

Breaking *Through* Depression

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Clinical depression is a complex medical illness that should be managed in a one-on-one relationship with a personal physician or professional counselor. This book offers suggestions on how to find such a person. This book is not intended to take the place of sound professional medical advice. Neither the author nor the publisher assumes any liability for possible adverse consequences as a result of the information contained herein.

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Chapter 1

The Big Picture

*“Come to me, all you who are weary and
burdened, and I will give you rest.”*

MATTHEW 11:28

Depression is a deeply personal and complex problem. Sometimes it shows up amid billowing waves of tears, other times in unkindness toward loved ones—but it always brings a lost joy in living.

On the level of the mind, depression is a disabling state of sadness caused by too much worry. On the level of the body, it can be a medical illness caused by injury to brain cells.¹ From a spiritual perspective, depression can present a crisis of faith. For instance, James Dobson talks about the feeling of betrayal that many Christians experience in hard times.² This feeling may become oppressive in clinical depression.

Mary Ann, a middle-aged prayer-group leader, came to my office for help with dark moods. She had lost 15 pounds and could not sleep. Her joy in prayer and praise music was gone. She dragged herself to work each morning. Her mind, body, and spirit were aching under the weight of depression.

Her story is not unique. Among women, 20 percent become seriously depressed at some point in their lifetimes (the risk for men is 10 percent).³ This means that two out of ten women you see at the mall

will know what it means to be clinically depressed. Two out of ten women you meet at church will someday be depressed.

This illness affects women and men from all walks of life. With an office located between technology businesses to the east and farmland to the west, I have appointments with both farmers coming in from the field and executives slipping away from the boardroom. It is sadly interesting to see the equalizing effects of depression. Black moods afflict engineers at their desks, the laborers who built their offices, and the farmers who provided their lunches. I meet schoolteachers, international businessmen, and pizza delivery guys who each suffer privately.

Depression is a private illness, a hole in the soul, not often expressed in public. People who appear confident and charming on the outside may, on the inside, believe themselves to be weak and worthless. The sharply dressed stranger on the bus may actually be obsessing over his failures. The woman singing in the choir may actually be thinking about ending her life. Depression is the unspoken illness of the taxicab driver who looks dreadfully sad and the restaurant manager who seems to be doing quite well.

Experiencing Depression

Symptoms of depression are deeply personal and sometimes embarrassing. Some people cry too much. Others pull away from friends and family—preferring to stay alone in their rooms. Food, sex, and hobbies lose their appeal. People stop doing the things they once thought were fun.

For Martin Luther, the great Reformer, depression came with periods of uncontrollable crying. Commenting on Luther's depression, Charles Spurgeon notes,

His great spirit was often in the seventh heaven of exultation, and as frequently on the borders of despair. His very death bed was not free of tempests, and he sobbed himself into his last sleep like a great wearied child.⁴

For Abraham Lincoln depression came with fatigue and thoughts

of suicide. He described his depressive periods as “debilitating episodes of the hypo.” In order to protect Lincoln from himself, a friend had to “take away all knives and such dangerous things.”⁵

For Bruce, a local pastor, depression appeared in agitated moods. This patient preacher and confident leader became a short-tempered nuisance to his family and friends. With shame in his eyes, he told me about his pessimism and his problem with anger. His black moods were leading to a split in his church.

As I listen to people like Bruce talking about their dark moods, I see depression as a pit.

The pit is deep, and people can't see a way out. They lose hope.

The pit is narrow, and they can't move around. They feel powerless.

The pit is dark and confusing. They don't know which way to turn.

The pit is lonely. People feel like nobody cares where they have gone, and some feel so worthless that they think about ending their lives.

Pulitzer Prize–winning author William Styron explained his experience this way:

For those who have dwelt in depression's dark wood, and known its inexplicable agony, their return from the abyss is not unlike the ascent of the poet, trudging upward and upward out of hell's black depths and at last emerging into what he saw as the shining world.⁶

After climbing out of the pit Styron told his story in *Darkness Visible: A Memoir of Madness*. Looking back on depression, such a period of time *can* seem like madness. It's hard to conceive. How do well-adjusted people begin thinking and feeling in ways that don't make sense?

Experiencing Recovery

Lincoln and Luther both climbed out of the pit. It probably took them longer than it would today, because without current treatments, depression can last for months or years and recur many times.

Mary Ann, the prayer-group leader, and Pastor Bruce also climbed

out of the pit. Within a few weeks, both were enjoying their work and their families again. They thank God for the blessings of counseling and medication. Both continue to do well after several years of recovery.

Mary Ann's contagious joy is back. Her tears have stopped. She no longer obsesses over the safety of her children. When I speak to people who know her, smiles come to their faces. Mary Ann is again leading her prayer group and enjoying travel with friends.

Pastor Bruce is back too, with a positive outlook. His wife and son tell me that the patient father and loving husband has returned. His church is growing. When Bruce returned for his last appointment, he wanted to talk about what had happened—how he had become so depressed and why it had taken him so long to seek help. He expressed some regrets:

“Dismissing the value of professional help really tied my hands in dealing with this stuff,” he said. “People are complex, and some spiritually minded people try to make things too simple. They blame their illness on weak faith and think that God only uses ‘religious’ ways of healing.”

Pastor Bruce had been there himself. Initially, he had refused to seek help. He understood that deep sadness can be a spiritual problem and that sometimes God uses suffering to bring us closer to Him. He recognized that God still does miracles.

So he did the right things. He read the Bible. He prayed. He waited patiently for God to answer. He firmly believed that healing would come. He knew that God had a plan.

God did have a plan—but it involved helping professionals. Bruce came to realize that depression can be emotional, medical, or spiritual. Sometimes it's all three at once.

Next Steps

The next chapter begins a discussion of the causes of depression. From the medical perspective, you will see how the *chemical cascade* may hinder the brain from working properly. From the psychological viewpoint, you will see how *unmet core needs* may become roots for

depression. Finally, from the spiritual perspective, you will see how six *spiritual flaws* increase the risk for black moods.

Depression isn't simply a problem with the brain—something that, if you take a pill, will disappear. Depression isn't simply a problem of self-esteem. Some people stay in counseling for years without ever talking their way to a cure. And depression isn't simply a spiritual problem. Praying a little harder and believing a little stronger may not be enough to overcome a medical problem. Mind, brain, and spirit may become disabled together. Depression is a complicated problem that calls for a multistep solution.

Moving from depression to spiritual vitality is a bit like taking a cross-country road trip. Before setting out, it's good to know where you are, where you are going, and the route you will take to get there. The next several chapters will help you understand where you are and what you are dealing with in depression. Understanding the problem will help you to develop a personal plan that leads to the best possible outcome.

As you learn about the causes and consequences of depression, it will help you to keep your eyes on recovery. As when taking that road trip, pay attention to what is going on now and, at the same time, keep the road map in mind.

The road map presented in part 3 of this book is what I call the SMART plan for recovery. It can be tailored to fit the unique needs that come with your personal struggle. The milestones along the route are

1. **S**—Stop substance abuse (if present)
2. **M**—Medicate chemical imbalances (if present)
3. **A**—Adjust expectations of yourself
4. **R**—Revise relationships with others
5. **T**—Track with the Holy Spirit

The first step is *stopping substance abuse*. Excessive drinking or other destructive habits can lead to depression. On the other hand, depression can lead to destructive habits. If you continue destructive habits, you may veer off the road of recovery.

The second step is *medicating chemical imbalances*. Not everyone needs medication. Counseling and spiritual commitment often resolve milder forms of depression. However, with longer-term and deeper forms of black mood, do not delay. New research is showing that areas of the brain's cortex may actually shrink in depressive illness. Other new research is showing that medical treatment may stimulate regrowth of brain cells.

The third milestone is *adjusting expectations you have of yourself*. Setting your expectations too high will lead to unhealthy levels of stress. This can lead to hormone damage of brain cells. Recognizing your limits and finding peace within those limits will help to stop the injury and begin regrowth.

A fourth milestone is *revising your relationships with others*. Just as excessive self-imposed demands cause problems, so can unrealistic demands from other people. Learn to say no. Learn to set boundaries. Setting those limits will make room for healthier pursuits, like spirituality.

The fifth step is *tracking with the Holy Spirit*. For the believer, a relationship with God can be a vital part of each earlier step. Spirituality is the emphasis in this final step because full joy rarely returns when brain chemistry and emotions remain unbalanced. When brain cells are rebalanced and self-esteem is restored, people experience a new sense of freedom and excitement that often overflows into their relationships with God and other people. I have seen many believers grow in spiritual vitality as they emerge from the medical and emotional levels of depression.



As you move through the next chapters, you will most likely identify sources of struggle and conflict in your own life. Recognize these problem areas. They can become parts of your personal recovery plan. By the grace of God, as you examine these problems and follow the map, you too will find renewal of your body, mind, and spirit.