The Abrahamics on Depression

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The Abrahamic Religions on Depression: 
A Review of explanatory models at Western Michigan University

Rhyan Wengorovius
Abstract:

This study provides an understanding of the relationship between the Abrahamic religions and depression at Western Michigan University. It covers both causes and treatments from explanatory models of Christianity, Judaism and Islam. Interviews of clergy members from each religion (from the Kalamazoo, MI area) were conducted and analyzed. A large focus of the study regards aspects of each religion that provide protective factors from depression, beliefs on why depression occurs and treatment plans suggested for depressed individuals. Similarities and differences between the three religions are considered.

Introduction:

Research has shown that individuals that are religious suffer less from depression. This is because spirituality can act as a protective factor against symptoms, especially in the chronically ill population. Whether it be intrinsic or extrinsic religiosity, individuals that are involved in a religion experience less episodes and symptoms of depression (Pirutinsky, et al., 2011). It has even been found that individuals involved in religious practices may have physiological differences in the brain compared to non-religious individuals (Miller, et al., 2012). These brain chemistry changes may include increased serotonin levels which has been found to reduce depression.

It is not uncommon for people to seek mental health help from religious leaders. In fact, nearly a quarter of all Americans that receive help for a mental health problem, do so through a clergy member (Miller, et al., 2012). Religious leaders are involved with the treatment process, and since depression is often referred to as the ‘common cold’ of mental disorders, many of their cases deal with depression.

Religious professionals can be conceptualized as a ‘bridge’ between the religious population seeking depression treatment and physicians that can provide a biomedical approach to the disorder (Kramer, et al., 2007). The study of the interaction, explanatory models and suggested treatment by clergy members regarding depressed individuals, provides us with an understanding of religion and depression. This information can be further used to assist in the creation as well as the modification of religious and biomedical combined treatments for depression.

In this study, the relationship between Abrahamic religions and depression is assessed. The main focus being Christianity, Judaism, and Islam. It is important to note that the information covered in each religion does not touch on the exact same topics because the religions are different. Interviews of clerical members from each religion surrounding Western Michigan University were conducted and analyzed. Similarities and differences between each religion are discussed.

Protective Factors:

The protection received by followers of these three Abrahamic religions is broad and overarching. In terms of depression, protective factors can be defined as aspects of the religion that decrease individual’s episodes and/or symptoms of depression. These may include encouraging more physical activity, or to view things in a more positive and hopeful light. The symptoms caused by depression may be lessened by experiencing
social support from other members of the religion, believing that everything happens for a reason or, that God is simply testing you to make you a stronger person.

**Christianity:**

Out of the three major Abrahamic religions in Kalamazoo, Christianity is the most prominent. It has been reported by ministers across the United States that depression is one of their primary health concerns. In fact, individuals that are involved in a spiritual community are more likely to seek help when struggling with a mental illness compared to the general public (Miller, et al., 2012). A study conducted in 2012 regarding spirituality and protection from depression found that Christians who have a high personal importance of their religion have about one-tenth the risk of experiencing a recurrence of depression compared to others in the high-risk group with little or no personal importance of religion. Those in the high personal importance group also experienced a lower risk of developing depression in the first place. One interesting fact found in this study is that the act of attending church services was not found to be protective against depression. However, speaking to clergy in times of suffering may aid in preventing a bout of depression (Miller, et al., 2012).

In religion overall, those involved are less likely to experience depressive symptoms than individuals who are not religious or spiritual. In Christianity, it is common to have ministers that have been trained in the recognition of depression and the counseling of it as well (Kramer, et al., 2007). Having clerical training may provide protective factors by recognizing depression in early onset and treating it right away, rather than treating it when an individual is already experiencing several symptoms of depression. There are even studies that show the act of meditation (very similar to praying) creates the same brainwaves found in individuals healing from depression (Miller, et al., 2012). Other studies associate religious involvement with increased serotonin levels (Newberg, 2011). This data collectively supports the concept that Christians who are active in their faith/praying regularly may experience more protective factors.

Causes of depression in the Christian community are attributed more to social and physical aspects rather than spiritual ones. One study interviewed 12 ministers and only one of them made a connection between sinfulness and depression (Kramer, et al., 2007). The majority felt that depression was caused by social and moral stresses. Today, much stress is placed on the family, wealth and living up to one’s high expectations. Depression is known to be correlated with individuals experiencing high stress levels. It is also noted that a close connection to God can buffer depression in Christians. (Kramer, et al., 2007).

According to Christian clergy members, when individuals come to them seeking counseling from depression there are many forms of advice and treatments they give. These may include both secular and religious aspects. Some large churches are so involved with depression and mental illnesses that they employ a full-time therapist that can help treat members that are seeking help. A majority of Christian leaders have also been found to compare depression to any other physical ailment (Kramer, et al., 2007), no different than a sore throat or a sprained ankle. When it comes to treating these problems, a medical professional is needed. In churches that don’t employ a therapist,
they may know Christian therapists that they will refer out to. Spiritual aspects of treatments are used to ‘heal the soul’. They may include pastoral counseling, where the minister talks to the patient about faith, strength, coping mechanism and spirituality. It may be encouraged that the individual join a small group, biblical study, or attend sermons consisting of coping and suffering related topics. Some churches may have resources like retreats/weekend bible study trips that they may push the patient to attend. Another important aspect of treatment that ministers said they like to involve is the family. Strengthening the relationship with family and God is a common goal of ministers counseling depressed members of their church.

Overall the Christian beliefs regarding depression are the least attributed to spirituality out of the Abrahamic religions. Christian leaders seem to be the most secular in their practice with mental health. Although religious aspects of Christianity are implemented in counseling with depressed individuals, the cause of depression is not closely related to problems practicing Christianity, or viewed as a test of faith.

**Judaism:**

In Kalamazoo, Michigan the predominant Jewish population is non-orthodox. Orthodox Jews practice their religion with a large focus on beliefs, whereas non-orthodox Jews have an emphasis on religious social support. Non-orthodox practices provide people with easily accessible and effective social support. This support through religious affiliation aids in mediating depressive symptoms (Pirutinsky, et al., 2011). There are also parts of the religious belief itself that provide for a more positive and joyful lifestyle that contributes to lower rates of depression. For example, Jewish literature that emphasizes the importance of being positive is quite common: the Tehillim verse (100:2) “Serve God with joy. For man’s joy draws down for him an even greater and more enhanced measure of joy from above”, encourages living a joyful and positive lifestyle. (Bayes & Loewenthal, 2013).

In the literature review the rabbinic opinions of the cause of depression, two main causes were brought up: sin and stressors (Bayes & Loewenthal, 2013). Sin is viewed as personal failures, failure to follow the Jewish teachings, or failure to repent. Stressors are identified as societal stresses such as income or health. There is a combination of spiritual and societal causes of the disorder recognized by rabbis. A further contributor to depression according to Jewish teachings can be the fact that depression in its self can be seen as a sin (personal failure). The condition of being depressed can ultimately prevent an individual from fully serving God, or it can bring them closer to God. This concept can be summarized as follows: suffering (from sin and stressors) can cause depression or it can result in spiritual greatness. If an individual succumbs to the suffering and becomes depressed they have failed and have not yet reached this spiritual greatness. In contrast, the suffering is intended to awaken them spiritually, and bring them to a new level of spirituality. In another word: “the falling is for the sake of the rising” (Schindler, 1990)

Jewish recommended treatments for depression do include seeking help from mental health professionals, they also include some spiritual treatments. Since depression can be caused by a spiritual failure, one obvious cure can be to become more involved in the religion, or as (Bayes & Loewenthal, p. 855) refer to it, “personal
spiritual exertion”. Depression can be treated by repentance, prayer, salvation and gratitude (Bayes & Loewenthal, 2013). These acts can result in the same spiritual mastery that was just discussed. This exertion can also bring about more intrinsic religiosity, which in return, also protects a person from depression and can lessen the symptoms of a depressed person (Pirutinsky, et al., 2011). Cognitive and emotional treatments can be derived from repentance, prayer, salvation and gratitude. It is also found in many rabbinic teachings that reading psalms, praying and going for walks/exercising, aids in depressive symptoms (Bayes & Loewenthal, 2013).

Overall the Jewish paradigm of depression is that suffering that leads to depression is a calling to enhance one’s spirituality. An individual can allow themselves to suffer from depression, or they can spiritually strengthen themselves and overcome the suffering. If someone is depressed, many kinds of treatment are recommended including seeking medical assistance, spiritual exertion, emotional/behavioral changes, and physical activities. The main spiritual treatment being spiritual exertion, which includes prayer, reading, religious community involvement and repentance.

Islam:

The Abrahamic religion of Islam provides the most complex explanatory model of depression. There are multiple interpretations, but one common theme is that doctors are meant to heal the body and spiritual leaders are meant to heal the soul. Similar to the Jewish interpretation, depression can be seen as a test from God. Some affected individuals may experience protective factors just by knowing God it is testing them, and the struggle is meant to make them stronger. Muslims that are highly active in their Mosque have more communal support, which can act as a depression protective factor simply by extrinsic religiosity.

There are also writings about possession by Jinn or the evil eye being responsible for ailments (Keshet & Popper-Giveon, 2013) and failures in practicing religion causing depression (Alemi, Weller, Montgomery, & James, 2016). In these documents, mental health problems could be attributed to poorly following the rules of Islam, or having transgressed morals. This would allow an individual to become susceptible to possession by a Jinn or the evil eye. These beliefs may protect individuals, in a way where they will follow Islam more to avoid any type of possession. However, these beliefs may also create a negative stigma relating being depressed to being a poor follower of Islam or having poor morals.

The possession by Jinn or a Demon is a common theme. Patients can become susceptible to possession by not following Islam closely or correctly. A Jinn is explained as a supernatural being living amongst us, they are also capable of entering and influencing a human. Possessions by demons are possible as well, but Jinn is the most commonly observed type. When someone is possessed by Jinn or a Demon, their body and mind are changed and they seem to be in an altered state of mind. This is related to depression because a depressed individual can be conceptualized as 'not being their normal self'. There is also the topic of the evil eye, this occurs when another person, normally unknowingly, gives an individual a glance out of jealousy. Having the evil eye is like having a period of bad luck, which could lead to depression. The evil eye will stay with you until a healer treats you for it and removes it.
In Islam the theme of Prophetic Medicine greatly molds the explanatory model of depression. Prophetic medicine is the use of advice and teaching from the Prophet Muhammad regarding health and wellness and how to treat many ailments, it closely links the religion to health. Prophetic medicine is the basis for the theme in Islam that everything necessary to take care of the body had been provided to Muslims though their religion (Nagamia, 2003). This is a major reason why depression is treated today with the use of Islamic medicine techniques.

Many Muslims seek help from their religious leaders, and treatments commonly include the use of traditional medicine (TM), (Walpole, McMillan, House, Cottrell, & Mir, 2012). Islamic healers have been known to encourage faithful practices such as repenting and praying more. When an individual goes to an Islamic healer, diagnosis of mental illnesses may be done using the Qur’an, other times they may incorporate the use of the patients' belongings, palm readings, using oils or by placing the healers hands on the body (Keshet & Popper-Giveon, 2013). There are also beliefs that the act of being cleansed will remove Jinn from the body because cleanliness is linked to spiritual purity. The most common TM practice is that of reciting the Qur’an and using written verses from it. Healers will say words over patients. In certain cases, non-Muslim therapists may provide treatment so that the patient doesn’t feel they are being judged according to Islamic beliefs about depression being caused by lack of faith or prayer. Treatment overall has been found to include both secular and traditional aspects.

**Methods:**

The goal of this study was to understand the explanatory models that are available to Western Michigan University students living on or around the Main Campus. Three religious leaders were chosen based on the location of their place of worship, those closest to or on campus were selected. The individuals were contacted via email explaining the purpose of the study and how the interview would be conducted. Their participation was completely voluntary. The interviews were conducted in a semi-structured manner with open ended questions. Interview questions can be found in the appendix. Interviews were recorded using Apple QuickTime Player, and then transcribed manually. The transcripts were qualitatively analyzed using thematic coding. Themes were recognized analyzed and compared across the religions. It is necessary to note that the Christian denomination was Presbyterian USA, the Jewish denomination was Nonorthodox and the Islam denomination was Sunni.

**Results:**

Through the process of thematic coding five major themes were recognized with one sub-theme in Islam. The themes are prevalence, recognition, causes, treatments and protection with the sub-theme being types of depression in Islam. It is important to note that this sample size of interviews was so small that these are not generalizable findings. These results certainly cannot be applied to all forms of each religion, they are simply meant to show a bit of the explanatory models around Western Michigan University.

**Prevalence of Depression:**
The first theme of prevalence provides an overview of how often religious leaders in this area deal with depression. The most common of the three religions to have individuals coming to them seeking help is certainly Christianity. This could very easily be attributed to the churches location being in the middle of campus. The Reverend said that when people seek help, they don’t come and directly say that they need help with depression. Instead, it is more along the lines of people coming with all these problems that collectively she may recognize to be depression. The Rabbi explains that he does see people, but not too often. He thinks that now a days there are so many different ways that people can seek help for depression. These different options, such as counseling services, support groups and online help may be contributing to why the Rabbi doesn’t have lots of people seeking guidance. The least prevalent religion that advises depressed people is Islam. The Imam estimated that in his 15 years of practicing in this area, he has counseled around 15 different individuals. He attributes this to strong protective factors in Islam which will be further explored in the that theme. Overall the prevalence of dealing with depression near this university is highest in Christianity, then Judaism and the lowest with Islam.

Figure 1 Locations of Church (C), Mosque (M) and Synagogue (S):

Recognition of Depression:
The theme of recognition shows some differences across the religions, regarding how the religious leaders recognize signs of depression in people. In Christianity the recognition is mostly based on symptoms associated with clinical depression. These are the most like textbook medical diagnosis. The Reverend brought up things such as not being motivated, exhaustion and fatigue, spending lots of time in bed, missing class, low affect, a feeling of hopelessness and not experiencing joy in activities that previously brought joy. Judaism had a similar view as Christianity in that they acknowledged that depression has physical attributions, but placed more emphasis on social and mental aspects. These include being directionless or not having meaning in life. In this theme, Judaism and Christianity are the most alike, they both recognize depression from a medical view but also can recognize it by having trouble seeing meaning in life. Christianity places a greater emphasis on the physical whereas Judaism emphasizes more the social and mental attributes. Islam on the other hand tries not to recognize depression as a physical or medical problem. Although it is occasionally viewed as a medical problem, for the most part it is perceived as a spiritual issue. Across the three religions, there are major differences.

Causes of Depression:

One of the most important themes is the cause of depression. Beginning with Christianity, it was described that there are many things that can cause depression. Many times, it is caused by situations that people find themselves in. These can be anything from going through a break up with a significant other, or having trouble with classes at the university. These situations can be summarized as things that cause stress in a person’s life. At the same time, depression is also caused by an imbalance in your chemical makeup. In Judaism, the Rabbi explained that depression can be caused by simply being on the wrong path in life. Uncertainty in what you should do with your life, not having enough direction, and the hassles of modern life, all of these troubles can lead to depression. They cause stress in a life which can build up and manifest into something more if not properly managed. The Rabbi also brings up chemical imbalances in the body and brain. Lastly in Islam, the Imam also attributes depression to stressful situations in life. These were described as life happenings, but these life happenings can cause depression easier if an individual is straying from or losing their faith and practices of religion. If someone is partaking in sinful activities, for example drinking or having sexual partners before marriage, they are more prone to developing depression. Just like Christianity and Judaism, Islam also brought up how depression can be caused by chemical imbalances. Unlike the other religions, the Imam brought up that these chemical imbalances are caused from something in your life. They can be caused from going through a pregnancy, maybe taking certain kinds of medication, or possibly drugs and alcohol. In Christianity this connection between chemical imbalance and drugs was not made, Judaism mentioned that drinking can contribute to the cause and Islam was the most specific in what chemical or hormonal imbalances can stem from. Overall all 3 religions believe that stressful life situations can contribute to depression. The Imam most specifically said that straying from the faith can cause depression, but the Reverend did bring up that there are other denominations of Christianity that can attribute depression to not following the faith correctly.
Figure 2 Selected Quotes on Causes of Depression:

<table>
<thead>
<tr>
<th>Religion</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>“Generally speaking as a Presbyterian I understand depression as something that is physiological. It can be caused I think sometimes temporarily by circumstances like stressors in a person’s life. But if were talking about clinical depression it is due to physiology, your chemical makeup.”</td>
</tr>
<tr>
<td>Judaism</td>
<td>“A lot of people have trouble in their lives because they don’t know what to do with themselves, they don’t have direction in their lives, they’re busy. What’s it all about? What’s it all for? So to this day you can see a lot of people that can be very depressed. You’re running around in this rat race, you work all the time, you’re always in competition with other people. The hassles of modern life, at a certain point almost everybody says, “What am I doing?” There’s only so far entertainment can take you, only so many games of golf you can play before you begin to say is there something else?...Jews also recognize that there are some forms of depression that are due to some type of chemical imbalance in the body and the brain.”</td>
</tr>
<tr>
<td>Islam</td>
<td>“One kind is related and triggered by certain situations, such as death, personal losses, financial stressors, trauma or marital discord. Another kind is purely biological.”</td>
</tr>
</tbody>
</table>

Types of Depression in Islam:

One very prominent theme that appeared in the Imam’s interview is the idea that there are two different types of depression. This was the only religious leader to differentiate and delve into this topic. The first type is situational. Situational depression is caused by unfavorable circumstances that people find themselves in across their lifetime. These situations can be things like the death of a loved one, an illness, losing a job, financial stress, marital discord, family troubles or relationships. Situational depression does not last long because once the problem is resolved, or the stress is relieved the depression will go away. This type of depression is also treated spiritually, as it is not a physiological issue. Overall this is the most common type of depression recognized in Islam.

The other type of depression is biological depression, which is less often recognized. This is the type that is due to chemical imbalances in the body. These imbalances can stem from certain types of medications, substance use and abuse, hormonal imbalances due to a pregnancy, or even bipolar disorder. It is described as being purely biological. When people come to an imam seeking depression treatment and an imam determines that they are struggling with a biological depression, the faith will push them to seek medical attention regarding the problem. Imams encourage seeking medical attention if they deem that a person is struggling with this type of depression. It’s also common to incorporate traditional and spiritual medicine into treatment, but it is acknowledged that biological depression is rarely resolved with spiritual factors alone.
Protective Factors from Depression:

Perhaps the most important of the themes recognized is the differences in protective factors across the three religions. These differences can help explain why the religions have differing views regarding some of the other themes. In Christianity, the Reverend explained that one of the most important things that humans need is to be understood, and to be cared for. People just feel better when they are involved in a place where they are social and have relationships with one another. When you are involved with this community of faith in which you know that others care about you and that you are welcomed, you feel better. The Reverend explained that when people take care of themselves in this social way, their heads are better, they have a support system that they can fall back on if necessary. Having this social strength that a religious community provides can help to give your life purpose which is extremely valuable. Another important protective factor brought up in Christianity is praying. The process of praying still our bodies and minds, while we try to connect with a power higher than ourselves. The Reverend explained that people have physiological responses to praying, their heart rate slows, their breathing slows, and according to Miller in 2012, serotine levels can even increase. Praying can still our minds and souls and there is something about that that heal us.

In Judaism the Hasidic movement was brought up regarding protective factors. Hasidism is a large part of Judaism in which a large emphasis on physical and mental health was placed. When this great importance of health is incorporated into the religion it pushes people to take better care of themselves. The Rabbi explained that “The physical body is like a gift from God as well as the soul…your body is sort of on loan from God so you have an obligation to take care of it.” In nearly every religion, Judaism included, it is important to serve God and the Rabbi explained that you can’t fully serve God if you are weak or depressed. Because of that, we must take the best possible care of our bodies and minds in all aspects. Judaism advised us to stay physically, mentally and socially health. The Rabbi also explained that if there is a medication that will make your mind feel better, then you should take that medication because it’s your job to be healthy. Overall living a good lifestyle in all the senses is important for your health along with orienting your life towards something greater than yourself. This orientation can provide you with a life purpose which is also very important to mental health.

Islamic protective factors are taught to Muslims through life. There are many forms of traditional medicine and prayers used to keep individuals safe, happy and healthy. These practices provide protection from the situational type of depression rather than the biological. An important part of Islamic teachings is the concept that everything that happens in the worlds happens under the influence and knowledge of God. Therefore, if something bad or stressful is happening in your life, God is aware of your suffering and if you fully believe and trust him he will reward you for your endurance. The most unique protective factor in this religion is the use of traditional medicine techniques. The Imam explained that almost any problem a person could have can be fixed with different verses in the Quran. The Imam said that “as Muslims grow up they are taught so many things to take care of their health. Feeling scared? Take this. Feeling Anxious? Take this. Read this verse of the Quran and rub it on your chest. Close your eyes, relax and pray.” It is these practices that provide Muslims with
protection from depressive factors. Because Muslims are taught to use these techniques from a young age, they are already taking care of themselves spiritually when they experience a problem, and even before a problem arises. These protective factors play a great role in Muslims experiencing depression less and may be a reason why the Imam rarely has people coming to him seeking help with depression.

Treatment of Depression:
Across all three religions, using medical treatments is encouraged if an individual is suffering from depression severe enough to benefit from this. It is up to the religious leader to ask questions to determine what type of treatment they would benefit most from. One important characteristic of treatment includes that the individual understands their meaning in life. This was prevalent across all three religions, where the religious leader explained that they would help them find this meaning as a treatment.

The Reverend explained that in her Christian denomination, the most important treatment she can give is good listening. She said that “being listened to well is so close to the feeling of being loved that maybe it’s the same thing. The idea being that when we feel heard or when we feel that someone’s really carefully listened to us, that that’s a way of feeling loved. So I feel that’s my main gift that I can give.” It is this listening and caring that a Christian religious leader can provide to try and help with the depression. The Reverend explained that when helping someone with depression she would listen to them over the course of a few meetings, hear them out, help to determine what their problem is and if the individual’s depression seems serious enough she would refer them on to counseling services on campus. At the same time she may encourage the individual to get involved with some campus organizations so they can have a stronger social network, or help them to find some deeper meaning in their life. Counseling services then could provide them with a psychologist or a psychiatrist that may further help.

The Jewish treatment suggestions were extremely similar to the Christian ones. The Rabbi stressed that if there is any chance that going to a medical doctor may benefit someone’s mental health, then they should go. This attitude stems from Hasidism, because it is necessary to take care of your body in all aspects including your mental health. Other common Jewish treatments include listening to the individual to further understand the root of the depression. If the depression is due to some stress in life, then perhaps the Rabbi can offer advice on how to handle that stressful situation. Overall the best treatment is to find some substance and direction in life and to orient your life toward God.

Islam provides the most religious aspect of treatment for depression and this can be understood when you consider how Islam conceptualizes depression. Islam for the most part views depression as a spiritual problem, so accordingly spiritual treatments can be used to heal depression. The most common type of depression, which is situational, is the one that can develop if someone is lacking in a spiritual aspect of their life. For this depression, the Imam may stress that the person should get more involved religiously, perhaps try to find some meaning in their life. They might want to say healing prayers or have others say healing prayers over them. The Imam may recommend certain verses of the Quran be read, or for the person to go visit a
respected elder, mystic or healer to help. If the depression is the biological type, then the Imam may include all aspects of the spiritual treatments but also press the person to go see a psychiatrist and consider medication options.

One interesting finding regarding treatments is that all three interviews included some aspect of helping the depressed individual to find meaning or purpose in their life. These findings go a long with a systematic review previously conducted which found that 93% (42 of 45) of research analyzed regarding religiosity and spirituality were linked with having meaning or purpose in life (Bonelli, Dew, Koenig, Rosmarin, & Vasegh, 2012).

**Discussion:**

The three interviews did have some similarities and differences when compared to their literature reviews. The Christian interview was the most like its literature review. Both the review and the interview included the religious leader commonly encountering depression. It can be recognized by medical diagnosis and some social aspects like not knowing what to do with your life. Depression can be caused by stressful life situations that people find themselves in. It can also be caused by a person’s physiological makeup, making them more prone to developing the illness. The Reverend even mentioned a study similar to the one by Newberg in 2011 regarding praying and the impact it has on brain chemistry. Praying is certainly a protective factor. The interview also stressed that having a strong social support system is healthy for a mind. The low prevalence for depression in this religion can be attributed to the social networking within the faith community. Having people care about each other, being involved in similar activities and simply having healthy and positive relationship with other members of the church is a large protective factor associated with Christianity. Treatments associated with this religion are consistent with the literature as well. The two important factors of Christian treatments are pastoral counseling and referring to therapy. One large aspect of pastoral counseling is simply listening to the person. When a leader can listen well to a person it reminds them that they are cared for, they are important and that they are loved. Referring to therapy is the secular aspect of the treatment, literature states that may churches have therapists employed or have therapists that they commonly refer to and this Reverend refers to counseling services on the WMU campus. Essentially Christianity is the religion that most incorporates secular aspects to their conceptualization of depression.

Judaism showed more differences between their literature review and the interview. The Rabbi does not have as many people coming to him as the literature predicted. He believes the reason for this is that there are many different options to help with depression. Being near a campus, many students are knowledgeable in managing their mental health, they have online resources and free counseling services. The literature attributed the cause of depression to two main things: sin and stressors, whereas the interview did not include sin as a cause for depression. Instead, the Rabbi explained that if someone is depressed, it is not that they are a bad person or living with sin, rather they are on the wrong path in life. In the literature, protective factors included living a positive and healthy lifestyle and following the religion. The Rabbi was consistent with this elaborating on the healthy lifestyle stemming from Hasidism. The concept that suffering through depression is meant to spiritually strengthen an
individual, was not mentioned in the interview. However this specific topic was not asked in the questions so it cannot be determined if this belief is present. Treatments in Judaism according to the literature include spiritual exertion and improving all aspects of health. Spiritual exertion was not brought up in the interview, instead the Rabbi stressed finding direction in life, having a meaningful purpose. He also included that if there’s a chance that pharmaceuticals or medical therapy may help, then the person should pursue these options.

The Islamic literature and the interview had multiple differences but some similarities. One thing that was similar was the idea that doctors are meant to heal the body and religious leaders are meant to heal the soul. This is perhaps why the Imam defined the two types of depression; situational and biological. Situational depression is healed by the religion whereas biological depression should be healed by a doctor. In the interview depression was never explained as being caused by a Jinn or Demon. It is caused by unfortunate circumstances a person may find themselves in, failing to keep faith or by physiological responses to drugs or a pregnancy. Out of the three interviews, the Imam seemed to deal with depression the least, this could be attributed to Muslims having multiple forms of protective factors. This protection is placed upon children as they grow up. When they are adults and taking care of themselves, they are able to manage depression before it develops to a severity where they would need to seek help. The protective factors include healing prayers that are said over people, reciting verses of the Qur’an and the knowledge that everything that is happening is under God’s will and control. If depression does manifest treatments include increasing these protective factors, trying to eliminate or reduce the sin in their lives, and being focused on God. Just like the other religions, if the depression seems that it may be resolved by medical doctors, it is encouraged to seek help in that way.

The greatest similarity across all three religions is the aspect of having meaning in life. This topic was brought up in all three interviews, and is supportive of previous research done (Bonelli, Dew, Koenig, Rosmarin, & Vasegh, 2012). Having meaning in life may account towards multiple themes. It may even be the protective factor that is most responsible for less depressive episodes across the Abrahamic religions. It may also be a goal, to find meaning in life, when trying to treat depression.

Conclusion:

This study served to provide an example of the Christian, Jewish and Islamic explanatory models regarding depression at Western Michigan University. Understanding how different religions think about depression, is valuable knowledge for anyone to know. Especially, when you consider that a quarter of the depressed population will seek help from clergy members (Miller, et al., 2012). That is a substantial portion of this population. The themes recognized in this study include prevalence, recognition, causes, treatments, protective factors and different types of depression in Islam. Findings of this study show that the three religions are very similar, they all have aspects to them that help protect people from depression, they all recognize depression in a similar way, they all have treatments specific for depression and they all ultimately want to help they just do so in different ways. There is a trend across the religions where Christianity has the most secular approach, Judaism is in-between but more secular than religious and then Islam has the most religious view of
depression. One of the most important findings was that across all three religions the clergy members brought up meaning in life as a treatment. Helping the depressed person to understand the meaning of their life is essential to treating depression with the Abrahamic religions.

Appendix

Interview Questions:

1. How does Christianity/Judaism/Islam recognize depression? And how often do you find yourself helping people with it?
2. Based on Christianity/Judaism/Islam, what contributes to the development of depression?
3. People involved in religion are found to experience protective factors against depression, what aspects (if any) of Christianity/Judaism/Islam do you think may provide these protective factors?
4. When individuals come to you seeking guidance with depression, what are some common treatments you suggest? Could you give me a summary of the advice you might give?
5. Are there any main religious themes that you can relate to the overall conceptualization of depression?
Date: January 12, 2017

To: Cynthia Visscher, Principal Investigator
    Rhyan Wengorovius, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair

Re: Approval not needed for HSIRB Project Number 17-01-11

This letter will serve as confirmation that your project titled “The Abrahamic on Depression” has been reviewed by the Human Subjects Institutional Review Board (HSIRB). Based on that review, the HSIRB has determined that approval is not required for you to conduct this project because you are not collecting personal identifiable (private) information about individual and your scope of work does not meet the Federal definition of human subject.

45 CFR 46.102 (f) Human Subject

(f) Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains

(1) Data through intervention or interaction with the individual, or
(2) Identifiable private information.

Intervention includes both physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes. Interaction includes communication or interpersonal contact between investigator and subject. Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

“About whom” – a human subject research project requires the data received from the living individual to be about the person.

Thank you for your concerns about protecting the rights and welfare of human subjects.

A copy of your protocol and a copy of this letter will be maintained in the HSIRB files.
Bibliography


