

DEALING WITH DEPRESSION

A Christian Perspective



FAITH PROTESTANT REFORMED CHURCH EVANGELISM COMMITTEE

Dealing With Depression

A Christian Perspective

Faith Protestant Reformed Church Evangelism Committee
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Foreword

The Fall 2007 seminar sponsored by the Faith Protestant Reformed Church (PRC) Evangelism Committee was on the topic of *clinical depression*. The speaker for the first evening of this event was Dr. Brian Decker, who spoke on the topic, "I'm Depressed: What Can the Doctor Do?" On the following day, Professor Robert Decker presented a lecture entitled, "I'm Depressed: What Can I Do?" and Reverend James Slopsema addressed the topic, "A Friend/Family Member is Depressed: What Can I Do?"

Doctor Brian Decker received his elementary and secondary education in the Grand Rapids area Protestant Reformed Christian Schools. He was awarded his Bachelor of Science degree by Kalamazoo College and Medical Doctor degree from Michigan State University Medical School. Dr. Decker interned and did his residency in Grand Rapids, MI, and is currently a licensed physician specializing in Family Practice with Advantage Health in Jenison, MI.

Professor Robert Decker was educated in the Grand Rapids Christian Schools. He did his undergraduate work at Calvin College and received the Bachelor of Divinity from the Protestant Reformed Theological Seminary and a Master of Theology from Calvin Theological Seminary. After serving pastorates in Doon, IA, and South Holland, IL, Prof. Decker taught Practical Theology in the Protestant Reformed Theological Seminary. After serving in the ministry for 41 years Rev. Decker retired in July of 2006.

Reverend James Slopsema also received his early education in Protestant Reformed Christian Schools. He did his undergraduate work at Calvin College and received the Bachelor of Divinity from the Protestant Reformed Theological Seminary. After his ordination to the ministry in 1974, Rev. Slopsema served Protestant Reformed congregations in Edgerton, MN; Randolph, WI; and Walker, MI.

Rev. Slopsema is currently the pastor of First Protestant Reformed Church in Grand Rapids, MI.

Both Prof. Decker and Rev. Slopsema have had a great deal of experience in providing pastoral care for depressed Christians, and Professor Decker has taught the subject of pastoral care in the Protestant Reformed Theological Seminary for thirty-three years. Both pastors, as well as Dr. Brian Decker, are convinced that there is a significant spiritual component to depression, and that the Bible has the ultimate answers to all of our problems, including depression. This does not mean that sources of help other than pastoral care are inappropriate for treating depression, but rather that these sources of help—including psychological and medical care—should be accompanied by the word of God, which is the only way to get at the real causes of depression.

Both Prof. Decker and Rev. Slopsema also speak from the perspective of persons who have experienced depression. Both pastors struggled with depression for a span of nearly twenty years. They believe that their experience with depression provides them unique insights into the subject and has made them, by the grace of God, better pastors. At the very least, they understand what depressed, anxious Christians are feeling and can convincingly say, "We have been there."

The Scripture passage chosen as a theme for this seminar is Philippians 4:6-9:

"Rejoice in the Lord always and again I say, Rejoice...Be careful for nothing; but in every thing by prayer and supplication with thanksgiving let your requests be made known unto God. And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus. Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things. Those things, which ye have both learned, and received, and heard, and seen in me, do: and the God of peace shall be with you."

Our calling as Christians is to rejoice in the Lord always. That, however, is impossible to do when we are depressed. Hence Scripture says, "Be careful for nothing." Do not be anxious for anything. The late Rev. Ralph Heynen, a chaplain at Pine Rest Christian Hospital, called depression and anxiety, "twins." Which of the two comes first does not matter; the fact is the two almost always go together. When that happens we are called to let our requests be made known to God by prayer and supplication with thanksgiving. And, the Lord says, think, ponder, concentrate on good things. The promise of God is that the peace of God, which passes all understanding, will guard your hearts and minds through Christ Jesus. And the God of peace shall be with you.

“I’m Depressed: What Can the Doctor Do?”

An Introduction to the Topic of Clinical Depression

Dr. Brian Decker

A medical dictionary defines *depression* as “a mental state of depressed mood characterized by feelings of sadness, despair, and discouragement. Depression ranges from normal feelings of the blues to major depression. In many ways it resembles the grief and mourning that follow bereavement—there are often feelings of low self-esteem, guilt, and self-reproach; withdrawal from interpersonal contact; and eating and sleep disturbances.”

As indicated by this definition, there are many types of depression ranging from short-lived and less severe forms to longer-lasting and more severe episodes. Because of the great variability between the different types of depression, it is difficult to adequately describe this condition with a single, encompassing list of symptoms. What is usually meant when someone says that they have “suffered from depression,” however, is that they have suffered from a severe, life-altering experience that is medically described as a *major depressive episode*. Because this is the most common meaning for the term “depression,” the information in this pamphlet is intended to describe the medical, psychological, emotional, and spiritual aspects of a major depressive episode, as well as ways in which the Christian believer can learn to cope with this condition.

Statistics

Depression is common. One in six people (16%) will have an episode of major depression in his or her lifetime. Women are about twice as likely as men to suffer a major depressive episode. If we look at any one particular point in time instead of over a lifetime, somewhere between 5 and 10 percent of people will be suffering from depression. Not only is depression common, it is also a recurrent problem. If you have suffered from depression, there is a 40 percent chance you will have a recurrence in the next two years; if you have two episodes, there is a 75 percent chance you

will have a recurrence in the next 5 years. There are also specific risk factors for depression. People with neurological diseases, such as multiple sclerosis, Alzheimer's disease, or stroke have an increased incidence of depression. Additionally, there is a genetic component—depression certainly “runs in families.”

Diagnosis

So how do physicians diagnose depression? A major depressive episode consists of a constellation of symptoms that need to last for at least 2 weeks. These include:

1. Depressed mood for most of the day
2. Decreased interest or pleasure in most activities most of the day.
3. Appetite disturbance (usually a loss of appetite, although can be cravings for foods)
4. Sleep disturbance (usually insomnia, but sometimes too much sleep).
5. Psychomotor agitation (i.e. hand wringing or constant pacing) or psychomotor retardation (i.e. slowed speech and thinking)
6. fatigue or loss of energy nearly every day
7. feelings of worthlessness or inappropriate guilt
8. diminished ability to concentrate, think, and make decisions.
9. recurrent thoughts of death and suicide or a suicide attempt

A person must have at least five of the previous nine symptoms, and one of those symptoms must be either the depressed mood or the decreased interest in most activities (number one or two from the previous list). The symptoms cannot be attributed to a substance (that is, not drug or alcohol induced) or a general medical condition (for example, hypothyroidism). Additionally, the symptoms cannot be better explained by recent bereavement. After the loss of a loved one, bereavement and the associated symptoms typically tend to last for 2 months. If they last longer, depression should be added to the list of possible diagnoses. Finally, in order to diagnose depression, the symptoms need to cause clinically significant distress or impairment in social, occupational, or other important areas of

functioning. *Depression is not just being sad*—it is a constellation of symptoms, and multiple areas of life are affected.

Postpartum Depression

Another very common form of depression that most people have heard about is *postpartum depression*, which is specifically associated with women who have recently given birth. Postpartum psychiatric problems fall on a continuum ranging from relatively mild “baby blues” to more serious postpartum depression that can even involve *postpartum psychosis*, which describes women who have lost touch with reality and become psychotic. Eighty-five percent of women suffer some sort of mood irregularity after delivering. Baby blues is the most common form, and is characterized by rapid mood swings, irritability, anxiety, limited concentration, insomnia, and/or tearfulness. It occurs between three days and two weeks postpartum, usually resolves without treatment, and *does not interfere with her ability to care for the child*. Postpartum depression is no different than the major depressive episode previously explained. It is simply depression that occurs in the postpartum time period. The symptoms are previously listed, and the significance of the problem is that it *may interfere with her ability to care for the child*.

What Can the Medical Profession Do?

Patients suffering from depression are experiencing many different and troublesome symptoms. Seeing a physician who can make the diagnosis of depression is a key step in the process of recovering from depression. After making the diagnosis, the doctor can also help with treatment, both with regard to medication and counseling.

Most people have heard of the common medications used for depression—*Prozac*, *Paxil*, or *Zoloft*, among others. These medications affect chemicals in the brain called neurotransmitters. More specifically, they affect a certain neurotransmitter called serotonin. Neurotransmitters are responsible for passing nerve impulses from one nerve to another. Our brains are composed of millions of nerves, and these nerves are constantly sending signals back and forth to each other. Part of your brain sends a signal to your lungs that causes you to breathe every few seconds. Part of your brain senses when you have not eaten for a while, and sends a

message that causes you to experience hunger pangs. Every action and sensation has its origin in the nerves, which pass their signals from one to another or to muscles by neurotransmitters.

Several decades ago, scientists developed the theory that a neurotransmitter problem was at the root of depression. They hypothesized that one of these chemicals—serotonin—was “imbalanced,” so they developed drugs that would reverse the imbalance. The medications listed above cause an increase in serotonin in the brain. These drugs take 2-6 weeks to work, and they work on average 60-70 percent of the time.

It would be convenient if we could simply say that depression is a chemical imbalance, but it is not that easy. If a depressed person does not want to take medications, counseling works just as well as medicines in the treatment of mild to moderate depression (in medical studies that compared medication and counseling, the counseling was performed by a licensed psychologist or psychiatrist). Further complicating the picture is the fact that there is no way to know which persons will respond better to medications, counseling, or a combination of treatments when depression is first diagnosed.

So what can your doctor do? Primary care physicians should be able to recognize the symptoms of depression, and rule out other causes for the symptoms that a depressed person is experiencing. Your primary doctor should be able give you advice regarding possible treatment options, whether that be medication, or counseling, or in some cases, specialized care at a hospital. Finally, your primary care doctor should be able to provide some level of support as you go through depression.

What Causes Depression?

There is no easy or simple answer to this question. A quick look at different medical and popular information resources reveals the same answer over and over again—we do not know the specific cause, but we do know there are genetic, biological, and environmental factors that play into the illness. For Christians, there is also the question of whether the soul plays a role in depression. This question is often simply phrased, “Is depression sickness or sin?”

While physicians and psychologists can address many of the biological and environmental—and sometimes even genetic—factors that contribute to depression, the issue of spiritual factors requires specific attention that may lie outside the fields of science and medicine. For help in dealing with these issues, we will turn to some words of wisdom and experience from two pastors who have personally dealt with issues of depression in their lives and ministries. They will specifically address two important questions: “How should I deal with depression?” and “How can I help someone who is depressed?”

"I'm Depressed: What Can I Do?"

Advice for Dealing with Personal Depression

Prof. Robert Decker

When we talk about *depression*, it is important to clearly define the condition to which we are referring. We are not talking about merely feeling blue, or down, or sad. We ought to understand that there is a normal range of feelings that all of us experience, which includes high and low points—we can be happy or sad, having a good or bad day, feeling up or down. Being depressed is not just feeling down or feeling sad. Nor are we talking about what is called *depressive psychosis*, the condition characterized by delusional thinking, hallucination, or severe life-long schizophrenia. The symptoms of this disorder include rambling thoughts, lack of or inappropriate facial expressions, withdrawal, immobility, or frozen emotions. I know of one such believer who sat motionless for a year or more in a state hospital and never moved or spoke. In this condition, people are out of touch with reality.

We do not wish to address either of these two extremes, but are rather interested in what is called *depressive neurosis*—the condition in which people remain in touch with reality, but are unable to fulfill their daily responsibilities. This condition used to be called a "nervous breakdown," and describes one who is feeling sad to the point where he or she loses interest in things that used to interest him or her, and is unable to function at work, at home, in the family, or with other responsibilities. This inability to function normally can lead to feelings of guilt and shame in which one feels responsible for matters over which he or she has no control. This can also lead to—or at least be accompanied by—anxiety or a certain fear of the future. And again, we wish to emphasize that this type of anxiety is not just being worried, but excessively anxious. We are speaking about paralyzing anxiety—fear which renders one unable to function or meet responsibilities. Such anxiety will cause depressed persons to lose interest in things they used to enjoy, to avoid even people whom they consider close friends, and to want to

be left alone. These feelings can change their personality, causing them to lose their sense of humor, become excessively indecisive, or even experience thoughts of suicide.

The issue of suicidal thoughts associated with depression is a particular concern that ought to be addressed. Suicide, as we know from our knowledge of Scripture as set forth in the Heidelberg Catechism's exposition of the sixth commandment, is sin—there is no question about that. But that is precisely why we ought to take the whole matter of suicide, or even the expression of a thought of suicide, very seriously. Such thoughts are most often the fruit of depression, and even though only 10 percent of those who threaten to commit suicide actually do so, that fact that suicide is even mentioned is a cause for concern not only for the physical well-being, but also the psychological well-being of the individual who is making suicidal threats. Often the threat of suicide is a manipulative gesture, intended to gain attention or sympathy by saying "I'm no good; I might as well take leave of this life." But if you are a minister of the gospel or a counselor, or a family member, or a friend, and you encounter this sort of thinking and expression, take it seriously! Chances are 90 percent that the person will not carry out the threat, but if he or she does and you did nothing, you can only imagine how you would feel.

Having said that, I also want to talk about what might be the spiritual and/or emotional causes of depression. These causes are in reality inseparably linked together along with the physical aspects that were discussed by Dr. Decker. In this connection I want to call attention to a publication that has been out for some time under the title "An Introduction to Psychology and Counseling: Christian Perspective and Application," written by Paul Meyer M.D., Frank Minerth M.D., and Frank Witchard M.D. It is the opinion of these three Christian doctors that repressed anger is the most common emotional/spiritual cause of depression. While I'm not sure that this is entirely correct, anger certainly can be a major part of depression. Whether it's the underlying spiritual/emotional cause or a symptom of depression is another question.

The fact is that many children learn to repress anger from their parents, who may repress their own anger and who probably discourage their children from sharing angry feelings, even in an appropriate way. Having learned to fear anger, such children grow to feel that expressing it may lead to rejection and/or punishment. Instead of properly venting their frustration, they may instead direct it improperly toward others, hold grudges, or direct it towards themselves, resulting in feelings of guilt. Or they may even transfer their anger to God so that they become angry with Him. All of these expressions of anger are wrong. The Bible says, "Be ye angry and sin not. Let not the sun go down upon your wrath." Ephesians 4:26. That's a command—Be ye angry!—there is such a thing as righteous anger. But don't be sinfully angry. Get rid of your anger in the proper way. Do that before you go to bed at night. Don't bottle it up or bear grudges, and whatever you do, don't talk to someone other than the one with whom you are angry. Rather talk to that person directly, and get it out of the way. Get it resolved.

While learned behaviors like repressing anger can contribute to depression, certain personality types can also make people more prone to depression. Here we get into the whole question of genetics—depression does occur in families—which is often manifest by certain inborn personality traits. A good example is the "obsessive personality," that is, the type of person who wants us to get everything right and wants it done yesterday. One with this type of personality may insist that he or she has to do everything; no one else can do it. This personality type may also be described as perfectionist, workaholic, or "the take-charge type"; in short, this is a person who can't delegate anything to anyone else. In a real sense this can be a good trait. We talk about the Protestant work ethic and even more often—and perhaps rather proudly, I think—about the Dutch work ethic. We may proudly insist that these are the people who get things done, but the trouble is that this worldview can become an obsession. Such a person may always be working too hard and too long, and becoming ever more physically and emotionally run down. He or she is never satisfied with his or her work; it's never good enough. This is where the anxiety enters. The person assumes far too much responsibility, is unrealistic, and has never learned to say the little word "no," or to say, "I can't do

it, I'm too busy." If such a person doesn't learn—by the grace of God—to take proper control of his life, he or she will likely become depressed.

There is also the matter of poor or low self-esteem. With regards to this point parents need to be especially careful. Poor self-esteem in a child is often the result of parents who are never satisfied with their children. If their child comes home with some B's on his or her report card, there should have been all A's—not good enough. If it is an A—it's still not good enough. Hypercritical parents who seldom or never praise their child can do that child serious harm. Low self-esteem can also result from a child having particular difficulties of one sort or another, perhaps not being as intelligent as his or her peers or being the object of excessive teasing by classmates. Maybe he doesn't have the athletic ability the other boys have, and is always chosen last on playground teams. Or perhaps she doesn't dress as nicely as the other girls in the classroom, and is always mocked. The result is that the child doesn't feel accepted and is forever comparing himself or herself to others. In his or her own mind, he or she never measures up—even as an adult. Unrealistic, excessively inferior feelings are the result.

The issue of what actually causes depression also brings up the very important question of whether depression is itself a sickness or sin. I do believe with all my heart—as do the others speakers in this forum—that sin lies at the root of all these problems, regardless of whether a specific sin is the actual cause. This is a fact: depression, along with the other ailments of human life such as cardiovascular disease and cancer, is the consequence of the fall of our first parents into sin. The result of this fall is that we need to fight all our lives long against a sinful nature and a corrupted body. Even though we have a spiritual beginning of the new life, we must daily contend with the old man of sin that continues with our fallen, earthly nature. So in a very real sense, sin is the root of depression; if it were not for the fall and sin, there would be no depression.

But in addition to the more general role of sin in depression, there are also cases in which specific sins may be involved. The adulterer, on account of his ungodly behavior, may very well become depressed.

The alcoholic or the drug addict may become depressed. Obsessive behavior, which as we said before can lead to depression, may also be sinful. I freely admit that I am just such a person, and that this is wrong. The Bible often tells us in many different ways that we may not live that way. "Take no thought for the morrow" or the passage that gives us the theme of our conference, Philippians 4, "Be careful for nothing." "Take no thought for" and "Be careful for nothing" are the same word in the original Greek and both phrases essentially mean, "Don't be anxious." So when we do become excessively fearful and anxious and forget to rely on God we are sinning, and as such, sin can be the cause of depression.

The Bible also tells us that inferior feelings may very well be sinful. I need to accept who I am and what I am. God, after all, created me in His image and after His likeness. I am recreated in Christ, made a new creature, born again by the power of the Spirit of God's grace. I need to accept that. I have no reason to feel inferior. I need to accept the talents that God has given me. Perhaps I have ten talents, or maybe I only have one. The fact that I have one doesn't make me inferior to the one who has ten. God has a place—a very important, indispensable place—within in the body of Christ and in the communion of saints for the person with only one God-given talent. And this place is as important as that of the person who has ten talents, and who perhaps stands in the pulpit or sits in the elders' row. We need to be content with what God has given, and not use our perceived lack as a reason to feel inferior and become depressed.

In order to address the causes of depression, we need to begin by looking at these problems from a Biblical point of view. This starts with asking and answering the question of what it means to confess ones' sin in the right way. That first of all involves knowledge of our own sins, and in particular, our own besetting sins. Those are the specific sins—so aptly described by the Heidelberg Catechism—against which we need to personally fight all our lives. Once we know these sins we can also begin to acknowledge the fact that Christ bore all the punishment for those sins. By the wonderful and sovereign grace of God, we are forgiven and become righteous, as if we never had nor committed any sin. This knowledge, born out of God's love for us in the Lord Jesus Christ, is the beginning

of the new life within us and the hope of everlasting life in glory. In this life of grace we are worthy of the favor of God. God loves us because Christ saved us from sin, and he therefore regards us as His children. In light of this knowledge there's no reason for poor self-esteem. God esteems us as new creatures in Christ. If we don't begin there, our hope of dealing with low self-esteem and its resulting depression isn't going to get anywhere.

There are a number of extremely important things we need to remember with regard to our knowledge that we are sinners who have been saved by God. First of all, Jesus bore the punishment for sin. When Jesus cried out with a loud voice after the terrible darkness on the cross, "It is finished," it was indeed finished. There's no more punishment for sin and no more wrath of God. It's all finished in the Lord Jesus Christ. I know that and you know that because God did not leave Jesus in the grave. He was raised and he sits, as we speak, right now at the Father's right hand in glory. Jesus is our merciful high priest "touched with the feeling of our infirmities; tempted in all points like as we are" (Hebrews 4:15). He is the one through whom we may go to the throne of grace and indeed obtain mercy and find grace to help in the time of need. And he is the source of comfort when that need is depression or anxiety.

So if God loves us and Jesus paid for our sins, why must some of us contend with the struggle of depression? One answer is that God chastens us—that's the second truth we need to remember. Hebrews 12 is the passage that teaches this so very clearly. God chastens those whom he loves and is determined to save in the blood and resurrection of the Lord Jesus. And all things come out of His love for us. In this way God molds and shapes us for our places in glory. What is more, Scripture recognizes that this chastening is grievous. There's nothing pleasant about chastening when we experience it. Talk to someone who has suffered a heart attack or someone who has been severely injured in an accident. Talk to someone who knows the pain and suffering and loneliness of cancer. It is not joyous; it is grievous. Yet through it all God is refining us for the place that Jesus is preparing in the Father's house of many mansions. In that awareness we can accept and believe that depression—like other forms of suffering—is for our good.

But there may very well be another reason that lies at the root of God trying us with depression. I call your attention to John 9. In the first 12 verses of that passage we read of a man who was born blind. The disciples in John 9:2 asked Jesus "Master who did sin? This man or his parents that he was born blind?" Who sinned? Was it the depressed person or his parents? That's a legitimate interpretation of the question asked of Jesus by His disciples, it seems to me. Here's the Lord's answer, "Neither hath this man sinned nor his parents." Did Jesus mean to say the man or his parents were sinless? Of course not! That man was born and conceived in sin, as were his parents, as was every single human being that has come into this world since the fall of Adam. Of course they were sinners. The point is that sin wasn't the problem that caused his blindness. "Neither hath this man sinned nor his parents but that the works of God should be made manifest in him." That's why he was born blind. Then Jesus explained that he must work the works of God who sent him. "While it is day the night cometh when no man can work. I am the light of the world." And when he said that, Jesus healed the man. He spit on the ground, made clay of the spittle and anointed the eyes of the blind man and instructed him to wash in the pool of Siloam. He went his way, washed, and came seeing. The works of God through Jesus were manifest in that blind man.

There is a similar passage in John 11:3-4. In this passage Jesus was told by His disciples, "Lord, behold he whom thou lovest is sick. Now when Jesus heard this he said, "This sickness is not unto death but for the glory of God that the Son of God might be glorified thereby." And indeed Jesus was glorified not only by the sickness, but also by the fact that Lazarus did die. So dead, if I may use that expression, that his body stunk. "I am the resurrection and the life he that liveth and believeth in me though he were dead yet shall he live and he that believeth in me shall never die." Jesus' glory was manifest in the sickness and death of Lazarus, which for both him and his family was a severe trial of their faith.

That may very well be at least a part, if not the whole reason, of why Christians get depressed. Why are they depressed? In order that God's glory may be seen in them. This is the third and last important point to remember. This glory is seen when at last,

through the means that God has provided, the believer escapes the clutches of depression. The means that God provides for this escape are 1) going to the word often with the help of pastors and elders in the church and fellow saints, and 2) praying fervently in the consciousness that Jesus knows how you feel, and that He will bring your prayer—with all of its imperfections—to the throne of grace so that you may receive the mercy and grace you need to be at peace with yourself, with God, and with your fellow believers. And if you can't pray, which is a situation that depressed people often find themselves in, simply ask the Lord for his help. Never will I forget as long as I am on this side of the grave how it was when I was in the Mulder Therapy Center at Pine Rest Christian Hospital, and all I could do was say, with tears in my eyes, "Lord help me." With this request you can call for the elders of the church to pray over you, with the assurance that the prayer of faith shall save the sick (James 5). Be assured that this is also true for the believer who is sick with depression.

"A Friend/Family Member is Depressed: What Can I Do?"

Advice for Dealing with a Loved Ones' Depression

Rev. James Slopsema

A question often asked is, "I know someone who is depressed; how can I help?" Based on the statistics of wide spread depression in our modern society, it is not surprising that many of us know someone who is suffering from depression. It may be someone very close, such as a spouse, a family member, or a close friend. Or it may be someone more distant from us at our church or place of work. We want to help, but because we don't understand what depression is all about, we don't know what to do. The purpose of this article is to give guidelines for helping someone you may know who is suffering from depression.

These guidelines are not based so much on what I have learned from reading, but what I have learned from own my experience, having gone through depression myself and then being placed in a pastoral position to help others with depression.

The help that you are able to provide for a depressed person is in part determined by your relationship to him or her. If the depressed person is not close to you, your ability to help is somewhat limited. A depressed person is unlikely to open up and to talk about his depression. He is more likely pull back from people—even family members and close friends. And so, if he is not close to you, the depressed person is not likely to share his inner struggles with you.

Nevertheless, there is help you can provide. You can assure him that you care! One of the greatest fears a depressed person has is rejection by others. What a tremendous help it is for the depressed person to receive a card or note saying "We care," or "We are praying for you," or "We hope you get better soon." And when you cross paths with someone you know is depressed, give him a word of encouragement. Do not ask, "How are you feeling?" He may very possible be feeling terrible right then. But he probably won't tell

you. He will most likely put up a front and then later feel guilty for not being honest. It's better to give a word of encouragement: "Glad to see you," or "Hope you are doing well." A kind and encouraging word often lifts someone who is depressed.

One caution – don't just stop in on the depressed person to pay a visit. The likelihood is very great that the depressed person is having a bad day, and then your visit—even though very well intentioned—is going to drain him physically or emotionally. If you want to visit him, call ahead to see if he is up for it. But more often an encouraging word spoken in passing, an appropriate card or letter of encouragement is more helpful. And most importantly, don't underestimate the powers of your own prayers for the recovery of that person. In situations where you are close to a depressed person, you are in a position to provide more substantive help.

Learn about Depression

The first thing you need to do is learn as much as possible about depression. I have seen two extremes in those who want to help a depressed person. On the one hand, there are those that naively think they have all the answers about depression. They have never experienced depression themselves and have never been close to someone who is depressed, but they have all the answers. With good intentions they rush in to help. In my own experience with deep depression, good people reached out to help me who did not know what they were doing. And while I love them for trying, they provided no real help. In some instances their advice was exactly wrong. On the other hand, there are those that want to help a depressed person but don't know what to do. Depression is not in their experience and they are mystified by it all. They feel totally helpless in dealing with the depressed person. The result is that they often do nothing. And so the first thing you should do when someone close to you is depressed is to educate yourself by reading or talking to others who have gone through depression. There is a great deal of information on the Internet. There are also many books available that explain the nature of depression. Minirth and Meier, for instance, have put out a great deal of excellent material. One of their original books, "Happiness Is A Choice," is one that I found particularly helpful for educating someone with very little background in depression.

Because depression so often is accompanied by anxiety, you might also refer to "The Anxiety and Phobia Workbook" by Edmund J. Bourne. This book contains a tremendous amount of information about anxiety and includes an excellent section on "negative self-talk." These are great places to start when you need to learn about depression.

Urge the Depressed Person to Get Help

The second thing you can do to help the severely depressed person is to urge him to get help. Unless you are quite knowledgeable about depression, you should not be the only one to provide help for a deeply depressed person. A depressed person often needs help from a competent counselor. Immediately we think of a professionally trained counselor – a psychiatrist or psychologist. Sometimes a professionally trained counselor is necessary for someone to overcome depression. But do not discount other people of the church who have gone through depression and have learned to overcome it. They often provide invaluable insight and help. It is also important for the pastor of a depressed person to get involved. Depression has a spiritual dimension that must be addressed pastorally from the Scriptures. In addition, a severely depressed person ought to seek medical attention. Depression has a physical side. Sometimes depression is generated or aggravated by certain medical conditions that need to be addressed. There are often medications that can help the depressed person deal with his depression and hasten his recovery. This medical attention can be provided by the family physician or a psychiatrist. A psychiatrist is a medical doctor that specializes in mental disorders. Often help for the severely depressed person comes from more than one source.

An important thing to recognize is that a depressed person is often reluctant to seek help on his own. Depression takes away all initiative. It also makes one fearful to reach out for help. In helping the depressed person, you may have to help him make an appointment and even accompany him to the doctor or counselor. Sometimes the depressed person needs help filling a prescription or finding out what treatment his insurance will cover. Remember, though, that all of this help should be provided only with the knowledge and

permission of the depressed person. This is critical because doing things without permission leads to broken trust. Trust between you and the depressed person is the foundation of your ability to help him. This trust must not be broken.

To help a depressed person, it is important that you be there for him to provide for his emotional, physical and spiritual help. The role that you assume here may often be a secondary one in support of others that are providing primary help and care. But your role is important.

Emotional Support

There are several important ways to give emotional support to a depressed person.

1. ***Give words of hope that with God's help and the help of others he can overcome his depression.***

Perhaps the heaviest burden the depressed person carries is a sense of hopelessness. His life has fallen apart. He can't function. He can't think. He can't even control his emotions. His whole life has slipped through his hands like water. And he sees no way out. He's tried everything he knows to avoid the calamity that has befallen him and nothing has worked. He's desperate and without hope. One of his greatest needs is to be given hope that there is a way out. This hope is found in Scripture, which assures us of God's love, wisdom, power and help. What is impossible for man is possible with God!

2. ***Assure him of your love, and how valuable he is to you and to the Lord.***

The depressed person suffers from low self-esteem. He thinks very little of himself and he assumes that everybody else does too. He even hates himself and is sure that everyone else does as well, even the Lord. These feelings of self-loathing are reinforced by the fact that the depressed person is no longer able to carry out his responsibilities in life. And so it is important to assure the depressed person of your love and the esteem you have for him. He also has to be

assured that in Jesus Christ he is valuable to the Lord and has an important place in the kingdom. When he berates himself, you must tell him that you don't agree with that opinion.

3. *Encourage the depressed person to express what he is experiencing.*

The depressed person experiences horrible fears and anxieties. He is often in a black mood. It's good therapy for him to get this out and talk about it with others. He needs to "get it off his chest." The inclination of the depressed person is to hold it all in. That is self-destructive. Get the depressed person, if possible, to open up. If he doesn't want to talk about it, get him to write it out in a journal. And when he does express himself to you, don't be shocked by what you hear. Often when he opens up he is going to be at his worst, in his blackest mood, and you are going to be inclined to think that he is not making any progress. That is not necessarily true. The depressed person has many ups and downs. You are likely hearing him in his down time. Just listen. You can help the depressed person simply by being a good listener.

4. *Help the depressed person deal with his fears.*

A depressed person is often insecure and is filled with unbelievable fear. These fears are often the result of unrealistic thinking, thinking that helped bring on his depression. When depression sets in, these fears are magnified. It is very helpful to sit down with a depressed person and show him that the catastrophe he sees looming is not reality. He needs someone who can show him reality. And don't forget that there is a deep spiritual dimension here. Encourage him to bring his problems to the Lord and to leave his worries and his fears at the feet of his heavenly Father.

Physical Support

In addition to emotional help, the severely depressed person needs physical support to help him handle life. The severely depressed person is not able to function fully. He is often exhausted. He has trouble concentrating. Decision making is impaired. He is

preoccupied with worry and fear. Responsibilities that once were easily met have now become difficult if not impossible.

The rule of thumb is that a depressed person should do as much as he is able. But he should not be pushed into attempting what he is not able to do. He has to be relieved of the duties that he can no longer accomplish. This is crucial to recover from depression. Recovery from a strained back requires a time of rest for the back to heal. It is no different for the severely depressed person. He is emotionally, physically and spiritually depressed to the point of not being able to function normally. He needs to be relieved for a time from the pressing responsibilities he can no longer handle. For this he often needs help. He needs help making decisions about what he can realistically handle in his depressed state and what he ought to let go for the time being. He also needs people to step in to do some of the things he is not able to do. An example of help to a depressed mother might be help with the housework and caring for the children.

Recovery from depression is aided by a healthy diet and proper physical exercise. The depressed person often neglects these things. You can help the depressed person by encouraging him to eat properly and to exercise. Better yet, invite him to exercise with you.

It is often helpful to invite a depressed person to help you with some project. This will give him something that he is able to do and will occupy his mind with positive things rather than the negative thoughts that depression brings. He will also have a sense of accomplishment.

Spiritual Support

The depressed person is not just emotionally and physically depressed; he is also spiritually depressed. His relationship with the Lord is at a low point. Perhaps he has even lost the assurance of salvation. He needs to be led back to the Lord. It is of little help to remind him of the need to pray and meditate on God's Word. His depression has diminished his ability to take initiative and to concentrate. He needs to be led. He is helped when others go with him to the throne of God's grace in prayer. He is refreshed

when someone will bring him the Word of God. Remembering his inability to focus and concentrate, be brief and to the point. But lead him to the Lord with the word and in prayer.

Convincing the Depressed Person to Get Help

Often the depressed person resists getting the help he needs. He may be afraid to admit that he is depressed because of the social stigma attached to depression. He is most likely afraid to open up to someone about his problems. He is deeply embarrassed by what is happening in his life and is very reluctant to confide in someone else. He fears judgment and rejection. Besides, depression tends to rob a person from taking initiative. These are the dynamics that keep a depressed person from getting help early on. The result is that that often by the time he does reach out for help he is desperate and has sunk into deep depression.

How can we encourage a depressed person to get the help he needs?

1. Carefully and tactfully point out to him the obvious symptoms of depression that are crippling him. Don't argue with him or get angry, should he contradict you. But persist to point out the symptoms of his depression – the inability to function, the crying spells, the inability to sleep, the irritability, the pulling back from social events, etc. Don't do this judgmentally. But persist in a calm way to point out the obvious.
2. Assure him of your love and acceptance. Assure him that you don't reject him but love and care for him, even though he is depressed. Assure him that others will do the same, once they learn of his depression.
3. Give him assurance that there is help available. The depressed person often concludes in despair that nothing can help. Urge him to see his pastor or someone in the church who has gone through depression. Suggest a professional counselor. Sometimes the depressed person is more willing to confide in someone he does not know. Sometimes it is less threatening for a depressed person to see a medical doctor about his exhaustion, his inability to sleep and his lack of appetite. The medical doctor is trained to identify depression and can often convince someone that he needs further treatment.

4. Finally, don't enable a person to continue in depression but enable him to get better. If the depressed person won't get the help he needs, don't cover for him and make excuses for him when he is not able to carry out his responsibilities. That only enables him to continue to regress. Sometimes the only way you can get the depressed person to recognize his depression problem and get proper help is to allow him to flounder in his depression until he hits the bottom. But then be ready to assist him when he finally recognizes the need for help.

Suicide

What if the depressed person shows signs of suicide? This is a real concern. Someone who is severely depressed may attempt suicide, often successfully. When you are dealing with someone who is close to you and is severely depressed, learn the warning signs of suicide. Here are a few critical signs of suicide:

1. He talks about wanting to die, or wishing it was all over. Most people who try to kill themselves first talk about wanting to die and not wanting to live.
2. He begins stockpiling medications, buys a gun, gets a weapon out of its safety locker, or does something to make a suicide attempt easy.
3. He begins giving away possessions, especially things he used to treasure.
4. He writes notes to try to tie things up, even if he is not talking about a specific attempt of suicide.
5. He begins abusing drugs or alcohol or both.

These are all danger signs that indicate someone is at risk of suicide. If you believe that a depressed person in your life is a suicide risk, call the suicide hotline. In every phone book there is a hotline for suicide intervention. Call this number and you will get a tremendous amount of help. And if you feel that someone is on the verge of committing suicide, call the police. This may sound dramatic, but you don't want to live with the fact that someone you were trying to help committed suicide when you saw it coming and were paralyzed into doing nothing.

Some Don'ts

In addition to the many helpful things you can do for depressed person, there are also some things you simply should not do. Here is a short list:

1. *Don't tell the depressed person "snap out of it."* He can't.

We are talking about an inability to function, an inability to focus and do one's normal work. The severely depressed person can't snap out of it. To tell him that is only going to discourage him further.

2. *Don't assume that the depressed person is lazy just because he is not fulfilling his normal responsibilities.*

Depression is not the same thing as laziness. It is an inability to function. It may be true that a depressed person has a hard time getting up out of bed, spends a great amount of time on the couch, or is even inclined not to get dressed over the course of a day. Don't just assume that is laziness. Depression is an inability to do the things one normally does.

3. *Don't view the depressed person as one who has a particular problem with sin.*

Sin is a factor in everything we do and there are specific sins that certainly can factor into our depression. For example, one who has major depression almost always has a very low view of himself—an estimation that is not biblical. A depressed person often has unrealistic standards for himself that don't reflect what God requires of him. He may expect more of himself than God does, and that may be sin. A depressed person, especially as he goes downhill, is not trusting in God, and that too is sin. A depressed person often struggles with sinful anger, even anger against God. But we should not consider a depressed person to be a greater sinner than others. We all struggle with sins. It is true that sometimes depression is the result of some unconfessed sin in which a person lives. Psalm 51 shows that this was the case with David. But don't simply assume that the depressed person has some dirty secret that he is hiding, and that is why he is depressed. Great spiritual weakness and hidden sins are not always the root of depression.

4. *Don't be too quick to interfere with and contradict a counselor.* The depressed person should not try to be his own doctor. The depressed person has impaired judgment and is inclined to grasp at straws. He has to trust someone to guide him, and it shouldn't be himself. Similar advice goes to one who is trying to help a depressed person. If the depressed person is seeing a competent counselor, don't interfere with his advice and treatment. If after time the depressed person is not being helped, you may want to suggest that another counselor be found. But don't try to be the doctor.

5. *Don't be overly judgmental.* It is very easy to be to criticize the depressed person when he is not living up to your expectations. Recovery from depression is slow with repeated relapses. Those helping the depressed person can easily become impatient, especially when they suspect that the depressed person could be doing more than he does. Be charitable. Exercise the judgment of love so that you give the benefit of the doubt. It is possible that the depressed person is taking unfair advantage of the situation, but most often, when a person is not doing what you expect of him, it is because he is not able to do it at this point. And when the true and genuine faults of a depressed person are obvious to you, follow the instruction of Galatians 6:1-2, "Brethren, if a man be overtaken in a fault, ye which are spiritual, restore such an one in the spirit of meekness; considering thyself, lest thou also be tempted. Bear ye one another's burdens, and so fulfil the law of Christ."

6. *Don't reinforce the negativism of the depressed person.* A depressed person is very negative. He sees life through dark glasses. Everything is gloom and doom. He wants you to share in that perspective, too. Don't do that and don't argue with him about it. Rather show him by example the positive, Biblical perspective he needs to have.

7. *Don't take personally his being distant from you.* You may in love reach out to help a depressed person and find that he

pulls back from you. It is very easy to become offended, but don't be. It is not about you—it is about what depression is doing to this person.

8. *Don't just leave or walk away.* Wait around and be there when the depressed person is willing to talk to you.

9. *Finally, don't let his depression consume you.* The depressed person you want to help may be someone you love very much, someone who is very important to you. It is a real danger that soon your entire life becomes helping your loved one overcome depression. And so remember a few things. First, you don't have it within your power to overcome someone else's depression. Only the depressed person can overcome his depression by making, with God's help, the right choices. You can be there to assist him, but you can't do it for him. Secondly, your life has to be bigger and broader than the life of this depressed person. Be there to help. But draw boundaries so that his depression doesn't consume your life. Don't allow the help you give a depressed person to pull you down. The help you give should rather strengthen you to serve the Lord in a well rounded life of joy.

Scripture Passages of Comfort

Deuteronomy 33:27a

- 27: The eternal God is thy refuge, and underneath are the everlasting arms

Psalms 23

- 1: The LORD is my shepherd; I shall not want.
- 2: He maketh me to lie down in green pastures: he leadeth me beside the still waters.
- 3: He restoreth my soul: he leadeth me in the paths of righteousness for his name's sake.
- 4: Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; thy rod and thy staff they comfort me.
- 5: Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil; my cup runneth over.
- 6: Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the LORD forever.

Psalms 37:1-8

- 1: Fret not thyself because of evildoers, neither be thou envious against the workers of iniquity.
- 2: For they shall soon be cut down like the grass, and wither as the green herb.
- 3: Trust in the LORD, and do good; so shalt thou dwell in the land, and verily thou shalt be fed.
- 4: Delight thyself also in the LORD; and he shall give thee the desires of thine heart.
- 5: Commit thy way unto the LORD; trust also in him; and he shall bring it to pass.
- 6: And he shall bring forth thy righteousness as the light, and thy judgment as the noonday.

- 7: Rest in the LORD, and wait patiently for him: fret not thyself because of him who prospereth in his way, because of the man who bringeth wicked devices to pass.
- 8: Cease from anger, and forsake wrath: fret not thyself in any wise to do evil.

Psalm 40:1-5, 11-13, 17

- 1: I waited patiently for the LORD; and he inclined unto me, and heard my cry.
- 2: He brought me up also out of an horrible pit, out of the miry clay, and set my feet upon a rock, and established my goings.
- 3: And he hath put a new song in my mouth, even praise unto our God: many shall see it, and fear, and shall trust in the LORD.
- 4: Blessed is that man that maketh the LORD his trust, and respecteth not the proud, nor such as turn aside to lies.
- 5: Many, O LORD my God, are thy wonderful works which thou hast done, and thy thoughts which are to us-ward: they cannot be reckoned up in order unto thee: if I would declare and speak of them, they are more than can be numbered.
- 11: Withhold not thou thy tender mercies from me, O LORD: let thy lovingkindness and thy truth continually preserve me.
- 12: For innumerable evils have compassed me about: mine iniquities have taken hold upon me, so that I am not able to look up; they are more than the hairs of mine head: therefore my heart faileth me.
- 13: Be pleased, O LORD, to deliver me: O LORD, make haste to help me.
- 17: But I am poor and needy; yet the Lord thinketh upon me: thou art my help and my deliverer; make no tarrying, O my God.

Psalm 77

- 1: I cried unto God with my voice, even unto God with my voice; and he gave ear unto me.
- 2: In the day of my trouble I sought the Lord: my sore ran in the night, and ceased not: my soul refused to be comforted.
- 3: I remembered God, and was troubled: I complained, and my spirit was overwhelmed. Selah.
- 4: Thou holdest mine eyes waking: I am so troubled that I cannot speak.
- 5: I have considered the days of old, the years of ancient times.
- 6: I call to remembrance my song in the night: I commune with mine own heart: and my spirit made diligent search.
- 7: Will the Lord cast off forever? and will he be favourable no more?
- 8: Is his mercy clean gone forever? doth his promise fail for evermore?
- 9: Hath God forgotten to be gracious? hath he in anger shut up his tender mercies? Selah.
- 10: And I said, This is my infirmity: but I will remember the years of the right hand of the most High.
- 11: I will remember the works of the LORD: surely I will remember thy wonders of old.
- 12: I will meditate also of all thy work, and talk of thy doings.
- 13: Thy way, O God, is in the sanctuary: who is so great a God as our God?
- 14: Thou art the God that doest wonders: thou hast declared thy strength among the people.
- 15: Thou hast with thine arm redeemed thy people, the sons of Jacob and Joseph. Selah.
- 16: The waters saw thee, O God, the waters saw thee; they were afraid: the depths also were troubled.
- 17: The clouds poured out water: the skies sent out a sound: thine arrows also went abroad.
- 18: The voice of thy thunder was in the heaven: the lightnings lightened the world: the earth trembled and shook.
- 19: Thy way is in the sea, and thy path in the great waters, and thy footsteps are not known.
- 20: Thou leddest thy people like a flock by the hand of Moses and Aaron.

Isaiah 40:27-31

- 27: Why sayest thou, O Jacob, and speakest, O Israel, My way is hid from the LORD, and my judgment is passed over from my God?
- 28: Hast thou not known? hast thou not heard, that the everlasting God, the LORD, the Creator of the ends of the earth, fainteth not, neither is weary? there is no searching of his understanding.
- 29: He giveth power to the faint; and to them that have no might he increaseth strength.
- 30: Even the youths shall faint and be weary, and the young men shall utterly fall:
- 31: But they that wait upon the LORD shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk, and not faint.

Isaiah 41:10,13

- 10: Fear thou not; for I am with thee; be not dismayed; for I am thy God: I will strengthen thee; yea, I will help thee; yea, I will uphold thee with the right hand of my righteousness.
- 13: For I the LORD thy God will hold thy right hand, saying unto thee, Fear not; I will help thee.

John 14:16-18, 27

- 16: And I will pray the Father, and he shall give you another Comforter, that he may abide with you forever;
- 17: Even the Spirit of truth; whom the world cannot receive, because it seeth him not, neither knoweth him: but ye know him; for he dwelleth with you, and shall be in you.
- 18: I will not leave you comfortless: I will come to you.
- 27: Peace I leave with you, my peace I give unto you: not as the world giveth, give I unto you. Let not your heart be troubled, neither let it be afraid.

Ephesians 3:17-21

- 17: That Christ may dwell in your hearts by faith; that ye, being rooted and grounded in love,
18: May be able to comprehend with all saints what is the breadth, and length, and depth, and height;
19: And to know the love of Christ, which passeth knowledge, that ye might be filled with all the fullness of God.
20: Now unto him that is able to do exceeding abundantly above all that we ask or think, according to the power that worketh in us,
21: Unto him be glory in the church by Christ Jesus throughout all ages, world without end. Amen.

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