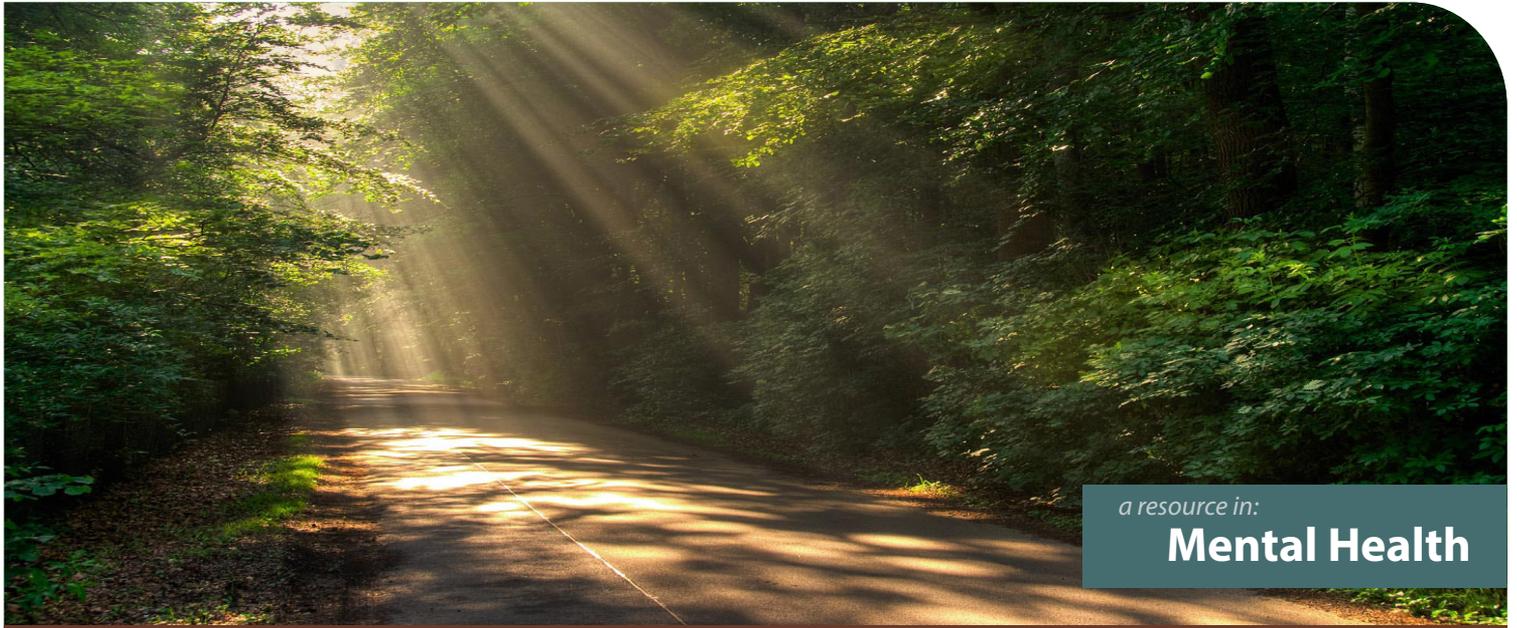


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## Depression: What Is It And What Can Be Done About It



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# Depression: What Is It And What Can Be Done About It

## I. IS FEELING “DOWN” DEPRESSION?

- A. The word “depression” has many meanings in our society that don’t equal clinical depression.
- B. There are several types of depression, each with unique features and symptoms.
- C. There are many causes of depression, most often resulting from a combination of factors.

## II. WHO GETS DEPRESSED, AND HOW COMMON IS IT?

- A. Depression is seen in children, adolescents, adults and seniors.
- B. Women become depressed nearly two times more often than men.
- C. Having one episode of depression increases the likelihood of having another episode.

## III. POSSIBLE CAUSES OF DEPRESSION (not an exhaustive list).

- Prolonged stress and major life changes
- Physical illness (thyroid problems, cancer, etc.)
- Side effects of some medications
- Harboring sin and/or reckless living
- Built up anger, bitterness and unforgiveness
- Perfectionism, unrealistic expectations and negative thinking
- Sleep disorders (sleep apnea, etc.)
- Changes in the seasons (wintertime blues)
- Unresolved grief and loss
- Family history of depression
- Interpersonal and/or marital problems
- Emotional, sexual or physical abuse
- Recent childbirth (i.e. Postpartum)
- Alcohol and/or drug use
- Irregular hormones and menopause

## IV. TYPES OF DEPRESSION.

### Major Depression (Unipolar Depression)

Major Depression is diagnosed when a person has several of the following symptoms for more than two weeks:

- Depressed or sad mood
- Diminished desire for usual activities
- Significant weight loss OR weight gain
- Oversleeping OR insomnia
- Agitation OR feeling slowed down
- Fatigue or loss of energy
- Feelings of worthlessness; excessive or inappropriate guilt
- Difficulty concentrating or making decisions
- Recurrent thoughts of death or suicide

### Bipolar I Disorder (Manic-Depression)

Bipolar depression includes both periods of Major Depression (see box at left) along with periods of intense “highs” called Mania. The symptoms of mania are:

- Inflated self-esteem or grandiosity
- Decreased need for sleep (may not sleep for several days or may sleep very little)
- Feeling pressured to keep talking
- Racing thoughts
- Highly distractible
- Engaging in high-risk behavior; poor decision making (buying sprees, etc.)

Bipolar II Disorder is a disorder in which the person has episodes of depression alternating with milder

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## Dysthymia (long term depression)

- Depressed mood for at least 2 years
- Poor appetite OR overeating
- Insomnia OR oversleeping
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness

## Seasonal Affective Disorder (S.A.D. – also known as Wintertime Depression)

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 months from fall to spring and is caused by changes in the amount of sunlight. Symptoms of S.A.D. may include:

- Depressed mood
- Oversleeping, low energy, general fatigue
- Overeating and weight gain
- Irritability and interpersonal difficulties
- Aches and pains, lowered immune system

## Premenstrual Dysphoric Disorder (PMDD)

There is an absence of anxiety or depressive symptoms during the first ½ of the cycle (follicular phase). Symptoms appear during the second half of the cycle (luteal phase). Symptoms disappear when menses begins. Symptoms of PMDD may include:

- Depressed mood and feelings of hopelessness
- Feeling overwhelmed or out of control
- Anxiety, tension, feeling “on edge”
- Mood swings
- Irritability or interpersonal conflicts
- Decreased interest in usual activities
- Difficulty concentrating
- Lack of energy
- Overeating and food cravings
- Oversleeping or insomnia

**Symptoms are more severe than is seen in PMS.**

## Postpartum Depression

Some facts about Postpartum Depression:

- 50-80% of mothers experience the “postpartum blues” (baby blues) after childbirth. Symptoms include mood swings, feeling anxious, tearful or irritable. These symptoms are passing and usually stop within 1-2 weeks.
- If symptoms last longer than 2 weeks, it is important to seek medical attention.
- 20% of women with postpartum blues develop postpartum depression.
- Women who have previously been depressed (either unipolar or bipolar) have a higher rate of postpartum depression.
- 10-15% of women develop postpartum depression. Symptoms include depressed mood, fatigue, thoughts of death or suicide, feelings of worthlessness, difficulty concentrating, incessant worrying about the baby OR an indifferent attitude toward the baby.
- 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 or because others minimize their symptoms.

## Some Important Notes

- Depression often occurs in combination with other disorders. A recent study found 72% of patients with Major Depression also met criteria for at least one other disorder.
- When seeking treatment, it is important that a thorough assessment be completed so that important issues are not overlooked.
- Not getting an accurate diagnosis can lead to longer and less effective treatment, increased expense and prolonged suffering.
- Depression can manifest itself in a variety of ways. It is important to realize that depressive symptoms in one person may look entirely different in another person.
- Seek help early and proactively for depressive symptoms. Denying and/or minimizing symptoms is not helpful or wise.

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## V. VARIATIONS IN HOW DEPRESSION MANIFESTS BASED ON AGE AND GENDER.

While depression manifests itself uniquely in each person struggling with it, there appear to be some patterns based on age and gender that can be helpful in identifying struggling individuals. Please note that not all individuals will fall neatly into these categories.

- A. **Children.** Depression in children most often occurs when there are major family issues such as marital conflict and instability; divorce; or physical, sexual or emotional abuse. Depression is often 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 or social problems. Often it is not verbalized by the child.
- B. **Adolescents.** Depression in adolescents has many different forms 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 is often seen in observable behavioral changes. Adolescents who verbalize hopelessness and/or suicidal ideation should be referred to professional counseling right away.
- C. **Adult Women.** Depression in women often occurs after long periods of stress. Hormonal imbalances and physical conditions also contribute to depression in women. They often have a sad mood, feelings of agitation, 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 their own needs.
- D. **Adult Men.** Men dealing with depression may not look sad/tearful or express feelings of being depressed. They are often fighting burnout and work stress. They may find little pleasure in things they once enjoyed. It is quite common for men struggling with depression to withdraw emotionally from their families, especially their spouses. Men who are depressed tend to be irritable and get angry quickly. They may deal with the depression through overworking or other escapes such as alcohol or pornography.
- E. **Seniors & Elderly.** Depression in older adults can have a significant impact on their mental and physical health. Some individuals have a difficult time adjusting to retirement and the changes it brings. Others experience depression after developing health problems like cancer or a 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 dying and death, lack of energy and loss of the will to live all may be indicators of depression.

## VI. PROFESSIONAL HELP FOR DEPRESSION.

- A. **Counseling.** Professional help has shown to be effective in treating depression and offers the long-term benefit of reduced risk of relapse. The purpose of counseling is to help the person understand depression and develop skills necessary for overcoming it. Mental health professionals that could be consulted for depression include counselors, social workers and/or psychologists. These professionals cannot prescribe medications.

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- B. **Antidepressant medications.** These medications have shown to be effective in the treatment of depression. Medical doctors (M.D., D.O.) and at times Physicians Assistants and Nurse Practitioners (working with a physician) can prescribe antidepressant medications. Psychiatrists are medical doctors who specialize in treating mental health issues. Antidepressants are not addictive, have no effect on normal mood and will not produce a high. Newer medications have fewer unpleasant side effects than older medications. However, if unpleasant side effects do occur, it may be necessary to adjust dosages or switch medications. Talking with your primary care physician is often a good place to start. This is especially true because it is important that people struggling with depression get a complete physical. It is usually best to consult a psychiatrist if you are experiencing severe depressive symptoms, have a chronic mental illness or your primary care physician is not highly skilled in this area.
- C. **Electroconvulsive Therapy (ECT).** ECT was formerly known as “shock” treatment. ECT is used in cases in which a person’s depression hasn’t responded to other forms of treatment. The procedure is done in a hospital setting and usually requires several sessions in order to obtain benefits. There have been many advances in ECT in recent years, and it is a much more humane procedure than it was in the past.
- D. **Phototherapy (Light Therapy).** Seasonal Affective Disorder (wintertime depression) is treated with Light Therapy. This treatment involves the affected person spending time sitting in front of a light-box which produces light with an output between 2,500 and 10,000 lux (measure used to determine the amount and quality of light produced).

## VII. DEPRESSION AND SIN.

- A. Ultimately all disease, both physical and mental, is a result of the fall starting with Adam and Eve (see *Genesis 3*).
- B. Sin (i.e. hatred, pride, greed, bitterness, sexual immorality) that is not dealt with leads to spiritual unrest (*Psalms 32:3-4*). That unrest can, at times, be intense enough that it can lead to depression.
- C. Counseling and/or medication will not remove the distress of sin that is not dealt with. For example, an unrepentant person who is having an affair may take an antidepressant to deal with his guilt. However, the conviction of the Holy Spirit can continue to work in the heart of the person regardless of whether the person takes the anti-depressant or not.
- D. Depression caused by lack of repentance can only truly be taken care of by receiving cleansing from God through Christ (*Romans 3:23-25; Proverbs 28:13*).
- E. Some biblical examples of individuals whose disrupted relationship with God brought about depression are Jonah (*Jonah 4*), David (*2 Samuel 12:7-17*) and King Saul (*1 Samuel 16:14-23*).
- F. Some important notes about depression and sin:
  - 1. When someone becomes depressed or goes through difficult times, it doesn’t automatically mean that the person is harboring sin in his life (*Luke 13:1-5; John 9:1-3*; see the book of *Job*).

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2. Depression is a symptom of a problem; however, we cannot know what caused the depression simply by observing the symptoms. The cause *may or may not* be related to sin.
3. Often people who are depressed confuse feelings of “true guilt” (guilt that results from sin) with “false guilt” (a guilty feeling, related to depression, that is not a result of a sinful action). These individuals may feel like they are not forgiven by God, repeatedly confess, or worry that they didn’t repent correctly.

## VIII. OVERCOMING DEPRESSION USING FOUR AREAS OF HUMAN FUNCTIONING.

### A. Spiritual – God’s greatest desire is for us to be with Him.

1. The spiritual area ties all of the other areas together.
2. God has compassion for people who are hurting (*Psalms 34:18-19; Romans 8:26; Psalm 103*).
3. Read Scripture and pray daily to keep yourself connected to God’s promises and His plan for you (*Jeremiah 29:11; 1 Corinthians 14:33; 2 Corinthians 4:8-9*). Don’t worry if you can’t pray or read for very long. Simply do what you can.
4. Use comforting Scriptures to counteract negative thinking (*Psalms 119:11, 105*).
5. Talk with your Elder, Ministers and spiritual mentors to get encouragement and support.
6. Use music and note cards with Scripture verses on them for reminders of God’s promises (*Joshua 1:8; Isaiah 40:31*).
7. When depressed, read Scriptures that are comforting (*Psalms 103*, etc.), and don’t try to figure out difficult books or passages like *Revelation* or *Lamentations*.

### B. Biological – Our bodies; God’s temple (*1 Corinthians 3:16*).

1. Get a thorough physical examination from your physician. Talk to him about your symptoms, and ask about the effects of medical illnesses and side effects of any medications you are taking.
2. Reduce stress as much as possible.
3. Regulate your sleeping. Go to sleep and get up at regular times and limit napping, especially in the late afternoon and evening.
4. Regulate your eating. Eat regular nutritious meals; avoid over/under eating.
5. Exercise. Walking appears to be a natural antidepressant; start slow and build up. Relaxation is also important.
6. You may need to try antidepressant medication. Medication is necessary for Bipolar Depression. 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.

### C. Emotional/Cognitive – “For as he thinketh in his heart, so is he.”(*Proverbs 23:7*).

1. Work to change perfectionistic and negative thinking (*Romans 12:1-2*).
2. Repeat reassuring Bible verses to yourself to fight negative thinking (*Phil 4:13*).
3. Journal (write out) thoughts and feelings; acknowledge your feelings.
4. Share your feelings with others, and pour your heart out to God (e.g. *Psalms 13*).
5. Read *Philippians 4:8* for a checklist of healthy things to think about.
6. Set small and reasonable goals for yourself to meet each day.
7. Be compassionate to yourself like you would be compassionate to a struggling friend.

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- D. Relational – *“Two are better than one; because they have a good reward for their labour. For if they fall, the one will lift up his fellow: but woe to him that is alone when he falleth; for he hath not another to help him up.”(Ecclesiastes 4:9-10).*
1. One of Satan’s greatest tools is isolation. Fight the desire to isolate yourself from others.
  2. Try to have regular contact with an accountability partner.
  3. Try to attend some of the social functions you would usually go to, even if you need to leave earlier than you normally would.
  4. Mothers with young children and the elderly are especially vulnerable to isolation.
  5. While this can be true of anyone, men tend to have more difficulty sharing their feelings and then get depressed because things build up over time.

## IX. HELPING SOMEONE WHO IS DEPRESSED.

- A. Be informed; know the symptoms of depression and stay in contact with the person.
- B. Privately ask the individual if there is any way that you can help him.
- C. Support and encourage the person. You don’t have to feel like it is your job to make the other person’s depression go away.
- D. Support the person’s treatment; offer to transport or go with the person to counseling.
- E. Realize that 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.
- F. Do your best to avoid giving clichés for answers (*Proverbs 25:20*). Simplistic answers can make a depressed person feel worse.
- G. Let the person know you are praying for him. 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.
- H. If the person is having suicidal thoughts, seek professional help immediately.
- I. Remember Job’s friends and learn from their mistakes. Don’t automatically assume the person is just trying to get attention or is hiding sin in his life.
- J. 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*).
- K. A careful balance of support along with gentle nudges to take steps of progress is the best way to assist the struggling person (*Proverbs 12:25; 16:24; 25:11*).

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## X. WHAT THE CHURCH CAN DO TO HELP THOSE WHO STRUGGLE.

- A. Accept that everyone struggles at one time or another . . . even good Christians.
- B. Work to make the church a caring place so that people feel that they can share their struggles. Try to have a family atmosphere.
- C. Deal with issues proactively as they come up in life (*James 5:16*).
- D. Deepen relationships with others so that when (not if) we are struggling, others are close enough to notice and have permission to speak up (*Ecclesiastes 4:9-10*). Be aware of changes in friends and family members.
- E. Confront and stop gossip (*Proverbs 11:13; 18:8; 20:19; 26:20*).
- F. Remember that Jesus is more interested in a humble awareness of our need for His help than in self-sufficient independence and good looks (*Luke 18:9-14*).
- G. Remember that Christ died for our imperfections and that His grace is what makes us whole (*Titus 3:5-8*). Perfectionism is sometimes an attempt to gain the unattainable goal of never being wrong or never needing help from others. Unfortunately, perfectionism is a trap that leads to feelings of failure and beliefs that one does not measure up or deserve compassion.
- H. Remember that each of us needs time to step back, relax and regain perspective. Many times depression subtly overcomes people because they forget to take care of basic things in their lives. “You can’t fill another person’s cup when yours is empty.”
- I. At times individuals (often men) become depressed because they feel inferior in comparison to others that are more “successful” (*2 Corinthians 10:12*). Look up “success” in *Joshua 1:8*.
- J. Life transitions are often times when people become depressed. Young men and women who are having difficulty deciding on a career, college, marriage, etc. may experience depression.
- K. We shouldn’t assume that we know how to “fix” another person’s problem. Often, unless we are very familiar with the person, we may not know all of the issues they are facing (*Jude 1:22-23*).
- L. Those who have gone through depression or other difficult times have an opportunity to reach out to others who are struggling (*2 Corinthians 1:3-7*).