Case Study: Christian Refusal of Antidepressants

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A psychiatrist reviewed a patient’s intake form prior to their first session. The intake form indicated that that patient was a thirty-seven-year-old man who lived with his spouse and two children. The patient identified as a Pentecostal Christian and had recently moved from Florida to the Pacific Northwest.

The patient shared that he had been experiencing low levels of energy and had been spending greater amounts of time in bed than usual. After an unremarkable medical work-up, his primary care provider referred him to a psychiatrist for treatment.

The psychiatrist diagnosed the patient with situational depression likely brought about by his relocation and separation from family in Florida. The psychiatrist recommended that the patient start an antidepressant to ease the adjustment with the hopes that the depression would subside as he adjusted and acquainted himself with his new community. The patient expressed concern around ingesting a pill every day to make his “problems go away.” The patient shared that he relied on his “relationship with Jesus” to navigate his personal struggles and said: “Jesus is my antidepressant.”

He requested recommendations for non-pharmacological interventions to treat his depression.

Reflection:

Could an understanding of the patient’s spiritual/religious values help the provider to better support him in his treatment? Why or why not?

Why might the patient have some reservations about anti-depressants? How might his reservations relate to his religious beliefs?

How could the provider respectfully explore the patient’s concerns around antidepressants?

Additional Resources:

