Depression: Riding a Merry-Go-Round in a Fog

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Introduction

Many people go through times when they lose hope, motivation, energy and enjoyment of life. Sometimes such loss of hope, energy and motivation might be called "the blues," and last for a period of days or even weeks. Medical clinicians would not normally distinguish those short-lived low feelings as depression, but as "dysphoria." By contrast, **depression** can be overwhelming. One woman described her over two year-long depression as 'riding a merry-go-round in a fog' – unsure where she was and where she was headed.

Depressed persons typically are discouraged and sad and have an increasingly hard time thinking straight. They have difficulty investing effort in anything because it seems not to matter. Clinicians diagnose a depressive episode when at least five of the following characteristics are in place for more than two weeks: *excessive sleeping or the inability to sleep, no appetite or overeating, no satisfaction in activities which in the past have brought joy, hopelessness, uselessness, loss of energy, difficulty concentrating, thoughts of suicide*.

In general, depression is twice as common for women as for men, with about 10% of women and 4% of men in the United States affected in any given year. Generally, women between 30-50 and men between 50-70 are more susceptible. Also, clinical depression has been on the rise in young adults in America since 2010. People are more susceptible to depression if they struggle with anxiety, substance abuse, a history of having been abused, hypothyroidism, or if they take a medicine that might produce depression as a side effect.

Some Christians say about depression, "*Christians should never experience depression because it reflects despair*." Those comments are unhelpful. Godly figures in the Bible and throughout history have experienced the "back side of the desert" when God seems nowhere to be found, and life and hope drain out.

Depression of a sort was experienced by Elijah the prophet in 1 Kings 19 when he said, *It is enough, O Lord; take away my life*. Job was experiencing it in Job 17:1 when he said, *My spirit is broken, my days are extinguished, the grave is ready for me.* David hints of it in Psalm 42:6 when he laments, *O my God, my soul is in despair*, and the author of Psalm 88 when he writes, *Forsaken among the dead, like the slain who lie in the grave, whom You remember no more, and they are cut off from Your hand*. In Jeremiah 15:15-18 the weeping prophet writes, *Why has my pain been perpetual and my wound incurable… would You be to me a deceptive stream with water unreliable*? Jonah the fleeing prophet says in Jonah 4:8, *Take my life from me for death is better than life.* Maybe we could even include the apostle Paul in 2 Corinthians 1, when he says of himself and his companions, *we had the sentence of death within ourselves*. The 16th century reformer Martin Luther, the 19th century British preacher Charles Haddon Spurgeon, and the 20th century Christian apologist and writer CS Lewis are all said to have been plagued by the darkness of depression.

Getting a Handle on Depression

Broadly, depression can be said to be caused by three groups of things. The percentages below are estimates based on some people I have read as well as having dealt with depression in others for 35 years and in myself for a little over 50 years.

Perhaps 15% of the time someone becomes depressed, its cause appears primarily physical (what's called an "endogenous" depression because it is caused internally). Maybe 5-10% of the time, the depression seems largely connected to a spiritual battle rather than a physical cause or the way we evaluate and think about loss and disappointment. But the majority of cases, likely 75-80% of the time, depression is caused by how we think about circumstances and events such as loss and disappointment (called an "exogenous" depression because it caused by our response to things outside our body).

A biblical counselor can't know going into a counseling relationship what kind of depression a person they are to help is suffering from. But they can help the one struggling take a few steps to see if the problem is mostly physical or mostly some type of spiritual battle or mostly a response to loss. In each case, the biblical counselor can help identify which is most likely and begin responding to it in a healthy way.

Physically Induced Depression

Physically originated depression is a big topic. In the last century, physicians and psychologists suspected that physical depression was often caused by an inadequate production of or inadequate utilization of various neurotransmitters.

Neurotransmitters are chemical messengers in the brain which transfer signals of information from one neuron to another to another. That is how thoughts and intended actions get conveyed within the brain. But it was posited that if a person was depleted in certain neurotransmitters (such as norepinephrine, serotonin, dopamine), they might not be able to either send or receive messages of information, and that might explain why depressed persons lost their train of thought or had such a hard time putting a plan into action.

One major result of this theory is that since 1980, pharmaceutical companies have developed a large assortment of medications that increase or decrease either the production of or the response of certain neurotransmitters. Most anti-depressants like Wellbutrin, Desyrel, Lexapro, Zoloft, Paxil, Selexa, Cymbalta, and Effexor, work in different ways, but have in common that they either stimulate or retard neurotransmitter production or absorption.

Research since about 2000 calls into question the legitimacy of the postulate that people have a surplus or a lack of neurotransmitters. There is no question that when the medications like those mentioned above are given to people who suffer with depression, many people are helped. But since some aren't helped, and since some work and some don't on different people, and since scientists have not been able to prove what is causing depression, there are questions about this supposed cause of depression.

Another part of physically induced depression is the endocrine system. Hypothyroidism can induce depression, for example, as can other problems within the endocrine system. Some types of brain tumors can produce depression. Abuse of alcohol can cause depression since alcohol is a depressant. And there are medications which have as a side-effect, symptoms of depression. All of these are physically induced.

With respect to physical depression, they are most often treated with good regimens of diet, rest, exercise, purposeful activities, a healthy social support system and, often, medicine. Even then, a natural disposition towards depressive feelings sometimes lingers as a cumbersome weight some people carry while on this earth.

Two common errors exist regarding the sometimes physical element of depression. One is looking at depression as a fundamentally medical problem – an illness – and correspondingly treating it too quickly with medicine, resulting in overlooking the real causes of the depressed response. The other is the opposite: out of a desire to "help" the person recognize the likely cause of depression being rooted in their thinking and their spiritual life, they sometimes neglect the medical components of depression which have sometimes arisen along the way to complicate it, or may even have actually caused it in the first place.

We need to know that depressive symptoms may or may not be pointing to a medical problem, regardless of the original cause. When depression is powerful enough that the struggling person cannot think straight, or when it remains in place long enough that not only mood and energy level are affected, but the body has become involved, a depressed person is wise to involve a family practice doctor, internist, physician's assistant, OB/Gyn or psychiatrist to help them evaluate whether there is anything physical going on, as well as if their symptoms might be somewhat alleviated by medicine.

Spiritual Depression

The second and usually least common cause of depression is neither physical nor how I process loss and disappointment. This source of depression can be spiritual attacks by the enemy of our souls – Satan. First Peter 5:8 says he "*prowls about as a roaring lion, seeking whom he may devour*." One element to look for is when evaluating the source of depression is the possible presence of internal "*accusations*." Revelation 12:10 says he makes accusations against believers "*day and night before the throne of God*." Satan is the father of all lies (John 8:44) and his nature is that of a thief and murderer (John 10:8-10), so no wonder that he tries to discourage and bring down the people of God by accusing our consciences, though he has no proper standing to do so.

Romans 8:33-34 says, "*Who makes accusations* (against believers)*? Christ Jesus* (the only one who deserves to accuse us) *actually is He who defends us*". The reason this is written is because people sometimes experience Satan's accusations and the Lord wants us to know we have the Great Defender.

One great example of this is in Zechariah 3:1-6 where we encounter Satan standing before the throne of God accusing the high priest named Joshua. The "angel of the Lord" (which many conservative scholars say is a name for Jesus when He appears in the Old Testament) rebukes Satan and says, in essence, "*I have already put on him righteous robes, so get lost*." In other words, Jesus intercedes for believers when Satan attacks us.

Evaluating Loss and Disappointment

Every person evaluates their losses. Because we do it automatically, we are often not even aware we are doing it. It is part of what it means to be human. We assign meaning and significance to things because we intuitively know that life matters. We anticipate what these losses may mean for our future. Depression results when the person evaluates his or her loss with fear instead of faith or with anger that turns inward.

For example, many depressed persons have experienced the loss or setback of a job, career or business. Such a loss may make them question their worth or their acceptability. It may make them realize how vulnerable they and their family are financially. Other depressed persons have been left by a marriage partner or had someone break off a relationship with them such as a grown child who will not speak to them. Some depressed people have undergone the loss of a loved one to death, especially deaths which are more difficult to manage (e.g., sudden death, the death of someone young, violent deaths, suicides, etc.). Some have seen their children born with a disability or encounter a major setback as a young adult, and a parent grieves the loss of what might have been. Some are in a long-term separation from someone they love due to jail or work that takes them far away. Others experience the loss of health such as follows a serious health challenge like cancer or the permanent loss of a previously pleasurable activity or ability such as singing, handwork, reading, or having a job (e.g., after retiring). Other depressed persons experience the loss of now unreachable goals, desires and expectations (e.g., like finding out you can't have children or finding out you will not have a grandchild).

Some people accept loss and its attendant pain as part of life, though it may take them a while to get there. They finally conclude, "*This really is very painful, but in a fallen world, many things are "not like they're supposed to be." God is good, God is sovereign, God is faithful and He will take care of us and use it for our good. With the Lord, we'll get through it*. *I praise Him in good and in bad*."

By its very nature, loss produces pain. In every case, pain produces sorrow. The mental health battle for the person affected by great loss is to find out how to find hope and purpose in spite of sorrow and pain. An unhealthy response is to attempt to gain control over painful realities or to deny that it hurts. Trying to gain control leads to anger or to depression because there will always be things we cannot control. Trying to deny that it hurts leads to a deadening of the heart. Both lead to depression.

In the case of depression, this pain that comes naturally from loss has been followed not by sorrow and then faith, but by **fear** – such as "*This must change – it must go away*. *I can't live with things being this way. I have to find a solution*!" or by **anger** – such as, *I don't need this! How could this happen? Where is God*!? The fear is a believable but unbiblical narrative that God can't be trusted. It also often gives way to anger.

Anger – whether after fear or just after pain – may be directed against others, against themselves or against God. What happens next is that the *anger turns inwards.* Many who suffer from this depression feel as if "*what I really need I am completely unable to make happen*."

Assessing

Most depression develops non-organically (not caused by the body). But as you go through assessment steps, remember depression can start outside the body and then grow into having physical elements. The longer or deeper the depression, the greater the chance this occurs. If depression contains physical components, many times improvement won't be made in their thinking until physical issues are addressed. Always be ready to defer to a professional for components like this which we are not trained to address.

When ascertaining the starting time of depression, realize that this is sometimes easy for the counselee and sometimes hard. If they have difficulty determining when it began, ask them to recall a period when depression did not exist. Most depressed persons can do that. If they can't, the counselee may be experiencing a chronic form of depression known as Persistent Depressive Disorder. That is indicated when the person indicates that symptoms have been largely intact for over two years. When that is the case, a physician should be involved in their care. Even if long-term depression was primarily caused outside the body, it has developed a physiological component where the body is affected. Their condition should include a doctor's care.
After finding out the starting time of the depression, find out the intensity of the depression. Have them describe their feelings through the average day. Look for indications of hope, motivation or enjoyment - or their absence. Find out how they spend their time…. specifically. Are they shirking basic responsibilities (at work, at home or in self-care)? Are there periods of the day when they function fairly normally (e.g., at work)? The deeper the internal pain, hopelessness and withdrawal from daily responsibility and functioning, the more important it becomes to insist on having a physician involved in caring for them. If they are completely non-functional (e.g., staying in bed 15 hours per day), refuse to work with them unless a doctor is regularly involved.

When you isolate the beginning time of the depression, find out what happened in their life and the life of those close to them near the beginning of the depression. In the event that they express some particular loss or accumulation of loss (close family member dying, loss of driving privileges, moving from a favorite home, career being cut short, etc.), take time to ask questions concerning what that loss meant to them. The stronger the sense that the loss was tied to something central to their well-being, security or sense of meaning (for women, most often rejection or loss of relationship, and for men, most often lost abilities or failure), the more likely the depression started outside the body. A 34 year old man who suffers depression that he says is because his dad was detached and uninvolved and his mom was always under pressure to provide for the family needs to see that his sorrow (at his dad's failure) has become a demand and that demand has produced his depression. His dad's failure does not have that much power by itself; it requires his wrong thinking.

If upon isolating the beginning of depression, you are unable to help them detect any particular loss, the more likely the depression is physical, or in a few cases, the result of spiritual attack (see below). If they begin getting physical help (e.g., a doctor begins following them and may prescribe medicine), stay involved with them as you support as a listening and praying friend. As their mood is stabilized, their basic functional thinking is likely to improve. If there are "thinking components they need to address," they are now far more likely to be able to look at anything they need to see about the Lord and trusting Him than before the medical help.

When we speak of a "spiritual attack" in this context (see above) as a possible cause of depression, please understand that there are two ways one can speak of depression being the result of a spiritual problem.

The normal way depression is "spiritual" has to do with the ordinary way that most depression is related to loss. We have referred to it so far as "*non-organically induced*," "*depression caused outside the body*," "*anger turned inwards*" or as "*no connection between what I think I need and what I am able to do/get*."

For example, a wife leaves her husband. The husband faces an acute loss. He tries to deal with it, but keeps returning to this conclusion: *We married for life! This was not going to happen to me! I tried so hard to make it work! This can't be happening. What did I do? What can I do to make her see this is a mistake*?!

Such people, as they respond to loss, can plunge into depression, not because of the loss itself, but because of how they interpret the loss. This is the way most depression occurs and it is spiritual in the true sense of the word. The reason such cases might be called "anger turned inward" is because in addition to being hurt by the loss, the person is angry that "it" happened to them, and because they believe that if they ever are to be happy again, this circumstance must be fixed. Such people will often turn their inability to cause what they want (e.g., the spouse to return or the family member to come back to life or another company to rehire them) from deep sadness into a source of fear, anger and despair. Many times the anger is hidden by what looks like sorrow or powerlessness, but in reality, the person reserves energy and effort for behaviors that guarantee they will not have to continue experiencing the rejection or failure or source of fear.

The second way depression can be non-physical in origin is by people being attacked by the enemy of their souls ("*prowls about like a roaring lion seeking whom he may devour*"). These are the minority of depressive episodes – less even than the number of depressions that are physical in origin. In these cases, when asked about the start time for the depression, the person is aware of no particular loss or sorrow. They might begin getting medical help but continue symptoms. In such cases, Satan's workers can be inflicting harassment, accusation and discouragement on a person. (Responding to this is more specialized, so for a follow up on this, please see our materials entitled ***FBC Spiritual Warfare Resource*** in the FBC Family Life Department.)

By the way, when counseling young people, be aware that young people's reaction to experiences of depression can often be more extreme under less actual loss as we would evaluate it (e.g., my girlfriend of three months broke up with me or those three girls have been lying about me all around school). Their perception of and reaction to loss can be so strong they can react impulsively. Don't minimize it. You will want to make sure they have good social support, parental involvement and available medical care, should that be indicated.

Important Steps in Getting Out of Depression

First, let's talk about some basic steps necessary when you or someone you love or are helping is struggling with depression.

1. First, remember that depression by its nature clouds thinking and makes the person think things are hopeless even when they are not. Depression deceives in a downward direction.
2. Because depression clouds thinking and because it makes people believe things are hopeless even when they are not, they need someone else whose thinking is not clouded to draw alongside. Someone to listen, hear what is going on in your life, pray and help you find a way out.
3. Because depression zaps the sufferer of physical strength and energy, three things will be very important, but will not *feel* important to the depressive person.
    a. One is a good night's **sleep** – eight or nine hours if possible. What's more, it should be at a reasonable time – go to bed between 9-11pm and awaken between 6-8am. Some depressed people get their body clocks out of rhythm which can contribute to worsening the symptoms.
    b. Two is the need to **eat in a healthy** way. That means 3 balanced meals and a small snack or 5-6 small meals well-spaced out. Most people need 1400-2000 calories per day. It is best to avoid lots of sugary or starchy foods and best to refrain from alcohol since it is a depressant.
    c. Three is **exercise** – 30 minutes of walking is a great place to start if you are not already on an exercise program. If you know you have a hard time making yourself do that, ask a friend if they would walk with you and help keep you accountable to walk even when you do not want it. When it is raining, put on a raincoat or use an umbrella. When it is snowing, wear coats, boots and gloves. Depression will tell you "I can't" but you can and it will actually help.
    d. If the depression is severe, these things can and should be <u>charted</u> as a piece of accountability.
4. If you are attempting to minister to the depressed person, be sure to remember Romans 15:7 and God's call to "accept one another as Christ accepted us." <u>Listen</u> to them. Find out how long and how intensely the depression has been going on, find out whether there were any precipitating causes, and ask how they are responding, etc. (See more discussion under Symptoms.)
5. Find out what social support they are getting from anyone else. Is anyone attentive to their welfare and aware what is really going on for them? If their social support system is unhelpful, help them find people to draw alongside (Eph. 4:25 we are members of one another; 2 Co. 1:4 comfort others with the comfort with which we are comforted; Galatians 6:2 Bear one another's burdens).

6. Find out what they are doing to get out of depression so that you can see whether their thinking about depression and about regaining hope is biblical and reasonable. For example, does their thinking orient towards perpetual hopelessness, changing circumstances or trusting God?
7. Find out if medical personnel are involved. If symptoms are severe or long standing, urge them to see a doctor. If they have, ask specifically what they are reporting to the doctor. Make sure that they are adequately communicating to the doctor the nature of their struggle.
8. Again, if you are the helper, find out how they are doing spiritually. This involves learning if they know the Lord, knowing how their daily walk with Him is going, knowing whether they see Him at work currently in their lives, hearing how they distinguish hope in their situation. Jesus promised that "in this world you will have troubles. But take courage; I have overcome the world." He also says He gives a peace not like the world. The world's peace is circumstance-related. Jesus' is rooted in who He is and in His sufficiency. (Psalm 73:25 *Whom have I in heaven but You? There is none upon earth I desire but You*.)
9. Find out if they drink alcohol, and if so, how frequently and how much. Listen – get the facts. Remember, if they are an alcoholic, self-reporting is often inaccurate. Alcohol is a depressant and often can be a form of self-medication. For someone who has been depressed over a period of time, alcohol makes the counselee not care which deepens their depression. If alcohol consumption is more than a 6 oz. glass of wine over 24 hours, they should be urged to stop - at least for now. This is more important if they're on medication for depression; anti-depressants are adversely affected by alcohol.
10. See that each day they read something constructive about depression or a related topic. The more severe the depression, the less this is likely without medicinal help. Emory Nestor's *Depression: Life's Darkest Shadow*, Ed Welch's *Depression: Looking Up From Stubborn Darkness*, Brad Bigney's *Gospel Treason*, and others can play a significant part in helping them come around. Similarly, see to it that they have something about the Lord's faithfulness to chew on each day. It may be as simple as a daily devotional like *My Utmost for His Highest*, or it may be a booklet presenting key passages on the goodness, faithfulness and trustworthiness of God.
11. Ask if they have suicidal thoughts. Wait quietly for their response. Most of the time, you will get a negative response. (Make a note somewhere that you asked them and received that response.) Sometimes, though, you will get an affirmative response. When that is the case, ask if they have a plan of any kind. If they do, get them to tell a family member and get them to see a doctor and confide the plan. Under no circumstances should you remain in the #1 position of helping them if they are suicidal. Doesn't mean you shouldn't still help, just that they need professional accountability and help to take the lead in working with them. (*See appendix on assisting suicidal counselees*.)

***Though not all depressed persons are a severe health risk, some are. Depression can isolate a person enough that they can stop caring for themselves and their key relationships. The result can be that those dependent on the depressed person (e.g., children) can suffer significantly. In addition, the natural patterns of depressed people (e.g., withdrawal, negative self-talk, discontinuation of valuable activities, difficulty concentrating, sleeping) almost always tend to result in greater depression. Besides, as you might guess, the overwhelming percentage of suicide attempts are made by depressed people.*

Helping Someone Out of Depression

Since most depression does not start in the body, you and your counselee most often will be able to find the losses that prompted the depressive response. We did not say you will find the losses that caused the depression. It usually feels like that to the counselee, but losses themselves do not produce depression. It is the way the counselee interprets the loss which actually causes depression. In other words, the most frequent cause of depression is not a person's biology, and not the significance of losses incurred. In most cases, it is the way a person THINKS about their loss that produces depression. In essence, we cause most of our own depression.

That is not to say we cannot understand how easy it would be in some cases to be depressed. When a 17 year old girl who intended to remain pure until marriage is sexually assaulted, or parents suffer the death of a young child, or a child's father leaves home, we can imagine the loss and grief that are incurred. In such cases, the grief and agony over loss shares many attributes of depression. In fact, it can even be "depression" for a period of time, and the person comes out of it slowly as they learn to assimilate their loss and find life again.

We would empathize with their loss and the adjustment they need to make. But when the grief remains in place over a long period of time as deep and life-altering depression, it must be seen by counselor (and eventually by counselee) that this is <u>not</u> an automatic response as it feels it is. Isaiah 26:3 says, "*Thou wilt keep him in perfect peace whose mind is stayed on Thee, because He trusts in Thee*." Philippians 4:6-7 says, "*With thanksgiving let your petition be made known to God and the peace of God which passes all understanding will guard your heart and your mind in Christ Jesus*." If these are true, depression is <u>not</u> automatic.

We have already noted that if the person's depression is physically caused or has a significant physical component, they need to be under a doctor's care. Your role in that case will still be to follow all the rest of what we are saying, but remember that to the extent the problem is physical, your involvement is reduced and the role of medical personnel is increased.

Dealing with the majority of depression and its 'outside the body' cause, you will want to learn to do a handful of things in order to help people. All of them can be summarized by saying, you will *kindly, gently, lovingly, patiently, yet directly, attempt to help them see the way that their very reasonable desires have become unreasonable demands which, when not met, have created depression*.

One particular way you can communicate this to the depressed person is to show them 2 Corinthians 10:3-5. The passage tells us that all of us are in a spiritual war – all the time. And it tells us that the weapons with which we successfully fight that war are not 'of the flesh' – meaning that they are not natural to man. Rather, they are spiritual, and the passage tells us that the weapons we utilize in this warfare will "destroy speculations and lofty things raised up against the knowledge of God." That is a vital point when it comes to dealing with the spiritual reality of non-physical depression. The spiritual war we are involved in has been pitched against us *to keep us from knowing God.* That does not merely mean to keep unbelievers from knowing God. In this context, the battle we are discussing is for believers.

This means that the losses we incur are, in part, part of a spiritual battle designed by the enemy to keep us from knowing God. Why? Why is "knowing God" the battlefront? Because when we come to know God more and more, we receive *multiplied grace and peace* and *life and godliness* (2 Peter 1:2-3). Satan knows that the more we know God, the more we experience true spiritual life, the kind of life Jesus called abundant. That makes Christians dangerous. When a believer knows God and is marked by hope and joy and strength, regardless of circumstance, they are a disciple who makes major impact on the kingdom through their witness (See Phil. 3:10). Our losses are part of the battlefield allowed by God and intended by the enemy which he hopes to use to make us pull away from God and give up. In other words, the enemy's goal for many of us with loss is *depression*. (See the whole book of Job for a narrative example where this spiritual truth is being lived out.)

And in a fitting conclusion to that brief passage, 2 Cor. 10:5 tells us what the specific spiritual weapon we are to use to destroy lofty things raised up against the knowledge of God. As we might guess, it is "holding all thoughts captive to the obedience of Christ." In other words, whatever it is I am thinking (*With my mom having died at such an early age, I can't really see how God is particularly good or worthy of trust, so I just live in whatever way satisfies me for the moment*) needs to be filtered through the scriptures.

For example, 1 Corinthians 10:13, *There is no trial taken hold of you but such as is common to man, and God will not allow you to be tried beyond what you can endure, but will, with the trial, provide a means of escape* and 2 Corinthians 5:10 *For we must all appear before the judgment seat of Christ that each one may be recompensed for his deeds done in the body, whether good or bad*.

Or in James 4:1 we read, "*What causes quarrels and conflicts among you? Is it not your lusts which wage war in your members*?" In non-biologically induced depression, the 'conflict' is internal conflict that has given rise to depression ("*anger turned inward*"). The "lusts" of which he speaks are the often reasonable desires we have which we have wanted too much. A girl sexually assaulted had a very reasonable desire to have her body respected and protected by men, and to present herself in marriage if she should marry, as a chaste and pure woman – a virgin. If a man assaulted her so that she can no longer do so, he has taken away that dream, which is a significant loss. Anyone should be kind, gentle, loving, and patient with her as she struggles to accept this great loss that appears to have depressed her. But if they are biblical, they need to help her see that even a good thing (desiring a protected body and a pure presentation to a future husband) is not good if the demand for it causes us to withdraw from worshipping and trusting God and from loving other people.

James goes on in the passage to say, "*Do you not know that friendship with the world is enmity with God?"* By friendship with the world, he means that whatever we wanted – however reasonable – that we have loved so much that God is no longer enough for us to have peace and hope and a lasting purpose for living is really an idol. Every idol is hostility towards God because it opposes His glory. If parents whose young child dies move from understandable grief and sorrow to trusting God and glorifying Him in their loss, He will reward them for accepting what He allows as an opportunity to reveal Him to others. That is living for His glory. If however, they become embittered and hardened and retreat into a world of licking their wounds, their love for their child has actually become what God calls "spiritual adultery" and "friendship with the world." It means we loved something more than we loved and trusted a sovereign God who is very good even when He allows great loss.

James tells us that if we are stubborn against the experience God permits (i.e., we do not have what we ask for), we are proud and God will resist us ("He opposes the proud but gives grace to the humble"). If we humble ourselves under God (e.g., *Lord, my heart is broken over my child, but I know You are enough; forgive my unbelief and my judgment upon what You sovereignly allow for me*), He will give us greater grace (see 4:6-10). He even says in verse 10 that "He will lift us up", which is a great picture of depression being healed.

This James 4:1-10 is a good example of how we can "hold our thoughts captive to the obedience of Christ" when we experience anything that constitutes part of our spiritual battle – which depression certainly does. It is also a great example of how in doing that "holding thoughts captive" thing, we are also running into the things that we may have wanted so much that when we didn't get them, we stopped really giving our hearts and bodies over to the Lord to use as He sees fit – with joy (See also Romans 8:19) – and became depressed.

Helping people out of depression, then, involves six things:

1. Taking time to assess their safety and well-being and strongly urging medical care when indicated;
2. Taking time to understand their losses from their perspective, and relationally speaking, weep with those who weep (whether physical weeping or not);
3. Slowly help them examine whether what might have been legitimate desires slipped into becoming hidden demands, which when violated, resulted in anger turned inwards, and then depression;
4. Encourage them towards repentance and trust – repentance where they have demanded anything of God or others (e.g., parents) and trust in Him to meet their true needs in His way;
5. Urging them towards the practical steps that help in depression such as regular simple exercise, proper eating, good bedtime and waking rituals (no 1-2am bedtimes and no sleeping until 10am);
6. Help them pursue the Lord daily, be connected to godly community, and have good reading material.

Please realize that there are many other possible components to dealing with depression (e.g., familial patterns of depressive behavior which may or may not be biological, bad personal habits which tend to reinforce depression such as overeating, excessive computer or television use or other entertainment, failure to confess and turn from sin, lack of exercise, withdrawal from social contact brought on not by depression but by insecurity (pride) or judgment (pride), etc.) But the things listed in this brief description of treating depression will give you a great deal of what you need to be helpful to a counselee who is facing this struggle.

Remember to be patient when dealing with this population. Often they could be healed with just understanding and believing two or three things (*God is sovereign, God is good, Suffering is normal*), but it may take a long time for them to get there. Sacrificial love shown by attending to them through listening, faithful prayer and a steady push in the right direction are things we can do which God will use to help them.

Helpful Related Resources

1. *Responding to Suicidal Thoughts* (see attached)
2. FBC Spiritual Warfare Resource (available early 2016)
3. Brad Bigney's *Sovereignty* CD (Family Life office or on-line)
4. Brad Bigney's *Gospel Treason*
5. *Suffering Sermon Series* by FBC pastors in Fall 2010
6. Emory Nestor's *Depression: Life's Darkest Shadow*
7. Ed Welch's *Depression: Looking Up From Stubborn Darkness*
8. *Life Out of Death* – five part CD series on 2 Corinthians at FBC (John M)
9. Good CD's of scripture set to music – you need to find these on your own, but things like Psalm 139 by Stephanie McKenna https://www.youtube.com/watch?v=oVqR-9c5paY
10. Christian music that is particularly biblical or particularly focused on the character of God
11. The Psalms – they remind us of others who have suffered, of God's great plan, of His sovereignty, of what it is like to trust Him even when we do not know some outcomes
12. Eschatological (*end times*) teaching, because it focuses on the truth of the big picture and helps us remember that what we struggle with here is but for a time.

Appendix: FBC Biblical Counselors' Response to Suicidal Threats

With Appreciation to the FBC Stephen Ministry – Adapted from Their Suicide Policies and Procedures

Biblical counselors should be familiar with the signs and symptoms of suicidal threats and act promptly to assess suicide risks and take appropriate action.

These notes are provided to guide prompt and appropriate action steps to assist the person being ministered to. This could be a life or death situation. All related communication steps must be done promptly, preferably in person, or, when that is not practicable, by phone.

Steps to Take If You Suspect Someone May Be Suicidal

1. Realize there are different levels of risk of suicide. Some people may "pop off" with an "I'd really rather be in heaven" comment that may mean nothing, while others who say, "It's not worth remaining here" may be actively planning an effort. We want to err on the conservative side, being more cautious for their well-being than what may be necessary. The way you respond will depend on how far down the road the person appears to be in considering this option.
2. In the event that someone makes a statement about taking their life, take it seriously. Even if someone does not make such a statement, but you know they are in the midst of a substantial depression, realize they could be at risk.
3. In either case above, ask directly, calmly and patiently, "*Are you considering suicide*?" or "*In the course of this struggle, have you ever reached a point where you've felt like just throwing it all away, even ending your own life*?" Wait patiently and quietly for a response. Inexperienced people invariably think people who are really at risk would not tell you, but the reality is that they very often do.
4. If they answer yes, you have moved to a higher level of risk. Ask if they have ideas of how they would do it or plans. Example: "*You say that you would like to just put an end to it all. Have those thoughts ever led to plans of how you would do that if you were to be sufficiently motivated*?"
5. If they acknowledge that they do, you have just moved to another higher level of risk. Ask them to explain their plans to you and write those down. This will provide documentation of the discussion.
6. Convey assurance and hope. Tell them that this is not something to go through alone. Tell them you want to walk with them as they find hope, because while hope is not clearly evident to them right now, you are confident that there is reason to hope.
7. Then see below.

If the Risk is Low:

Assess their immediate risk as "LOW" if you believe the person may be thinking about suicide, but you are as sure as you can be that he or she has no plan to kill himself or herself at this time.

1. Take adequate time to talk with them and then recommend a consultation with the Pastor of Family Life or Senior Pastor. Don't leave them until he or she agrees with the next steps.
2. Consult immediately by phone with the Pastor of Family Life or the Senior Pastor of the need for a consultation with this person. The Pastor of Family Life or the Senior Pastor will agree on the next step and will arrange for an intervention meeting at which you as biblical counselor should be present.
3. Stay involved through the next few days frequently as a plan of action is developed. This is a time when phone calls and more availability for the counselee is warranted.

If the Risk is Moderate:

Assess the immediate risk as "MODERATE" if the counselee has plans to attempt suicide, but you are as sure as you can be that he or she does not plan to attempt suicide right away.

1. Help them make a commitment to get professional help. Do not leave them until you have that commitment and have established a clear plan for how he or she is going to obtain the care he or she needs.
2. Contact the Pastor of Family Life Ministry and request immediate intervention action steps. In the absence of the Pastor of Family Life Ministry, the Senior Pastor or one of the elders can decide how to move forward. Under no circumstances should the intervention action be withheld without the agreement of the Pastor of Family Life Ministry or Senior Pastor.
3. The counselor should accompany the counselee to the first appointment with the Pastor of Family Life Ministry or Senior Pastor to verify that they follow through and keep their appointment. Generally, this appointment will occur immediately.

<u>If the Risk is High:</u>
Definition of HIGH:
Assess the immediate risk as "HIGH" if the care receiver <u>has a specific and lethal suicide plan and the</u> <u>means to do it are readily at hand.</u> This indicates that the care receiver plans to commit suicide very soon.
1. Do not leave the care receiver or allow him or her to hang up the phone until professional help has arrived in the presence of the care receiver.
2. Get help immediately.
    - Call 911 and tell them that you are with a person who is threatening suicide and you need help getting him or her to a safe place.
    - If you are talking with your care receiver by phone, get someone else to call 911 or use a different phone line or a cellular phone to call 911, if one of these options is available.
3. Once professional help has arrived, call the Pastor of Family Life and/or the Senior Pastor and notify them of the crisis situation.
4. If possible, you or the involved pastor should go with the counselee to the hospital to care for them during this stressful time of beginning to get the help he or she needs.

<u>Resources:</u>

Concern Hotline:	Winchester, Frederick and Clarke Counties:	540-667-0145
	Warren County	540-635-4357
	Page County	540-743-3733
	Shenandoah County	540-459-4742
Phone Numbers:	John Morrison	(540) 771-4966
	Mark Carey	(540) 664-1848

Life on Life 301 Class 3 – Depression

May 16, 2021 - Morrison

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

I. Promises of God

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

II. What is Depression?

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 <u>what you believe you need</u> and what you're <u>think you're able to do</u>. 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. **A**FFECT – 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** – the sense that nothing will help

2. **B**ehavior – 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. **C**ognition – 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**

III. Causes of Depression

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

IV. What to do about it

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 FBC sermon from March 11, 2018 or *Authentic Fellowship* Podcasts on Conflict).

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. Find out if there are suicidal thoughts. 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)

V. Discussion and Homework

A. **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 Depression[1]

- 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 D_3 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.

American Association of Christian Counselors
From the Quick Reference Treatment Planner

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.