Examining Elijah's Trauma-induced Depression – Implications for Addressing Mental Illness in 2025

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Abstract

Research has shown that there are several determinants of mental health including genetic predisposition for mental illness; physical illness; social factors such as socio-economic status, education level, discrimination and marginalization; and traumatic experiences. For traumatic experiences, the most common mental illnesses are post-traumatic stress disorder (PTSD), anxiety, and depression.

The trauma Elijah experienced with the Mt. Carmel events and the consequent death threat from Queen Jezebel caused the prophet to run for his life, become despondent, and ask the Lord to take his life.

While there is not enough information in the Biblical record to diagnose PTSD or anxiety, Elijah clearly has depressive symptoms by modern psychiatric criteria. While many commentators fail to acknowledge Elijah's mental health challenges, some do acknowledge his despondency, but frequently in a stigmatized way, charging him with cowardice, self-centeredness, and faithlessness. This is congruent with how mental illness is viewed in a number of current religious communities. Surveys have shown that some of these communities also stigmatize mental illness. This may be especially true for individuals with fundamentalist leanings.

In this paper I will review how the Lord interacted with Elijah in a supportive way, even though he was clearly not doing what God had intended. I will also describe research in other aspects of Elijah's experience (exercise, sleep, diet, being alone, sun exposure, being out in nature, having purpose in life) and detail how each could have improved or worsened his depression. Insights into Elijah's trauma-induced mental health journey helps us to better understand and address mental illness in 2025.

Determinants of Mental Health

Just as there are many factors affecting physical health, there are many factors affecting mental health. For example, while it can be difficult to tease out nature from nurture, there are genetic risks for some mental illnesses, including depression (Gotlib et al., 2014).

Physical illness can contribute to mental illness as well. The risk of depression in a newly diagnosed cancer patient in the first year after diagnosis is 15% to 20% (Riedl & Schuessler, 2022). The incidence of depression within one year for acute stroke patients was found to be 38% (Liu et al., 2023), and the prevalence of depression after a heart attack was found to be 29% assessed a few days to a few months after the event (Feng et al., 2019). Perhaps the trauma of these new diagnoses impacted the mental health of these patients. We not only see mental illness in patients with acute illness, but patients with chronic illnesses as well (Spearing & Bailey, 2012).

Adverse social determinants of health such as lower socio-economic status, low education level, living in a crime-infested neighborhood, and discrimination and marginalization are associated with mental illness (Kirkbride et al., 2024).

Finally, trauma is also associated with mental illness. The three primary mental illnesses associated with trauma are post-traumatic stress disorder (PTSD), anxiety, and depression. (Sareen, 2025; Webb, 2012).

Elijah's Trauma and Its Consequences

"Trauma is defined as the experiencing or witnessing of events in which there is actual or threatened death, serious injury, or violence" (Defining Trauma, 2025)

In 1 Kings 18 and 19, Elijah encountered several events in a short period of time that we can categorize as trauma. While Elijah appeared to have had a "mountain-top experience" with the Lord on Mt. Carmel, he could also have had good grounds to believe that it was a threatening situation. He felt that he was the only one on the Lord's side and he was surrounded by hostile priests of Baal, a hostile king, and a people under the influence of evil leadership. "Surrounded by adversaries who had no qualms about shedding blood in a religious frenzy (1 Kgs 18:28), Elijah stood alone in the crowd, exposed to immense danger" (Iwański & Plante, 2025). Adding to this trauma was another: Elijah then participated in and/or commanded the execution of all the prophets of Baal at the brook Kishon.

After these events, King Ahab returned to the palace and told his wife Jezebel all that happened on Mt. Carmel and at the brook. "Then Jezebel sent a messenger to Elijah, saying, 'So may the gods do to me and more also, if I do not make your life as the life of one of them [the slain prophets] by this time tomorrow.'" (1Ki 19:2, ESV). With this death threat, Elijah is traumatized a third time and flees, heading south to Beersheba, where he leaves his servant. After continuing into the wilderness for another day, he sits down under a tree "and he asked that he might die,

saying, ‘It is enough; now, O Lord, take away my life, for I am no better than my fathers’” (1Ki 19:4b, ESV). He then falls asleep.

An angel/messenger then awakens him: “arise and eat” (1 Ki 19:5, ESV) and provides water and a cake baked on hot coals. After eating Elijah sleeps again, and the angel/messenger awakens him a second time: “Arise and eat, for the journey is too great for you.” (1Ki 19:7, ESV). After eating and drinking again, he then has strength to travel 40 days to Mt. Horeb.

Lodging in a cave there, he is asked twice by the Lord, “What are you doing here, Elijah?” (1Ki 19: 9, 13, ESV) and both times he gives the same reply, “I have been very jealous for the Lord, the God of hosts. For the people of Israel have forsaken your covenant, thrown down your altars, and killed your prophets with the sword, and I, even I only, am left, and they seek my life, to take it away.” (1Ki 19:10, 14, ESV). In between these two dialogues, Elijah is told to go out and experience some natural events. The Lord was not in the wind or earthquake or fire but was in the still small voice/low whisper. After the second dialog, the Lord sends Elijah on his way to the wilderness of Damascus, giving him three tasks.

Elijah’s Trauma-induced Depression

Because of limited historical information and different social contexts, there are risks to ascribing modern psychiatric diagnoses to individuals who lived in the past (Iwański & Plante, 2025; Webb, 2012). However, in spite of these concerns, psychohistory has become a legitimate field of inquiry into the psychological state, motivation, and behavior of past and present individuals and groups (J. F. Campbell, 2009).

With these cautions in mind, did Elijah exhibit any mental illness symptoms related to his trauma? While there is not enough information in the Biblical record to diagnose PTSD or anxiety, Elijah clearly has symptoms of depression by modern psychiatric criteria. Depression occurs on a spectrum of symptoms from subsyndromal through minor to major. Criteria for diagnosis of depression consists of searching for nine physical or psychological symptoms (O’Connor et al., 2009):

1. Depressed Mood
2. Markedly diminished interest or pleasure in most or all activities
3. Significant weight loss (or anorexia) or weight gain
4. Insomnia or hypersomnia
5. Psychomotor retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think or concentrate, or indecisiveness

9. Recurrent thoughts of death (not just fear of dying), or suicidal ideation, plan, or attempt

At least one of these symptoms should be depressed mood or loss of interest/pleasure and symptoms must cause significant distress or psychosocial impairment. Symptoms should be present for at least two weeks.

In 1 Ki 19:4b we find a depressed mood, thoughts of death and feelings of worthlessness. In verses 5-8, the angel awakened him twice and encouraged him to eat and drink, thus Elijah may also have had symptoms of hypersomnia and anorexia. As he appeared to think of nothing but running from his trauma, he may additionally have had diminished interest in (other) activities. These symptoms caused him significant distress. While these descriptions are one-time events, the fact that he ran to Mt. Horeb for 40 more days (1Ki 19:8) likely indicates that his mental state had not changed during this time frame. If these assumptions are accurate, Elijah has not only depressive symptoms but minor depression (at least three symptoms) and possibly major depression (at least 5 symptoms). Iwański and Plante posit that Elijah had major depression though they mention that less likely diagnoses include bipolar disorder (seeing his behavior on Mt. Carmel was mania), or histrionic or narcissistic personality disorder (Iwański & Plante, 2025). Because of his traumatic experiences, Ramalho et al. suggest that Elijah had reactive depression (Ramalho et al., 2025). Before the advent of modern psychiatric medications, reactive depression was a common term used to describe depression that was a reaction to major life stressors.

Commentaries on Elijah's Story

Commentators have approached Elijah's story in several ways. While many of the approximately three dozen commentaries reviewed make no mention of Elijah's mental health challenges, some that do have charged him with faithlessness, cowardice, and selfishness.

Gaebelein claims that his despair was the result of unbelief, preoccupation with self and that his interaction with the Lord was a rebuke (Gaebelein, 1985). *A Catholic Commentary on Holy Scripture* (Bernard Orchard et al., 1953) and Montgomery (Montgomery, 1960) both also suggest that the Lord rebuked Elijah on Mt. Horeb. Nelson comments that Elijah's complaint to the Lord was self-centered: "He voices his egocentric complaint to God (cf. the grammatical emphasis on 'I' in vv. 10,14)" (Nelson, 1987, p. 126). MacLaren's opinion is that Elijah fled due to faithlessness, and lack of reverence, submission and obedience (MacLaren, 1900). Finally, Poole also believes the Lord's question was a reproof for leaving his proper station on Mt. Carmel and further that Elijah deserted his post because of fear and cowardice (Poole, 2008).

As we can see by these examples, several commentators have viewed Elijah's troubles as caused by his self-centered, faithless life after Carmel and that he was rebuked by the Lord at Mt. Horeb.

Stigmatization of Mental Illness in Commentaries and Religious Communities

Stigma, "any long-lasting individual or group trait that is considered deviant and may evoke negative or punitive responses from others" (Adams et al., 2018) has a long history when it comes to mental illness (Rössler, 2016). Stigma, including mental health stigma, has been classified into four categories: public stigma for having a mental illness, public stigma for seeking help for one's mental illness, self-stigma for having a mental illness, and self-stigma for seeking help for one's mental illness (Mathison et al., 2022).

Stigmatization is important in that the stigma itself affects overall health. "Stigmatization of severe mental illness and substance use disorders is widespread, associated with poorer health outcomes, and often attributed to a moral failure or character flaw" (Rowe, 2019, p.1). Attitudes expressed in the commentaries mentioned above are congruent with stigmatization of mental illness.

Just as commentators can stigmatize mental illness, religious communities and individuals can also stigmatize mental illness.

After reviewing a number of studies, Mathison concluded that "common religious beliefs, particularly among the Abrahamic traditions, indicate that the main causes of mental illness are moral weakness, sin, or unfaithfulness with religious practices such as praying, reading scripture, or worshiping" (Mathison et al., 2022, p. 347). In a separate study, a survey of Evangelical Christians in the UK revealed that "depression was … viewed as a spiritual deficit, where individuals were rendered responsible for their experiences of depression" (Lloyd et al., 2022, p. 9) Thus, mental illness can be stigmatized in religious communities as the person affected is charged to be responsible for their own spiritual/moral failing that is thought to cause the mental illness.

There have been a few studies reporting the relationship between religious fundamentalism and stigmatization of mental illness.

Adams et al. reported an experiment conducted at a regional college in the southeastern United States (Adams et al., 2018). A cohort of students completed three validity- and reliability-tested questionnaires: Christian Orthodoxy Scale, Religious Fundamentalism Scale, and the Attitudes to Mental Illness Questionnaire. Results showed that religious fundamentalism was a significant predictor of stigmatization of people with mental illness. Christian orthodoxy did not predict stigmatized attitudes towards persons with mental illness.

Emily Rowe performed a study on participants from Amazon's Mechanical Turk (a virtual job outsourcing web site) who identified as either evangelical or not (Rowe, 2019). Participants completed the Stigmatizing Attitudes Toward Mental Illness scale (it is unclear if this scale has been validity or reliability tested) and the Religious Fundamentalism Scale. Evangelicals were confirmed to have fundamentalist beliefs. Results showed that, while both evangelicals and non-

evangelicals stigmatized mental illness, stigmatization was statistically significant greater for evangelicals than for non-evangelicals.

We should note that for both of these research reports, the mental illness studied was schizophrenia. Research has noted that schizophrenia is generally more stigmatized than other mental illnesses (Johnson-Kwochka et al., 2022). Additionally, schizophrenia patients sometimes exhibit hyperreligiosity which may make them more vulnerable to stigma from religious groups.

Wesselmann and Graziano studied the correlation between religious beliefs and stigma in students at a public Midwestern US university as well as people recruited from the internet by posting ads on religious and psychology web sites (Wesselmann & Graziano, 2010). The researchers used the Religious Fundamentalism scale, the Christian Orthodoxy scale and a third instrument that measured religious beliefs about mental illness (it is unclear if this third scale was validity or reliability tested). Their results showed that mental illness was frequently attributed to sinful behavior. The mental illnesses that were randomly presented to the participants were schizophrenia and depression. Unlike the results from Adams, there were no differences in results between the two mental illnesses.

In conclusion, stigmatization of mental illness occurs in Biblical commentaries and in religious communities. While studies linking religious fundamentalism and mental illness stigma are few and the populations studied may not reflect the general fundamentalist population, results point to fundamentalist beliefs as a risk factor for mental illness stigma.

Non-stigmatized Commentaries on Elijah's Story

Other commentators have studied Elijah's story and have offered different opinions than the ones noted above.

F.F. Bruce has apparently read some stigmatized commentaries: "Not unnaturally, Elijah was afraid and ran for his life (3), thus gaining the underserved scorn of insensitive commentators. It was not pale cowardice but cold realism that prompted his withdrawal" (Bruce, 2008). Keil and Delitzsch believe The Lord's question to Elijah was not a reproof but simply an invitation to Elijah to express is thoughts and feelings (Keil & Delitzsch, 1872). Olley asserts that the Lord did not criticize Elijah but gave him a task instead (Olley, 2011). Weisel believes the Lord was not arguing with Elijah because "arguments never could cure depression" (Wiesel, 2005, 53). In sermon notes entitled "God's Tenderness for Him", Charles Spurgeon saw that the Lord allowed Elijah to sleep, fed him, allowed him to voice his grief, told him that there were 7,000 others in Isreal who were faithful to God, and then gave him tasks to do thus showing compassion and support and not rebuke or chastisement (Spurgeon, 2011).

The conclusion for this section can be summed up by quotes from two more recent commentaries:

"God's response (1 Kings 19:11-14) provides an example of care for depression, with affection, understanding, and patience." (Ramalho et al., 2025).

"God does not chastise Elijah for his lack of faith, or prod him to improve his attitude. There is no coaxing Elijah for increased prayer, nor any goading for repentance from sin. Instead, God approaches the prophet gently, acknowledging, and attending to, his weary body." (Webb, 2012, p. 24).

Additional Aspects of Elijah's Journey and Their Effect on His Depression

One's activity and immediate environment can play a significant role in one's mental health. Following is a brief description of the evidence focusing on systematic reviews (which summarize the evidence either qualitatively or quantitatively). We should note that many studies in these areas have significant bias and therefore we have low confidence in their results.

Exercise – Elijah is getting lots of exercise on his way to Mt. Horeb. Researchers have published over 200 randomized controlled trials reporting the effects of exercise on depression. Results have recently been published in a systematic review and meta-analysis (Noetel et al., 2024). "Compared with active controls … moderate reductions in depression were found for walking or jogging … yoga … strength training … mixed aerobic exercise, and tai chi or qigong …. The effects of exercise were proportional to the intensity prescribed."

Sleep – Elijah appeared to sleep for two long periods at the beginning of his journey. Sleep disturbance is a common symptom as well as a risk factor for depression (Steiger & Pawlowski, 2019) and treating insomnia/sleep disturbance improves depressive symptoms. Gee et al. reported the results of a systematic review and concluded that "non-pharmacological sleep interventions are effective in reducing the severity of depression" (Gee et al., 2019, p. 118).

Diet – the angel/messenger provided Elijah with bread and water. While I could find no studies on a bread and water diet and depression, there have been a few studies on other diets and depression. A Mediterranean diet appears to be the best diet for depression treatment (Swainson et al., 2023). It is thought that this is mediated through the anti-inflammatory effects of this particular diet.

Being alone – After leaving his servant at Beersheba, Elijah heads to Mt. Horeb alone. Loneliness can be deadly. Erzen and Çikrikci performed a meta-analysis on 88 studies that reported results of loneliness and depression (Erzen & Çikrikci, 2018). They concluded that loneliness had a moderately significant effect on depression. Van As et al. performed a systematic review on longitudinal studies for loneliness and depression (Van As et al., 2022). They found a significant and positive association between loneliness and depressive symptoms.

Sun exposure – While on his journey through the wilderness to Mt. Horeb, Elijah would have had significant sun exposure. Low sunlight exposure has been associated with an increase in depressive symptoms. A common example of this is Seasonal Affective Disorder which can

occur during the winter months, especially in northern latitudes. Increasing sunlight exposure in depressed patients has been shown to improve their depression. (Sikkens et al., 2019; Wang & Chen, 2020).

Being in nature – Elijah was surrounded by nature on his way to and at Mt. Horeb. The practice of spending time in nature is popular in many cultures (Schilling & Stone, 2021). The Japanese have created a term, *shinrin-yoku*, which is usually translated as "forest bathing", and the government has encouraged Japanese to get out in nature. *Friluftsliv,* a similar term that is used in Scandinavia, is usually translated as "open-air living", and goes back to at least the 1850s. In Sweden*, gökotta*, waking up early to go outside and hear the birds sing, has been practiced for generations.

A recent systematic review reported the effect of nature prescriptions on a variety of clinical outcomes, including depression (Nguyen et al., 2023). A nature prescription was "a referral or an organized programme, by a health or social professional, to encourage spending time in nature." These prescriptions were found to have moderate to large effect on decreasing depression scores.

Quiet - Elijah experienced quietness for most of his journey in 1 Ki 19. The one exception was the natural phenomena of wind, earthquake and fire. The Lord was in none of these but was in the still small voice/low whisper. I could find no studies on the effect of quiet on depression, and no studies on depression and one-time noise from wind, earthquake or fire. However, there have been studies on depression and chronic environmental noise.

Dzhambov and Lerche reviewed the noise literature through 2019 and concluded that very low quality evidence suggested that increasing exposure to road traffic noise may be associated with depression. However, their results were not statistically significant thus rendering their conclusions suspect (Dzhambov & Lercher, 2019).

Hegewsald et al. also reviewed the literature through 2019 on different types of environmental noise and concluded there was no association with depression and traffic noise but there was with aircraft noise (Hegewald et al., 2020).

In another systematic review, Hu found "long-term exposure to environmental noise increases the risk of depression and anxiety in adults aged 35 or older." (Hu, 2025, p.320)

Thus, the reason the Lord was not in the wind, earthquake, or fire but was in the still small whisper/low whisper might have been because noise would make Elijah's depression more severe.

Purpose in Life - Prior to and on Mt. Carmel, Elijah had purpose and direction. However, he seems to have lost these once he started running. On Mt. Horeb, the Lord again provided a purpose for his life by giving him three tasks.

Some commentators have seen a connection between lack of purpose in life and depression. In his commentary on Elijah, Nelson states "What does sometimes help is a sense of purpose, and

that is exactly what God provides with a new commission" (Nelson, 1987, p. 127). Thomas concurs. "Here Elijah was lifted from his depression through the instrumentality… of new occupation. There was fresh work to be done" (U. R. Thomas, 2011).

Boreham and Schutte performed a meta-analysis investigating the relationship between purpose in life with depression and anxiety. They concluded that having purpose in life was associated with lower levels of depression (and anxiety) (Boreham & Schutte, 2023).

Conclusion and Practical Application

Elijah had trauma surrounding his Mt. Carmel experience. This trauma led to significant depressive symptoms and very likely to a depressive disorder, either minor depression, major depression, or reactive depression.

While Elijah was fleeing to Mt. Horeb, there was much at stake in the kingdom of Israel. The people were once again left in the hands of Ahab and Jezebel who would surely try to corrupt them to not follow the Lord in spite of witnessing the Lord's dramatic display on Mt Carmel. Elijah's flight was surely not what the Lord had intended for him, but in spite of the risks to Israel, and contrary to the opinion of some commentators, the Lord did not chastise Elijah or stigmatize his mental illness. On the contrary, he supported him by providing nourishment, rest, and purpose, and allowed him to vent about his traumatic experiences.

Not only commentators but religious communities can stigmatize mental illness. While the evidence is not robust, there appears to be a risk for greater stigmatization for those with fundamentalist leanings. Since the Seventh-day Adventist Church has fundamentalist leanings (M. W. Campbell, 2022), we are at risk of stigmatizing mental illness for those inside the church as well as those outside. While spiritual causes of mental illness undoubtedly occur in some people, we should not always ascribe a spiritual cause to mental illness. We need to take the Lord's example as seen in the story of Elijah and approach individuals with mental illness with acknowledgement of their condition, patience, compassion and sensitivity.

We have started to see this approach with some recent church publications. The commentary for 1Ki 18 and 19 in the *Seventh-day Adventist International Bible Commentary* (de Souza, 2022) states we should not be quick to judge Elijah since he was likely distressed about the spiritual state of Israel. After asking the Lord to take his life, the author notes other Hebrew Bible figures had similar sentiment and then recommends "Elijah therefore deserves compassion and not condemnation" (de Souza, 2022, p. 282). The special *Adventist Review* issue on mental illness (December 2023) provides another insight into our current church thinking. It describes many practical approaches to mental illness, including seeing a therapeutist and taking medications, and describes a God who comforts rather than rebukes.

Elijah's journey also provides insight into other treatments/natural remedies that may be helpful for those with depression. While the evidence for some of these interventions is poor, exercise,

sleep, Mediterranean diet, sun exposure, being in nature, quiet environment, and having purpose in life appear to be beneficial for those with depression. Being alone is definitely not beneficial.

With the example of how the Lord addressed Elijah's trauma-induced depression, and the knowledge of how our environment and activity can affect depression, we should be better able to address mental illness in 2025.

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