

A Biblical Response for Wives and Husbands Struggling with Postpartum Depression

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## Abstract

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Postpartum depression is defined as a debilitating mood, feeling, or attitude of hopelessness, which becomes a person's reason for not handling the most important issues of life occurring during pregnancy or within four weeks of childbirth. There is no diagnostic test to prove someone has depression. In some cases, antidepressants are administered. Other treatment plans include psychotherapy, lifestyle changes, or a supportive environment. From a biblical perspective, it is necessary to consider the potential of hormone imbalances after giving birth as humans are both physical and spiritual and these affect one another. It is important to note that a believer's hope cannot be in medication.

People are complex, and giving birth is a trying time for any woman. There are a wide range of emotions involved throughout this whole process, and it is necessary to consider the different aspects of what is actually happening. The Bible is sufficient in addressing depression and how to lovingly come alongside a woman struggling with postpartum depression. The Bible is also sufficient in teaching the husband how to serve and encourage his wife in such a trying time.

The intention of this research is to provide the mother and father a basic biblical understanding of depression, how to best honor God in their suffering, and practical ways to serve and help this family. This will personally grow me in having compassion for suffering moms and families. There have been a handful of godly women in my church who have struggled through this unique season, and I pray that if or when it happens again they can have a practical way of having hope and glorifying God.

## I. INTRODUCTION

### A. Purpose Statement

1. The goal of this thesis is to provide a biblical resource for families in which the wife and mother is suffering from postpartum depression. While the mother may be the one directly suffering, we will also consider how to best minister to the husband. Encouraging him in this process will be important, too. It is a family effort. The husband bears a load in this, as well. This paper will seek to explain what depression is and specifically how postpartum depression fits into this category.
2. Postpartum depression (PPD) can be complex because there may be a hormonal imbalance in the mother who just gave birth. There is a lot of change both within her body and in her circumstances with the addition of a new child. This depression is more intense than the baby blues in that it lasts longer and the feelings appear more extreme. It is said that PPD affects one in seven women, and for more than half of these women, it is their first time experiencing any type of depression.<sup>1</sup> As this is a common experience for many women, the Bible offers hope and help in the midst of this suffering.
3. Often the way of diagnosing postpartum depression is by a medical professional asking many questions in regards to the mother's feelings and filling out a questionnaire as a depression screening. There may be blood tests to check an underactive thyroid. These are both helpful starting points in diagnosing what could potentially be a hormonal issue. Humans are two-part beings, consisting of both the

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<sup>1</sup> American Psychiatric Association, "Postpartum Depression," accessed February 7, 2022. <https://www.psychiatry.org/patients-families/postpartum-depression>.

physical and spiritual. With being two-part beings, it is important to care for both the physical and the spiritual as these are interrelated and one affects the other. Seeking medical help is not sinful but wise. However, putting hope in anything else other than Christ is sinful.

4. From a medical perspective the treatment may differ depending on the case. Oftentimes, PPD is treated with psychotherapy, medication, or both. If this depression continues to worsen then electroconvulsive therapy could be encouraged.<sup>2</sup> Since there is not a 100% confident answer in what causes PPD, there is reason for hesitation in these treatments.
5. The secular understanding of PPD has no foundation in Scripture. This should not be surprising. Secular minds are darkened and not enlightened without the indwelling presence of the Holy Spirit (1 Cor 2:14 [ESV]). To the world, a diagnosis of PPD and the subsequent recommendation for medical treatment of psychotherapy and medication makes sense. The world has nowhere else to turn but to their limited understanding of science and medicine to explain their circumstances and provide a hope of remedy. Such a hope in the medical diagnosis and treatment of PPD can be misleading and does not address the heart. As biblical counselors, we know that both physical and spiritual needs must be met in order to help someone.
6. The Bible is clear in that humans are two-part beings and one affects the other. Often times in Scripture “flesh” and “body” are used. This shows a physical element of man (Gen 2:21-23). To understand the spiritual side of man, “spirit” or “soul” is often used

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<sup>2</sup> Paul Reed, Nicola Sermin, Louis Appleby, et. Al., “A Comparison of Clinical Response to Electroconvulsive Therapy in Puerperal and Non-Puerperal Psychoses,” *Journal of Affective Disorders* 54, no. 3 (Aug 1999): 255-60.

in Scripture (2 Cor 4:16). Jesus said in Matt 10:28, “Do not fear those who kill the body but cannot kill the soul. Rather fear him who can destroy both soul and body in hell.” There is a clear distinction of both the physical and the spiritual.<sup>3</sup> With this understanding of man as a two-part being, there is legitimacy in a physical hormonal deficiency that may lead to depression. This physical aspect should not be overlooked. It is also important to be addressing the heart, as well. Living on this side of heaven, sin affects us.

- a. We live in a world that is sinful. Both the world and our physical bodies have been impacted by sin. We are susceptible to sickness. Women suffering from PPD feel the effects of this. As a result, their bodies may not recover quickly and may take an extended period of time to heal from the process of pregnancy and birth as well as from the subsequent physiological changes that take place in the postpartum period.
  - b. People sin against one another. There are consequences for sin, and this often does not only impact the person who sinned but others who may have been involved or tied to the situation. This brings pain into our lives.<sup>4</sup> Husbands and wives sin against one another. In PPD, there should be an understanding that sin to some degree is most likely going to be present whether that be anger, lack of understanding, or many other feasible options.
7. In order to best serve the mother who is suffering from PPD, it is important to consider if there may be a hormonal imbalance happening within her body. As

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<sup>3</sup> Heath Lambert, *A Theology of Biblical Counseling* (Grand Rapids: Zondervan, 2016), 190.

<sup>4</sup> Ibid. 248.

counselors, we want to ensure we are caring for the whole person. While considering if there is a hormonal deficiency, it is also important to care for her spiritually.

Neither the physical nor the spiritual are to be neglected.

#### B. Intended Audience and Scope

1. The intended audience is Christian mothers and fathers who are struggling with postpartum depression in order to give them a biblical understanding of depression and how to have hope in the midst of their suffering as a family.
2. The intent of this research is to give hope and understanding to the suffering mother and her family of what is happening and how to work through it in a way that pleases the Lord. This will be helpful for the husband as it will provide practical ways of serving his wife and family during this time. God is a God of hope and He cares for His children. He has given us everything we need for life and godliness (2 Pet 1:3).

#### C. Definition of Terminology

1. Baby blues is defined as a short-lasting condition that does not interfere with daily activities and does not require medical attention. It is normal to experience anxiety, crying for no apparent reason, or irritability. This usually lasts a couple of weeks.<sup>5</sup> If it goes beyond a couple of weeks, then it becomes postpartum depression.
2. Postpartum depression is defined as depression occurring during pregnancy or after childbirth. These feelings of depression must occur during pregnancy or within four weeks of giving birth. There is no specific diagnostic test to determine if someone has PPD.<sup>6</sup>

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<sup>5</sup> American Psychiatric Association, "Postpartum Depression," accessed February 7, 2022. <https://www.psychiatry.org/patients-families/postpartum-depression>.

<sup>6</sup> Ibid.

3. From a biblical understanding, depression is defined as a debilitating mood, feeling, or attitude of hopelessness, which becomes a person's reason for not handling the most important issues of life.<sup>7</sup> From a secular understanding, the DSM-V gives a basic understanding of the symptoms of depression which can range from loss of interest in daily activities to suicidal thoughts.<sup>8</sup>
4. Psychotherapy is talk therapy. This means there are many ways to help people who are struggling with mental illnesses and emotional difficulties. Talk therapy could look like getting help in changing one's thinking, seeking to understand any underlying issues, or simply being encouraged by someone else.<sup>9</sup>

#### D. Research Methodology

1. The majority of my research will be done through various book resources, journal articles, online sources, and interviews. I intend to have two pastoral interviews with my pastors and interviews with women who have struggled in the past with postpartum depression.

## II. DEFINING THE PROBLEM

In this section we will gain a deeper understanding of both a secular definition and biblical definition of depression and how postpartum depression falls into this category.

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<sup>7</sup> Robert D Smith, *The Christian Counselor's Medical Desk Reference* (Grand Rapids: Zondervan, 2000), 222.

<sup>8</sup> *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (Washington, D.C.: American Psychiatric Association, 2013), 161.

<sup>9</sup> American Psychiatric Association, "Psychotherapy," accessed March 11, 2022. <https://www.psychiatry.org/patients-families/psychotherapy>.

## A. Secular Definition of Depression

1. The DSM-V outlines depression as experiencing five or more of the following symptoms being present during the same two-week period and represent a change from previous function; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
  1. Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others.
  2. Marked diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
  3. Significant weight lost when not dieting or weight gain or decrease or increase in appetite nearly every day.
  4. Insomnia or hypersomnia every day.
  5. Psychomotor agitation or retardation nearly every day.
  6. Fatigue or loss of energy nearly every day.
  7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
  8. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
  9. Recurrent thoughts of death; recurring suicidal ideation without a specific plan; or a suicide attempt or a specific plan for committing suicide.<sup>10</sup>

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<sup>10</sup> *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (Washington, D.C.: American Psychiatric Association, 2013), 161.

2. This secular definition is very subjective. Much of it is based on feelings rather than physical evidence. If it “appears” there is diminished interest or a difference in feelings then the person may be depressed. The diagnosis is based on an interpretation of an individual’s thinking and behavior rather than an actual root cause.<sup>11</sup>
3. At this point, there is no verifiable chemical imbalance or neuroanatomical abnormality among psychiatric diagnoses. There are no laboratory results that prove damage or malfunction in any body tissues.<sup>12</sup>

#### B. Secular Understanding of Postpartum Depression

1. It is important to consider how one is diagnosed with depression because these are some of the same symptoms that occur in a woman struggling with postpartum depression.
2. To be diagnosed with postpartum depression, the symptoms listed above under depression must begin during pregnancy or within four weeks following delivery.<sup>13</sup> The mother may experience several of these symptoms.
3. There are a few additional elements to the definition of postpartum depression. It is possible that the woman may have delusions about the baby. One extreme is that she may want to kill or even attempt to kill the baby. She may be crying for no reason, or feel like a bad mother. Some of the

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<sup>11</sup> Robert D Smith, *The Christian Counselor's Medical Desk Reference* (Grand Rapids: Zondervan, 2000), 198.

<sup>12</sup> Ibid. 198.

<sup>13</sup> American Psychiatric Association, “Postpartum Depression,” accessed March 1, 2022. <https://www.psychiatry.org/patients-families/postpartum-depression>.

predisposing factors could be exhaustion, disruption of sleep, adjustment to a new life, or even an added financial burden.<sup>14</sup>

4. New fathers can also experience postpartum depression. Since they may experience changes in sleeping or eating and fatigue, clinically they can be diagnosed.<sup>15</sup>
5. Roughly one in seven women are believed to suffer from postpartum depression. It is less likely to occur in men, although it may still happen.<sup>16</sup>

### C. Biblical Understanding of Depression

1. While the word “depression” is not specifically found in Scripture, there is ample evidence to help us understand depression from the Bible. Broadly speaking, there are many godly men in Scripture who were so intensely discouraged that they no longer desired to live.<sup>17</sup> The prophet Jeremiah wrote of this in Lam 3:1-20 when he gives an account of his emotional experience. He describes it in different ways such as a black darkness, being trapped, chained, filled with bitterness, fatigued, crying, and broken. There is serious turmoil and darkness being described here.<sup>18</sup> Despite the depth of this darkness and depression, Jeremiah still directed his thoughts to the Lord and gained hope (Lam 3:21-66). In 2 Cor 1:8, the apostle Paul, too, was so

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<sup>14</sup> Marshall and Mary Asher, *The Christian's Guide to Psychological Terms* (USA: Lockman Foundation, 2014), 149.

<sup>15</sup> American Psychiatric Association, “Postpartum Depression,” accessed March 1, 2022. <https://www.psychiatry.org/patients-families/postpartum-depression>.

<sup>16</sup> *Ibid.*

<sup>17</sup> Aaron Friedrich, pastoral interview by author, Jacksonville, February 23, 2022.

<sup>18</sup> Wayne Mack, *Out of the Blues* (Bemidji, MN: Focus Publishing, 2006), 11.

discouraged he “despaired of life itself.” Asaph in Psalm 73:2-22 gives insight into his depression. He was envious, discouraged, resentful, and miserable.

These examples from Scripture help us to identify various thoughts and feelings during depression and even how to have hope in this deep despair.

2. There is an understanding of joy that Scripture gives us. Depression would be the opposite of biblical joy.<sup>19</sup>
3. There may not be one specific cause or definition for depression, but it is understood as suffering.<sup>20</sup> This broader category could also include pain, trials, despair, burdens, hopelessness, and hardship. Scripture speaks very clearly to all of these topics. Understanding depression as suffering helps us to explore the potential of various causes of depression rather than one distinct physical ailment happening to the sufferer.<sup>21</sup>
4. It is important to understand that man is a two-part being. We have both an inner and outer man. The outer man refers to the physical self that is subject to decay (2 Cor 4:16). The inner man refers to his thoughts, will, and emotions. For the best understanding, the Bible most often uses the term “heart.”<sup>22</sup> Even though there is a difference between these two, the inner and outer man make up one person. In Matt 12:34, we learn that out of the overflow of the heart,

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<sup>19</sup> Aaron Friedrich, pastoral interview by author, Jacksonville, February 23, 2022.

<sup>20</sup> Edward T. Welch, *Depression: Looking up from the Stubborn Darkness* (Greensboro: New Growth Press, 2011), 25.

<sup>21</sup> *Ibid.* 29.

<sup>22</sup> Winston Smith, “Dichotomy or Trichotomy: How the Doctrine of Man Shapes the Treatment of Depression,” *The Journal of Biblical Counseling*, no. 3 (Spring 2000): 23.

the mouth speaks. The inner man influences and affects the outer man. This is seen at the Garden of Gethsemane when Jesus is in so much agony that he sweats literal drops of blood (Lk 22:44). He was anticipating what was to come in bearing the Father's wrath that His physical being responded by sweating blood. David describes in Psalm 32 how his sin before the Lord caused physical ailments to his body (Ps 32:3-4).

5. Because we are a two part being, the spiritual has an effect on the physical and vice versa. This is important when looking at depression because the counselee must be convinced depression is also a spiritual issue. Culture teaches that depression is only physical, but because we are complex in being made up of both an inner and outer man, we must consider how to address both of these.<sup>23</sup> It is not wrong to address the physical, but the spiritual needs to be addressed, as well.

### III. SECULAR WORLDVIEW

#### 1. Research

- a. Even though there is no physical evidence as to the root cause of depression, it is assumed that it is physical. Psychiatrists focus on human behaviors and human problems, not scientific examination. There are no tissues these psychiatrists are examining.<sup>24</sup> However, in our society these psychiatrists are able to make a diagnosis without any physical evidence. And because there is a "diagnosis," then that means it

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<sup>23</sup> Aaron Friedrick, pastoral interview by author, Jacksonville, February 23, 2022.

<sup>24</sup> Thomas Szasz, "Mental Illness is Still a Myth," *Journal of Biblical Counseling* 14, no. 1 (Fall 1995): 36-37.

is supposed to be treating a “disease.”<sup>25</sup> There is no basis for depression as a disease, though. There is no physical pathology for depression, so it should not be considered a disease and therefore should not be diagnosed with medicine. It has been noted that most popular medicines for depression do not work well for up to 80% of the people who take them.<sup>26</sup> However, prescriptions are widely accepted because people feel better after taking medication.<sup>27</sup> Since depression is looked at as a physical illness, it is often treated with medication. The same goes with postpartum depression. Often times, the mother suffering is treated with any or all of the following: psychotherapy, lifestyle changes, medication, or a supportive environment.<sup>28</sup>

- b. The causes behind postpartum depression are believed to be either hormonal, the drastic life changes that have been recently required by the mother, or a previously undiagnosed mental illness. There may be physical elements such as vitamin deficiencies, endocrine issues, or hormonal problems happening within the woman’s body that are contributing to postpartum depression.<sup>29</sup> It is significant to highlight that due to the drastic changes in a woman’s body during this time period, there very well may be a physical element involved. Since there is a rapid change in stress and

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<sup>25</sup> Thomas Szasz, “Mental Illness is Still a Myth,” *Journal of Biblical Counseling* 14, no. 1 (Fall 1995): 36-37.

<sup>26</sup> Charles Hodges M.D., *Good Mood Bad Mood* (Wapwallopen, PA: Shepherd Press, 2013), 48-49.

<sup>27</sup> Robert Smith, *The Christian Counselor’s Medical Desk* (Grand Rapids: Zondervan, 1969), 195.

<sup>28</sup> American Psychiatric Association, “Postpartum Depression,” [psychiatry.org](https://www.psychiatry.org/patients-families/postpartum-depression/what-is-postpartum-depression), accessed March 5, 2022. <https://www.psychiatry.org/patients-families/postpartum-depression/what-is-postpartum-depression>.

<sup>29</sup> Dorothy Sit, Anthony Rothschild, Katherine Wisner, et al., “A Review of Postpartum Psychosis,” *Journal of Women’s Health* 15, no.4 (May 2006): 352-68.

thyroid hormones during pregnancy and after delivery, this can contribute to strong moods which may result in postpartum depression.<sup>30</sup>

- c. Literature published by Mayo Clinic as the cause of depression states that “it is not known exactly what causes depression. As with many mental disorders, a variety of factors may be involved, such as: biological differences, brain chemistry, hormones, inherited traits.”<sup>31</sup>
  - a. In these four categories, there is no definite proof for the cause of depression. The understanding of how biological differences may contribute to depression seems to be vague, with Mayo Clinic hypothesizing that “these changes are still uncertain, but may eventually help pinpoint causes.” For brain chemistry, Mayo notes that there “may be a significant role.” For hormones, their research states these “may be involved in triggering depression.” As to inherited traits, Mayo Clinic says “researchers are trying to find genes that may be involved.”<sup>32</sup> It is important to take note of the use of “uncertain,” “may be,” and “trying to find.” This is not definitive data, but provides the counselor and counselee with an understanding that the answers have not been found in the cause of depression.
  - b. There is not hard, factual evidence in any of these categories listed. These are the categories doctors rely on to help diagnose depression, yet there is not an

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<sup>30</sup> American Psychiatric Association, “Postpartum Depression,” psychiatry.org, accessed February 7, 2022. <https://www.psychiatry.org/patients-families/postpartum-depression/what-is-postpartum-depression>.

<sup>31</sup> Mayo Clinic, “Depression (major depressive disorder),” accessed March 5, 2022. <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>.

<sup>32</sup> Ibid.

actual basis for diagnosing depression from solely a physical standpoint.

“Feelings of worthlessness” is not based on factual evidence. It is more based on feelings or opinions rather than physical evidence. This would be considered subjective evidence, so there is little to no objective material being used.<sup>33</sup>

- d. When looking at the DSM V to help diagnose depression and postpartum, it is necessary to highlight that most of the symptoms listed are based on subjective criteria. It is highly uncertain that a medication is working properly when there is no known cause of what this medication is trying to specifically target.

## 2. Treatments

- a. There is a wide variety of possible treatments for PPD, ranging from talk therapy, medication, lifestyle changes, and/or a supportive environment. Depending on how intense the mother’s depression is will determine whether the doctor thinks it is best to be on or off medication. If the depression is mild, talk therapy is the first step in treatment. For the breastfeeding mother who is severely depressed, there is no evidence to think the nursing baby will be at risk if the mother is on antidepressants. The medication is secreted through the milk, but this does not harm the baby.<sup>34</sup> Since these antidepressants do not harm the baby, medication will most likely be encouraged.

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<sup>33</sup> Robert Smith, *The Christian Counselor’s Medical Desk* (Grand Rapids: Zondervan, 1969), 200.

<sup>34</sup> MGH Center for Women’s Mental Health, “Breastfeeding and Psychiatric Medications,” accessed March 5, 2022. <https://womensmentalhealth.org/specialty-clinics/breastfeeding-and-psychiatric-medication/>.

- b. Talk therapy or psychotherapy has been linked with positive changes in the brain and body. In a very simplistic way, this could be close friends coming over and talking through what the mother is struggling with. This could also look like going to see a psychiatrist to talk through her struggles. Psychotherapy may or may not be paired with medication, and is believed to help others function better in their lives.<sup>35</sup>
- c. The types of medication most encouraged are serotonin reuptake inhibitors (SSRIs) and norepinephrine uptake inhibitors (SNRIs).<sup>36</sup> It is believed that SSRIs help to increase the serotonin level in the brain. Serotonin is a neurotransmitter, so it is one of the chemical messengers. This increase in serotonin improves the messages between the neurons.<sup>37</sup>
- d. Lifestyle changes include adequate sleep, good nutrition, and regular exercise. It is expected that the mother would be sleeping less during this time, as she is recovering from giving birth and caring for her baby. It is important that as she recovers, there is proper nutrition and care for herself in this adjustment. In addition to getting adequate sleep and ensuring that she is receiving proper nutrition through her diet, exercise is also of benefit to the postpartum mother. Exercise will need to be limited in accordance with how a mother is healing after her unique delivery. If the mother had a cesarian section, there is an incision that

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<sup>35</sup>American Psychiatric Association, “Postpartum Depression,” accessed March 5, 2022. <https://www.psychiatry.org/patients-families/psychotherapy>.

<sup>36</sup> Ibid.

<sup>37</sup> Mayo Clinic, “Selective Serotonin Reuptake Inhibitors,” accessed March 5, 2022. <https://www.mayoclinic.org/diseases-conditions/depression/in-depth/ssris/art-20044825>.

will need time to heal. If she gave birth vaginally, vaginal tears are very common during delivery. These tears are caused by the baby's head being too large or the vagina not stretching enough for the baby to easily fit through. The tears can range in four degrees, fourth degree tears being the most severe.<sup>38</sup> Depending on any level of tearing or stretching, exercise may need to be limited in order for the mother to recover. Regardless, it is helpful to be consistent in some sort of exercise, if possible.

- e. The supportive environment is critical. She needs to know she is cared for and comforted by those she loves. Having extra support from friends and family during this time will tremendously help the recovering mother.

#### IV. A BIBLICAL PERSPECTIVE ON POSTPARTUM DEPRESSION

##### A. Understanding man as both physical and spiritual

- a. From the Bible we understand man as both a physical and spiritual being (2 Cor 4:16). The inner man refers to the emotions, will, desires, and thoughts. Usually this is the term we understand as the "heart" (Ps 4:7, 33:11).<sup>39</sup> The inner man drives the outer man (Prov 4:23), and the outer man influences the inner man. They affect one another.
- b. The outer man refers to thoughts, words, and actions that can be observed. It is our physical self which is decaying (2 Cor 4:16). The outer man also carries out the desires of the heart.

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<sup>38</sup> Cleveland Clinic, "Vaginal Tears During Childbirth," accessed March 12, 2022. <https://my.clevelandclinic.org/health/diseases/21212-vaginal-tears-during-childbirth>.

<sup>39</sup> Winston Smith, "Dichotomy or Trichotomy: How the Doctrine of Man Shapes the Treatment of Depression." *The Journal of Biblical Counseling*, no. 3. (Spring 2000): 23-24.

- c. There is unity in both the inner and outer man. A human being is not solely spiritual and not solely physical. The inner man is driving the outer man, as the feet, hands, or mouth are from the outer man and reveal what is happening within the heart.
- d. Different passages that help us to further understand this unity between the inner and outer man would be Prov 4:23. There is an emphasis on keeping your heart because from the heart “flow the springs of life.” What is happening in the heart will overflow into action which in turn affects life as a whole.
- e. It is important to have a foundation that man is spiritual and physical in understanding postpartum depression. As counselors, we are seeking to minister to the whole person, both the inner and outer man. What affects the physical body also affects the spiritual and vice versa. There must be consideration in both what is going on in the heart and in the physical body.

## B. Depression

### 1. Defining depression

- a. Biblically speaking, the word “depression” is not found in Scripture. However, we gain an understanding of what depression is through examples like Jeremiah or Paul, who “despaired of life itself” (2 Cor 1:8). Paul was in such a difficult place, he no longer wanted to be alive. In modern day terms, we would say he was severely depressed.
- b. In the psalms, David often expressed feelings of deep despair (Psalms 40, 46). He felt as if he was in a pit of destruction and that only God delivered him. Even when he seemed to be overtaken by evils and iniquities, he pleaded for God to

deliver him. Ps 42:8-9 teaches us how to be dependent on God and His lovingkindness when there is much sadness or discouragement in our life. It is God who is our Rock, nothing else is sure and unchanging. Asaph cried out to God in Psalm 77, being honest before the Lord while still fearing Him. He sought the Lord in the day of trouble. Asaph was intentional in Who he sought after. Asaph was active in seeking despite how he felt. He set his mind on truth as he remembered God's awesome power.<sup>40</sup> Truth directed him and not his feelings.

- c. The book of James talks about various kinds of trials that produce steadfastness in the faith (Jas 1:2-4). These trials come in different sizes and shapes. The testing of one's faith is diverse. It does not come in a specific way or package, as the Lord uses many different ways to grow us in our sanctification.
- d. Depression is understood as a broad term that is used to describe a variety of emotional experiences. These feelings can range anywhere from sorrow, disappointment, sadness, heavy-heartedness, despair, or discouragement.<sup>41</sup> These are all biblical terms which means we have instruction from Scripture in how to work through depression in a way that is God-glorifying!
- e. While humans are a two-part being, ultimately depression is a spiritual issue. It goes back to the heart. There is no known physical cause to know what exactly causes clinical depression, and many believe that it is often influenced by more than just one factor.

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<sup>40</sup> Wayne Mack, *Out of the Blues* (Bemidji: Focus Publishing, 2006), 83.

<sup>41</sup> Ibid. 4.

- f. The ultimate goal is not relief from the current struggle but pleasing the Lord.<sup>42</sup>
- When the counselee is seeking help from depression, there must be an understanding that success is not in gaining relief. It may be difficult to believe, but true success is faithfulness to the Lord in honoring Him through the various trials He has for us. He is the One in control.

### C. Postpartum Depression

- a. Now having a basic understanding of how depression is biblically defined, there is a better understanding of postpartum depression. We build off of the basic definition of depression as a range of feelings like sorrow, discouragement, despair, etc. and add the period of time of four weeks after delivery to know what PPD is. Within this time after delivery, and with the basic understanding of the definition of depression, we understand what is being said when we hear the term “postpartum depression”.
- b. It is important to remember and consider all of the changes the woman’s body is going through during this time. She just spent the past nine months growing a baby inside of her, recently delivered this baby, may be breastfeeding this baby, and is lacking much sleep. Each of these takes a toll on the physical body. And because we know that what affects the physical also affects the spiritual, it needs to be emphasized to be patient and compassionate towards this mother. She most likely does not feel herself and may be struggling in ways she has never experienced before. The Lord has created and designed this process, and it is good (Jas 1:17). However, with the consequences of sin in the world the imperfect body

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<sup>42</sup> Justin McKitterick, pastoral interview by author, Jacksonville, March 2, 2022.

does not return to a perfect state. Over time, it may or may not be more clear to what the root causes of PPD are in her life. The goal is not being confident in these potential causes to relieve the symptoms, but to seek to honor and glorify God each day at a time, relying on His grace all the more.

## V. Plan of Counseling

1. Taking the biblical understanding of a man as a spiritual and physical being, it is important to practically lay out how to care for both the inner and outer man.
  - a. Assuming that the husband and wife are both open and willing to come to counseling, the immediate concern is to give them hope. It is likely that the wife has never felt this way before and is afraid of the extreme emotions she may be feeling. This could be on a wide range scale of feeling intense hatred towards her child or feeling very sad. The first passage to go to will be to encourage them is 1 Cor 10:13. There is no such thing as a unique struggler.<sup>43</sup> Mankind is prone to the same temptations. This is good news for the mother! She is not alone in that other women have gone through this. This is good news for the father! He does not have a hopeless wife in a hopeless situation. These seeds of hope and encouragement can help both the mother and father to breathe a sigh of relief and refocus their minds on truth.
  - b. Outer Man Care
    - i. After this hope has been given, it is important to care for any of the practical needs the mother may not be getting. Is she eating, sleeping, and

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<sup>43</sup> Heath Lambert & Stuart Scott, *Counseling the Hard Cases* (Nashville: B&H Publishing Cases, 2015), 94.

exercising to what is appropriate for her body? Ensuring that her basic physical needs are being met is of high priority. The wife needs to be getting enough sleep, as this could be of great help.<sup>44</sup> If the baby is not breastfeeding but taking the bottle, the husband should be encouraged to get up during the night to help his wife with their child so she can physically recover by being able to get more sleep. He can help by changing diapers. He may have work the next day, but if he is able to take time off to be home this could be crucial until there is someone else who can come over during the day to help care for his wife and baby or until the wife has recovered well enough for him to return to work. If his company offers paternity leave, it would be wise to use that. The husband could even help with basic cleaning around the house if he has time at home. If he is limited in his time at home due to work or caring for other children they may have, he could call and schedule for a cleaning service to come which could be of great help to his wife to relieve any pressure she may be feeling to have the house to the standard she may want.

- ii. In an interview, one of the biggest helps for a struggling mother was to have someone care for the baby while she exercised.<sup>45</sup> This does not have to mean hours of exercise, but the consistency in physical exertion can be

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<sup>44</sup> Heath Lambert & Stuart Scott, *Counseling the Hard Cases* (Nashville: B&H Publishing Cases, 2015), 98.

<sup>45</sup> Katelynn O'Lessker, personal interview by author, Jacksonville, March 10, 2022.

a huge help for the physical body, especially after so much has physically happened in such a short amount of time to the mother's body.

- iii. If the family is involved in their church, setting up meals for a couple of weeks would be of great help to this family. The wife may be feeling the added pressure of caring for both her husband and child, yet is very overwhelmed with all of the daily tasks she is expected to still complete. A meal train from their church would help alleviate part of this burden. Calling the church office to ask the secretary to set this up would be a practical way of serving this family. Whether these meals are provided for two weeks or even a month, this is a practical way to serve and even allow the church to come alongside and encourage this family. It also gives them contact with other believers within their local body which could be of great encouragement to see familiar faces who are praying and supporting them even when they are unable to make it to Sunday morning services or be in their regular weekly routines of small groups or bible studies.
- iv. This cares for the physical side of the mother. She is able to sleep better, have meals prepared, and exercise. Daily tasks have been lifted from her for a time so she can get better. The goal is not that she would be dependent on this help for an extended period of time, but until she is able to feel better and complete more of the normal tasks on her own. This looks different for every family. Patience and compassion are a must.

c. Inner Man Care

- i. Biblically, depression is often understood as suffering. To care for the suffering mother it would serve her well to look at passages that deal specifically with suffering. Romans 5:1-5 shows Paul's eternal mindset of suffering in that he rejoices in it. While we do not rejoice at the suffering, we are to rejoice in the suffering because ultimately it produces hope.<sup>46</sup> There is a progression from suffering to endurance to character to hope. The Lord uses each of these steps to honor and glorify Him. Suffering can be very discouraging, yet for the believer it should be very encouraging. Trials test our faith in a way that produces steadfastness (Jas 1:2-3). Reminding and reiterating to the mother and father that Scripture speaks loud and clear to their suffering in a way that gives hope is important. Their gaze is not set on their circumstances but on Truth.
- ii. Worship plays a key role in the mother's life. Is she spending time in the Word? Whether that looks like a specific time of the day in prayer, reading the Bible, listening to sermons and Christian music, or even having her husband read to her there needs to be a way she is intaking biblical truth. Ultimately her hope and trust must be in Christ and not in self, even if they desire for their current circumstances to pass. Both husband and wife need to be focused on how to best glorify God in their suffering. For their minds to be aligned with Truth, they must be dwelling on things that are true (Phil 4:8). A practical way to help the mother in this would be to

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<sup>46</sup> Heath Lambert, *Counseling the Hard Cases* (Nashville: B&H Publishing Cases, 2015), 105.

either have her husband or a friend care for their baby even if it is for twenty minutes after the most recent feeding so she can have time to read and pray. This time in prayer and the Word will serve her greatly and potentially even reveal any idols in her heart that she is clinging closely to that may be exasperating her PPD. She will realize her dependence upon the Lord all the more.

- iii. Depending on her physical state, it may just be too much to attend Sunday morning services for a time. This means there could also be a lack of biblical fellowship for them. In a time of suffering, it can be all the more important and encouraging to be around other believers. Yet, she is probably homebound for most of the time. Practically, this family could simply talk with those who are dropping off the meals being provided for them from their church family or even invite a family to stay for dinner one time throughout the week when the meal is dropped off for them. It is not meant to be overwhelming for them, but encouraging.
- iv. Even if there is a hormonal imbalance, there is a temptation to sin, too. This is an area where one should be gentle yet firm. There is never an excuse for sin. This should also be addressed after physical needs have been consistently taken care of because sometimes the PPD will already start to subside or improve with those practical steps of caring for her physical body. Being patient and encouraging is important to remember (1 Thess 5:14). With the potential of feeling intense hatred towards her child, anger is usually closely lurking. Her anger could also be directed at her

husband. This could look like being short-tempered towards him, not wanting to listen to him, being annoyed when he is around, or choosing not to listen to what he has to say. Ultimately, anger is sin before the Lord and needs to be repented of. First this repentance needs to be before the Lord and then towards her husband. It is highly likely that husband and wife need to seek forgiveness from one another in their potential anger towards each other, impatience, lack of compassion, or lack of understanding. Forgiveness is guaranteed for those who are in Christ. There may be other sin involved, too. Encourage her in seeking the Lord and asking Him to search her heart as she is wrestling through many emotions (Ps 139:23-24). Truly walking in the light means confession of sin, not burying it deeper (1 Jn 1:7-9).

- v. These are all opportunities for the Lord to grow husband and wife closer together as they learn how to best love and serve one another in the midst of an intense trial. Following biblical commands will strengthen their individual faith, strengthen their marriage, and ultimately glorify God.

This is truly great hope!

2. Even though the mother is experiencing PPD, it is important that the husband helps his wife through this process. They are a one flesh union.
  - a. Wives have commands to obey the Lord regardless of the situation, but in this season there is an importance highlighted upon the husband which is what will be focused here.

- b. In 1 Pet 3:7 husbands specifically are commanded to live with their wives in an understanding way. Husband and wife are not merely roommates, but one flesh (Eph 5:30). Apart from Christ, there is no other union more significant. Even in the midst of having a child, the husband and wife should be mindful of how to best serve and care for one another. This is a unique season where the husband should be all the more diligent and attentive to his wife's needs. He has a significant role to play and to serve his wife to the best of his ability. She is physically recovering from labor and learning how to care for her newborn baby. If this is their first child, it may be added pressure as she is learning how to care for a baby. It cannot be assumed that the wife is the only one caring for the baby. This is a team effort. If the mother is not breastfeeding, then the father can help with the feedings. There are many ways he can serve both his wife and child. This could look like changing diapers, making dinner, or getting up during the night to bottle feed their newborn while the exhausted mother can sleep.
- c. In Eph 5:25-33 there are also commands for the husband to love his wife as Christ loved the church and to love his wife as his own body, cherishing her. This is constant, sacrificial love. There are no conditional clauses in this verse. It is a command to be obeyed despite any circumstance that arises. In order to nourish and cherish, there needs to be regular attentiveness and cultivation of love. Every wife is different, so the husband needs to learn what his wife likes and dislikes. This should be happening on a regular basis, regardless of whether there is a newborn child. However, it will be a learning curve for the both of them with her struggling with PPD. She may not know what she wants or needs help with. This

is all the more an opportunity for the husband to find ways to best serve his wife. Colossians 3:12 teaches all believers to have compassionate hearts, kindness, humility, and patience. He must constantly put on a heart of compassion towards his wife even if she is not treating him well. He needs to keep focused on the Lord and not on his circumstances. If the husband is pursuing these specific qualities in the midst of their suffering, it will greatly serve both him and his wife. This may take time and will most likely involve seeking forgiveness from one another when these qualities are not pursued. However, his heart should always be to love and nourish his wife, especially in this struggle through PPD. It is a sanctifying process for both of them.

## VI. Conclusion

- a. Postpartum depression can be a real struggle for many families. The world has many different forms of trying to help alleviate this pain. While their intentions may be good, as believers we know that our ultimate help and hope is from Christ. Suffering families must continue to trust in God and use the practical means of grace to work through this trial in a God-honoring way.
  - i. Taking care of our physical bodies through proper nutrition, rest, and exercise is honoring to God as we steward our bodies well.
  - ii. Taking care of the inner man by thinking and dwelling on truth will be crucial, too. Having other believers to walk with husband and wife through this struggle will serve them very well.
- b. Even with the unknown of a physical cause of depression, the believer has great hope. God Himself is the Creator of the heavens and the earth (Gen 1). God

Himself is the One who intricately created each individual in our mother's womb (Ps 139:13). He knows everything from the names of stars to each atom in our body. He knows exactly what is happening even when we do not. With God as our loving Creator, we all can rest assured in knowing He is the One who cares for us and gives us hope.

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