Homosexuality and Clinical Depression

By Tim Wilkins

(The following has been adapted from a seminar Wilkins has taught. It has not been fully rewritten in article format.)

Preface: I am not an expert on clinical depression nor am I a medical doctor; however I am an ex-gay who has experienced the depression of which I write. Symptoms of depression are often accompanied by spiritual/demonic thoughts. It is common for many depressed persons to voice a preoccupation with God, the Devil and demons; some Christians will relentlessly question their salvation. Thus, families/friends of depressives often believe the depression has no physiological basis and thus, may be reluctant to seek medical help for the sufferer. While sin can and does trigger depression, I believe some depression has a biological component. I also suspect that when the brain (an organ of the body just like the liver, lungs, kidneys—all of which have been adversely affected by sin) is not functioning properly, it may become vulnerable to outside influence. Just as an untreated cut is susceptible to an opportunistic infection, it may be that untreated depression opens the mind to demonic activity. (See John 8:44; 2 Cor 11:3; 2 Cor 4:4) While all sin has a demonic element, I see no biblical basis for what some call a “demon of homosexuality”.

Evidence of a Link between Homosexuality and Clinical Depression

When speaking of clinical depression, I am not talking about the blues, moodiness or being down in the dumps; clinical depression is a medical condition.

I am not suggesting that all homosexuals are depressed, nor am I suggesting that all clinically depressed persons are homosexual.
I will not attempt to answer the age-old question, "which came first, homosexuality or depression?" Homosexual behavior (or any sinful behavior) can trigger depression. However, depression can precede homosexual behavior. Former Olympic diver Greg Louganis, who is gay, writes in his autobiography- *Breaking the Surface*, that as a preteen he thought of killing himself and first attempted suicide at age twelve. “I played negative messages over and over again in my head” he writes. In clinical terms this behavior is called obsessive ruminating. My focus is not on which came first, but how to recognize clinical depression and offer help.

Matthew Shepard was the young gay man who was tragically killed a few years ago. *Newsweek* magazine (Dec. 21, 1998) quoted some of Shepard's friends who believed Matthew was depressed and on antidepressant medication. Shephard's parents confirmed this in a subsequent TV news magazine interview.

Mel White, a former ghost writer for several prominent evangelicals, subsequently declared his homosexuality and left his wife for a man. In his book, *Stranger at the Gate*, White writes he had suicidal thoughts as a teenager and was moody. When White resigned as senior pastor of Covenant Church in Pasadena, he told his parishioners he "wanted to make films and write full-time. It wasn't true. In fact, by 1977, I was teetering on the edge of a complete nervous breakdown. I had held my homosexuality in check for twenty-five years."

In Charles Socarides- *Beyond Sexual Freedom*, he writes “37% of Harvard-Radcliffe student suicide attempts between 1963 and 1967 were made by individuals severely disturbed by homosexual conflicts.” “In another study of 1,000 black and white homosexual young adults, the black homosexuals were twelve times more likely than their heterosexual peers to report thoughts of suicide. The white gay males studied had a three-times greater likelihood of suicidal ideation.”

In *The Juvenile Homosexual Experience*, Robert Ollendorff documents case histories of depression associated with homosexuality. A 29-year-old single male homosexual-- referred to a clinic with severe depression; antidepressive medication helped. A 55-year-old married, but homosexual male with "prolonged depression" and "acute mania" had to be hospitalized. A 17-year-old single homosexual male was referred to clinic as "classically depressed."

In the first chapter of Edmund Bergler's *Homosexuality: Disease or Way of Life?*, he lists ten factors of the male homosexual. Number seven includes "Inner Depression."
In his book *Reparative Therapy of Male Homosexuality*, Dr. Joseph Nicolosi mentions depression on numerous occasions among his homosexual clients.

In *Straight & Narrow?* Thomas Schmidt writes "there is overwhelming evidence that certain mental disorders occur with much higher frequency among homosexuals. The most thoroughly documented problems are alcohol and drug abuse disorders, depression and suicide."

Arno Karlen writes in *Sexuality and Homosexuality* "Almost everyone who has written about homosexuality speaks of higher-than-average rates of depression and suicide among them."

Studies show that among the general male population, about 3% experience depression. When narrowing the group to gay men only, the prevalence of depression jumps to almost 40%. (Brochure-- When Passions are Confused by Jeff Olson)

A line from the play The Boys in the Band says "Show me a happy homosexual and I'll show you a gay corpse."

**Other Causes of Clinical Depression**

These include genetic predisposition, postpartum depression, and trauma to the brain. Another cause of depression is Seasonal Affective Disorder (SAD). The lack of sunlight during the winter months can trigger a depressive mood.

Depression may occur as a secondary problem. Thyroid conditions, diabetes, malfunctioning endocrine glands, multiple sclerosis, stroke and brain tumor can cause depression.

The brain houses a complex neurotransmission system; in that system are 10 to 15 chemicals that transfer signals from nerve cell to nerve cell. If those chemicals are of insufficient amounts,
depression may develop.

**Myths and Stigmas Associated with Clinical Depression**

A diabetic is a person whose pancreas does not produce sufficient insulin; without insulin the diabetic will die.

A person with a malfunctioning thyroid must take medication. A cancer patient needs treatment - surgery, radiation, chemotherapy or it will spread. In the same way, a clinically depressed person may need medication and/or counseling.

Some of the myths associated with clinical depression include "depression is a result of sin in your life." While this can be true, it is not always true. "Depression is a result of being out of fellowship with God." This myth flies in the face of some of God’s greatest men and women - missionary David Brainerd, preachers Charles Spurgeon, John Wesley, and Martin Luther, writer Amy Carmichael, evangelists Freddie Gage and Ron Dunn, and writer/speaker Joni Eareckson Tada.

Other myths are "depression is no more than a character flaw", "you're just plain lazy"; "if you were Spirit-filled, you wouldn't be depressed"; "you just have a weak personality", and friends ask, "why don't they just snap out of it?"

It does no good to lecture the depressed person or urge her to "pull yourself together." Depression is an illness and requires medical care.

The stigmas associated with clinical depression rival those associated with homosexuality. Actor Michael Caine has an older brother with mental illness; the parents had the son institutionalized and concealed his existence to Michael for more than fifty years. Rosemary Kennedy is the sister of John, Robert, and Edward Kennedy. Their father Joseph Kennedy fabricated the story that Rosemary was mentally retarded when in fact she suffers from depression.
Prominent Persons Experiencing Clinical Depression

Biblical persons suffering from varying degrees of depression (I am not saying these were "clinically" depressed) include Moses, Job, and David who wrote "Why art thou cast down oh my soul?" King Saul and Jonah experienced depression. The prophet Elijah lay down under a juniper bush and prayed to die. And how could we forget the weeping prophet Jeremiah?

Historical persons include artist Vincent Van Gogh, and writers Edgar Allan Poe, Robert Lowell, Anne Sexton, and Ernest Hemingway. At age 17, Napoleon wrote, "Always alone in the midst of people, I return home in order to give myself up, with unspeakable melancholy, to my dreams. How do I regard life today? I give way to thoughts of death."

Others include Winston Churchill who referred to his depression as his "little black dog." Composers Robert Schumann, Hector Berlioz, George Frederic Handel suffered from depression. The words "There is a fountain filled with blood, drawn from Immanuel's veins" were written by British hymnist William Cowper who made several suicide attempts. Add to this list President Theodore Roosevelt and writer Leo Tolstoy.

Writer F. Scott Fitzgerald wrote "In a real dark night of the soul, it is always 3:00 in the morning." Then there is Virginia Woolf, Tipper Gore, Vincent Foster, Kitty Dukakis, and CBS News Correspondent Mike Wallace. Writer William Styron chronicles his dark depression in the book *Darkness Visible: A Memoir of Madness.*

TV celebrity Dick Cavett says "What's really diabolical about it is that if there were a pill over there, 10 feet from me, that you could guarantee would lift me out of it, it would be too much trouble to go get it." The second man to set foot on the moon, Edwin "Buzz" Aldrin Jr, experienced depression.

Former professional golfer Bert Yancey was a victim of depression. In 1975, convinced that he and Howard Hughes were going to meet at La Guardia Airport in New York and devise a cure for cancer, he climbed scaffolding at the airport and shouted for Hughes. He told the psychiatrist who came to his aid that he had discovered the center of the earth under a penny at
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Niagara Falls. He was diagnosed with manic-depression, also known as bi-polar disorder.

Who are some known homosexuals with depression? Truman Capote. Tennessee Williams struggled with homosexuality and depression much of his life. Former FBI director J. Edgar Hoover was homosexual and depressed. He experienced “emotional turmoil all of adult life”, saw a psychiatrist most of adult life, and had serious psychiatric problems. The actor Montgomery Clift was gay and suffered from depression.

Openly gay Andrew Tobias, in his book *The Best Little Boy in the World* talks about a "cosmic depression" from which he suffered.

**Differences Between Unipolar Depression And Bipolar Condition**

Robert Burton in his 1621 book *Anatomy of Melancholy* wrote of those suffering from depression, "They are in great pain and horror of mind, distraction of soul, restless, full of continual fears, cares, torment, anxieties" Depression was first identified and recognized in the 4th century BC by Hippocrates, the father of medicine. He called it "melancholia."

The person suffering from Unipolar Depression typically remains in a depressed state versus alternating highs and lows which characterize bi-polar condition.

William Styron writes "Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self--to the mediating intellect--as to verge close to being beyond description. It thus remains nearly incomprehensible to those who have not experienced it in its extreme mode, although the gloom, “the blues” which people go through occasionally and associate with the general hassle of everyday existence are of such prevalence that they do give many individuals a hint of the illness in its catastrophic form." In another place he describes it as an "unfocused dread" a "suffocating gloom." "To most of those who have experienced it, the horror of depression is so overwhelming as to be quite beyond description."

The other major form of depression is called manic depression or bipolar condition. The prefix "bi" means two, thus a person with a bipolar condition alternates from extreme highs (mania) to

Symptoms of Unipolar Depression include: inability to concentrate or make decisions, often so disabling that its victims cannot get help on their own; physical symptoms that do not respond to treatment, i.e. headaches, digestive problems and chronic pain; insomnia or excessive sleep; extreme fatigue; marked personality change; low self esteem; sudden changes in weight; suicidal ideation; crying spells; sadness; difficulty in thinking; anxiety and/or agitation; delusional thinking often accompanying psychotic depression; feelings of guilt, hopelessness and worthlessness; prolonged loss of interest in home, work and personal appearance; loss of interest in sex; obsessive ruminating.

Symptoms of Bipolar Condition include the same symptoms listed above when the person is in a depressed mood. When in a state of mania, symptoms include: marked increase in social and sometimes sexual activity; ability to go long periods with little or no sleep; almost limitless energy level. Ernest Hemingway, in a manic state, once went forty-two consecutive days with only 2 hours of sleep a night. Other symptoms of mania include: rapid speech, sometimes punctuated with puns and jokes; grandiose ideas/inflated self-esteem; and impulsive behavior. Dr. Fieve writes of a man in a manic state who was so jubilant he threw $100 bills out of his car window.

**Treatment of Clinical Depression**

The first thing to do is get the depressive to a medical professional immediately. (Psychiatrist or family doctor) Treatments may include professional counseling/psychotherapy. If the condition is moderate to severe, medication can often help. Greg Louganis writes "I was put on an antidepressant. …After a few weeks, the depression began to lift…There was--and is--plenty to deal with in therapy, but at least I'm no longer overwhelmed by incredibly dark and paralyzing moods." The number of antidepressant medications has grown with medical research. I am aware that many persons subscribe to that widely-held belief that psychiatry is the devil’s medicine. I do not.

In cases where suicide is a concern or the depressive may be a threat to others, hospitalization may be needed. An emotionally erratic person who refuses hospitalization may need involuntary commitment.
While other forms of treatment may include exercise, diet, counseling, these are not an alternative for medical intervention, or a combination of the above.

Once the clinically depressed homosexual is receiving medical treatment, he can begin dealing effectively with his unwanted same-sex attractions. Even if the homosexual has no desire to leave homosexuality, we must intervene when medical help is required. Alleviating the depression may well provide the motivation to leave homosexuality.