



COUNSELLING DEPRESSED PEOPLE

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(student)

Descriptions of depression:

- *"It is a pitiless, unrelenting pain that affords no window of hope, no alternative to a grim and brackish existence, and no respite from the cold undercurrents of thought and feeling that dominate the horribly restless nights of despair."* (quoted in Ed Welch, *Depression: A Stubborn Darkness*, 21-22)
- *"I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever be better, I cannot tell; I awfully forbode I shall not. To remain as I am is impossible. I must die or be better, it appears to me."* (American President, Abraham Lincoln quoted in Welch, 22)
- *At work he sits and stares at his papers, or he idly watches his machine work. He seems to do his job only if he is prodded by someone else. He isn't thinking about anything in particular; he just feels useless and depressed. His productivity falls. He loses the capacity for creative thinking. He is short-tempered with everyone. People who work under him say he is very difficult to please and is always finding small things wrong with the way they are doing the job.*

At home he seems to have dropped out as well Sometimes he simply sits in a chair staring out of the window or listens endlessly to music or watches television. He avoids conversation. He dodges leadership and problem-solving. His temper flares up, and he tells his wife and children, "I just want to be left alone! Can't you understand that?"

.... Depression spills over into social relationships He explains to his wife that he doesn't want to be with people (Jim Conway, *Men in Mid-life Crisis*, 49-50)
- *Nothing holds any interest. You are a barely walking zombie. Everything is drab, lifeless, and tired. Why work? Why get out of bed? Why do anything? ... Nothing seems to matter.* (25)
- *Depression has a logic of its own. Once it settles in, it can't distinguish between a loving embrace, the death of a close friend, and the news that a neighbor's grass is growing.* (Welch, *Depression: A Stubborn Darkness*, 23)

Proverbs 18:14. *The spirit of a man can endure his sickness, but as for a broken spirit who can bear it?*

Definition of depression:

Jay Adams:

...[Depression is] *a cyclical process in which the initial problem is mishandled in such a way that it is enlarged in downward ... spirals that eventually plunge one into despair.*

... *The downward cycle enslaves one in hopelessness and guilt, thus bringing a slowing down or cessation of activity, called depression. (The Christian Counselor's Manual, 375)*

Four biblical examples of depression:

1) Cain: Genesis 4:3-7

Situation:	Cain's sacrifice rejected by God/Abel's accepted (v. 3-4)
Response:	disappointment and anger (v. 5)
Expectations:	divine approval, equality/superiority to his brother
Solutions:	do what is right to feel better (v. 7) master your sinful desires (v. 7)

2) Elijah: 1 Kings 19

Situation:	aftermath of the Baal/YHWH contest (1 Kings 19:1-3)
Response:	discouragement, suicidal thoughts (19:4, 9-10)
Expectations:	protection and company as reward for faithfulness (19:10)
Solutions:	food and sleep (19:5-7) assurance of God's presence (19:11) given a positive task to do—anoointing two kings (19:15-16) correction of his wrong thinking that he was alone (19:18)

3) David: Psalm 30

Situation:	life-threatening physical sickness (30:2-3, 9)
Response:	weeping, dismay, mourning (30:5, 7, 11)
Expectation:	perpetual personal prosperity (30:6)

Solution: understanding that success is a gracious gift (30:7)

4) Paul: 2 Corinthians

Situation: conflict among and accusations from the Corinthians (2:5-11; 1:17-18; 10:10; 11:7, 11)

Response: despair, sorrow, conflict, fears, second guessing (1:8; 2:1-4; 7:5, 8-9)

Unmet desires: peace in the church, open relationships with them (11:28-29; 6:11-13; 7:2)

Solutions: divine mercy (4:1; 1:3)
resilient, enduring attitude (4:8-11); Prov 24:16a
desire to please God (5:9)
God-focus and other-focus (4:15; 5:13)
love for Christ (5:14)
thankful confidence in God (2:14; 3:5; 4:7)
resurrection focus (4:17-18)
pursuing reconciliation (7:2-3)
godly friendship (7:5-7)
reflection on past grace (12:7-10)

Basic questions when counselling depressed people:

- What is your problem?
- What does *God* say about your problem?
- What does God say *to do* about your problem?

➤ What Is Your Problem?

Thirteen things often associated with depression:

1. Failure.

According to some standard, we determine that we have not measured up We fear that we are ordinary. (Welch, Depression: A Stubborn Darkness, 176, 179)

Kent Hughes (a well-known preacher in the US):

My gait had lost its characteristic energy and I often appeared downcast. Barbara knew that it had to do with my work, for she observed that when things were going well at church I was OK, but

otherwise I was discouraged. If church attendance was up, I was up; if it was down, so was I. And the numbers had been going down for a long time. (Liberating Ministry from the Success Syndrome, 14)

2. Disappointment.

[Hope] gradually erodes as disappointments mount When you see nothing ahead of you in the future, there is no reason to get out of bed, love, or work ... (Welch, Depression: A Stubborn Darkness, 166)

[Depressed people] at some point decide that they have had enough. They decide never to hope again. (165)

Hope is a key issue in depression. The critical transition is from hopeless to hopeful. (250)

3. Sadness and anger.

Psalm 6:2, 6-7. Be gracious to me, O LORD, for I am pining away; heal me, O LORD, for my bones are dismayed I am weary with my sighing; every night I make my bed swim, I dissolve my couch with my tears. My eye has wasted away with grief.

Kent Hughes:

My depression itself had become increasingly ugly.

A covert, unarticulated animosity had crept through my soul. It was hidden from all. Years of honestly cultivating Christian civility served me well—for inside I was a very angry man.

The focus of my resentment was God himself, the one who had called me to this. I had given everything—all my time, all my education, years of ministry and true Christian devotion (he knew!)—and now I was failing. God was to blame. (Liberating Ministry from the Success Syndrome, 14)

Welch's formula:

Sadness + Anger = Depression.

The wisest way to approach this subject is to assume that you are angry. (Welch, Depression: A Stubborn Darkness, 153, 154)

Jonah ... followed a well-worn path. His dashed hopes and anger descended into self-pity. "Now, O LORD, take away my life, for it is better for me to die than to live" (Jonah 4:3). (169)

4. Fear.

When depression is at its most severe, paranoia is one of its cardinal features. It is fear run amok. It can feel as if both you and your world are falling apart, and you are certain there is nothing you can do about it. (Welch, Depression: A Stubborn Darkness, 143)

Fears are loud and demanding. Even when you know they are irrational, they can still control you. It is hard to argue with feelings that are so intense, and easy to be loyal to our inaccurate interpretations. (152)

5. Loneliness.

Psalm 31:9, 11-12.

Kent Hughes:

Except for my wife, it seemed that no one cared. (Liberating Ministry from the Success Syndrome, 19)

6. Lack of enthusiasm and passiveness.

Probably the most obvious challenge posed by depressed people is their apparent lack of passion or enthusiasm for anything. (Welch, Depression: A Stubborn Darkness, 222)

Depression says, "Surrender." The message is relentless, and many comply, because even when you know that there is a purpose to your suffering, the battle seems too long. (91)

Note:

Counselors will need to be taught to fight depression's tendency toward passiveness.

Ecclesiastes 9:10. *Whatever your hand finds to do, do it with all your might.*

7. Meaninglessness.

The perceived meaninglessness of work is often part of depression. It usually, however, is a sign of depression rather than a cause. (Welch, 109)

Point:

People who have become depressed tend to feel their work is meaningless; less often do they *become* depressed because they feel their work is meaningless. In other words, if a counselee complains about the meaninglessness of his work, look for another, underlying problem.

Possible exception:

Mothers who have been taught that being a mother is a second or third rate occupation.

Betsy Ricucci's helpful encouragement:

As a wife, mother, and homemaker, I can often reach the end of a day and think, Now, what have I accomplished today that was really worthwhile? No brain surgeries, no deals closed, no conferences, no multi-million dollar profits ... Well, I scrubbed the floors, made chicken cacciatore ... read to the children and baby-sat for my neighbour. But here is the biblical answer to that question: Because today's activities have furthered the building of my home, this has been a day in which, by God's grace, I have displayed true wisdom [Proverbs 14:1, A wise woman builds her house ...]. (Love That Lasts, 47)

Note:

A lack of purpose or focus can also lead to a sense of meaninglessness.

Illustrations:

- Purposelessness. Elderly or retired people who, deprived of the life-long external motivations of work or family obligations, can fade into a despondent silence.
 - Lack of focus. A person who faces many responsibilities at once, unsure of where to start to tackle the multiple tasks demanding his attention, may vacillate, jump from task to task, become frustrated with apparently minimal progress on all fronts, and eventually feel like his work is purposeless.
8. A sense of impotence to change unpleasant or painful circumstances.
 9. Inward focus.

Everything turns inward in depression. (Welch, Depression: A Stubborn Darkness, 55)

"Depression made my world so small" ... (232)

10. Fatigue.

With depression, fatigue is increased by worrying about unfinished tasks, lack of sleep, overeating, dieting, drugs, dread of work, and so on. (Robert Smith, The Christian Counselor's Medical Desk Reference, 205)

Observation:

People going through severe depression often swap day for night—sleeping excessively during the day and staying awake late at night. This often makes scheduling an important part of the solution to depression.

11. Neglect of life responsibilities.

Depression occurs when a person uses feelings as an excuse to stop functioning. (Smith, The Christian Counselor's Medical Desk Reference, 207)

The downward cycle enslaves one in hopelessness and guilt, thus bringing a slowing down or cessation of activity, called depression. (Adams, The Christian Counselor's Manual, 375)

Note:

There is a difference between *feeling down* and *depression*. Depression includes a *significant neglect of life responsibilities* due to despondent feelings.

Point:

You can feel down and not be depressed—you press through by God's grace and do your basic responsibilities, not being tripped up or dominated by your feelings of discouragement.

12. Unconfessed sin.

Psalm 31:9-10

Psalm 38:2-11

13. Wrong views of God.

Things don't simply happen to us. When they do, we respond with an immediate interpretation of their meaning and significance. We filter the event through our view of God ... (Welch, Depression: A Stubborn Darkness, 124)

Keep probing. Life is ultimately about God. (131)

There are times when we put our trust in a person ... and what we can get from that person rather than putting our trust in Christ and loving others. Once again, it comes down to spiritual allegiances. Like the ancient idolaters, we have said that God is not enough. (130)

Dashed hopes can lead to frustration with God. Frustration with God leads to self-imposed spiritual isolation or withdrawal, and spiritual isolation leads to self-pity. (168)

Insight from Ecclesiastes:

Solomon wrote Ecclesiastes to help us deal with the frustrations of living in a Genesis 3, sin-cursed world. Therefore, Ecclesiastes identifies many things that lead to discouragement and—potentially—depression.

- relentless pleasure seeking (2:1-2)
- self-focused kingdom building (2:4-11)
- placing undue hope in human education, intellect, and ingenuity (2:12-17)
- death as the thief of all human accomplishments (2:18-21)
- overwork (2:22-23; 4:6)
- sinful comparing (4:4; see also Ps 73:1-3)
- pursuing satisfaction in making money (5:10)
- injustice (7:7a; 8:14 (note *mad* in 7:7 is the Hebrew word for *insane*))
- focusing on the "good ol' days" (7:10)

Summary:

These are all things that Solomon warns will increase frustration and can lead to depression.

Correcting Key Misperceptions about Depression

In response to the question *What is your problem?*, counselees will often express the problem of their depression in wrong ways due to their feelings or due to inaccurate information they have heard or read. The following will help you correct many of popular misconceptions about depression.

Is depression an emotional problem?

Jay Adams:

When a client feels depressed or high, or anxious, or hostile, there really is no problem with his emotions. His emotions are working only too well. It is true that his emotions are not pleasant, but the real problem is not emotional, it is behavioral. Solutions aimed at relieving the emotions directly (... e.g., chemical methods like pills or alcohol), therefore, must be considered to be nothing more than the relief of symptoms. (Competent to Counsel, 93)

Robert Smith:

Depression is not even an emotional problem. The emotions are working fine, doing what God designed them to do. (The Christian Counselor's Medical Desk Reference, 199)

Conclusion:

Although depression clearly involves the emotions, it is not a problem with the emotions. Emotions are merely a *response* to life situations or to wrong thinking.

Is depression a disease, and therefore, to be treated with medicines such as anti-depressants?

Severe depression is often accompanied by physical symptoms such as sleep loss, fatigue, and feelings akin to physical pain stemming from despondency, sadness, and disappointment. But is depression a *physical* problem requiring *chemical* treatment?

Question: What is an illness?

Dr. Robert Smith:

For something to qualify as an illness, there must be evidence of damage to or malfunction of some part of the body's tissue. (Smith, The Christian Counselor's Medical Desk Reference, 198)

Point:

With depression, there is no evidence that the brain is damaged or malfunctioning.

Smith:

There is a very pervasive teaching (even from the Christian community) that depression has been proven to be a medical condition

[However] *With depression, there is no proof that something is wrong with the body There are no laboratory tests that will show there is damage or malfunction of any body tissues; thus depression is not an illness.* (Smith, 198)

Gary Almy:

Contrary to what the public is allowed to believe, no disease called depression, manic-depression, or schizophrenia has ever been discovered ... (How Christian Is Christian Counseling?, 293)

Emotional pain is not a disease. *It is a sign of a problem with our heart, just as abdominal pain is a sign of appendicitis.* (Fitzpatrick & Hendrickson, *Will Medicine Stop the Pain?*, 31)

A note on the source of emotional pain:

Christians are dichotomists—man is both spiritual *and* physical—and although there are physical components to emotions, emotions are primarily spiritual in origin.

Fitzpatrick & Hendrickson:

Generally speaking, the changes that occur in our brain when we take any action, or when we feel sad or anxious, originate in our inner person. These changes in the brain can be measured and studied, but the brain is not the place where thoughts or feelings originate. (*Will Medicine Stop the Pain?*, 30)

Brain problems:

There are genuine physiological problems in the brain that radically affect a person's thinking and behaviour, for example, Alzheimers, but there is no evidence that depression is a *brain* disease.

Alzheimer's disease for example, causes physical changes in the cells of the brain, leading to their death. Disease processes in other organs can also affect the brain, causing changes in our thoughts and feelings. But this is very different from considering bad feelings or uncomfortable thoughts, in themselves, to be brain diseases. (Fitzpatrick & Hendrickson, *Will Medicine Stop the Pain?*, 33)

Point:

While some demonstrable physical diseases (such as thyroid malfunction) do have depressive effects, there is no proof that depression itself is a physical disease.

Depression is a *mind* problem—thinking wrongly and responding wrongly to life situations. It is not a *brain* problem.

Proof:

Question: How do doctors diagnose depression?

Depression is a *diagnoses of exclusion*. Having ruled out the presence of genuine physiological diseases with blood tests and so on, the doctor then begins to ask the the patient questions about life problems, feelings, and so on.

At that point the doctor has stopped acting *medically* and has started acting *ministerially*. That's fine, but he is no longer making a medical diagnosis. He stopped doing that when he ruled out physiological disease with blood tests, CAT scans, and so on.

Smith:

The diagnosis "depression" is based on thinking and behavior, not on something wrong with the body. (198)

Conclusion:

Depression is not a physical brain disease, physically diagnosed. It is a spiritual problem diagnosed by the ministerial process of talking about life problems.

Why is all this important?:

If depression is actually a physical disease, then it should be treated medically. No one would, for example, treat a malfunctioning thyroid or a vitamin deficiency with Bible verses. The Bible was not given for that purpose. However, since depression isn't a physical illness but a problem with the thinking, it can and should be "treated" with the Bible.

Point:

By allowing the psychiatric profession to (incorrectly) redefine depression as an illness, many Christian counsellors have come to believe that depression is outside the circle of things the Bible was given to deal with. That is a serious mistake.

*The disease model ... excludes the Bible as a source of help.
(Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 37)*

What about people who have been diagnosed as *bipolar*?

Note: The old term was *manic depressive*, which also included bizarre behaviour of other kinds. Bipolar is used primarily of depression.

Welch:

Over the last decade, an increasingly popular label for depression has been Bipolar Disorder. When those who are depressed are labeled Bipolar, it means that they probably experienced a period during which their mood was unusually elevated. (Depression: A Stubborn Darkness, 30)

Comment:

Bipolar Disorder is not a physiological, medical diagnosis. It is simply an observational term indicating that the person tends to experience mood swings, ranging from being elated at one point to severely despondent at another.

Conclusion:

Bipolar is not a medical diagnosis based on any physiological examination. A *description* is not a *diagnosis*.

Note:

Jay Adams gives five explanations for the dramatic mood swings of the manic depressive or "bipolar" person (*The Christian Counselor's Manual*, 381).

1. Elation may be an overcorrection, trying to compensate for the person's underlying feelings of despondency.
2. Elation may be due to the person's wrong thinking that euphoria is the solution to depression.
3. Elation may be the person's attempt to deny that things aren't really so bad.
4. Elation may be grasping at straws: sexual advances and other extreme behaviour are a frantic attempt to keep from drowning in a sea of depression.

5. Elation may be part of the person's standard unbiblical responses to life. *All their lives they have engaged in pendulum living.* (Adams, 381)

Is depression caused by chemical imbalances in the brain?

Fitzpatrick & Hendrickson:

Even though there's been much publicity and even more advertising about these supposed chemical imbalances, there is no evidence that our disturbed emotions are caused by a specific imbalance of chemicals in our brain. (*Will Medicine Stop the Pain?*, 54)

David Healy in *Let Them Eat Prozac*:

"It is now widely assumed that our serotonin levels fall when we feel low But there is no evidence for any of this, and nor has there ever been. A huge gap has opened up between what is scientifically demonstrable and what people believe." (quoted in Fitzpatrick & Hendrickson, *Will Medicine Stop the Pain?*, 54)

Dr. Robert Smith:

Chemical imbalance [as a cause of depression] is a theory, not a fact. The most popular theory today deals with serotonin However, there is no test to prove there is an abnormal serotonin level in the body that produces depression. (*The Christian Counselor's Medical Desk Reference*, 198)

The lithium objection:

If depression is not caused by a chemical imbalance, then why do psychiatrists regularly test the lithium levels of depressed patients?

Depression is not caused by a deficiency in lithium. In fact, lithium does not naturally occur in the human body—no one has a lithium deficiency because the human body simply doesn't need it.

The real reason for testing:

Tests are run only because the range between the treatment level and the toxic level are very close. (Smith, 199)

How do you address a counselee who believes his or her depression is caused by a chemical imbalance?

Two options:

- Ignore their wrong thinking about chemical imbalances and deal with their spiritual problems. As they start to change, they will probably be more open to the fact that their problems are spiritually based, not physiologically based.
- If their wrong thinking simply must be addressed to make progress, you can ask: *What test did the doctor do to determine that you have a chemical imbalance in your brain? Did the doctor drive a needle through your skull in order to take a core sample?*

The truth is, no test was run to identify the person's supposed chemical imbalance. In fact, no such test exists.

If you have to address the issue of anti-depressants with a counselee, here are four key points to touch on.

Four points about anti-depressants:

1. No test.

There is currently no way of testing the serotonin levels in the brain. Patients are understandably reluctant to have a needle driven into their brain to take a lab sample.

Point:

Depression is a *diagnoses of exclusion*—when all testable, identifiable physiological problems (such as thyroid malfunction or vitamin deficiency) have been excluded by means of blood tests, then doctors default to the subjective, unproven (and unprovable) pseudo-diagnosis of a chemical imbalance in the brain.

Dr. Robert Smith:

How would you respond if a doctor told you that, based on your symptoms or feelings and actions, you had cancer and needed to be on chemotherapy, without the use of any laboratory proof that you needed it? (The Christian Counselor's Medical Desk Reference, 200)

2. What are "normal" levels?

Even if there were a test that could determine serotonin levels in the brain, we have no idea what a "normal" level of serotonin is.

3. The chicken and the egg.

Even if doctors found that serotonin levels do change in patients who are exhibiting depression, there would be no way of determining the reason for those changes.

Ed Welch:

No one can confidently diagnose a chemical imbalance because there is no way to really know. Even if there were a test for it (which there isn't), the test couldn't tell you if the imbalance caused the depression or resulted from it.
(*Depression: A Stubborn Darkness*, 30)

Comment:

The chicken-and-the-egg dilemma is the irresolvable conundrum of most brain research: Is the brain affecting the person's choices or are the person's choices affecting his brain?

Unbelievers who take an evolutionary, mechanistic view of man would say that the brain must be the problem, but the Bible clearly teaches that man is a physical and spiritual being with a mind that works through but is somehow also distinct from the brain.

When you die, you will leave your brain behind on this earth, but you will still be you in heaven—brain and mind are not the same thing, although they are in some inexplicable way tightly connected.

4. The dangers of anti-depressants:

The common, casual mentality:

Other women ... feel uneasy about taking a drug to solve what may really be an emotional problem. Yet their loved ones urge them to take medicine, reasoning that it's important for them to start feeling better as soon as possible Why wouldn't we want to take a pill if it can make our emotional pain go away? (Fitzpatrick & Hendrickson, *Will Medicine Stop the Pain?*, 24)

Six dangers of anti-depressants.

Danger 1. Questionable medicine.

Anti-depressants treat no known chemical deficiency or imbalance in the depressed person.

While powerful or mood-altering drugs sometimes do change how a person feels, they are not treating a demonstrable physiological problem, and therefore, are no more a legitimate medical treatment than drinking a six-pack of beer to combat feeling blue.

Danger 2: Masking.

Anti-depressants do not address the problems that led to the depression. They only *mask* them.

Fitzpatrick & Hendrickson:

... drugs do not take care of the cause of emotional pain; they only decrease the awareness of it. (Will Medicine Stop the Pain?, 38)

In the same way that pain medicines will not cure appendicitis but will only cover up the signs, medicine directed at our emotions may only cover up the signs that what we really have is "heart trouble." (31)

Dealing with feelings of depression by giving anti-depressants is "like giving a pain pill to a person who is sitting on a tack" (Smith, *The Christian Counselor's Medical Desk Reference*, 212)

Additional problems with masking—increased dosages:

The basic problem with any drug that has a relaxing effect is that you'll need to continue using it if the situation that originally prompted the anxiety doesn't change And as time goes on the dosage of medicine needed to relieve the anxiety will also increase. (48)

Point:

To feel better, we need to fix the problem, not just make the pain go away. (Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 32)

Danger 3: Side effects.

Powerful mood-altering drugs such as anti-depressants inevitably have negative side effects which require other medications to counteract.

Fitzpatrick & Hendrickson:

Once a woman has been on these drugs for a while, it becomes very difficult to tell which symptoms are caused by her painful emotions and which are caused by the medicines given to treat the emotions. (Will Medicine Stop the Pain?, 52)

Many women find that after a period of time on a particular antidepressant, the brain fails to respond to the dosage originally prescribed It is not unusual for women who have been depressed for a long time to carry several diagnoses and be on a number of drugs, each of which can have its own harmful side effects and interaction problems. (50)

Eventually the cleverest pharmacologists in the world can no longer distinguish symptoms from side effects.

Danger 4: Suicidal thoughts.

A large number of studies have linked antidepressants with suicidal thoughts and a greater tendency to act upon them. Antidepressants have also been linked to violent thoughts accompanied by seemingly irresistible compulsions to act upon them even if such thoughts and behaviour are inconsistent with a person's character prior to receiving these medicines. (Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 51)

Danger 5: The "zombie" effect.

Counselling someone who is on anti-depressants is often like counselling a robot. They live in a mental fog, and you never quite get to the real person.

The emotional pain of their situation is dulled, but the truth is, *all* of life is dulled.

Rather than seeking to deaden ... our emotions, we should allow them to speak to us about our hearts. (Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 32)

Danger 6: Withdrawal symptoms.

When you stop medication, you might mistakenly think your feelings of depression are returning when you are actually experiencing withdrawal symptoms. (Welch, Depression: A Stubborn Darkness, 212)

Summary:

Depression may have genuine physiological contributions (such as diet or thyroid problems) and genuine physiological symptoms. However, once those genuine physiological problems have been excluded or addressed by a medical examination and treatment, depression should be treated as a *spiritual* issue.

Dr. Smith:

Because there is no scientific proof of an organic cause for depression, the Bible is the only solution for a depressed person. (The Christian Counselor's Medical Desk Reference, 216)

Fitzpatrick & Hendrickson:

Medicines can't teach us to think differently; they can only suppress the feelings we have in response to our thoughts. But God's Word can teach us to think differently, leading to feelings of joy and peace instead of depression or anxiety. (Will Medicine Stop the Pain?, 57)

Ed Welch:

Don't let the technical, scientific diagnosis keep you from seeing these ordinary problems. Instead, when in doubt, expect to find ordinary humanness just below the surface, in the form of fear, anger, guilt, shame, jealousy, wants, despair over loss, physical weaknesses and other problems that are present in every person. (Depression: A Stubborn Darkness, 15)

[Depression] might be pointing to important matters of the heart that are crying out for attention. Ignore them and they will just call back later. There are times when depression is saying something and we must listen. (32)

Point:

The depressed person's emotions are a cry for help. Medicine muffles or mutes the cry, rather than addressing the real problems.

➤ **What Does God Say About Your Problem?**

Key principle: Depression is a *response*.

James 1:14-16. *But each one is tempted when he is carried away and enticed by his own lust. Then when lust has conceived, it gives birth to sin; and when sin is accomplished, it brings forth death. Do not be deceived, my beloved brethren.*

Wayne Mack:

Depression is caused by a person's response to an event in their life, not the event itself. (Out of the Blues, 47)

She is depressed—not because her husband died, but because she responded improperly to her husband's death. (49)

Point:

We are not *victims* of our circumstances. We are *interpreters* of and *responders* to our circumstances.

Adams:

Almost anything can be at the root of the counselee's depression: a recent illness in which he gets behind in his work, hormonal changes, a reversal of his fortunes, the consequences of simple negligence, guilt over a particular sin, self-pity arising from jealousy or a disadvantageous turn of events, bad feeling resulting from resentment, worry, etc. The important thing to remember is that a depression does not result directly from any one of these factors, but rather comes from a cyclical process in which the initial problem is mishandled in such a way that it is enlarged in downward ... spirals that eventually plunge one into despair. (The Christian Counselor's Manual, 375)

A counselor must correct the depressed person's wrong thinking and responses to life:

When depressed people interject their skewed and self-defeating interpretations of life, you can't sit idly by. You need to challenge and interrupt their inaccurate interpretation because it is wrong and leads to deeper despair. (Welch, Depression: A Stubborn Darkness, 227)

Nine helpful questions to ask depressed counselees

The importance of gathering data:

Each individual depressive experience can have more than one cause. If you commit to one interpretation too soon, you can blind yourself to other important perspectives. (Welch, Depression: A Stubborn Darkness, 27)

Depression is a form of suffering that can't be reduced to one universal cause. This means that family and friends can't rush in armed with THE answer. (14)

Things our questions are hoping to identify:

- physical contributions

- unconfessed sin
- disappointment
- sadness
- anger
- fears
- passivity
- inward focus
- failure
- meaninglessness
- neglect of duties
- wrong views of God

Questions about physical contributors:

- 1) Have you had a medical check-up to identify any genuine physiological contributions to your feeling blue?

heart disease thyroid vitamin deficiency etc.

- 2) What are your diet and sleep patterns?

Poor eating habits and haphazard sleep patterns negatively affect emotional and spiritual wellbeing.

Screwtape's advice to Wormwood regarding temptation:

*Never let him notice the medical aspect. Keep him wondering what pride or lack of faith has delivered him into your hands when a simple enquiry into what he has been eating or drinking for the last twenty-four hours would show him whence your ammunition comes. (CS Lewis, *The Screwtape Letters*, 79)*

Questions about life circumstances:

Proverbs 15:15. *All the days of the afflicted are bad ...*

- 3) What is happening in your life?

This seems like an obvious question, but note the following.

Fitzpatrick and Hendrickson:

We've spoken to women who've been in loveless marriages for years and whose children are in heart-breaking rebellion, and yet they can't understand

why they're depressed So, the first question we want to ask you is: What's going on in your life?

.... Are there ongoing circumstances in your life that have saddened you? After we have lived with disappointment or tragedy for a while, feeling empty or dead inside can seem normal. (Will Medicine Stop the Pain?, 100, 101)

Note:

This question might bring to light a physical sickness, wrong responses to failure, disappointment, tragic circumstances, fears, and a wrong response to being sinned against.

4) What are your unmet desires or expectations?

Depression often comes from unmet expectations.

Psalm 30:6-7. Now as for me, I said in my prosperity, "I will never be moved" You hid Your face, I was dismayed.

Job 30:26-27. When I expected good, then evil came; When I waited for light, then darkness came. I am seething within and cannot relax.

The question rephrased:

What do you treasure most? What do you usually worry about? What do you think will bring happiness or joy to you? If you've been depressed for some time and you no longer are sure of what you treasure, then look back in time. In the days when you knew you treasured something, what was it? (Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 101)

5) If you believe you are a failure, whose standards are you trying to live up to? Yours? Others'? God's?

The false expectations of perfectionism:

While always aiming at excellence, one should avoid the snare of perfectionism. The perfectionist usually sets goals quite beyond his ability to attain and then entertains a false sense of guilt because of failure to achieve. We live in an imperfect world, and we must come to terms with the possible. Setting more modest and realistic goals would bring great release to many an idealistic perfectionist. (J. Oswald Sanders, Spiritual Leadership, 47)

Comment:

A proud, false sense of guilt often drives the mood swings of the perfectionist.

6) What life responsibilities have you been or are you currently neglecting?

Jay Adams: *How's your ironing?*
 Depressed housewife: *How did you know?*

Women, ministers, and others whose week-day work must be self-structured more frequently become depressed than men whose tasks are spelled out for them on a 9:00-5:00 daily basis. This is because the cycle resulting from allowing chores and duties to slip more readily begins when there is no one else to insist that they be done. (The Christian Counselor's Manual, 379, fn. 6)

A warning to the depressed person:

Proverbs 18:9. He also who is slack in his work is brother to him who destroys.

7) Have you allowed your depression to affect your love for others?

Jesus' command was to love your neighbour as yourself.

Fight the spiritual battles that accompany depression so that you can love other people. (Welch, Depression: A Stubborn Darkness, 85)

If your depression stops you from caring for your family the way you should ... determine what steps you could take beginning today to faithfully respond in obedience. (Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 113)

The apostle Paul's example of loving others:

2 Corinthians 1:3-4. Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God.

Questions about spiritual issues:

8) Is God pointing out sin in your life?

Is it possible that among the reasons I'm suffering is because my thoughts about God are incorrect, or because God is trying to show me ways that I'm sinning ...? (Fitzpatrick & Hendrickson, *Will Medicine Stop the Pain?*, 111)

Since the label "depression" cannot capture the complexity of your experience, what other words, (especially words that can be keyed to Scripture) more concretely capture what is going on in your heart? (Welch, *Depression: A Stubborn Darkness*, 235)

9) Do you want to change?

As bizarre as it might seem, depression can come to feel like a friend. (Welch, *Depression: A Stubborn Darkness*, 72)

Underneath depression's veil of passivity is a heart that is busy making choices. Sometimes you prefer hopelessness. You want it. You aspire to it. Isn't that a reasonable way to explain why you are so immune to encouragement? You hear the words and understand them, but you don't want them. Even though self-pity and your attempts to kill hope are not working well, you are loyal to your hope-killing strategy. (Welch, *Depression: A Stubborn Darkness*, 172)

There are logical reasons to resist change. For example, what if hope creeps in? You might want to feel less miserable but not at the expense of awakening hope Most likely you want to change less than you realize. So don't be deceived. We do hopelessness. We choose it. But there is a way out.

.... God says that he will give you grace to handle the disappointments that lie ahead; your task is to live for him in the present. (Welch, *Depression: A Stubborn Darkness*, 174)

Point:

A depressed counselee's relentless refusal to receive encouragement must be exposed as a sin tactic. Joy and thankfulness are godly responses to life; a refusal to accept encouragement from others is not.

The *Yeah, but* habit:

Point out to the person his "Yeah, but ..." habit. Every encouraging word is met with a "Yeah, but" argument. It's just a habit, and can be consciously replaced by a willingness to be encouraged.

Proverbs 26:12. *Do you see a man wise in his own eyes? There is more hope for a fool than for him.*

Proverbs 28:26a. *He who trusts in his own heart is a fool ...*

The lies of discouragement:

The depressed person who refuses to be encouraged is almost certainly believing the *four lies of depression*:

1. My pain is unique.
2. God has abandoned me.
3. This is more than I can handle.
4. There is no way out.

God's four-fold answer:

1 Corinthians 10:13.

1. *No temptation has overtaken you but such as is common to man;*
2. *and God is faithful,*
3. *who will not allow you to be tempted beyond what you are able,*
4. *but with the temptation will provide the way of escape also, so that you will be able to endure it.*

➤ **What Does God Say To Do About Your Problem?**

An opening word of encouragement:

*Don't get derailed. What you need is not something new. You simply need to persevere in applying old truths to present situations. (Welch, *Depression: A Stubborn Darkness*, 225, emphasis added)*

Twelve solutions to depression:

- 1) Get a full medical check-up to identify or rule out genuine medical problems.
- 2) Start doing what is right (or stop neglecting life responsibilities).

Depression is a downward spiral. Doing what is right helps reverse the plunge and starts moving the person back *up* the spiral.

Genesis 4:6-7a *Then the LORD said to Cain, "Why are you angry? And why has your countenance fallen? If you do well, will not your countenance be lifted up?"*

1 Peter 3:10-11. *The one who desires life, to love and see good days, must keep his tongue from evil and his lips from speaking deceit. He must turn away from evil and do good ...*

Point:

The Bible frequently points out that right feelings and the enjoyment of life come from doing what is right. The depressed person needs to understand and benefit from this reality: "If you do well, will not your countenance be lifted up?"

Fitzpatrick & Hendrickson:

Even though getting up and washing the dishes may seem to be just another meaningless exercise in futility, doing so will help you feel better and will also be a blessing to those who are relying on you. (Will Medicine Stop the Pain?, 113)

Observation:

God-focused and other-focused acts of love and duty replace the relentless and destructive self-focus of depression.

Smith:

It is impossible to change a person's feelings directly, so work should be done on the source of the feelings, the thinking and actions. (The Christian Counselor's Medical Desk Reference, 208)

A warning:

Pleasing Christ is the ultimate goal of doing right. In other words, the depressed person must be encouraged to avoid idolising feeling better. He should do right to please Christ, fully understanding that feeling better is the normal result of sowing good actions.

Applied to decision-making:

A depressed person needs to reverse the downward spiral of neglecting life responsibilities, including decision-making. If he has delayed making difficult or painful decisions, help him evaluate and act. Delay has only brought frustration and depression.

The principle restated: *Do the next right thing.*

Depressed people need to be taught the life-changing principle of doing the next right thing.

- You don't feel like getting out of bed, but it's the next right thing.

- You don't feel like brushing your hair, applying makeup, and dressing attractively, but it's the next right thing.
- You don't feel like going to work, getting to your housework, or interacting cheerfully with others, but it's the next right thing.

3) Implement a schedule.

Smith:

Establish a schedule for accomplishing these tasks to prevent the counselee's living by feelings and impulses. He must live by the schedule no matter how he feels. (The Christian Counselor's Medical Desk Reference, 212)

Fitzpatrick & Hendrickson:

... women who are serious about gaining control over their mood swings ... should look carefully at their personal habits and schedules. What doctors call "structure" is the simple practice of keeping regular hours, eating regular meals, and disciplining yourself not to do things you know can cause you to become irritable, negative, or discouraged. (Will Medicine Stop the Pain?, 160-161)

The emotional energy and time spent on brooding, worrying, or wallowing in a sticky-sweet sense of failure needs to be redirected. Making a schedule and doing the next right thing redirects the person's energy to loving God and loving neighbour.

Smith:

He is to aggressively avoid daydreaming, TV watching, and pity-parties. (The Christian Counselor's Medical Desk Reference, 214)

Adams:

As soon as you find yourself drifting into these, set up the ironing board and get to work instead. (The Christian Counselor's Manual, 379)

A schedule helps counteract the habit of swapping day and night.

Adams:

Depressed persons, lazy persons, fearful persons, persons with life-dominating problems, and those whose lives have been shattered, all usually need help ... in scheduling [and] organising ... their lives ... (The Christian Counselor's Manual, 343)

General suggestions regarding a schedule:

- *Go to bed and get up at the same times each day.*
- *Eat at appointed times.*
- *Exercise at appointed times.*
- *Have a schedule for the day.*
- *Write down one thing you agree to work on every day.*
- *Follow through on agreements you made with other people. Let your "yes" be "yes." (Welch, *Depression: A Stubborn Darkness*, 226)*

Physical exercise:

*Get the counselee sweating physically and spiritually. This uses energy in productive ways. Healthy fatigue also produces profitable sleep. (Smith, *The Christian Counselor's Medical Desk Reference*, 214)*

*...regular exercise is helpful. [It] may alleviate your pain more than you expect. (Welch, *Depression: A Stubborn Darkness*, 213)*

Welch:

It is a commonly accepted observation that depression has significantly increased over the last three generations. (Depression: A Stubborn Darkness, 113)

Observation:

In part, this may be due to the increasingly sedentary nature of modern life. In days past, there was always wood to be chopped, water to be fetched, and travel was done by foot or horseback—all of which provided beneficial physical exertion.

Spurgeon (from a chapter entitled "The Minister's Fainting Fits"):

A day's breathing of fresh air upon the hills, or a few hours' ramble in the beech woods ... would sweep the cobwebs out of the brain of scores of our toiling ministers who are now but half alive. A mouthful of sea air, or a stiff walk in the wind's face, would not give grace to the soul, but it would yield oxygen to the body, which is next best. (Lectures to My Students, 158)

Two pitfalls to avoid in creating a schedule for a depressed person:

1. Don't overdo it.
2. Don't neglect accountability.

Welch:

There are two ways to err when helping depressed people bring structure into their lives. One is to impose a pace that is beyond their ability

The other way to err is to omit frequent times of accountability. (Depression: A Stubborn Darkness, 226, 227)

4) Think rightly about your feelings.

1. Rather than mask them, let feelings identify problems in your thinking or acting:

Rather than seeking to deaden, ignore, or elevate the importance of our emotions, we should allow them to speak to us about our hearts. (Fitzpatrick & Hendrickson, 32)

Unbiblical responses will always produce bad feelings such as guilt and depression. (Smith, The Christian Counselor's Medical Desk Reference, 199)

2. Acknowledge the priority of truth over feelings:

Feelings are chronic liars, and must often be treated with a healthy level of distrust.

Fitzpatrick & Hendrickson:

...God's Word is truer than your feelings... (Will Medicine Stop the Pain?, 112-113)

The psalmist's experience of despair was real, but it wasn't more real than his faith. (Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 74)

Phil 4:8. *Finally, brethren, whatever is true ... dwell on these things.*

3. Remember that actions precede and produce feelings:

Genesis 4:7. *... If you do well, will not your countenance be lifted up?*

Smith:

Depression occurs when a person uses feelings as an excuse to stop functioning.

... When he changes his thinking about feelings and problems, your counselee will change his thinking about depression. He does not need to feel better to function responsibly. The goal is to please God and become more like Christ no matter how he feels. (The Christian Counselor's Medical Desk Reference, 207, 211)

4. Learn to "dominate" your emotions rather than be dominated by them.

The psalmist's example:

Psalm 42:5. Why are you in despair, O my soul? And why have you become disturbed within me? Hope in God, for I shall again praise Him for the help of His presence.

- 5) Embrace the forgiveness of God and others.

Psalm 25:16-18. ... I am lonely and afflicted. The troubles of my heart are enlarged; bring me out of my distresses. Look upon my affliction and my trouble, and forgive all my sins.

Psalm 32:9. Do not be as the horse or as the mule which have no understanding, whose trappings include bit and bridle to hold them in check, otherwise they will not come near to you.

Point:

If you are thirsty for God's forgiveness, don't make God or others drag you kicking and braying to the watering trough of His grace. Dip your muzzle in and drink!

Asking for and embracing God's forgiveness must replace the depressing downward spiral of self-condemnation.

Keeping our heart includes making a decision to stop condemning ourselves for our failures. Instead, we will want to continually focus on the truth that there is no condemnation for those who are in Christ Jesus (Romans 8:1). (Fitzpatrick & Hendrickson, Will Medicine Stop the Pain?, 159-160)

Welch:

Some people simply need to know about the grace of God in Christ. They need to know that they stand before God because of the righteousness of Christ, not their own righteousness.

.... As the depressed person understands spiritual truth, turns away from sin, and follows Christ in faith, then the experience of depression will gradually fade. (*Blame It on the Brain?*, 124, 125)

A testimonial:

[I felt that things began to change when] *I began to understand God's grace. I began to see that my wallowing in guilt was a form of works righteousness, not godly sorrow.* (quoted in Welch, *Depression: A Stubborn Darkness*, 233)

Viars:

Some Christians seem to believe that they need to repeatedly beat themselves up over past sins even after they have asked for God's forgiveness. It's almost as if they feel they must do some sort of penance to receive God's favor. (*Putting Your Past in Its Place*, 189)

After you have sinned and asked forgiveness from God and the appropriate people, you should not continue to look around to find out who knows about what you did. You should instead look up to the God who has gloriously forgiven you because of His all-sufficient grace. (188)

Ed Welch: Jane illustration (*Depression: A Stubborn Darkness*, 191-2)

CJ Mahaney:

Don't buy the lie that cultivating condemnation and wallowing in your shame is somehow pleasing to God, or that constant low-grade guilt will somehow promote holiness and spiritual maturity. It's just the opposite! God is glorified when we believe with all our hearts that those who trust in Christ can never be condemned. (*The Cross Centred Life*, 39)

- ❖ Romans 5:1. *Therefore, having been justified by faith, we have peace with God through our Lord Jesus Christ ...*
- ❖ Romans 8:1. *Therefore there is now no condemnation for those who are in Christ Jesus.*
- ❖ John 3:18a. *He who believes in Him is not judged.*

Note: See the notes on *Counselling People with Painful Pasts* from week 4 for more on embracing God's forgiveness.

6) Correct wrong thinking about God.

Counselling a depressed person, Ed Welch warns, "expect to find fallacies in your thinking about yourself and God" (*Depression: A Stubborn Darkness*, 47)

- ❖ The goodness of God.

Psalm 34:8

- ❖ The nearness of God.

Psalm 34:18-19

Psalm 73:28a

- ❖ The sufficiency of God.

Psalm 73:25-26

- ❖ The attentiveness of God.

Psalm 22:24

- ❖ The faithfulness of God when it feels like all others have turned against you.

Psalm 27:10

- ❖ The compassion and strength of God.

Psalm 55:22

2 Corinthians 4:1

Isaiah 40:28-31. Do you not know? Have you not heard? The Everlasting God, the LORD, the Creator of the ends of the earth does not become weary or tired. His understanding is inscrutable. He gives strength to the weary, and to him who lacks might He increases power. Though youths grow weary and tired, and vigorous young men stumble badly, yet those who wait for the LORD will gain new strength; they will mount up with wings like eagles, they will run and not get tired, they will walk and not become weary.

- 7) Correct wrong thinking about life (including the situation that initially stimulated the depression).

- ✓ Life should be pleasant and easy all the time.

Psalm 30:6-7. *Now as for me, I said in my prosperity, "I will never be moved" ... You hid Your face, I was dismayed.*

Ecclesiastes 1:13. *And I set my mind to seek and explore by wisdom concerning all that has been done under heaven. It is a grievous task which God has given to the sons of men to be afflicted with.*

Ecclesiastes 7:14. *In the day of prosperity be happy, but in the day of adversity consider--God has made the one as well as the other so that man will not discover anything that will be after him.*

- ✓ I can find satisfaction outside of God.

Ecclesiastes 2:25. *For who can eat and who can have enjoyment without Him?*

- ✓ Money will satisfy me.
- ✓ People won't fail me.
- ✓ Etc.

Note:

Especially help the person to begin to think biblically about the situation that initially stimulated the depression.

8) Eliminate all feeding factors.

Depression is fed by:

- brooding (... *taking every thought captive to the obedience of Christ, 2 Cor 10:5*)
- mutual gripe sessions during which problems are rehearsed again and again without any positive solution being given or positive actions being taken
- procrastination
- avoiding problems
- putting off difficult decisions
- resentment
- avoiding people
- lying
- cutting corners
- excessive eating
- refusal to eat
- sleep loss
- failure to wisely eliminate unpleasant or discouraging tasks from the most difficult days of one's menstrual cycle

(from Adams, *The Christian Counselor's Manual*, 379, fn. 8):

9) Become a habitually thankful and joyful person.

Welch:

The skill of thankfulness can hold the darkest depression at bay; it can even push back against depression and lighten it. (Welch, *Depression: A Stubborn Darkness*, 263)

1 Thess 5:18 Psalm 30:11-12

Psalm 100: 1-2, 4 Proverbs 17:22

10) Increase your intake of spiritual nutrition.

Bible reading:

Psalm 119:25

Psalm 119:50

Psalm 119:92

Welch:

... you want depressed people to meditate on something. Otherwise their minds will drift further into despondency. (Welch, *Depression: A Stubborn Darkness*, 234)

Sometimes you have to force-feed yourself. You aren't hungry. You don't want to eat. But you know you must. Now is a time to force-feed. Your spiritual health depends on it. You are not accustomed to doing something without feeling like doing it. (80)

What depressed people need—what we all need—are daily reminders of spiritual reality. (225)

You must do battle ... with depression's tendencies toward passivity. Don't wait to have faith inserted into your heart. Seek the Lord. (53)

Church attendance:

Observation:

Depressed Christians don't do better when they don't go to church.

Hebrews 10:24-25. *Let us consider how to stimulate one another to love and good deeds, not forsaking our own assembling together, as is the habit of*

some, but encouraging one another; and all the more as you see the day drawing near.

For the depressed person (as with everyone else) church attendance must be other-focused—to encourage others—not self-focused.

Fellowship:

2 Corinthians 7:5-6. *For even when we came into Macedonia our flesh had no rest, but we were afflicted on every side: conflicts without, fears within. But God, who comforts the depressed, comforted us by the coming of Titus.*

Proverbs 12:25. *Anxiety in a man's heart weighs it down, but a good word makes it glad.*

Ecclesiastes 4:9-12. on the importance of friendship

11) Talk to your depression, rather than listen to it.

Psalm 36:1. *Transgression speaks to the ungodly within his heart.* Here we are trying to get godliness to talk to the depressed person instead.

We must talk to depression—fight it—rather than merely listen to it. (Welch, *Depression: A Stubborn Darkness*, 97)

Martyn Lloyd-Jones:

Have you realised that most of your unhappiness in life is due to the fact that you are listening to yourself instead of talking to yourself? Take those thoughts that come to you the moment you wake up in the morning. You have not originated them, but they start talking to you, they bring back the problems of yesterday, etc. Somebody is talking. Who is talking to you? Your self is talking to you This [psalmist's] treatment was this; instead of allowing this self to talk to him, he starts talking to himself.

The main art in the matter of spiritual living is to know how to handle yourself. You have to take yourself in hand, you have to address yourself, preach to yourself You must go on to remind yourself of God, Who God is, and what God is and what God has done, and what God has pledged Himself to do. (*Spiritual Depression*, 20-21)

Point:

Depressed people need to learn to *talk* good theology to themselves, rather than *listening* to the gloom and negativism of their depression.

The psalmist's example:

Psalm 42:11. *Why are you in despair, O my soul? And why have you become disturbed within me? Hope in God, for I shall yet praise Him, the help of my countenance and my God.*

12) Be willing to be encouraged.

The problem illustrated by William Cowper:

Welch:

When you see nothing ahead of you in the future, there is no reason to get out of bed, love, or work now. Kill hope and you kill more than you anticipated. You thought it would make life less painful, but all attempts to kill hope kill both future hopes and present joys.

.... If you kill hope, you think you are protecting yourself, but, instead, you doom yourself to lifelessness Without hope, you feel like the walking dead. (Welch, Depression: A Stubborn Darkness, 167)

Replace hopelessness with a willingness to be encouraged:

Psalm 42:11. *My tears have been my food day and night Why are you in despair, O my soul? And why have you become disturbed within me? Hope in God, for I shall yet praise Him, the help of my countenance and my God.*

Six closing words of advice on counselling depressed people:

1) Be prepared for the challenges of counselling a severely depressed person.

- A one-way relationship:

There are a few ways to prepare to love someone when the relationship no longer seems reciprocal. Foremost is to realize that you can no longer rely on natural affection. In the past, there was a give and take to your relationship with the depressed person. You enjoyed the person, and he or she enjoyed you Now, however, the relationship appears unilateral, which, of course, is not what we think of as a relationship. Very few people are willing to commit long term to such a one-sided arrangement. After an initial sprint of love, they give up. (Welch, Depression: A Stubborn Darkness, 222)

- Depression defiles many:

It is almost as if depression feels contagious—after a few weeks with a depressed person, you begin to feel depressed. (Welch, Blame It on the Brain?, 121)

- 2) If the person is on medication for his depression, instruct him not to alter the dosage of his anti-depressants or other medications without first consulting the prescribing doctor.

Anti-depressants are powerful drugs and usually need to be stepped down gradually.

Note:

Also warn the counselee about the challenges of dealing withdrawal symptoms:

When you stop medication, you might mistakenly think your feelings of depression are returning when you are actually experiencing withdrawal symptoms. (Welch, Depression: A Stubborn Darkness, 212)

- 3) Resist the temptation to assign too much homework.

The counselor must be careful not to assign too much homework. The counselee is already far behind on many responsibilities, so the initial homework assignments must be small and rather easily accomplished. (Smith, The Christian Counselor's Medical Desk Reference, 215)

- 4) Don't be afraid to be personal to draw the person out of his or her insulated, self-contained cocoon of depression.

When you talk about purpose, it must be personal. It must come from how you yourself found purpose. When you offer hope, it must be because you have found hope. (Welch, Depression: A Stubborn Darkness, 223)

- 5) Don't be afraid to contradict a depressed person's unbiblical thinking.

Welch:

[Reproof] is normal behavior in loving relationships. With depression, however, friends sometimes don't pursue these normal interactions. Perhaps they are afraid that the depressed person will feel rejected. Perhaps they are afraid that the least provocation could lead to suicide. As a result, depressed people are often handled very gingerly.

.... Wisdom and love, of course, must dominate your relationships with those who are depressed, as they should dominate any relationship. But if you find that you are increasingly reluctant to say important things, reconsider your path

Don't hesitate to interrupt the flow of despair, self-pity, and complaints that only reinforce the person's unbiblical interpretations of God and himself. (Welch, Depression: A Stubborn Darkness, 227-8)

Proverbs 26:5. Answer a fool as his folly deserves, that he not be wise in his own eyes.

Proverbs 16:25. There is a way which seems right to a man, but its end is the way of death.

Proverbs 27:5. Better is open rebuke than love that is concealed.

Proverbs 28:23. He who rebukes a man will afterward find more favor than he who flatters with the tongue.

An example:

Kent Hughes, depressed about the failure of his first church:

"Those who really make it in the ministry are those with exceptional gifts. If I had a great personality or natural charisma, if I had celebrity status, a deep resonant voice, a merciless executive ability, a domineering personality that doesn't mind sacrificing people for success, I could make it to the top. Where is God in all of this?"

"... God has called me to do something he hasn't given me the gifts to accomplish. Therefore, God is not good."

I was a failure. I wanted to quit. And in aching desperation I said to my dear wife, "What am I to do?"

How distressing it must have been for Barbara But I will never forget her kind and confident response. "I don't know what you're going to do. But for right now, for tonight, hang on to my faith. Because I believe. I believe that God is good. I believe that he loves us and is going to work through this experience. (Liberating Ministry from the Success Syndrome, 22-23)

Summed up by Ed Welch:

When depressed people interject their skewed and self-defeating interpretations of life, you can't sit idly by. You need to challenge and interrupt their inaccurate interpretation because it is wrong and leads to deeper despair. (227)

- 6) Don't be scared off because the person's problem is depression—as if depression were something beyond the scope of biblical assistance.

Welch:

Don't let the technical, scientific diagnosis keep you from seeing these ordinary problems. Instead, when in doubt, expect to find ordinary humanness just below the surface, in the form of fear, anger, guilt, shame, jealousy, wants, despair over loss, physical weaknesses and other problems that are present in every person.
(*Depression: A Stubborn Darkness*, 15)

What you need is not something new. You simply need to persevere in applying old truths to present situations. (225)

Two biblical illustrations of overcoming depression:

1) Paul in 2 Corinthians.

The situation:

When Paul wrote 2 Corinthians, he was struggling with despair, sorrow, conflict, fears, and second guessing (1:8; 2:1-4; 7:5, 7-9).

The solutions:

1. Talked to himself about the sufficiency of divine mercy (2 Cor 4:1; 1:3)
2. Embraced a resilient, enduring attitude (4:8-11)
3. Motivated by a desire to please God (5:9)
4. Followed an established pattern of being God-focused and other-focused (4:15; 5:13)
5. Motivated by a love for Christ (5:14)
6. Expressed a thankful confidence in God (2:14; 3:5; 4:7)
7. Kept a resurrection focus when he felt like death (4:17-18)
8. Pursued reconciliation with those who had hurt him (7:2-3)
9. Benefited from godly friendship (7:5-7)
10. Reflected on past grace (12:7-10)

2) Jeremiah in Lamentations.

The situation:

- Lamentations 3:48-51. The destruction of Jerusalem, the Temple, and the Jewish nation, the death of two-thirds of Jerusalem's population, and the enslavement of most of the rest of Judah in the Babylonian invasion of 587 BC.
- Lamentations 3:52-54. Jeremiah's own mistreatment at the hands of his countrymen during the siege.

Jeremiah's description of his depression:

Lamentations 3:1-18

- affliction
- darkness
- wasting of his skin and body
- being chained and imprisoned
- felt dead

- God doesn't hear my prayers
- the path of life is walled up
- I'm in an unsolvable maze
- God has attacked me
- I feel like I have been pierced by arrows

- mocked by those around me
- filled with bitterness
- drank wormwood
- ate gravel
- prostrated in the dust

- without peace
- forgot what good is and what happiness feels like
- without strength
- without hope

The solution:

Lamentations 3:19-66. Summed up in one word: *theology*. Jeremiah found relief in the person of God:

Lam 3:24. *"The Lord is my portion," says my soul, "Therefore I have hope in Him."*

The attributes of God that helped Jeremiah wrestle through his depression:

- God's unfailing love (3:21-23)
- God's daily faithfulness (3:23)
- God's compassion (3:28-32)
- God's goodness (3:25, 33)
- God's sovereignty (3:37-38)
- God's justice—in relationship to his nation (3:39-42)
- God's nearness (3:55-57)
- God's justice—in relationship to himself (3:58-66)

Conclusion:

Without in any way denying the importance of addressing the practical aspects of depression—doing what's right, scheduling, and so on—*God* is the ultimate solution to depression.