

Class 5 – April 22, 2018 // Depression

*Thou will keep him in perfect peace whose mind is stayed
on Thee, because he trusts in Thee. Isaiah 26:3*

- I. Process Homework 9:00-9:15**
- A. 2 Cor. 10:5 – *We are destroying speculations and...*
 - B. Mandy Nerringham or the Addistons – homework you assigned
- II. Promises of God 9:15-9:25**
- A. As we study depression, keep in mind God's a few of God's promises.
 - 1. Psalm 19:7-14
 - 2. Psalm 37:4-5
 - 3. Psalm 119:25-32
 - 4. Isaiah 26:3 (above)
 - 5. John 14:15-17
 - 6. John 14:27
 - 7. John 15:11
 - 8. John 17:13
 - B. As we study depression, also keep in mind a few of God's reminders.
 - 1. Psalm 42
 - 2. John 12:24
 - 3. John 16:1-2
 - 4. John 16:33
 - 5. John 17:14-16
 - 6. Romans 8:35
 - 7. Romans 12:9-13
 - 8. Hebrews 11:32-40
- III. What is Depression? 9:25-9:40**
- A. Description
 - 1. Feeling of being trapped, lost, directionless, hopeless
 - 2. Alone, fatigued, purposeless
 - 3. "Heaviness" or "darkness of the soul"
 - 4. Characteristics: Low energy; exhaustion; Feeling overwhelmed; Unable to take action; Difficulty getting to sleep or staying asleep; Difficulty concentrating; Difficulty completing a task; Wanting to sleep constantly; Feeling hopeless; Extreme pessimism; Loss of interest in pleasurable activities; Thoughts of death; Wishing to die; Very little appetite; Thoughts about hurting oneself; Overeating; Feeling worthless; Regularly irritable; Inappropriate guilt; Regular feelings of sadness; Weeping; Isolation; Withdrawal from others.
 - 5. FREQUENT FEELING FOR DEPRESSED: No connection between what you believe you need and what you're think you're able to do. We'll come back to this description.

- B. Those with an increased propensity towards depression
 - 1. Melancholy, reflective, introspective, artistic personality – lifelong
 - 2. Choleric (Type-A) – when life-goals slow (55-60+) (more men)
 - 3. Middle Age (more especially women)
 - 4. About 10 % of men, 25% of women likely to suffer it in a lifetime
 - 5. Family members of those who have been diagnosed with depression (“blind” twin studies have proven this link. McGuffin, et al, 1996 (Heredity in identical (40%) and non-identical (20%) in depressed patients.)

- C. Recognizing depression (Dr. Chris Thurman, AACC)
 - 1. **AFFECT** – A person’s mood can at times be read by their “body language.”
 - a. **Sadness** – more chronic and deeper than average “blue feeling”
 - b. **Discouragement** – sense of futility, failure, impossibility
 - c. **Hopelessness** – good options aren’t good enough
 - d. **Irritability** – cross, impatient (more than normal, sustained)
 - e. **Crying** – without reason, or beyond what is “ordinary”; or without appropriate limits, again sustained for two weeks or more
 - f. **Helplessness** – nothing will help

 - 2. **Behavior** – Behavioral Changes
 - a. **Fatigue**
 - b. **Sleep disturbances** (insomnia or too much sleep or fitful sleep or repeated early rising after only a few hours of sleep)
 - c. **Appetite change** – (loss of appetite or voracious appetite)
 - d. **Noteworthy weight gain or loss**
 - e. **Psychomotor** “retardation” – i.e., feeling “slowed down”
 - f. **Loss of enjoyment** of previous enjoyed activities

 - 3. **Cognition** – Changes in ability to process thought
 - a. Difficulty **concentrating**
 - b. Difficulty **making decisions**
 - c. Difficulty **articulating thought**
 - d. Negative thought patterns about **self, world, future**

IV. Causes of Depression

9:40-9:55

- A. Loss
 - 1. Death of a loved one
 - 2. Of a close friend (e.g., divorce)
 - 3. Of status, perceived esteem from others
 - 4. Several concurrent or sequential lifestyle transitions
- B. Faulty Thinking
 - 1. Can be concurrent with any of the above
 - 2. Characterized by negative self-talk
 - 3. Irrational, distorted thinking
- C. Goals you can’t reach
 - 1. Relationships you feel you must have work a certain way
 - 2. Life Pursuits you feel you must have
 - 3. Bad things you think you must avoid but are not able to avoid

4. MOST OFTEN, demands (little gods or idols) which we have held onto and yet not received. This is what happens to Job by chapter 10 when he starts to demand that God explain Himself to Job.
 5. Side note: These goals are often not recognized. Good exercise to determine what goal they are holding as essential: *"What three things would you most change if you could?"* (Apart from distant, grandiose "save the planet" or "end world hunger," etc.)
- D. Prolonged Stress
1. Too much to do each day
 2. Unending pressure at home or work
- E. Body Chemistry
- Believed to be inadequately functioning dendritic neuro-receptors or neurotransmitters (like serotonin, norepinephrine, dopamine, et al) which control the transmission of neural impulses (electrically charged, biomechanical components of thoughts) from one neuron across a synapse to another neuron.
- F. Physical Causes
1. Thyroid
 2. Hormonal flux (like severe PMS, post-partum or menopause)
 3. Diabetes, Heart conditions
 4. Some cancer treatments
 5. Chronic sleeplessness by some cause other than depression
 6. Severe illness which is experienced as a loss
- G. Common Consequences
1. Relationship – withdrawal from relationships
 2. Work – slower pace, less able to concentrate
 3. School – same, often accompanied by anxiety

V. What to do about it

9:55-10:10

- A. Help the person identify it as depression, and accept that. (Also note the time of onset.)
- B. Assess their safety and well-being and strongly urge medical care when indicated.
- C. Help them commit it to the Lord in prayer, inviting Him to use it for the purpose He has
- D. Evaluate with them if they have experienced losses, disappointments or setbacks, especially ones that might have coincided with the onset of the depression.
- E. Encourage them to seek out a physical evaluation, to help make sure it isn't physically induced (this is more important if it is long-term, quite severe rather than mild or moderate, and if they cannot identify any particular losses or setbacks. The more severe it is, the more you need to be sure to let doctors have the primary position in helping. Don't get in the way of that.
- F. If there is a loss or disappointment that may be tied to the depression, focus on processing that loss with them in terms of trusting God and His sovereignty. That may take a while as you help them identify thinking patterns (such as hopelessness because something that they had thought was necessary has not happened or something they thought they could not bear has happened or such as anger at unmet demands they thought were reasonable and normal).
- G. One of depression's most common patterns is as "anger turned inwards." I wanted my child to follow the Lord. My child has walked away from the Lord. I feel guilty as if I must have failed in my job as a parent. I feel angry at another parent for not doing their job better. Without recognizing it, I may also feel angry at God for not sparing my child from this life.

H. If the person gets far enough in evaluating their losses, disappointments and perhaps their anger (usually at self or at God), help them identify if they had made demands – even hidden ones – of anything other than God being a good God and being sovereignly in charge of life. Help lead them into repentance if they have understood their “idolatry” (James 4:1-10, see sermon from March 11, 2018).

I. Continually pray with them and help them turn their thoughts into prayer.

J. Urging them towards the practical steps that help in depression such as regular simple exercise, proper eating, good bedtime and waking rituals.

K. Help them pursue the Lord daily, be connected to godly community, and have good reading/listening material.

L. Job’s story is especially helpful for many depressed persons, if you use the whole book.

M. Side Notes

1. Suicidal thoughts are frequently if not always planted by Satan
2. “Liar, murderer, thief” (John 8:44-45, 10:10)
3. He traps us – 2 Timothy 2:25-26
4. Good passages to look at –
 - a. James 4:1-10 – process here is very important to learn to help people “undo” many depressions, especially those with a clear spiritual root
 - b. 2 Corinthians 10:3-5
 - c. 2 Peter 1:2-4, 5-9 – don’t think I have ever had a person holding tight to these passages with depression. (Obviously with physically induced depression, a person could attempt to follow this and still be fraught with depression)

VI. Discussion and Homework

10:10-10:25

A. Table Discussion

1. CASE STUDY: Jeff Daibler (44) is in your community group. You thought for the last year that you noticed he seemed not quite his old self. You invited him out for coffee just to check in with him, just to see how he was. After a few pleasantries, prompted by you, he describes to you a loss of enjoyment and care about his work. He shows up and does what he must, but really has a bad attitude about the place. It has been that way for 2-3 years, he would guess. His boss is demanding and unappreciative, and in reality, Jeff has more relevant experience than she does. In addition, he acknowledges that he invests very little into the spiritual lives of his kids. The three of them are 10-15 years old, and he knows he should lead them, but doesn’t really know what to do, and besides, he doubts that they want to spend time discussing the Lord. His wife (Dayna, 42), shows a lot more wisdom and energy than he does. Upon asking him to explain a few things and digging around for clarity, you learn that his company went through a downsizing, was purchased and reorganized about five years ago. His department head (whom he liked quite well) became a division head in a different location. His wife had homeschooled the older two kids for their first 4-5 years, but went back to work when their youngest was ready for first grade. She has been promoted from account manager to project manager last year and likes her job quite well. The extra money has helped as they anticipate the kids might go to college.

What else would you like to know?

What might be causing his depression?

What goals would you have for him if you had the opportunity to help?

What would you do with him and for him?

What resources would you use?

B. Homework

PSALM 32 - An example

King David was the most significant king in Israel's history. The Bible tells us he is a great example of faith. Yet, his sin was also the most obvious. His greatest spiritual lapse was committing adultery with Bathsheba and murdering her husband, Uriah. David lived for almost a year in a state of impenitence. After Nathan confronted David, was he ready to confess his sin (see 2 Samuel 12).

In Psalm 32 David writes what it was like before he enjoyed God's forgiveness.

Blessed is he whose transgressions are forgiven, whose sins are covered. Blessed is the man whose sin the LORD does not count against him and in whose spirit is no deceit. When I kept silent, my bones wasted away through my groaning all day long. For day and night your hand was heavy upon me; my strength was sapped as in the heat of summer. Selah. Then I acknowledged my sin to you and did not cover up my iniquity. I said, "I will confess my transgressions to the LORD"— and you forgave the guilt of my sin. Therefore let everyone who is godly pray to you while you may be found; surely when the mighty waters rise, they will not reach him. You are my hiding place; you will protect me from trouble and surround me with songs of deliverance. I will instruct you and teach you in the way you should go; I will counsel you and watch over you. Do not be like the horse or the mule, which have no understanding but must be controlled by bit and bridle or they will not come to you. Many are the woes of the wicked, but the LORD's unfailing love surrounds the man who trusts in him. Rejoice in the LORD and be glad, you righteous; sing, all you who are upright in heart!

1. List the symptoms of depression that David manifests. Distinguish between the physical suffering and emotional suffering David experiences.

2. What does David say the reason is that he was suffering?

3. Agree or Disagree – There is a relationship between the physical, emotional, and spiritual side of our existence. (Give the reason for your answer.)

4. David finally confessed his sin when the prophet Nathan confronted him. What does this teach us about the need for a Christian friend or counselor when one is in a state of depression?

5. List two or three things David says in this psalm which demonstrate that with God's forgiveness and help David overcame his depression.

Appendix 1

Depression Homework Assignment Samples (Choose 1 or 2 or 3 at a time):

1. Go to your doctor and get a complete physical to see if there are any organic issues that are driving the depression (i.e. low blood sugar, thyroid, etc.)
2. Make a list of your God-given responsibilities (as a husband, wife, parent, employee, etc.) Note areas you are consistently failing to fulfill your responsibilities. Prioritize the areas and set a goal to begin working on the #1 item that week. When you are doing that one consistently, begin doing #2. Don't attack everything at once. You will need accountability.
3. Establish routine in your life. Write up a schedule for the day and stick to it regardless of how you feel. **Get up at the same time each day, and go to bed at the same time, etc.** Don't sleep in late and then stay up late surfing the net and watching television. When you get up in the morning **make the bed as a statement that you are starting your day** and are not going to be getting back in bed later on. Shower, dress (shave or put make-up on, if applicable) each day. Don't slouch around unkempt throughout the day. Put clean clothes away each evening, load dishwasher by bedtime each night, unload dishwasher in morning.
4. Use a heart journal to record the day and time that you struggle most with 'feeling' depressed. Brainstorm to determine what you were thinking or saying to yourself at that moment. Then craft a new biblical thought that would replace the despairing one(s).
5. Read your Bible every day – start out just for 10 minutes. Start with the book of Psalms and read with a purpose – **looking for God and His characteristics. Use a notebook to record any characteristics that you see about God each day in your reading.** Take a moment to **meditate on how that characteristic of God should shape your day.** In light of that characteristic what should you think today?
6. Select some areas in which you can serve. Help in the church office. Help in the nursery. Take a meal to a shut in or sick person. Get out of your home each week and serve others.
7. Purchase a box of nice cards and everyday write a note of encouragement to someone who has benefited your life. It could be someone presently (pastor, mother, friend, neighbor) or someone from the past (former teacher, etc.). Thank them for how they impacted your life.
8. Make of list of 50 things for which you can be thankful. Be specific. Don't list large general categories. Then go over the list each morning as you read your Bible.
9. Take notes on the Sunday sermon – and act on them. Look for ways that week to apply what was taught.
10. Fill your home and car with uplifting music that points to God or the cross or grace. Eliminate ungodly or depressing music that glorifies despair, mockery, sexual sin and anger.
11. Select a few people to ask to pray for you and invite them to speak truth to you. Ask them to pray for more than just the alleviation of depression. Ask them to pray some of the glorious scriptural prayers like Eph. 1:18ff and Eph. 3:13ff
12. Read Ed Welch's booklet "The Way Up When You are Down" and underline the 10 most important sentences to you and share it with someone.
13. Select three of Welch's suggestions from p. 21-23 and put them into practice this week.
14. Start memorizing 2 Cor. 4:8-9 and 2 Cor. 4:16-18. Print it on 3x5 card and post it on your bathroom mirror to read over while getting ready for the day. Post it on your computer or somewhere visible at work. Post it on the dashboard of your car to think about as you drive to work or as you are running errands. Do the memory at whatever pace you can be 100% successful. I have listed it here in the slowest pace for memorization. If you can do it faster (like combining week one and two or three and four), then do so.

Make sure you remember to practice the previous weeks whenever you are learning a new one. (That is, when learning week #4, practice weeks #1-3 also, so that you are learning to do them together at once.) The passages says,

Week one: *"We are hard pressed on every side, yet not crushed;"*

Week two: *"We are perplexed, but not in despair;"*

Week three: *"We are persecuted, but not forsaken;"*

Week four: *"We are struck down, but not destroyed."*

Week five: *"Therefore we do not lose heart."*

Week six: *"Even though our outward man is perishing,"*

Week seven: *"yet the inward man is being renewed day by day."*

Week eight: *"For our light affliction, which is but for a moment,"*

Week nine: *"is working for us a far more exceeding and eternal weight of glory."*

Week ten: *"While we do not look at the things which are seen, but at the things which are not seen."*

Week eleven: *"For the things which are seen are temporary, but the things which are not seen are eternal."*

Appendix 2: Ideas for Helping to Work Through Depression¹

- Structured schedule, setting realistic goals, have accountability and build a correct view of self.
- Counseling—talk and journal feelings. Learn to stop negative self-talk.
- Learn to think rightly about yourself---what does God say? Christians need to know who they are in Christ.
- Learn to discern spiritual battles and how to fight them, with help from support group.
- Recommended book: ***Depression: Looking up from the Stubborn Darkness*** (see page 2) <http://www.amazon.com/Depression-Looking-Up-Stubborn-Darkness/dp/1935273876/>
- Healthy diet-plenty of raw fruits & vegetables, with soybeans & soy products (organic; preferably fermented), brown rice, millet, legumes. A diet too low in these complex carbohydrates can cause serotonin depletion and depression.
- Avoid wheat products, as gluten has been linked to depressive disorders.
- Avoid diet sodas and all products with aspartame (NutraSweet, Equal). This can block the formation of serotonin & cause headaches, insomnia & depression in those who are already serotonin-deprived.
- Avoid man-made fats and all minimize sugar consumption including all commercial fruit juice. Fresh-squeezed juice in moderation is ok.
- Stevia is OK as a sweetener.
- Get *plenty* of quality (deep-water, mercury-free) omega-3 fish oil. Nine capsules per day is the recommended dose for depression and has been shown in some studies to be (at this dosage) as effective—and much more safe!—than antidepressant drugs.
- Optimal levels of Vitamin D (plenty of sunlight plus a quality D₃ supplement as needed), zinc, calcium & magnesium, and a robust B-complex.
- Research and consider taking: ginger, ginkgo biloba, licorice root, St. John's wort, and other herbs; but be cautious of side effects and/or drug interaction potential.
- Avoid alcohol, caffeine, and processed foods.
- Get Quality sleep.
- Decrease TV watching.
- Exercise regularly (see p. 3-4 below)

Much more can be said about each of these tips. This is just a start. For questions, additional information, or recommendations for specific products/supplements, please contact:

- Ben Adams (Winchester VA), 803-312-3476 / 540-454-7443 / alieus22@gmail.com
- Susan Adams (Columbia SC), RN, BSN 803-781-4690

¹ Many of these ideas are taken from *Prescription for Nutritional Healing*, Phyllis A. Balch – an excellent resource.

Depression: Looking Up from the Stubborn Darkness

By Dr. Edward Welch

Where Is God in the Struggle? Looking away from despair towards hope can feel risky. What if God doesn't come through for you? What if you don't feel instantly better? Instead of offering simple platitudes or unrealistic "cure-all" formulas, Edward T. Welch addresses the complex nature of depression with compassion and insight, applying the rich treasures of the gospel, and giving fresh hope to those who struggle. Originally published as *Depression: A Stubborn Darkness Light for the Path*, this new edition is updated with added content. <http://www.amazon.com/Depression-Looking-Up-Stubborn-Darkness/dp/1935273876/>

Editorial Reviews

"I cannot overstate the importance, timeliness, and helpfulness of this book. Ed has given us the wisdom that only comes from a heart shaped by the gospel and a deep compassion for people, generated by the love of Jesus. This is a must read and a must share."

- Scotty Smith, Senior Pastor, Christ Community Church; author of *The Reign of Grace* and *Objects of His Affection*

"An all-too-rare combination of gospel understanding, biblical wisdom, personal empathy and long counseling experience shines through these pages. What is most needed is a course of divinely prescribed anti-depressants. Like a skilled spiritual pharmacist, Ed Welch fills that prescription for us."

- Sinclair B. Ferguson, Senior Minister, First Presbyterian Church, Columbia, S.C.; theologian; author of *The Christian Life*

"I have come to rely on Ed Welch and others at CCEF for guidance and insight in better understanding the issues of the soul that plague many people today. For those who want to address more than just the symptoms of depression, Ed's counsel is invaluable."

- Bob Lepine, Co-Host, FamilyLife Today

About the Author

Edward T. Welch, M.Div., Ph.D., is a licensed psychologist and faculty member at the Christian Counseling & Educational Foundation (CCEF). He has counseled for over twenty-five years and has written many books including *When People Are Big and God Is Small*; *Addictions: A Banquet in the Grave*; *Running Scared: Fear, Worry, and the God of Rest*; *Crossroads: A Step-by-Step Guide Away from Addiction*; and *When I Am Afraid: A Step-by-Step Guide Away from Fear and Anxiety*. Ed and his wife Sheri have two married daughters and four grandchildren.

Depression and anxiety: Exercise eases symptoms
Depression symptoms often improve with exercise. Here are some realistic tips
to help you get started and stay motivated.

By Mayo Clinic staff

You have anxiety or depression — and exercise seems like the last thing you want to do. But once you get motivated, exercise can make a big difference.

Exercise helps prevent and improve a number of health problems, including high blood pressure, diabetes and arthritis. Research on anxiety, depression and exercise shows that the psychological and physical benefits of exercise can also help reduce anxiety and improve mood.

The links between anxiety, depression and exercise aren't entirely clear — but working out can definitely help you relax and make you feel better. Exercise may also help keep anxiety and depression from coming back once you're feeling better.

How does exercise help depression and anxiety?

Exercise probably helps ease depression in a number of ways, which may include:

Releasing feel-good brain chemicals that may ease depression (neurotransmitters and endorphins)

Reducing immune system chemicals that can worsen depression

Increasing body temperature, which may have calming effects

Exercise has many psychological and emotional benefits too. It can help you:

Gain confidence. Meeting exercise goals or challenges, even small ones, can boost your self-confidence. Getting in shape can also make you feel better about your appearance.

Take your mind off worries. Exercise is a distraction that can get you away from the cycle of negative thoughts that feed anxiety and depression.

Get more social interaction. Exercise may give you the chance to meet or socialize with others. Just exchanging a friendly smile or greeting as you walk around your neighborhood can help your mood.

Cope in a healthy way. Doing something positive to manage anxiety or depression is a healthy coping strategy. Trying to feel better by drinking alcohol, dwelling on how badly you feel, or hoping anxiety or depression will go away on their own can lead to worsening symptoms.

What kind of exercise is best?

The word "exercise" may make you think of running laps around the gym. But a wide range of activities that boost your activity level help you feel better. Certainly running, lifting weights, playing basketball and other fitness activities that get your heart pumping can help. But so can gardening, washing your car, or strolling around the block and other less intense activities. Anything that gets you off the couch and moving is exercise that can help improve your mood.

You don't have to do all your exercise at once, either. Broaden how you think of exercise and find ways to fit activity into your routine. Add small amounts of physical activity throughout your day. For example, take the stairs instead of the elevator. Park a little farther away at work to fit in a short walk. Or, if you live close to your job, consider biking to work.

How much is enough?

Doing 30 minutes or more of exercise a day, for three to five days a week can significantly improve depression symptoms. But smaller amounts of activity — as little as 10 to 15 minutes at a time — can make a difference. It may take less time exercising to improve your mood when you do more-vigorous activities such as running or bicycling.

How do I get started — and stay motivated?

Starting and sticking with an exercise routine can be a challenge. Here are some steps that can help. Check with your doctor before starting a new exercise program to make sure it's safe for you.

Identify what you enjoy doing. Figure out what type of physical activities you're most likely to do, and think about when and how you'd be most likely to follow through. For instance, would you be more likely to do some gardening in the evening or go for a jog in the pre-dawn hours? Go for a bike ride or play basketball with your children after school? Do what you enjoy to help you stick with it.

Get your mental health provider's support. Talk to your doctor or other mental health provider for guidance and support. Discuss concerns about an exercise program and how it fits into your overall treatment plan.

Set reasonable goals. Your mission doesn't have to be walking for an hour five days a week. Think realistically about what you may be able to do. Tailor your plan to your own needs and abilities rather than trying to meet unrealistic guidelines that you're unlikely to meet.

Don't think of exercise as a chore. If exercise is just another "should" in your life that you don't think you're living up to, you'll associate it with failure. Rather, look at your exercise schedule the same way you look at your therapy sessions or medication — as one of the tools to help you get better.

Address your barriers. Figure out what's stopping you from exercising. If you feel self-conscious, for instance, you may want to exercise at home. If you stick to goals better with a partner, find a friend to work out with. If you don't have money to spend on exercise gear, do something that's virtually cost-free, such as walking. If you think about what's stopping you from exercising, you can probably find an alternative solution.

Prepare for setbacks and obstacles. Give yourself credit for every step in the right direction, no matter how small. If you skip exercise one day, that doesn't mean you can't maintain an exercise routine and may as well quit. Just try again the next day.

Do I need to see my doctor?

Talk to your doctor to make sure you know which activities, how much exercise and what intensity level is OK for you. Your doctor will consider any medications you take and health conditions you have. He or she may also have some good advice about getting started and staying motivated.

If you exercise regularly but anxiety or depression symptoms still interfere with your daily living, see your doctor or other mental health provider. Exercise is a great way to ease symptoms of anxiety or depression, but it isn't a substitute for psychotherapy, medications or other treatment.

Depression Symptoms

John's advice: If for 2 weeks plus, you find 50% of these symptoms in any **3 categories**, you are possibly looking at **mild depression**; 6 months, at dysphoria (ongoing, low level, chronic depression). **50% of the symptoms in 4 categories repeatedly for more than 2 weeks, you are possibly looking at transient depression. 60% or more for 4-6 weeks in 4 or 5 categories, you may well be in a major depressive episode.** Get a prayer partner and consult a professional if the last two are the case, especially the last.

Emotional Symptoms

- ☐ Not interested in things formally interesting, no particular preferences
- ☐ Weary, drained
- ☐ Bitter, vengeful, hostile, rage toward self and others
- ☐ Despair, feelings of worthlessness, unresolvable misery
- ☐ Detached, numb
- ☐ Disillusioned, discouraged, hopeless
- ☐ Unresolved grief, sorrow, anguish, feeling continual, subdued "low" feelings
- ☐ Anxiety, fear, insecurity
- ☐ Guilt, shame, humiliated
- ☐ Self pity, helplessness
- ☐ Lonely, rejected

Cognitive Symptoms

- ☐ Difficulty making decisions.
- ☐ Suicidal, homicidal ideation, or other fantasies of violence to self or others (this occurs in some major depressions but not so often in mild or transient).
- ☐ Repeated, nagging, disturbing thoughts.
- ☐ Negative, pessimistic, minimizing, critical distortions of self, God, or others.
- ☐ Perfectionistic expectations and beliefs of self, others, or God.

___ Either/or, rigid, catastrophizing, personalizing, unrealistic, magnifying forms of distorted thinking. Major depressive episodes can also include psychotic thinking.

___ Perception of being unloved, unwanted, unimportant, and left out by God and others.

___ A cognitive lens that selects data which confirms a particular bias the client prefers to reinforce with this information. This is the evidence the client collects to maintain some distorted or irrational belief or perception.

___ Narrow or un-adaptive problem solving. A general lack of creativity or consideration of other possibilities to their unrealistic appraisals.

___ A belief that they should be in control of the events that occur in life, failing to recognize the personal choices and meanings he can independently give in response to these events.

___ Short term memory loss.

Behavioral Symptoms

___ Blunted, flat or constricted affect (common in major depression).

___ Psychomotor retardation or agitation (generally only in major depression).

___ Sleep disturbances, too much sleep or too little sleep.

___ Appetite alters; eating too little or too much; using food to nurture/punish self. This will include weight gain or loss.

___ Injurious behavior to self or others. Includes suicidal or homicidal attempts, dangerous risky activities, substance abuse, eating disorders, exposing self to injury by others, or self mutilation.

___ Loss of or reduced sex drive and other pleasurable activities (major depression).

___ Irritable, easily offended, grouchy, agitated quickly, overly sensitive to perceived criticisms.

___ Poor concentration and difficulty following through on tasks.

___ Poor hygiene and unable to perform daily living activities (major depression).

___ Unkempt appearance.

___ Loss of emotional control: frequent crying spells, tearfulness, and outbursts of emotion.

___ Unable to cope with the ebb and flow of life which may result in a giving up of personal goals or motivation.

___ Excessive reading, movie-going, or other escapist, withdrawal types of behaviors.

Spiritual Symptoms Social Symptoms

- ☐ Abandonment issues with God, the church, and faith.
- ☐ Frequent feelings of failure as a Christian. May question salvation due to unresolved guilt or conviction.
- ☐ Sporadic spiritual disciplines; discounting their effectiveness in reference to personal needs.
- ☐ Prayer life may lack a thankful and praising quality with God along with not taking time to be still before Him.
- ☐ Has an overly developed awareness of faults of self or others and is unable to apply grace and forgiveness to this awareness.
- ☐ A performance-based theology seeing God's love as a reward to successful performance in any area of life, especially spiritual matters. Problems that occur in life are caused by some performance deficit and thus God is punishing or holding back favor from the client.
- ☐ Difficulty trusting God and His promises.
- ☐ A neglect or dismissing of God's strength and refuge in times of troubles. Instead the client prefers his own efforts to God's help.
- ☐ An avoidance or withdrawal from fellowship or worship with other Christians.
- ☐ Maintains a punitive and/or distant father figure view of God.

Social Symptoms

- ☐ Loss of social support system due to isolation from family and friends.
- ☐ Discontinues social activities and recreation.
- ☐ Bickering and taking anger out on others over minor infractions.
- ☐ Development of a excessive or entitled dependency on others due to ideations of helplessness.
- ☐ A generational history of depression, substance abuse, or isolation in client's family system.
- ☐ Absenteeism and poor job performance, job dismissal, demotion, work stress, or retirement.
- ☐ Loss of loved ones due to untimely death, loss of ones home or family due to finances, natural disaster, divorce or separation.
- ☐ Family or financial crisis that may precede or follow the onset of depression.
- ☐ Choosing poor peer support that reinforces depressive symptoms.
- ☐ Atypical neglect or failure to meet social roles and responsibilities which results in stressful consequences that otherwise would have been avoided.