



A Quick Reference and Lesson Guide

Dealing with Depression

By Sylvia Clemons, M.S., L.P.C., L.C.D.C.

1 Scenarios and Assessment

Scenarios/Case Studies

A. Scenario #1

1. Susan is married and has two grown children who are now married and living in another state. Her 80-year-old father died suddenly six months ago and she has been the primary caregiver since then of her 78-year-old bed-ridden mother. Her husband does little to help. She reports feeling extremely stressed, anxious, is missing a lot of church, and wants to sleep all the time. She has stopped spending time with her friends and has been thinking things would be better if she could just "disappear."

B. Scenario #2

1. Robert is at his wits end in dealing with his wife, Judy. She has, once again, been on a spending spree, devastated the family's finances and wants to go all the time. However, not too long ago, she had trouble getting out of bed and was sleeping the majority of the day or watching television non-stop. At those times, she wouldn't clean house or cook and couldn't keep a job or take care of the children. She seems to go from "hyper" to sluggish and back again.

C. Scenario #3

1. George is a successful businessman and his life is about as "perfect" as it could be. However, for the past several months he has felt himself withdrawing from his family, friends and co-workers, and no longer feels interested in what is going on in his life and business. He is having problems sleeping at night and has lost a good bit of weight because he just hasn't felt hungry.

Definitions and Key Thoughts

A. Facts and Statistics

1. Sadness or "feeling depressed" is not the same as actual Clinical Depression. Sadness is fleeting, temporary and catalyzed by upsetting life experiences and powerful memories, but it comes and goes; it is not constant. Depression, on the other hand, can become a chronic condition.
2. Depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors.
3. Depression can happen at any age, but often begins in adulthood. Depression is now recognized as also occurring in children and adolescents; many chronic mood and anxiety disorders in adults begin as high levels of anxiety in children.

4. Women are twice as likely to have depression, and symptoms of depression, as men of the same age.
5. Four percent of adolescents will develop significant symptoms of serious depression each year in the United States. Suicide is the third leading cause of death among children and young adults aged 10 to 24.
6. Research has consistently shown a strong link between suicide and depression, with 90% of the people who die by suicide having an existing mental illness, such as depression, or substance abuse problem at the time of their death.
7. Bipolar disorder, which involves alternating periods of depression and mania, affects about 6 million people in the United States, or about 3% of the total adult population.
8. Over 80% of people with symptoms of clinical depression are not receiving any specific treatment for their depression.
9. An estimated 121 million people worldwide are currently living with some form of depression.
10. According to a study done at Harvard, the number of patients diagnosed with depression increases by approximately 20% per year.
11. The World Health Organization considers depression the fourth leading cause of disability worldwide, and expects it to become the second leading cause of disability worldwide by 2020.

B. Common Myths About Depression

1. Myth: Depression is no big deal; it's not that serious.
 - a) Truth: Clinical depression is a very real and serious illness that affects all parts of a person's life. It can be a precursor to suicide.
2. Myth: It's all in your head.
 - a) Truth: Emotional symptoms are often thought of as the main characteristics associated with depression, but it doesn't stop there. By promoting the idea that depression is only mental, we can overlook serious physical signs of the issue at hand.
3. Myth: Depressed people are just lazy or weak. They need to pull themselves together and stop feeling sorry for themselves.
 - a) Truth: When people are clinically depressed, they can't "snap out of it" anymore than they can "snap out of" an ulcer or diabetes.
4. Myth: It's not good to talk about feeling depressed. Talking about it is just dwelling on the problem and makes it worse.
 - a) Truth: It's hard for some people to talk about feelings, but telling someone about feeling depressed is an important step toward getting help.
5. Myth: If someone is depressed, it is because they have unconfessed sin in their lives. Therefore, confessing the sin will end the depression.
 - a) Truth: Some depression can be due to sin and the inward struggle against guilt and conviction, but there are many reasons someone can become clinically depressed. Depression can begin as a normal human reaction to life

events as a part of the grief process, a Situational Depression. However, when it continues on without being addressed or resolved, it can and generally will affect the overall chemistry of the body and can turn into a type of Clinical Depression. Once it has reached this stage, medical intervention may be called for, in addition to counseling and assistance in dealing with the emotional/mental aspects of the situation. In other instances, an irregularity in body chemistry itself, a reaction to medications, tumors, diseases can all initiate and bring on a Clinical Depression without any particular life event being a precursor.

C. The Bible and Depression

1. The term "depression" appears in very few translations of the Bible. Instead most translations use words such as downcast, sad, forlorn, discouraged, downhearted, mourning, troubled, miserable, despairing, and brokenhearted.
2. Using these terms, we find that no one is immune from depression.
3. Many people in the Bible showed symptoms of this kind of problem, including Hagar, Moses, Naomi, Hannah, Saul, David, Solomon, Elijah, Nehemiah, Job, Jeremiah, John the Baptist, Judas Iscariot, and Paul.

D. Symptoms of Clinical Depression

1. Difficulty concentrating, remembering details, and making decisions
2. Fatigue and decreased energy
3. Feelings of guilt, worthlessness, and/or helplessness
4. Irritability, restlessness, agitation
5. Feelings of hopelessness and/or pessimism
6. Changes in sleeping patterns, sleeping more or developing insomnia
7. Changes in appetite that result in weight losses or gains unrelated to dieting
8. Loss of interest in activities or hobbies once pleasurable, including sex
9. Loss of pleasure in life
10. Persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment
11. Persistent sad, anxious, or "empty" feelings
12. Thoughts of suicide or suicide attempts

E. Types of Depression

1. Situational or Reactive Depression
 - a) Situational Depression is a shorter-term form of depression that can occur in the aftermath of various traumatic changes in normal life, including divorce, retirement, loss of a job and the death of a relative or close friend. It is sometimes referred to as an Adjustment Disorder. Most people with this form of depression develop symptoms within 90 days of a life event. A person with Situational Depression may have symptoms that are more or less identical to someone with Clinical Depression, but there are some differences. With this

kind of depression, there are generally fewer of the symptoms being exhibited at the same time and they are generally less severe, though it can even include being suicidal.

2. Clinical Depression

- a) Many of the symptoms of Clinical Depression are more or less interchangeable with the symptoms of Situational Depression. However, people with Clinical Depression have at least five depression symptoms at the same time, and also have forms of these symptoms that are severe enough to seriously degrade their ability to participate in their normal routines.
- b) People with Clinical Depression often have noticeable chemical imbalances in their brains. In some cases, tendencies for the disorder can run through family bloodlines, though environmental factors and external situations commonly play a role in the whether or not the major depressive symptoms actually develop. When that part of the brain that mediates emotions is not functioning properly, medical help (not criticism) is often needed.
- c) Types of Clinical Depression
 - (1) There are several types of Clinical Depression, some more serious than others and requiring varying types and degrees of intervention. Since true Clinical Depression is normally more than just a short-term reaction to life stressors and/or traumatic loss (a Situational Depression), symptoms have gotten to the point where they include a physical component that generally must also be addressed for effective resolution. Because of that, any of these types of actual Clinical Depression would benefit from involvement of medical personnel to make a final determination as to the most appropriate course of treatment, which may or may not include medication(s) to help the body regain its proper chemical balance and functioning.
 - (2) Various types:
 - (a) Clinical or Major Depression, with symptoms from the list above that seriously impair routine functioning for more than two weeks.
 - (b) Dysthymia, a persistent, low-grade depression that lasts for at least two years
 - (c) Perinatal Depression, a more serious and longer lasting condition than the "baby blues" which would typically clear up within two weeks after delivery.
 - (d) Psychotic Depression, when a person has some form of severe depression plus a form of psychosis (not being in touch with reality), such as delusions or hallucinations.
 - (e) Seasonal Affective Disorder (SAD), depression that occurs during winter months when there is less natural light.

- (f) Bi-Polar Disorder, when a person has alternating periods of Major Depression with periods of Mania, or manic-type behaviors of euphoria or irritability, which can include excessive spending, extended periods of high energy with no or very little sleep, etc.

Assessment (Interview)

- A. By the time most people come to their pastor or to a counselor for help with a problem, it has generally been an issue that has either been unsuccessfully addressed or not addressed at all for varying lengths of time. In that respect, the "problem" will have generally become more serious and, therefore, more complicated in its potential resolution.
- B. General questions to ask:
 - 1. How can I be helpful to you today?
 - 2. What are your goals for coming to counseling? What would you like to have different as a result of coming here to see me?
 - 3. If you get answers that indicate significant problems with his or her mood, e.g. feeling down or depressed, then you can go into a line of questioning to determine whether or not depression is the primary issue, realizing that the potential for suicide increases with depression as a primary issue.
 - a) *A goal for you, as a counselor, at this point would be to begin to determine whether or not this person is dealing with a Situational Depression or a more serious Clinical Depression. Making that determination would allow you to begin to form ideas about the course of treatment and/or intervention needed.*
 - 4. Please tell me how you have been feeling the past couple of weeks (months) or so.
 - a) *If you hear responses like "depressed" or "sad" or "hopeless," then you want to begin to ask questions relating to how often or how much of the day they are feeling that way.*
 - 5. How long have you been feeling this way?
 - 6. Has anything significant occurred in your life in the past three to six months?
 - 7. Tell me about your appetite? Have you been eating less...or more? Any changes in your weight in the past month or so?
 - a) *You want to look for evidence of appetite disturbances in either direction.*
 - 8. How are you sleeping? Are you sleeping more than you used to? Are you sleeping less?
 - a) *If sleep disturbances are present, you want to know about the degree of the difference in their sleeping patterns by asking questions such as, "How many hours of sleep are you getting in a 24-hour period?" or "Do you have trouble going to sleep, trouble staying asleep or both?"*
 - 9. How is your energy level?
 - a) *If they describe it as being unusually low, ask how long it has been that way.*
 - b) *In the interest of finding out if it might be more than a form of depression and whether or not Bi-Polar Disorder might be a factor, ask if there has been a*

time where they have had a great deal of "extra" energy" or felt really excited or irritated for more than just a brief time.

10. Tell me about any thoughts you might have about feeling guilty or like you are a failure.
 11. How is your concentration? Tell me what happens when you are working on tasks and how well you are getting things done.
 12. Tell me about your daily activities with your family and with your friends.
 - a) *You want to look for signs to see if there is a loss of interest in daily activities and withdrawal from people and events they would normally be interested and involved in.*
- C. Questions to ask to determine if a referral to a professional is needed or if 911 should be called:
1. In the case of someone dealing with depression, whether Situational, a type of Clinical Depression or Bi-Polar Disorder, probing for suicidal ideation and/or intent would be a primary goal to will help you make decisions about whether or not immediate action is required and what course of treatment might be recommended.
 2. Have you thought about hurting yourself or killing yourself?
 - a) *Though it may be uncomfortable, it is best to be very direct in your questioning about this issue.*
 3. When was the last time you thought about that?
 4. If you were going to kill yourself, how would you do it?
 - a) *If you get responses that let you know he (or she) has been thinking about suicide, you want to ask questions that will help you determine how imminent the risk is. Does he have an actual plan and does he have the means to carry it out?*
 - b) *If he says he would shoot himself, you want to ask if he has a gun or has access to one.*
 - c) *If he indicates he would take pills, ask whether or not he has pills available or knows how or where to get them.*
 - d) *If you get an indication that the person has both a plan and access to the means, the risk is much greater than if neither of those were true.*
 5. Have you ever tried to kill yourself before?
 - a) *If yes, ask questions about the details, the frequency of any previous attempts, and when the last attempt occurred.*
 6. Tell me about any alcohol or drug use?
 - a) *If the answer to this and the previous question are both positive, then ask questions about his (or her) present use and any relationship to previous suicide attempts.*
 7. Has something serious happened in your life the past six months? Have you experienced a significant loss of someone or something very important to you in the past two years?
 8. Are you experiencing any serious health problems?

- D. If you determine from your line of questioning that this person is actively suicidal or is seriously thinking about hurting themselves, then immediate action should be taken, either in the form of having a family member with him or her or a referral to an emergency room for evaluation.
1. If a family member is present and you discover that the person is actively suicidal, that family member should be called into the interview if they are not already present. Engage them in a discussion about the situation and the need for immediate intervention. Make a plan for immediate action.
 2. Confidentiality is an important factor within the counseling dynamic. However, protection of the individual takes precedence over the code of confidentiality. You may initially come up against even strong objections of the individual against getting anyone else involved or going to an emergency room. However, their protection has to be primary over their approval of you at that point.
 3. If a family member is not available and the potential danger seems imminent, 911 should be called and the individual taken for evaluation and possible treatment for their own protection. You could then follow up with a family member to apprise them of the situation.
 4. A pastor and the church can have great liability risks in situations where there is a potential for suicide. It is better to err on the side of caution and take immediate action rather than not take it seriously, have something happen, and then be held responsible for not taking action to protect the individual. Lawsuits against both the pastor and the church have been filed in such situations.
- E. Red flags to be aware of during the interview:
1. A person's non-verbal behaviors, such as their demeanor, eye contact, degree of focus during the interview, or the manner and relevancy of answers given, can provide helpful clues during the interview.
 2. Since depression and anxiety often go together, signs of agitation or nervousness are often present and should be noted. Abnormally high levels of agitation or irritability could be indicators of a "manic" type episode.
 3. If an individual has problems with alcohol or other drugs (street drugs or prescription medications), signs of intoxication should be noted. It is not unusual that use of those substances covers up an under-lying and pre-existing form of Clinical Depression. However, no diagnosis of Clinical Depression (or any other pre-existing condition) can be accurately made until the substance use or abuse has been dealt with.
 4. If you find that someone admits to even recent suicidal ideation with some degree of planning and availability of means, but now seems perfectly at peace and much less anxious, it could mean they have actually made the decision and determined a definite time in which to end their life. Their agitation and struggle about whether or not to do it has been resolved. This is a time of imminent danger and should not be ignored. Further questioning would be warranted to determine if this is the case, as opposed to someone who is truly improving and regaining his or her equilibrium in the situation.

5. If you find that someone has been or is currently suicidal to any degree, you can be assured that they are struggling with a lack of hope. It is important to acknowledge his or her feelings of hopelessness and despair in a loving way. It is not a time to lecture on the advantages of being alive and why it is wrong to commit suicide. A goal here would be to respond not only with action to preserve their life but also with compassion and caring as you emphasize the love of God and the hope that Jesus offers.

2 Critique and Counsel

Biblical Insight

A. Scriptural View and Expressions of Depression

1. Proverbs 12:25 (NKJV) says, “Anxiety in the heart of man causes depression, But a good word makes it glad.”
2. Proverbs 17:22 says, “A merry heart doeth good like a medicine: but a broken spirit drieth the bones.”
3. Moses experienced a form of depression several times in his life. “Then Moses heard the people weep throughout their families, every man in the door of his tent: and the anger of the Lord was kindled greatly; Moses also was displeased. And Moses said unto the Lord, Wherefore hast thou afflicted thy servant? And wherefore have I not found favour in thy sight, that thou layest the burden of all this people upon me?” (Numbers 11:10-11). *Clinical depression in men is often expressed through anger and increased irritability.*
4. Elijah was depressed and even suicidal following his great victory over the prophets of Baal. “But he himself went a day’s journey into the wilderness, and came and sat down under a juniper tree: and he requested for himself that he might die; and said, It is enough; now, O Lord, take away my life; for I am not better than my fathers” (1 Kings 19:4).
5. King David had numerous expressions of feeling down or depressed, especially within the Psalms. In Psalm 73:2, he wrote, “But as for me, my feet were almost gone; my steps had well nigh slipped.” In Psalm 42:5a, he expressed his current state of mind, “Why art thou cast down, O my soul? And why art thou disquieted in me?”
6. Whenever biblical characters (and there are many of them who fall into this description) express rejection, loneliness, self-pity, hopelessness, overwhelming grief, and wish they had not been born, it seems they are expressing more than just a temporary sadness but classic symptoms of either Situational or Clinical Depression.

Wise Counsel

- A. Whether someone is experiencing a situational/reactive kind of depression or a form of Clinical Depression, the enemy will take advantage of the opportunity and try to disturb and destroy their faith and sense of hope of ever being any different. The basis of any suicidal ideation is a desire to end the pain and a complete loss of hope that the pain will be ended in any way other than death.
- B. Basic goals of counseling with these individuals include helping them realign themselves emotionally and spiritually to access the hope that is possible in Jesus Christ.
1. Assuring them that Jesus knows how they feel:
 - a) E.g., "For we have not an high priest which cannot be touched with the feeling of our infirmities;" (Hebrews 4:15a).
 - b) E.g., "For in that he himself hath suffered being tempted, he is able to succour them that are tempted" (Hebrews 2:18).
 2. Reminding them that He is always with them even if, in these times, they cannot necessarily "feel" His presence:
 - a) E.g., "Have not I commanded thee? Be strong and of a good courage; be not afraid, neither be thou dismayed: for the Lord thy God is with thee withersoever thou goest" (Joshua 1:9).
 - b) E.g., "...Fear not: for I have redeemed thee, I have called thee by thy name; thou art mine. When thou passest through the waters, I will be with thee; and through the rivers, they shall not overflow thee: when thou walkest through the fire, thou shalt not be burned; neither shall the flame kindle upon thee (Isaiah 43:1b-2).
 3. Helping them regain control of their thought life and "cast down" the imaginations connected with the depression and hopelessness:
 - a) E.g., "For though we walk in the flesh, we do not war after the flesh: (For the weapons of our warfare are not carnal, but mighty through God to the pulling down of strong holds;) Casting down imaginations, and every high think that exalteth itself against the knowledge of God, and bringing into captivity every thought to the obedience of Christ" (1 Corinthians 10:3-5).
 - b) E.g., "And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God." (Romans 12:2).
 - c) E.g., "Thou wilt keep him in perfect peace, whose mind is stayed on thee: because he trusteth in thee" (Isaiah 26:3).
 - d) E.g., "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" (Philippians 4:8).
 4. Building up their confidence that the Lord already has made a way for them and is their Healer:

- a) E.g., "There hath no temptation taken you but such as is common to man: but God is faithful, who will not suffer you to be tempted above that ye are able; but will with the temptation also make a way to escape, that ye may be able to bear it" (1 Corinthians 10:13).
 - b) E.g., "...for I am the Lord that healeth thee" (Exodus 15:26b).
 - c) E.g., "Who his own self bare our sins in his own body on the tree, that we, being dead to sins, should live unto righteousness: by whose stripes ye were healed" (1 Peter 2:24).
 - d) E.g., "...he hath sent me to heal the brokenhearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised," (Luke 4:18).
5. Praying with them to revive (or instill) the hope within them:
- a) E.g., "To whom God would make known what is the riches of the glory of this mystery among the Gentiles: which is Christ in you, the hope of glory" (Colossians 1:27).
 - b) E.g., "Blessed be the God and Father of our Lord Jesus Christ, which according to his abundant mercy hath begotten us again unto a lively hope by the resurrection of Jesus Christ from the dead" (1 Peter 1:3).
 - c) E.g., "Why art thou cast down, O my soul? And why art thou disquieted within me? Hope thou in God: for I shall yet praise him, who is the health of my countenance, and my God" (Psalm 42:11).
- C. Making an initial determination
1. Your line of questioning (as suggested above) should give you information that will help you make an initial determination of whether this person is experiencing a less serious or less critical form of "sadness" or depression or whether there are serious enough issues that immediate medical attention is required. If the former, that does not mean that the person's situation or concerns should be taken less seriously or less compassionately. To that person, it is still of very serious concern and deserves to be addressed with all the love, compassion and hope possible.
 2. If you detect any indication that the person is a danger to him or herself, then, as suggested in the Assessment Section, immediate action should be taken.
 3. For individuals experiencing what appears to be the less critical forms of depression that are perhaps related to a traumatic or unusual event in their lives, they should be more able to respond positively to the above steps over a period of time of counseling and assistance and regain their balance. This is provided, of course, that you have not determined any real risk of self-harm.
 4. For individuals who appear to be experiencing one of the more serious forms of Situational or Clinical Depression (without any evidence of the potential for self-harm or psychotic forms of delusions or hallucinations):
 - a) You may choose to work through the above steps with them and see if any progress is being made, as in improvement in their affect (mood), their demeanor, or ability to function on a day-to-day basis.

- b) If little or no progress is being made in your counseling with them, it may be time to refer them to a professional for further assessment and assistance. There may be a need for medical intervention which can be determined by the professional counselor or psychologist the person is referred to.
- c) Any referral to a professional should be done in a very respectful, loving way so as not to project the idea that they are "hopeless" or that you, as their pastor and counselor, are "rejecting" them in any way.

3

Application and Prayer

Application

- A. For those who seem to be experiencing a type of depression that does not have any evidence of a danger of self-harm, delusions or hallucinations, the following suggestions can be practical steps to help him or her begin to address the situation.
1. Help identify the root problem.
 - a) Get information about her physical condition. Make sure she is physically well and that the cause of her depression is not physiological (chemical imbalance, reaction to medications, etc.). Encourage her to talk to her physician to check out that possibility. If it is found to have a physical basis, her physician may prescribe a short-term medication to help her.
 - b) If the current state of depression appears to stem from unresolved hurts from the past, help him do what is necessary to work toward emotional healing. Assist him in looking at the different options of working through relevant books (see Resource List), seeking the help of a professional, looking always to the Lord for His guidance and healing love.
 - c) If the depression appears to be due to disobedience and unconfessed sin, help her through a prayer of confession and to discover what changes she needs to make in her life. You may need to look at helping her deal with temptations in her life.
 - d) If the depression appears to be caused by bitterness or an ungrateful attitude, lead him through the steps for learning to let go of any bitterness or resentment and to look daily at his blessings and to begin to share with others the things he is grateful for.
 - e) Help her look at ways her "self-talk" may be perpetuating the depression (e.g. "things will never get any better," "I can't handle this," "this is unbearable and

- will always be this way") and learn the tools to help discipline her mind and bring it into captivity to the obedience of Christ (2 Corinthians 10:3-5).
- f) Help him problem solve. Help him look at options and make a plan of small, easily achievable goals. Encourage him as he takes each of these steps.
2. Get him or her up and moving. Being depressed and inactive deprives the brain of sufficient oxygen, thereby feeding the depression and inability to think clearly. Encourage him or her to...
 - a) Begin some kind of physical activity, such as walking or an exercise program;
 - b) Add an enjoyable activity to her day, something involving another person as often as possible;
 - c) Do something for someone else, reaching out to others initially in simple ways, e.g., sending a card, making a phone call;
 - d) Join a group of some kind so he can become involved with others.
 3. Encourage him or her not to make any major life decisions during this time but focus on healing, returning to a more functional level of daily living and spiritual disciplines and a deepening of his or her relationship with the Lord.
 4. Instill hope. Help him know with assurance that God is with him and that He *came to bind up the brokenhearted* and to give us *the garment of praise for the spirit of heaviness* (Isaiah 61:1,3) and that through Him, *all things are possible* (Matthew 19:26).

Prayer

"Lord, we know that You can touch the feelings of our infirmities and have compassion on _____ in this difficult time. We ask right now that you reach out with Your Comfort and Your Healing Hand to touch (him/her) and give (him/her) direction in the path You would have (him/her) take during this healing journey. Help (him/her) know that (he/she) is not alone and that you have plans and a future for (him/her). Guide and direct us as we walk together through this valley and bring _____ into Your Perfect Will for (his/her) life."

4 Recommended Resources

A. General Education/Self-Help Books

1. Arterburn, Stephen. *Healing Is A Choice: Ten Decisions That Will Transform Your Life & Ten Lies That Can Prevent You From Making Them*. Thomas Nelson, 2011.
2. Bays, Matt. *Finding God in the Ruins: How God Redeems Pain*. David C Cook Distribution, 2016.

3. Hunt, June. *Depression: Walking From Darkness Into The Dawn*. Rose Publishing, 2013.
 4. Hunt, June. *Suicide Prevention: Hope When Life Seems Hopeless*. Perfect Paperback, 2013.
 5. Jeremiah, Dr. David. *When Your World Falls Apart*. Thomas Nelson, 2004.
 6. Lotz, Anne Graham. *Why? Trusting God When You Don't Understand*. W Publishing Group, 2004.
 7. Lucado, Max. *You'll Get Through This: Hope and Help for Your Turbulent Times*. Thomas Nelson, 2013.
 8. MacDonald, James. *When Life Is Hard*. Moody Publishers, 2010.
 9. Meyer, Joyce. *Beauty for Ashes: Receiving Emotional Healing*. Warner Books, 1994.
 10. Meyer, Joyce. *Be Anxious for Nothing: The Art of Casting Your Cares and Resting in God*. Warner Books, 1998.
 11. Piper, John. *When the Darkness Will Not Lift: Doing What We Can While We Wait for God--and Joy*. Crossway Books, 2006.
 12. Stanley, Andy. *Enemies of the Heart: Breaking Free from Emotions That Control You*. Waterbrook Multnomah, 2011.
 13. Swindoll, Charles R. *Hope Again: When Life Hurts and Dreams Fade*. W Publishing Group, 1996.
- B. Topical Prayer/Devotion Books**
1. Omartian, Stormie. *Prayers for Emotional Wholeness*. Harvest House Publishers, 2007.
 2. Strauss, Ed. *Devotions for Difficult Times*. Barbour Publishing, 2016.
- C. Secular Books (Educational With Practical Steps)**
1. James, John W. *The Grief Recovery Handbook, 20th Anniversary Expanded*. HarperCollins, 2009.
 2. Smith, Laura L, and Elliott, Charles H. *Depression For Dummies*. Wiley Publishing, Inc., 2003.

5

Taking it to the Church

"Walking Through the Valley"

By Sylvia Clemons

Focus: *Discuss the biblical expressions of "valley" experiences, along with God's plan for victory. Look at ways we help create our own "valleys" and ways to avoid those pitfalls while developing strong and consistent spiritual disciplines.*

Lesson Text:

Psalm 23 (KJV)

The LORD is my shepherd; I shall not want. He maketh me to lie down in green pastures: he leadeth me beside the still waters. He restoreth my soul: he leadeth me in the paths of righteousness for his name's sake.

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. Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil; my cup runneth over. Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the LORD for ever.

Focus Verse:

Psalm 42:11

Why art thou cast down, O my soul? and why art thou disquieted within me? hope thou in God: for I shall yet praise him, who is the health of my countenance, and my God.

Biblical Expressions of Valley Experiences

King David wrote Psalm 23 during the time of his son Absalom's rebellion against him. It was one of many dark times in David's life and he wrote many of the psalms during those periods. But David was not the only person in the Bible who experienced the "valleys" of life.

Hagar wandered out into the desert with Ishmael, put him away from her so she wouldn't have to see him die and sat down and wept.

Hannah wept night and day and wouldn't eat because she couldn't get pregnant.

Moses became fearful and fled into the desert after killing the Egyptian.

Naomi told everyone to call her Mara, meaning "bitter" because of all that had happened to her.

Saul had an evil spirit that troubled him and needed soothing with David's music.

Jeremiah was known as "the weeping prophet."

Nehemiah had a prominent position as the king's cupbearer, but when he heard about the walls of Jerusalem being broken down, he wept and mourned and fasted so much that the King noticed it and asked him what was going on.

Elijah had just won a stunning victory over the prophets of Baal but when he heard Jezebel was after him, he went into the wilderness and wanted to die.

Job's three friends sat down with him on the ground for seven full days and nights. For those seven days, nobody said a word because they saw how great his grief was.

John the Baptist began to lose hope and began to despair in the prison so he sent several of his disciples to ask if Jesus was really the One.

Judas Iscariot realized what he had done; he despaired and committed suicide in an ultimate loss of hope.

Life in a Fallen World

While the Bible uses the term "depression" in only a few versions, it does use many different terms for what might fall under that label, such as downcast, sad, forlorn, discouraged, downhearted, mourning, troubled, miserable, despairing, and brokenhearted. In today's terms, we might just call it depression.

These terms express common emotions that humanity experiences living in a difficult and fallen world where it rains on the just and the unjust (Matthew 5:45). Many times these difficult life experiences can cause us to question God and His Love for us. They can shake our faith to its core. During those times, the enemy will try to take advantage of the situation and tempt us to turn aside from our faith and begin to doubt. He will tempt us to turn our focus toward the darkness and away from the Light. But God has provided a way to deal with every temptation we face.

1 Corinthians 10:13

There hath no temptation taken you but such as is common to man: but God is faithful, who will not suffer you to be tempted above that ye are able; but will with the temptation also make a way to escape, that ye may be able to bear it.

When we find ourselves experiencing the "valleys" of life, we have choices to make. Will we embrace the "valley" and begin to build permanent dwelling places there? Will we give in to the enemy's temptation to feel sorry for ourselves, angry at others for what they have "done to us," even angry at God for allowing a particular circumstance to take place?

Or will we be able to see our "valley" as a part of living in a fallen world and a time in which God can comfort us and lead us to the other side of the valley where we will be stronger and more like Him? Even with this perspective, we must still recognize the pain that comes with living through life's difficulties. We must still acknowledge the pain, walk through it and grow from it without getting stuck in the "valley." Though painful, valleys can also be fertile places with a great potential for growth.

The Valley of Depression

What we call depression can come in a variety of ways. It can come as a result of life events where we are not able to appropriately express and process our feelings of grief and/or pain related to what has happened. In "de-pressing" those feelings, the body often reacts with a variety of symptoms, both physical and emotional.

Joy at life is "de-pressed" or pushed down; emotions in general are "de-pressed;" interest in things and people around us is "de-pressed"; appetite and sleep patterns can be "de-pressed." And in these instances, we generally withdraw from people and activities around us. We disconnect or

"de-press" our life-sustaining connections to other people and often to the Lord Himself. And the "valley" gets deeper and wider.

Depression can also be initiated by or come as a result of chemical imbalances in the body, perhaps caused by lifestyle, by unhealthy eating habits, by medications being taken for other health issues or other physically generated causation. The physical genesis of a depression then often leads to the same emotional and behavioral expressions of the "de-depression" that are listed above. For the physically generated depression, it can become necessary at times to take a medication to help the body "right" itself again and learn to do what it needs to do on its own after a period of time. Medications can be corrective in that respect. Taking medication may be temporary or long-term depending on the actual nature of the body's depression and its ability to rebound.

In some instances the depression can be so severe that a person loses touch with reality and experiences a form of psychosis and/or becomes suicidal, believing there is no hope of things ever being different or better. In those cases, medical and professional interventions are always necessary for the protection and care of the individual.

Responding to Depression

As Christians/The Church:

Depression can be an illness in a similar sense that diabetes or cancer are an illness. We don't try to make people feel shameful for being diabetic or having cancer and make them feel bad for talking about it. But sometimes we treat more emotion-related illnesses differently and look upon them as shameful and not to be talked about. In church, we will often ask for prayer for Aunt Susie who is diabetic and struggling to keep her blood sugar at a good level. But we rarely feel comfortable asking for prayer for Uncle Joe who is struggling with depression and may be suicidal.

We don't tell Aunt Susie not to take her insulin because she needs to trust that God is going to heal her without it. But there have been times when very well-meaning Christians have told people to stop taking their anti-depression medications because it shows a lack of faith in God's healing power. It can be very dangerous to immediately stop taking some medications without weaning off appropriately. We must learn to recognize that God can choose to heal in any number of different ways. He has given us many avenues for healing in addition to direct miraculous healing, including professional and medical personnel and even pharmaceutical interventions. He always is the Source, regardless of the particular "method" He uses.

We must learn to respond with love, compassion and encouragement toward people experiencing any form of emotional or mental illnesses. God chooses to do some of His best work as He works through us to show His love to others. We can be a part of the healing process that comes from being connected to and supported by other people as we represent Him.

As individuals:

Regardless of the origin of the depression being experienced and regardless of the specific treatment regime we adhere to, we have choices to make in our responses to the "valley of

depression" as well as many other emotional or mental illnesses. The ease with which we make those choices will relate to the severity of the illness being experienced and our level of spiritual maturity as well. With the most serious forms of depression or other emotional or mental illness, it becomes more difficult to make those choices. They may have to be broken down into smaller steps and may call for more support and encouragement from others around us, but they can still be done with God's help. For we know that through Him *all things are possible* (Matthew 19:26).

Because the enemy will always try to take advantage of us when time we are "down," we must be very alert to the spiritual implications of having a form of depression. We must learn to discipline and renew our minds in order to continue turning to God for the solution to our dilemmas.

2 Corinthians 10:3-5 (KJV)

For though we walk in the flesh, we do not war after the flesh: (For the weapons of our warfare are not carnal, but mighty through God to the pulling down of strong holds;) Casting down imaginations, and every high thing that exalteth itself against the knowledge of God, and bringing into captivity every thought to the obedience of Christ;

Romans 12:2 (KJV)

And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God.

1 Peter 1:13

Wherefore gird up the loins of your mind, be sober, and hope to the end for the grace that is to be brought unto you at the revelation of Jesus Christ;

Philippians 4:8 (KJV)

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.

We must find assurance that God is with us and not against us.

Jeremiah 29:11 (KJV)

For I know the thoughts that I think toward you, saith the LORD, thoughts of peace, and not of evil, to give you an expected end.

Hebrews 13:5 (KJV)

Let your conversation be without covetousness; and be content with such things as ye have: for he hath said, I will never leave thee, nor forsake thee.

Isaiah 43:1b-2 (KJV)

...Fear not: for I have redeemed thee, I have called thee by thy name; thou art mine. When thou passest through the waters, I will be with thee; and through the rivers, they shall not overflow thee: when thou walkest through the fire, thou shalt not be burned; neither shall the flame kindle upon thee.

We must learn to call on the Lord in our troubles:

Psalm 18:3 (KJV)

I will call upon the LORD, who is worthy to be praised: so shall I be saved from mine enemies.

Jeremiah 3:55-58 (KJV)

I called upon thy name, O LORD, out of the low dungeon. Thou hast heard my voice: hide not thine ear at my breathing, at my cry. Thou drewest near in the day that I called upon thee: thou saidst, Fear not. O LORD, thou hast pleaded the causes of my soul; thou hast redeemed my life.

Psalm 38:15 (KJV)

For in thee, O LORD, do I hope: thou wilt hear, O Lord my God.

Jeremiah 29:12-13 (KJV)

Then shall ye call upon me, and ye shall go and pray unto me, and I will hearken unto you. And ye shall seek me, and find me, when ye shall search for me with all your heart.

2 Corinthians 4:16-18 (KJV)

For which cause we faint not; but though our outward man perish, yet the inward man is renewed day by day. For our light affliction, which is but for a moment, worketh for us a far more exceeding and eternal weight of glory; While we look not at the things which are seen, but at the things which are not seen: for the things which are seen are temporal; but the things which are not seen are eternal.

Romans 12:12 (KJV)

Rejoicing in hope; patient in tribulation; continuing instant in prayer;

Psalm 3:2-6 (KJV)

Many there be which say of my soul, There is no help for him in God. Selah. But thou, O LORD, art a shield for me; my glory, and the lifter up of mine head. I cried unto the LORD with my voice, and he heard me out of his holy hill. Selah. I laid me down and slept; I awaked; for the LORD sustained me. I will not be afraid of ten thousands of people, that have set themselves against me round about.

We must learn to understand that "valley experiences" can teach us things that we could never learn while on the mountain top. They can stimulate growth in us that makes us more like Jesus Christ, our Lord and Savior.

Romans 8:28 (KJV)

And we know that all things work together for good to them that love God, to them who are the called according to his purpose.

Romans 8:36-38 (KJV)

As it is written, For thy sake we are killed all the day long; we are accounted as sheep for the slaughter. Nay, in all these things we are more than conquerors through him that loved us. For I am persuaded, that neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come,