of the research studies to be flawed in some minor or major way. However, science advances through both false and true studies, since much can be learned from them.

[3] "What Is Scientology?" Scientology, https://www.scientology.org/what-is-dianetics/basic-principles-of-scientology/dianetics-understanding-the-mind.html.

[4] Raphael Bonelli, Rachel E. Dew, Harold G. Koenig, David H. Rosmarin, and Susan Fasegh, "Religious and Spiritual Factors in Depression: Review and Integration of the Research," *Depression Research and Treatment*, 8/15/2012, https://pmc.ncbi.nlm.nih.gov/articles/PMC3426191/.

[5]*Ibid*.

[6] Lisa J. Miller. *The Awakened Brain: The New Science of Spirituality and Our Quest for an Inspired Life*. New York: Random House Publishing Group. Kindle Edition, p. 7.

[7] Miller, *op. cit*., p. 152.

[8] Hanae Armitage, “The efficacy of antidepressants: A Q&A with John Ioannidis, Stanford Medicine News Center,https://med.stanford.edu/news/insights/2018/02/a-qa-with-john-ioannidis-the-efficacy-of-antidepressants.html.”

[9] Dr. Daniel Berger, “The Bible and Mental Health Seminar,” Calvary Chapel of Hope, May 7, 2022.

[10]*Ibid*.,