



Depression:

What It Is & What Can Be Done About It

Apostolic Christian Counseling and Family Services
877-370-9988
www.accounseling.org
info@accounseling.org



Is Feeling "Down" Depression?

- In our society the word "depression" is used in many different ways, however, they don't all define the same thing.
- There are several types of depression; each with unique features and symptoms.
- There are numerous factors that can contribute to depression and often it results from a combination of factors.

3 Broad Categories of Depression

1. Spiritual Depression
2. Situational (reactive) Depression
3. Medical/Psychological Depression

- NOTE: These types of depression can occur:
 - Independently
 - Together in any combination.
 - Can look like (and can be mistaken for) each other.

Categories of Depression: Why Does It Matter?

- We need to know the category of depression in order to know how to correct it. For example, some depressions require repentance for sin whereas others need medication and/or counseling.
- We don't want to discourage a struggling person by assuming the cause (remember Job's friends).
- Not recognizing depression is dangerous: Over 90% of the people who commit suicide have a diagnosis of depression and/or substance abuse¹.

Spiritual Depression

Spiritual Depression

- An accurate awareness that one's choices have led to a specific issue or issues that are hindering one's fellowship with God.
- For non-believers: heavy guilt and shame related to their lost condition that significantly affects the person's functioning.
- For believers: heavy conviction about specific issues not in accord with the Word that is significant enough to affect the person's functioning.
- It is a "wake-up call" to return us back to God through repentance.

Causes of Spiritual Depression

- **Sin:** King Saul (*1 Samuel 16:14-23*)
- **Neglect** (like a marriage or other relationship; apathy): *Hebrews 5:11-14*.
- **Lack of Spiritual Integrity:** *Acts 8:18-24*
- **Pride:** *Proverbs 16:18*
- **Greed:** Ahab (*1 Kings 21:4-6*)
- **Bitterness:** Jonah (*Jonah 3:10* and *4:1-3*)
- **Poor Relationship with God:** Ongoing carelessness (not normal ups and downs).

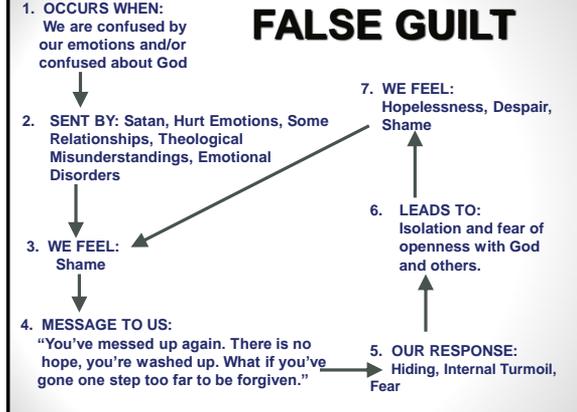
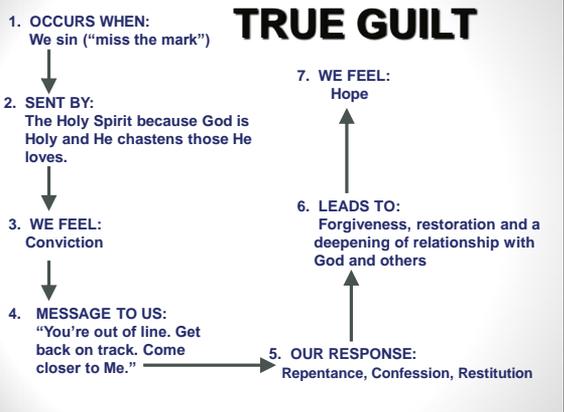
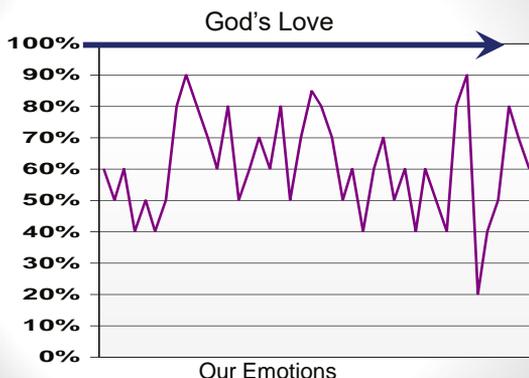
Spiritual Depression

- The issues that lead to spiritual depression are objectively verifiable in Scripture and are not just feelings of the lack of peacefulness.
- If you believe you are going through a spiritual depression, it is important to get feedback on the matter from someone else.
- We highly recommend you talk with your Elder.
- This disruption in one's relationship with God is resolvable! Remember the purpose of God's correction is to draw us closer, not push us away.

Don't Confuse Feelings with God's Love

- Unfortunately, many people base **their peace with God and their salvation on their feelings.**
- Peace with God is a "state of relationship" not simply a feeling.
- **Isaiah 32:17** "And the work of righteousness shall be peace; and the effect of righteousness quietness and assurance for ever."
- **Colossians 1:19-20** "For it pleased the Father that in him should all fullness dwell; And, having made peace through the blood of his cross, by him to reconcile all things unto himself; by him, I say, whether they be things in earth, or things in heaven."

Our Emotions vs. God's Love





- ### How to Respond to Spiritual Depression
- **Prayer**
 - **Reading the Bible (2 Timothy 3:16)**
 - **Self-Examination with the Word**
 - "but let every man prove his own work" (Gal. 6:4)
 - **Fellowship**
 - "Forsake not the assembling of ourselves together..." (Heb. 10:25)
 - **Seek Godly Counsel (Prov. 11:14; 12:15)**
 - **Humility & Confession**
 - "Confess your faults one to another, and pray for one another, that ye may be healed" (James 5:16)

Reasons Non-spiritually Based Depressions Occur

- ### Reasons for Depression
1. Ultimately, all disease (physical and mental) is a result of the fall starting with Adam and Eve.
 - See **Genesis 3**.
 2. We learn about healing
 - **Psalm 30:5** "Weeping may endure for a night, but joy cometh in the morning"
 3. It provides an emotional counterpoint.
 - We know happiness by experiencing sadness.
 - **Ecclesiastes 3:1-4**

- ### Reasons for Depression Cont'd
4. Through suffering in this life we learn to rely on God's grace.
 - **2 Corinthians 12: 9-10** says: "And he said unto me, My grace is sufficient for thee: for my strength is made perfect in weakness. Most gladly therefore will I rather glory in my infirmities, that the power of Christ may rest upon me. Therefore I take pleasure in infirmities, in reproaches, in necessities, in persecutions, in distresses for Christ's sake: for when I am weak, then am I strong."

Situational Depression (Reactive Depression)

Causes of Situational Depression

- **Mourning/grief/loss**
 - *Isaiah 53:3* Jesus was acquainted with grief.
- **Chronic Stress**
- **Disappointments** – Examples: infertility, problems with children, singleness though desiring marriage.
 - *2 Samuel 18:33* “O my son Absalom, my son...”
- **Poor Health/Illness** – heart problems, cancer treatments, effects of aging, etc.
- **Broken or Strained Relationships** – marriage problems, significant family conflicts, etc.
- **Life Transitions** – midlife, children leaving home, etc.

Responding to Situational Depression

- **Expressing Feelings:** Counseling, sharing with friends/family, journaling.
- **Seek Supportive Listeners:** *Prov. 28:24* “There is a friend that sticketh closer than a brother.”
- **Forgiving and Being Forgiven:** *Luke 6:37*
- **Accepting Yourself:** God made you and has a plan for you.
- **Faith for Healing**
 - *Matt. 17:20-21* “faith as a grain of mustard seed”
 - Note: This is a difficult time to exercise faith so people in situational depression will often need our help.

Responding to Situational Depression Cont’d

- Use good coping skills.
- Realize it may take time to adjust.
- Ask God to teach you about Him through the trials.

Special Notes

- It is quite possible the person also has Medical/Psychological depression if there is no improvement in Spiritual and/or Situational Depression:
 - In a relatively brief time (no longer than 2 months).
 - There is significant interference in functioning.
 - And/or suicidal thoughts are present.
- Remember it is possible for the three categories of depression to occur separately or in any combination at the same time.

Medical/Psychological Depression

The Bible is Not a Medical Manual

- Therefore, it won’t specifically answer all questions about reactive and medical/psychological depression.
- For example, the Bible isn’t used to treat proven medical conditions such as cancer, diabetes, high blood pressure, headaches, or schizophrenia.
- By God’s grace, He has allowed us to discover aspects of His creation to help us in this life.

Biological Influences on Medical/Psychological Depression

1. Genetics/Hereditiy/Family Patterns
2. "Chemical Imbalance" – Neurotransmitters
3. Imbalance in the hormonal/endocrine system - irregular hormones and menopause.
4. Physical Illness (thyroid problems, cancer, etc.)
5. Side effects of some medications.
6. Sleep disorders (sleep apnea, etc.)
7. Chronic stress/strain
8. Unknown causes – sometimes depression "just happens".

Psychological Influences on Medical/Psychological Depression

- Any of the causes of Spiritual and Situation Depression that last for a long period of time or are especially intense.
- Prolonged stress and major life changes.
- Unresolved/complicated grief and loss.
- Chronic interpersonal and/or marital problems.
- Built up anger, bitterness, & unforgiveness.

Psychological Influences Cont'd

- Perfectionism, unrealistic expectations, & negative thinking.
- History of trauma including emotional, sexual, and/or physical abuse.
- Recent childbirth
- Alcohol, drug, or other addictions

Statistics about Depression in General

- Approximately 1/5 women and 1/10 men will become depressed at some point in their lifetime.
- Nearly twice as many women (12.0%) as men (6.6%) are affected by depression each year.
- In a given year, approximately 9.5% of adults (18.8 million) have a depressive disorder
- In recent decades, depression appears to be occurring at earlier ages than it did years ago.
- Depression often occurs in combination with others disorders such as anxiety disorders and substance abuse. For example, one study found 72% of individuals diagnosed with Major Depression also had at least one other disorder.

National Institute of Mental Health (2003, May) The Numbers Count: Mental Disorders In America.

Chelminski, L., & McDermut, W. (2002). Major depressive disorder and Axis I diagnostic comorbidity. *Journal of Clinical Psychiatry*, 63, 187-193.

Types Of Medical/Psychological Depressions

Major Depression (Unipolar)

- This is what most people think of as "clinical depression"
 - Major Depression is diagnosed when a person has five or more of the following symptoms for two weeks or more (person must have either #1 or #2):
1. Depressed or sad mood.
 2. Diminished interest, desire, or pleasure in usual activities (anhedonia).
 3. Changes in appetite resulting in significant weight loss OR weight gain.

Major Depression (Unipolar) Cont'd

4. Oversleeping OR Insomnia (early waking often occurs).
5. Agitation OR feeling slowed down.
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness; excessive or inappropriate guilt, self-reproach, low self-esteem.
8. Difficulty concentrating, making decisions, and/or indecisiveness.
9. Recurrent thoughts of death or suicide.

Statistics on Major Depression

- It is seen in children, adolescents, adults, and seniors.
- Major Depression is the leading cause of disability in the U.S.
- Affects 5.0% of adults (9.9 million) in a given year.
- Nearly twice as many women as men suffer from major depression.
- While it can develop at any age, the average age of onset is in the mid-20s.
- Having one episode of depression increases the likelihood of having another episode.

What Major Depression May Look Like Based On Variations Of Age And Gender

Note: Not all individuals will fall neatly into these categories. The following categories should be considered broad generalities.

Depression in Children

- Depression in children most often occurs when there are major family issues such as ongoing marital conflict and instability, divorce, or physical, sexual, or emotional abuse.
- Depression is commonly seen in adopted and foster children who are unsure of their attachments and/or who will take care of them.
- Depression in children will most often be observed in behavior such as acting up, school problems, and social problems; **not words.**

Depression in Adolescents

- Depression in adolescents has many different possible symptoms such as boredom, irritability, poor grades, social problems, and withdrawal.
- Some adolescents will verbalize their feelings to friends while others will simply "stuff" their feelings.
- Depression will often be seen in observable behavioral changes.
- Adolescents who verbalize hopelessness and/or suicidal thoughts should be referred for professional counseling right away.

Depression in Adult Women

- Depression in women often occurs after long periods of stress.
- Hormonal changes/imbances and physical conditions also contribute to depression in women.
- Symptoms in depressed women often include sad mood, feelings of agitation/irritability, tearfulness, low self-worth, and low energy.
- Watch out for "Depressed-Christian-Wife-and-Mother-Syndrome." This occurs when mothers become so consumed by the needs of their families that they slowly become depressed because they have overlooked taking care of their own needs.

Depression in Adult Men

- Men dealing with depression may not look sad or even express feelings of being depressed (although some do).
- They may be fighting burnout and work stress and may find little pleasure in things that they once enjoyed.
- It is quite common for men struggling with depression to withdraw emotionally from their families; and especially, their spouses.
- Depressed men may be irritable and get angry quickly.
- They may deal with the depression through overworking or other escapes such as alcohol or pornography.

Depression in Seniors and the Elderly

- Depression in older adults can have a significant impact on their mental and physical health.
- Individuals may experience depression after major changes (retirement), losses, or after developing health problems like cancer or stroke.
- Depression often affects the older person's memory and, at times, can be misdiagnosed as dementia. In addition, it is common for individuals to have dementia and depression at the same time.
- Social withdrawal, morbid over-focusing on death and dying, lack of energy, and loss of the will to live may all be indicators of depression.

Types Of Interventions For Major Depression

Counseling for Major Depression

- Has been shown to be effective in treating depression both with and without antidepressant medication.
- Helps the person to:
 - #1 Cope with the depression.
 - #2 Become familiar with what likely caused it.
 - #3 Learn skills necessary to overcome it.
 - #4 Prevent and/or shorten relapses.
- Offers the long-term benefit of reduced risk of relapse.
- For mild to moderate depression, studies show counseling to be as effective as antidepressant medication in treating depression.

Medication for Major Depression

Antidepressant Medication

- Prescribed by a physician (psychiatrists specialize in this).
- Not addictive and have a very low potential for abuse.
- Has no effect on normal mood and does not create a high.
- Must be taken for approximately 2 to 4 weeks until the therapeutic effects are felt by the person.

Antidepressant Medication

- Unfortunately, **if** a person is going to experience a side effect, s/he will usually develop it right away. Often side effects go away with time, but sometimes a different medication must be tried.
- Because each person's genetic/physical make-up, life experiences, and situation, etc. is different, no single medication or dosage is right for all people.
- There is not one antidepressant that is always better than the others.

Antidepressant Medication Cont'd

- The most commonly prescribed antidepressant medications are the SSRIs (Paxil, Zoloft, Lexapro, Prozac, etc. and SNRI's (Effexor).
- When discontinuing an antidepressant, be sure to follow your doctor's orders. Some of the medications need to be tapered off gradually in order to avoid side effects.

Supplements for Depression

- The word "Depression" is used to describe states of mind that range from feeling "blue" to severe clinical depression.
- Several supplements have been found to be helpful for some people dealing with **sub-clinical and mild clinical depression**. These include:
 - St. John's Wort – has the most consistent research support.
 - SAmE, Fish Oil, 5-HTP, B-Complex Vitamins, and DHEA are other supplements that are sometimes used for depression.

Supplements for Depression Cont'd

- Be sure to check with your physician as these supplements can interfere/interact with a number of other medications.
- These supplements have not been shown to be effective for severe clinical depressions.

Exercise

- Studies repeatedly show that exercise can provide both protective and restorative benefits against depression.
- Aerobic exercise like walking seems to be particularly effective.
- Studies have shown that attending an exercise class is especially effective for depression in older adults (social, emotional, and physical benefits).
- Non-aerobic exercise (stretching, weight-training, etc.) has also been shown to reduce depression.

Electro Convulsive Therapy (ECT)

- Formerly known as "shock" treatment.
- ECT is used in cases in which a person's depression hasn't responded to medication and counseling.
- There have been many advances in ECT in recent years and it is a much more humane procedure than it was several decades ago.

ECT Cont'd

- The procedure is done in a hospital setting.
- The patient is given relaxants/sedatives during the procedure. It is not painful or dangerous to the person.
- Some mild, short term memory loss of events right around the time of the ECT is the most common side effect.
- When a person undergoes ECT they receive a series of treatments across several days and weeks – not just one.

Bipolar I Disorder (formerly known as Manic-Depression)

- Caused by a chemical imbalance.
- Bipolar depression includes both periods of Major Depression alternating with periods of intense “highs” called Mania.

The symptoms of mania are:

1. Inflated self-esteem or grandiosity
2. Decreased need for sleep (may not sleep for several days or may sleep very little).
3. Very talkative - feeling pressure to keep talking.

Bipolar Disorder Cont'd

4. Racing thoughts
5. Distractibility – too easily focuses on things that are either unimportant or irrelevant.
6. Intense focus on a specific goal (e.g., may work 36 hours straight even with very little, or no, sleep).
7. Agitation
8. Excessive involvement in pleasurable activities that have a high potential for painful consequences. Person engages in high-risk behavior or poor decision-making such as buying sprees, foolish business decisions, sexual indiscretions, etc.

Bipolar II Disorder – a milder form of Bipolar Disorder.

Statistics for Bipolar Disorder

- Men and women develop bipolar disorder at equal rates.
- The average age of onset for the first manic episode is in the early 20s.
- 1.2% American adults (approx. 2.3 million) are affected by bipolar disorder.

Medical Treatments for Bipolar Disorder

1. **Severe manic phases (often require hospitalization):**
 - Antipsychotic medications (Zyprexa)
 - Mood stabilizer (Lithium)
 - Anticonvulsants (Depakote, Tegretol, Lamictal)
2. **For long term management/mood regulation:**
 - Antipsychotic medications
 - Mood stabilizer
 - Anticonvulsants

Medication for Bipolar Cont'd

3. **To reduce the severity of depression:**
 - Antidepressants - **Note:** For people with Bipolar Disorder, caution should be used with the drug family the SSRI's (ex. Prozac, etc.).
 - They can be used successfully in combination with a mood stabilizing medication. However, when used alone in people with Bipolar Disorder, SSRIs can lead to manic episodes.
4. **Hospitalization:** can be necessary to help the person stabilize from a manic episode or if s/he is in a severe depression.

Medication for Bipolar Cont'd

- Ongoing medication treatment is essential.
- It is common for people with Bipolar Disorder to be inconsistent with taking their medication and/or wanting to stop taking it.
- Unfortunately, sometimes people with Bipolar Disorder stop their medication and refuse to take it when they need it most.
- At these times, hospitalization may be necessary to get the person to take his or her medication and to get them restabilized .

Counseling and Social Support for Bipolar Disorder

- Studies show the following factors reduce relapses, reduce/shorten hospitalization, and increases the person's ability to functioning normally:
 1. Individual and marital counseling.
 2. Social support & family involvement in the treatment.
 3. Reducing stress and living a healthy, balanced lifestyle .
 4. Regulating one's "social rhythm" and keeping to a regular schedule of activities (sleep, etc.).

Dysthymic Disorder

- Dysthymia is a long-term, low-grade depression.
- Is diagnosed when a person has depressed mood for most of the day, for more days than not, for at least 2 years; and also has at least two of the following:
 1. Poor appetite OR overeating
 2. Oversleeping OR Insomnia
 3. Low energy or fatigue
 4. Low self-esteem
 5. Poor concentration or difficulty making decisions
 6. Feelings of hopelessness

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ed., Text Revision). Washington, DC: Author

Statistics for Dysthymia

- 5.4% of American adults (approx. 10.9 million) will develop dysthymia at some time during their lifetime.
- When people who have dysthymia go into a major depression (i.e., they have both types of depression), it is called "Double Depression."
- Treatments for Dysthymia are similar to those for Major Depression.

Seasonal Affective Disorder (S.A.D) (the wintertime blues)

- Almost half of the US population reports that their mood is lower during the winter months.
- A smaller percentage of these people will develop S.A.D.
- This mood change occurs during the months from fall to spring.
- Is thought to be caused by changes in the amount of sunlight.

Symptoms of S.A.D.

- Depressed mood
- Oversleeping
- Low energy and low motivation
- Generalized fatigue
- Overeating and weight gain (carbohydrate craving)
- Irritability and interpersonal difficulties
- Aches and pains, lowered immune system

Treatment of S.A.D.

1. **Light Therapy (phototherapy):** This treatment involves the affected person spending time sitting in front of a commercially available light-box which produces light with output between 2500 and 10,000 lux.
 - Note: lux is a measure used to determine the amount and quality of light produced – for example fluorescent lights give off about 200-300 lux).
2. **Physical exercise**
3. **Antidepressant medication**

Premenstrual Dysphoric Disorder (PMDD)

- An absence of anxiety or depressive symptoms during the first ½ of the menstrual cycle (follicular phase).
- Symptoms appear during the second ½ of the cycle (luteal phase).
- Symptoms disappear when menses begins.

Symptoms of PMDD

- Depressed mood
- Feelings of hopelessness
- Feeling overwhelmed or out of control
- Anxiety, tension, and feeling “on edge”
- Mood swings
- Irritability and persistent anger
- Increased interpersonal conflicts

Symptoms of PMDD Cont'd

- Decreased interest in usual activities
- Difficulty concentrating
- Lack of energy; easily fatigued
- Overeating and food cravings
- Oversleeping or insomnia
- Feeling overwhelmed or out of control
- Physical symptoms such as bloating, aches and pains
- **Note: Symptoms are more severe than is seen in premenstrual syndrome (PMS).**

Treatment for PMDD

1. **Symptom Tracking :** Daily use of a tracking sheet to observe patterns in symptoms across the menstrual cycle each month.
2. **Lifestyle Balance:** Exercise, stress management, watching foods to eat/not to eat (specific to the person).
3. **Antidepressants:** SSRI (Lexapro, Zoloft, Sarafem/Prozac)
4. **Medications to Regulate Hormones:** This used to be a first-line treatment, but now is used less frequently.

The Postpartum Blues

- 50-80% of new mothers experience the “postpartum blues” (baby blues) after childbirth.
- Symptoms include mood swings, feeling anxious and/or overwhelmed, tearfulness, and/or irritability.
- Symptoms of the “postpartum blues” are passing and usually stop within 1-2 weeks of the delivery.
- If symptoms last longer than 2 weeks, it is important to seek medical attention.
- 20% of women with the postpartum blues go on to develop postpartum depression.

Postpartum Depression

- Overall, 10-15% of women develop postpartum depression.
- Symptoms can include:
 - Depressed mood
 - Fatigue
 - Thoughts of death or suicide
 - Feeling worthlessness/overwhelmed to the point of not being able to function.
 - Difficulty concentrating
 - Incessant worrying about the baby OR an indifferent attitude toward the baby.

Postpartum Depression Cont'd

- Women who have previously been depressed have a higher rate of postpartum depression (this is especially true for women with bipolar disorder).
- Seek medical attention especially if you are having suicidal thoughts and/or the depression interferes with your ability to care for the new baby.
- Many women put off seeking help because they are embarrassed (e.g., "I should be happy, I must be weak" or "if people knew I had these thoughts they might think I'm not fit to be a mother).
- At times, new mothers do not get the help they need because other people (e.g., husbands, other mothers, etc.) minimize the symptoms.

Treatment of Postpartum Depression

1. **Social Support:** affected mothers may need assistance in caring for the newborn, childcare for other children, meals, transportation, spiritual encouragement, etc.
2. **Antidepressant Medication:** Quite helpful for postpartum depression. For women who have had severe depression after previous deliveries, antidepressants are sometimes started in the third trimester. **Note:** many antidepressants are secreted in breast milk. Don't be afraid to talk over your options with your physician.
3. **Counseling:** Helpful in assisting women to deal with their anxiety/depression, teaches coping skills, etc.

OVERCOMING DEPRESSION

Using Four Areas of Human Functioning:

- Spiritual (Your relationship with God)
- Biological (Your physical body)
- Emotional (Your thoughts and feelings)
- Relational (Your social support network)

Spiritual Resources

- God has compassion for people who are hurting. (*Psalm 34:18-19; Romans 8:26; Psalm 103; Isaiah 43:2*)
- Read Scripture and pray daily to keep yourself connected to God's promises and His plan for you. (*Jeremiah 29:11; I Corinth. 14:33; II Corinth 4:8-9*) Don't worry if you can't pray or read for very long. Simply do what you can do!
- Use comforting Scriptures to counteract negative thinking. (*Psalms 119:11; 105*)

Spiritual Resources #2

- Talk with your Elder, Ministers, and spiritual mentors to get encouragement and support.
- Use hymns and note-cards with Scripture verses on them for reminders of God's promises. (*Joshua 1:8; Isaiah 40:31*)
- When depressed, read Scriptures that are comforting (*Psalm 103*, etc.) and don't try to figure out difficult books or passages like Revelation or Lamentations.

Spiritual Resources #3

- Depression doesn't necessarily indicate a poor relationship with God. **1 Peter 1:6** "*Wherein ye greatly rejoice, though now for a season, if need be, ye are in heaviness through manifold temptations.*"
- **Don't pin your spiritual peace to your emotions.**
- Often people who are depressed confuse "true guilt" (guilt that results from sin) from "false guilt" (a guilty feeling, related to depression, that is not the result of a sinful action).
- Depressed individuals may feel like they are not forgiven by God, repeatedly confess, or worry that s/he didn't repent correctly. If there are actual sin issues, they must be dealt with. However, remember repeated repentance won't cure an illness.

Biological Resources

- Our bodies – God’s temple – *1 Corinth 3:16*.
- Get a thorough physical examination from your physician. Talk to him/her about your symptoms and ask about the effects of medical illnesses and side-effects of medications you are taking.
- Antidepressant Medication – Necessary for Bipolar Disorder. It is also important when suicidal thoughts are present or if the depression is interfering with your ability to go to work, school, or take care of your children.

Biological Resources #2

- Use relaxation skills and reduce stress as much as possible.
- Regulate sleeping: go to sleep and get up at regular times; limit napping – especially in the late afternoon and evening.
- Regulate eating: eat regular nutritious meals; avoid over/under eating.
- Exercise: walking appears to be a natural antidepressant; start slowly and build up.

Emotional/Cognitive Resources

- *“For as he thinketh in his heart, so is he” Proverbs 23:7*
- Work to change perfectionistic and negative thinking. This is a *“renewing the mind”* process. (*Roman 12:1-2*)
- Repeat reassuring Bible verses to yourself to fight negative thinking. (*Phil. 4:13*)
- Journal (write out) your thoughts and feelings. Like David, write your own psalms and acknowledge your feelings to God.

Emotional/Cognitive Resources #2

- Read *Phil. 4:8* for a checklist of healthy things to think about.
- Set small and reasonable goals for yourself to meet each day.
- Be compassionate to yourself -- just like you would be to a friend who was struggling.
- Learn about depression and its treatment so you know what to expect and how to cope with it most effectively.

Relational Resources

- *“Two are better than one” Eccles. 4:9-10*
- One of Satan’s greatest tools is isolation. Fight the desire to isolate yourself from others.
- Try to have regular contact with friends and/or an accountability partner.
- Try to attend some of the normal social functions you would go to even if you need to leave earlier than you normally would.

Relational Resources #2

- Mothers with young children and the elderly are especially vulnerable to social isolation.
- While this can be true of anyone, men tend to have more difficulty sharing their feelings with others. Unfortunately, at times, things build up inside and eventually weigh the person down.

Helping Someone Who Is Depressed

How To Be Supportive

- Be informed; know the symptoms of depression and how it is treated. Understand it is an *illness*.
- Privately, ask the individual if there is any way you can help him or her. (Example: offer to transport or go with the person to their counseling sessions)
- Support and encourage the person, but remember you don't have to feel like it is your job to make the other person's depression go away.
- Support and encourage the person's treatment. This is especially true because some people are reluctant to seek treatment.

How To Be Supportive #2

- Realize depression makes decision-making more difficult. Offering a lot of advice, especially when it is opposing to the recommendations they have received from their physician and/or counselor, causes confusion and distress.
- Do your best to avoid giving clichés. Simplistic answers can make a depressed person feel worse! **Proverbs 25:20** says, "As he that taketh away a garment in cold weather, and as vinegar upon nitre, so is he that singeth songs to an heavy heart."
- If the person is having suicidal thoughts, seek professional help immediately.

How To Be Supportive #3

- Let the person know you are praying for him or her. Satan tries unrelentingly to undermine the faith of those who are depressed. Fervently ask God to comfort, protect, encourage, strengthen, and bring healing to the person.
- Remember Job's friends and learn from their mistakes. Don't automatically assume the person is trying to get attention or is hiding sin in his or her life.
- Don't try to handle the situation on your own. Instead, see yourself as one part of the body of Christ that can minister to the person. (*Proverbs 11:14*)

How To Be Supportive #4

- A careful balance of support, along with gentle nudges to encourage the person to take steps of progress, is the best way to assist a struggling person. (*Prov. 12:25; 16:24; 25:11*)
- **For family members:** The depressed person's illness *will* disrupt the family – accept that this is part of the problem rather than an attempt to exploit the family.
- **Avoid blaming:** Depression may be completely unrelated to anything going on in the family **OR** it may be directly linked to issues in the family.

Summary

- It is important to differentiate the type of depression so the correct treatment can be applied.
- The category of depression is assessed by the patterns, symptoms, causes, and length of time.
- **Spiritual Depression** needs repentance.
- **Situational (reactive) Depression** needs support, good coping skills, time, and, possibly, counseling.
- **Medical/Psychological Depression** needs medical and psychological treatment. There is no need to feel shame in seeking treatment for depression.

Helpful Resources

Depression in Children/Adolescents:

The Depressed Child: A Parent's Guide for Rescuing Kids by Douglas Riley, 2001, Taylor Publishing.

Depression in Adult Women:

Unveiling Depression in Women by Archibald Hart & Catherine Hart-Weber, 2002, Fleming Revell.

Depression in Adult Men:

Unmasking Male Depression by Archibald Hart, 2001, Word Publishing, ISBN: 0849940702.

Bipolar Disorder:

The Bipolar Disorder Survival Guide: What You and Your Family Need To Know by David Miklowitz, 2002, Guilford Press, ISBN: 1572305258.