

Overcoming Depression, Part 1

Overcoming Personal Struggles – Week 12

Introduction

- Depression is a common symptom of physiological problems and a common side effect of medications. Where there is no life circumstance that explains one's experience of depression, it is important to talk to a doctor and get a full medical checkup.
- Official statistics indicate that less than 7% of the US population has been diagnosed as having major depressive episodes, but it is more prevalent because of the problem of self-diagnosis.
- Depression is a complicated issue because the word is used to describe a wide range of experiences and emotional conditions.
- Depression is not experienced in the same way universally. There is a spectrum that ranges from persistent sadness to debilitating despair and hopelessness.
- Common words used to describe depression are darkness, numbness, and worthlessness.

"I felt like I was walking through a field of dead flowers and found one beautiful rose, but when I bent down to smell it I fell into an invisible hole."

"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."

Ed Welch, *Depression: A Stubborn Darkness*, p. 21-22

- Common "side effects" that result from hopelessness and despair include reduced activities, isolation, loss of appetite, weight gain or loss, physical pain, poor concentration, lack of clear thinking, low energy, oversleeping or not sleeping, etc.
- Biblical Examples:
 - 1 Kings 19:1-4, 9-10
 - 1 Kings 21:1-4
 - Psalm 32, 42, 73, 88
 - 2 Corinthians 4:8-9
- Some well-known Christians who struggled with depression include Charles Spurgeon, Martyn Lloyd-Jones, and John Piper, among many others.

The Medical Model (Mark 5:25-29)

- The medical model's diagnosis of depression is unreliable because it seeks to identify a threshold that warrants certain types of treatments.
 - The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.
 - To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.
 1. Depressed mood most of the day, nearly every day.
 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
 3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
 4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
 5. Fatigue or loss of energy nearly every day.
 6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
 7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
 8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
 - "The truth is, not only are the criteria flawed but most of the time physicians simply don't use them when they diagnose depression. This is the psychiatric equivalent of omitting the rapid strep screen on a sore throat. A full quarter of psychiatrists admit that, more than half the time, they do not use the DSM criteria when they make a diagnosis of depression. It's even worse among primary care physicians, my part of the profession. Among primary care doctors, two-thirds admit that they don't use the criteria half the time." (Charles Hodges, MD, *Good Mood, Bad Mood*, p. 29).

Medication and Depression

Video: [Depression is not a brain disorder](#) (3 min)

Video: [There's no such thing as an antidepressant](#) (3 min)

Video: [Side effects of medications](#) (4 min)

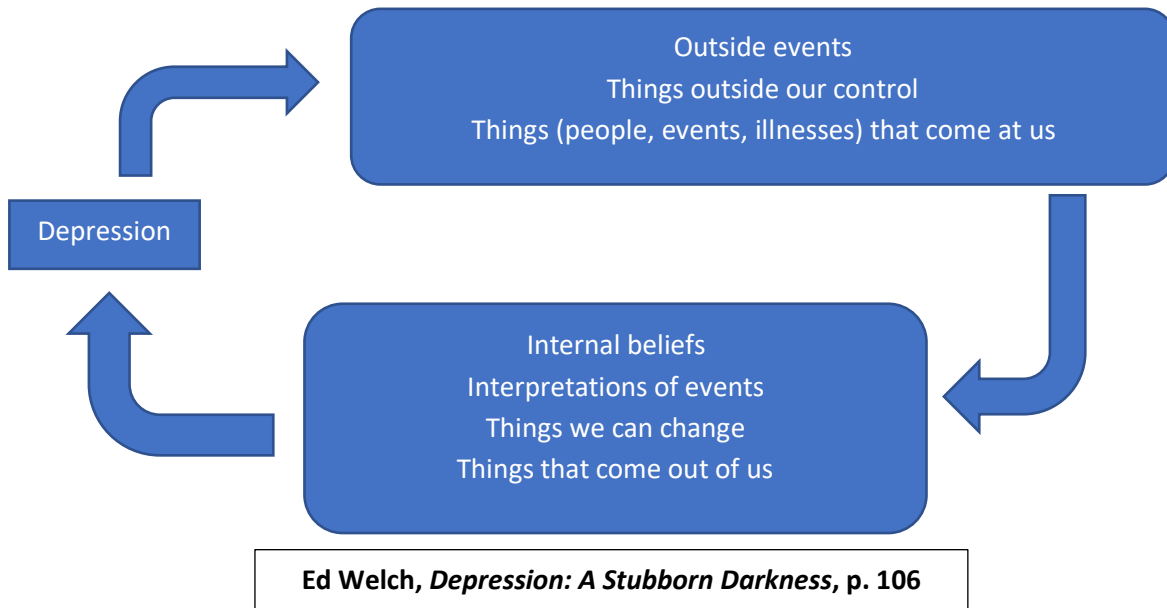
Video: [Withdrawing from Antidepressants](#) (2 min)

Video: [Does Pain Always need a drug?](#) (3 min)

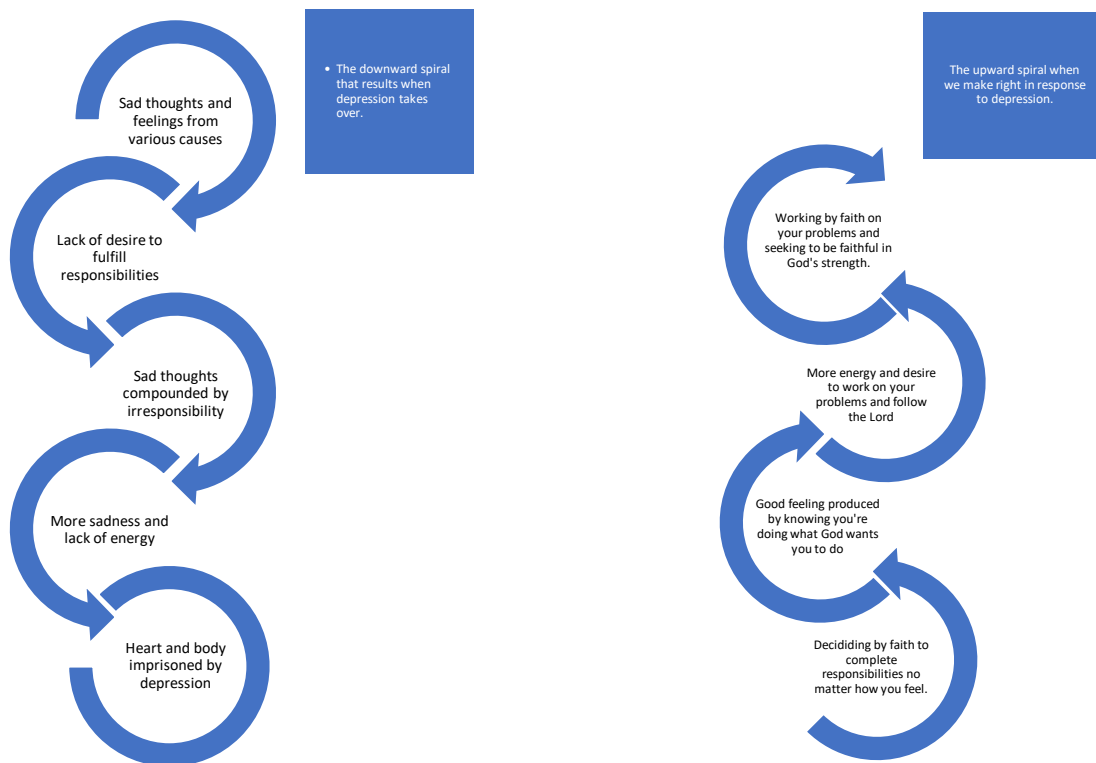
Video: [Katrina's Story](#) (6 min)

The Heart of Depression

- Depression is a response to life.



- Depression is a cycle (Fitzpatrick and Hendrickson, *Will Medicine Stop the Pain?*, p. 114).



Listening to Depression

To minister to someone effectively, we must understand their particular experience of depression.

“Contrary to what we might think, God says that strong faith can coexist with emotional highs, lows, and everything in between. It is a myth that faith is always smiling.”

Ed Welch, *Depression: A Stubborn Darkness*, p. 31

- Don't ask for the person's definition of depression, ask questions to understand their experience of depression.
 - Ask about the history of their depression.
 - Ask about their family history.
 - Ask about challenges and difficulties they have or are facing.
 - Ask about what made those trials particularly devastating.
 - Ask about their response to those trials (thinking, behavior, emotions).
 - Ask about how their responses have changed over time.
 - Ask about how the Lord is involved in their life and trials.
- Give them the freedom to be honest about their anger, fears, and disappointments.
- Exercise patience during the data gathering stages.
 - The nature of depression often makes counseling a slower process.
 - Praying with the counselee more often than usual be necessary and helpful.

Resources on Medication

- YouTube Channel: [Medicating Normal](#)
- Hendrickson, Laura. *Will Medicine Stop the Pain?* (This book is by a psychiatrist who became a biblical counselor)
- Glenmullen, Joseph. *Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants with Safe, Effective Alternatives*
- Whitaker, Robert. *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*