Understanding And Overcoming Depression

Andy J. Johnson, Ph.D.

Bob was a fifty-four-year-old accounting executive with a life full of success and happiness. He spent time with his family, enjoyed his work, played sports with his friends, and was active in his church and community. But then his employer had financial problems and had to lay Bob off. Bob did a thorough job search, but openings were just not available. He even tried finding other types of work, but potential employers said he was overqualified.

Over time, Bob became increasingly discouraged and sad. He had difficulty concentrating and his thoughts often wandered to how worthless he felt. He believed everything was his fault and he was certain things would never get better again. He no longer enjoyed his family, recreational activities, friends, or even his church and relationship with God. Bob would wake up in the middle of the night and have a hard time getting back to sleep. His family noticed how he had lost weight, slowed down, withdrawn from others, and seemed sad or irritable much of the time. Bob told me, “I feel like I’m behind a glass wall. I can see and hear things that used to make me happy, but they don’t anymore.” Even reading the Bible and praying did not provide Bob the encouragement he used to feel, although they sometimes helped a little.

Tonya is a thirty-two-year-old lawyer who feels depressed and pessimistic and has very low self-esteem. She cannot remember a time in many years when she has not felt depressed. She is unhappy with her family, her job, and her entire life. It is as though a black cloud of gloom covers her entire world. Although she has a job in a successful law firm, Tonya believes that she does not measure up to her coworkers. She purposely married a man she considered “average” because she thought he would be less likely to leave her.

Bob and Tonya both suffer from depression. Bob suffers from major depression, a condition that causes enormous suffering for the depressed person and often for loved ones as well. Research studies have found that between five to nine percent of adult women and two to three percent of adult men in the United States suffer from major depression at any given time.[1] Tonya suffers from dysthymia, a rather common form of depression which causes fewer and less severe symptoms than major depression, but can last for years unless treated.

Depression robs people of joy in living, and in its severe forms, drives some to end their lives through suicide. Feeling absolutely worthless and believing they have no hope for a better future, depressed people may choose to take their lives in order to find relief from unrelenting sadness and despair.

People who are suffering from depression may experience more pain and physical illness than others and have a more difficult time in social relationships. Depressed Christians can be riddled with guilt,

preoccupied with feelings of failure, and have difficulty believing God loves and forgives them. Even though they intellectually know that God loves everyone, they don't feel as if God cares for them. Fortunately, depression can usually be effectively treated, and the earlier it is detected, the easier it is to treat.

Signs and Symptoms of Depression

Everyone feels sad or down at times. But depression and dysthymia are different from ordinary sadness. Ordinary sadness is temporary and a normal part of life. Depression is much worse, lasts longer, and involves terrible feelings toward oneself. Major depression interferes with the person's ability to function for any extended period of time, whether on the job, at home, in social situations, or in other important roles. Dysthymia also interferes with an individual's ability to function at work or in relationships; normal sadness does not.

Someone with major depression will have at least five of the following symptoms most of the day and nearly every day for at least two weeks. Someone with dysthymia will have fewer of these symptoms, but will be depressed most of the day and on most days for at least two years.

- A depressed, irritable, or cranky mood
- Greatly reduced interest or pleasure in daily activities
- Changes in appetite that result in a significant weight loss or weight gain
- Sleep disturbances – difficulty either falling asleep or staying asleep, or excessive sleeping
- Agitation or slowing down
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Decreased ability to concentrate or make decisions

Similar Conditions

Several other conditions have symptoms or side effects that are similar to depression, but different enough to require a different kind of help. These include the following:

- Bereavement or grief following the death of a loved one or loss of a meaningful relationship
- Postpartum depression, a depression that occurs shortly after a woman gives birth
- Seasonal Affective Disorder (SAD), a type of major depression that develops in winter or in environments with limited sunlight
- Bipolar disorder (previously known as manic-depressive disorder), characterized by mood shifts from extreme feelings of elation, irritability, moodiness, enormous amounts of energy, increased risk-taking, and little need for sleep, to periods of deep depression[2]

- Medical conditions such as multiple sclerosis, Parkinson's disease, diabetes, heart attack, stroke, lupus, vitamin B_{12} deficiency, hepatitis, hyperthyroidism and hypothyroidism, mononucleosis, human immunodeficiency virus (HIV), and certain kinds of cancer
- Side effects from certain types of medicines, including some medications for pain, high blood pressure, cardiac conditions, ulcers, and Parkinson's, as well as muscle relaxants and steroids
- Reactions to metals and toxic substances like paint, lead, gasoline, insecticides, nerve gases, carbon monoxide, and carbon dioxide
- Drug intoxication, or withdrawal from alcohol, cocaine, or other substances

Spiritual and Existential Struggles

Jodie came to see a counselor because she felt depressed much of the time. She traced the start of her symptoms to the time she began asking questions about the meaningfulness of certain aspects of the Christian faith. Jodie valued her faith in Christ and was afraid she might be losing her salvation. She was terrified and feared that she might be doomed to hell for her questioning and doubt.

When Jodie shared her concerns with others in her church, they told her she should just have more faith. One "friend" made things worse by reinforcing her fears that she was losing her faith. Another told Jodie that perhaps she was never a Christian in the first place and that everything she had been doing and saying was a lie. Others did not take Jodie seriously; they treated her like a child, saying she was just going through a phase that she would soon outgrow. No one seemed to understand her doubts and questions, and she felt very alone. Nevertheless, she could not put away her suspicion that some of the things she had been taught about Christianity over the years were untrue.

As Jodie began re-examining the beliefs she had uncritically accepted as a child, she found that some rang true with the Bible and her experience of Christ while others did not. Some things she had been taught seemed to be more a product of her church's subculture than that of the Bible. Some of the hard questions she was asking had never been discussed in her church or family; her friends and family seemed threatened to even consider them. In time, Jodie's counselor helped her see that rather than losing her faith, Jodie was actually growing in her faith by examining what she believed and making it her own for the very first time.

Like Jodie, many people go through periods of doubt and struggle as they re-evaluate their faith. These periods of questioning occur at rather predictable times and have even been written about in books and articles on faith development.[3] For some, these struggles are relatively mild and painless; for others, lengthy, painful struggles ensue. Difficult or agonizing struggles most often occur in two types of situations.

First, particularly sensitive or introspective individuals, especially late adolescents, young adults, people in new subcultures, and people facing great hardship or tragedy may ask hard questions. They may wonder about the fate of people who have never heard of Christ or those who sincerely follow other faiths. They reflect on injustices that have been carried out in the name of God. They realize that some of the things they have been taught are questionable at best, and they see people who have been hurt or neglected in their church. They may question why some of their earnest prayers seem to have gone unanswered. They don't want to lose their faith, but they are too honest to ignore these problems. They

wonder if there really is a God, and if there is, is he the God of the Bible?

Second, some individuals and church subcultures do a better job than others of providing encouragement for people with questions and doubts. Some well-intended people may be uncomfortable with hard questions. They may offer quick advice or look down on the person asking the questions. This can make growth and change more difficult. Those who do not judge and who listen in an active and caring way to another's questions and concerns can help smooth the way for growth by reducing the isolation and other unpleasant feelings that the person may have.

Fortunately, Carl's pastor was spiritually and psychologically sensitive. He was able to help Carl navigate through this phase of his spiritual life, a phase so common that it has a name – the "dark night of the soul." It is a period of shifting to a deeper level of faith, often through a time of struggle and an apparent loss of intimacy with God. Jodie and Carl's spiritual struggles not only helped to create their depression, but their depression was significantly relieved as they worked through their struggles of faith.

Sally was different. She had a major depression first, and then noticed that she lost the feelings of joy and enthusiasm in her life with Christ. The guilt, self-condemnation, and loss of interest in life caused by depression carried over into her relationship with God, leaving her feeling distant from him and feeling like a failure in her Christian life. She wondered if God could really love someone as worthless as she believed herself to be. Instead of spiritual struggles causing Sally's depression, depression caused her spiritual struggles.

Some Christians become depressed because they are members of a spiritually abusive group.[4] Characteristics of spiritually abusive systems include the following:

- A preoccupation with power
- A primary focus on performance and on how things appear on the surface in order to make a leader or group look good
- An emphasis on controlling people through rules
- A powerful, unspoken rule that you cannot talk about problems

The effects of spiritual abuse may include:

- Development of a distorted image of God
- Anxiety and a preoccupation with spiritual performance
- Distorted or shame-based identity as a Christian
- Difficulty with personal boundaries, trust, grace, personal responsibility, and authority

How Depression Develops

Depression can have physical, psychological, and spiritual causes.

Physical Causes

Some people appear to have a higher genetic predisposition to becoming depressed. They are more likely to become depressed even after a relatively minor loss or stress. Others may have a lower genetic predisposition but develop depression if exposed to traumatic loss or extremely stressful conditions. Some have endocrine problems, such as a thyroid disorder. Certain people develop depression in winter or when there is not enough sunlight. Lead poisoning, head injuries, strokes, or other medical conditions may also cause depression.

Psychological Causes

Robert's mother died from multiple sclerosis when he was six years old. Her death was so painful for Robert and his father that they never talked about it. Each of them tried to push his feelings deep inside and distract himself from the pain. Robert's father buried himself in his work; Robert lost himself in his schoolwork.

As a result of his childhood experience, Robert became particularly vulnerable to feeling abandoned and alone. When his college girlfriend suddenly broke off their relationship, unresolved feelings of grief, hurt, and abandonment welled up and left him feeling depressed. He was already away from the little security he had at home, and his girlfriend's rejection was too much for him to handle.

Childhood losses and emotionally traumatic events can make us vulnerable to feeling overwhelmed or depressed when we encounter a similar event or loss later in life. Children are especially emotionally vulnerable. They typically cannot resolve severe emotional pain, so they shove it out of awareness. But since the pain is not resolved, the feelings or expectations of being hurt or abandoned just lie there, waiting for a trigger.

When an adult experience of rejection or failure stirs up buried feelings, the person will not only be dealing with the adult pain, but also his or her childhood feelings of depression, abandonment, and fear. This is what happened to Robert. His depression seemed irrational and inappropriate to those around him. In light of what others knew about his adult life, he seemed to be a fine person and have a lot going for him. But internally he was being flooded with unresolved childhood pain.

The loss of a job, status, meaningful responsibilities, freedom, or security can all trigger feelings of depression. Sometimes childhood losses make someone more vulnerable; at other times, the loss itself may be severe enough to cause a depression.

Robert was also struggling with unresolved grief, another common cause of depression. Since his father was too upset to talk with his son about his own grief over losing his wife, Robert never resolved his profound grief over losing his mother. Instead, he was left with a lingering expectation that those whom he loved and needed would ultimately abandon him. The depression he felt was the delayed depression of a sad boy who lost his mother.

When most of us lose a loved one, we go through a normal process of grieving, gradually coming to grips with our loss. We may initially deny the loss. Sometimes we may bargain with God to try to bring our loved one back. At other times, we may experience anger over the loss or perhaps guilt if we think we should have done more or been a better person in the relationship. But eventually we reach a point of

acceptance and healthy sorrow regarding the loss. Then we are able to hold onto our memories of the loved one without being depressed. We grow stronger in the process, and in time, are able to start moving on with the next phase of our lives.

It can be difficult for children to process losses and grieve in such a healthy way, however. This is especially true if adults around them do not model appropriate ways of grieving or do not discuss the loss with the child in a healthy manner.

Repressed anger usually plays a role in depression. In fact, depression can be understood as a melding of sadness over losses and unresolved anger in such a way that neither emotion is fully experienced and resolved.

The role of sadness over loss is relatively easy to understand, but the dynamic of anger is more complex. It often works this way. The child is angry with the parent for abandoning him or her through divorce, death, working too much, or physical or emotional separation. But it seems wrong to be angry with a dead, departed, or distant parent, so the child represses his or her anger. However, shutting one's eyes to the upsetting feelings doesn't make them go away. The child eventually ends up directing the anger that was originally targeted at the parent toward him or herself. Instead of thinking, "I'm angry with you for leaving me," the child thinks, "I must be a bad person for my parent to have died or left." This kind of depressive self-hatred and self-blame cannot be resolved until the mixed feelings toward the parent are faced and understood.

Anger over things other than loss operates in much the same way. Children naturally feel angry if they are punished harshly, ignored, criticized excessively, unable to please their parents, compared unfavorably to siblings, overprotected, motivated by guilt or fear, or abused verbally or physically. Anger can be a useful, protective device in situations like these. But anger can also be frightening and raise many questions for a child:

- What if I yell at my father and my father gets angry back?
- What if my father punishes me?
- What if my mother won't love me if I'm angry?
- What if my parents give me away or abandon me?

To avoid these frightening, imagined reactions to parental anger, many children unconsciously push their anger from awareness. But as in cases of loss, the repressed anger doesn't disappear. Instead, it is turned upon the self. Instead of saying, "I hate Mom or Dad," the child with repressed anger ends up hating him or herself, thinking, "I'm worthless. I'm no good. No one should love me."

Can you imagine a person telling someone else, "You're worthless and no good; you deserve to die"? No, but that's the way seriously depressed people talk to themselves all day long. They repeatedly take out their anger on themselves until they resolve it or find acceptable, direct ways of expressing their anger.

In Robert's case, he was also susceptible to depression because he had never learned to soothe himself or make himself feel better when he faced failures or difficult times. When Robert's mother was alive, she talked with him and helped him feel better when he was troubled about something. But she died

before Robert had developed the ability to soothe himself and help himself feel better on his own. And since his father was not very good at dealing with emotions, he was unable to help Robert handle difficult feelings. This left Robert unable to calm and reassure himself; he relied on others, especially women, to help him in this area of his life. When his girlfriend broke off their relationship, Robert didn't just lose a girlfriend; he lost the one person in life who was helping him feel good about himself.

Sometimes individuals face a series of defeats or situations in which they are not able to succeed or get their needs met, regardless of what they do. For example, as a child Jill was treated like a scapegoat in the family. When she married, Jill's husband treated her very lovingly at first, but he slowly changed over the years. She was blamed if something did not go well, regardless of whether it was her responsibility or not. Her children even joined in the criticism. Sometimes she was placed in a double bind. When she did one thing, she was told that was wrong and she should do something else. When she followed that advice, she was criticized and told that she shouldn't have done that either. She just couldn't win! No matter what she tried, she failed to please her family.

Naturally, this made Jill frustrated and resentful. But if she tried to express her feelings or her sense of being treated unfairly, her husband lost his temper. So she buried her anger deep inside and concluded the problem was really hers. If she were just a nicer, better wife, her husband wouldn't get so mad. And if she could read his mind and do just what he wanted, her family would be fine. Who wouldn't feel depressed in an environment such as that? Experiences like Jill's contribute to feelings of worthlessness, inadequacy, inferiority, and resentment. This combination of feelings lies at the root of much depression.

Some people become depressed because they lack social support; others don't know how to engage socially when they are in a time of transition, crisis, or stress. Social situations can be painful for them, especially if they tend to be shy or socially anxious in the first place. Sometimes these individuals find that the least painful thing to do is to isolate themselves, even though they want to be with other people.

Finally, unrealistic negative thoughts about oneself, the world, and the future are found in most people with clinical depression. These automatic, knee-jerk reactions can develop in childhood, as they did for Robert, or slowly over time in adulthood, as they did for Jill. Depressed individuals often are either not aware of how they beat themselves up with their thoughts or they assume that this just reflects the way things really are.

Spiritual Dynamics in Depression

Does depression mean that a person has a spiritual problem? Not necessarily. Charles Spurgeon, Martin Luther, and many other godly men and women have struggled with depression. While all human problems can be traced back to the fall of Adam and Eve in the Garden of Eden, and in that sense are caused by sin, depression is rarely due simply to one's personal sins. Instead, most individuals become depressed when others sin against them, or because they have suffered childhood traumas like the loss of a parent, verbal or physical abuse, rape, betrayal, assault, angry punishment, or other interactions that destroy self-esteem. Individuals only complicate their symptoms when they allow themselves to feel guilty for their depression. Some people who intentionally sin on a frequent basis have no depression, while some wonderful people feel quite depressed. There is rarely a direct causal relationship between conscious personal sin and depression.

Christians who are depressed, however, are especially likely to feel completely responsible for their depression. They are extremely vulnerable to the comments of well-meaning friends who hold the

mistaken belief that the only reason anyone feels depressed is because he or she is sinning. Unfortunately, these suggestions, no matter how well-intended, only increase the depressed person's depression and guilt. Depressed Christians may naturally assume that their guilty feelings are proof that they are guilty. But it is one thing to know that you, like others, are a sinner. It is quite a different matter to despise and hate yourself and wish that you were dead. Most of the guilt which depressed people feel is false guilt or neurotic guilt rather than true guilt or godly sorrow.

False guilt is rooted in self-blame and self-hatred. It lasts for lengthy periods of time, if not for a lifetime. True guilt or godly sorrow is marked by appropriate regret or remorse for something that one actually did, or should have done but didn't. True guilt doesn't blow things out of proportion. It doesn't take responsibility for the behavior of others or for consequences that are beyond one's control. True guilt dissipates with confession, while the harsh self-condemnation of a depressive person's false guilt persists in spite of repeated confessions to God or others.

God is a God of love and forgiveness. Christians do not need to be riddled with guilt feelings because they can appropriate God's promised forgiveness through Jesus Christ.

Treatment

Fortunately, most people don't have to live with debilitating depression. There are a number of effective treatments which all work better the sooner they are utilized.

Medical Treatments

Medication should always be considered in cases of severe depression. If the problem is biologically caused, medication alone may be sufficient treatment. However, research evidence indicates that the best outcome is achieved when medication is combined with good counseling or psychotherapy.

Four major types of antidepressant medication are currently used to treat depression. They are:

- Selective serotonin reuptake inhibitors (SSRIs)
- Tricyclics
- Monoamine oxidase inhibitors (MAOIs)
- Atypical antidepressants

These medications are either used alone or in combination. A psychiatrist usually prescribes anti-depressant medications although some general practice physicians occasionally may do so as well.

Sometimes physical treatments other than medications are preferred or necessary. Seasonal affective disorder (SAD), for example, usually responds well to treatment using bright lights. Electroconvulsive therapy (ECT) is still occasionally used when a person who is suffering severe major depression has not responded to psychotherapy and at least two trials of different types of antidepressants. ECT may also be a safer alternative than anti-depressant medications for someone who has other serious medical conditions, since antidepressant medications may result in side effects or undesired interactions with the

person's other medications.

Dramatic improvements in the delivery of ECT have occurred in the past few years, making ECT not only more effective than before, but also with reduced side effects. You should talk with your psychiatrist about your options in detail if he or she recommends ECT as an appropriate treatment for you or a loved one.

Counseling and Psychotherapy

If you seek counseling for depression, you should expect your therapist to be a sensitive listener with whom you can feel safe from judgment, criticism, anger, and pessimism. Above all else, depressed people need to feel safe and accepted just as they are. This acceptance is the opposite of the internal self-hatred that is at the root of depression.

If your depression is severe, you should expect your therapist to discuss the possibility of a medical or psychiatric referral to rule out any potential physical causes and to consider an appropriate medication. Your psychotherapist or psychiatrist should discuss the types of treatments that might be best for your particular situation. He or she should explain your treatment options and help you understand the advantages and disadvantages of each option. In some cases, a combination of treatments might be the best way to gain relief from serious depression.

Once counseling begins you should expect to gradually explore the sources of your depressed feelings. This includes unresolved grief, recurring patterns in relationships in which your needs are not being met, harmful self-talk, or experiences that have undercut your self-esteem. You may see ways in which you try to be the peacekeeper in your family or how you end up taking the blame for too many things that go wrong. You may need to work on becoming more assertive or more expressive of your feelings. You may also learn to identify automatic, negative thoughts that make your depression worse. When disruptive family relationships are related to the depression, marriage and family therapy can be helpful. At some point you will probably face some painful experiences and some hurt and anger regarding those experiences. As counseling continues you will begin to understand how your depression works, what causes it, and how you can break the cycle of self-hatred and self-condemning thoughts.

You may also begin to sort out the difference between false guilt and true guilt, or godly sorrow. As a Christian, you may also come to accept God's love and forgiveness in a much deeper way. You may find new hope and support in your relationship with God. Scriptural passages on God's love, forgiveness, and your complete acceptance may take on wonderfully new meaning.

In summary, depression can usually be effectively treated. If you are suffering from depression, don't hesitate to seek out a well-qualified professional to help you gain relief and resolve the underlying problems.

Helping a Loved One Who is Depressed

It is painful to see a loved one suffering from debilitating depression. We can also feel helpless if efforts to intervene seem to be of no avail. But there is much that can be done. Here are some specific steps to help those suffering from depression:

- Make sure they get into treatment as soon as you detect that they are suffering from depression.
- Help them comply with their treatment recommendations, such as going to psychotherapy sessions, taking medications, and making lifestyle changes.
- Provide emotional support and encouragement.
- Take them out to an activity, if appropriate. Be careful about suggesting things they should do on their own. They might be too depressed to do so and will only feel worse. Instead, offer to pick them up and accompany them.
- Pray for them and pray with them if they are willing.
- Treat what they tell you as confidential. Do not pass on information they share with you to prayer groups or prayer chains, even if the person says it is okay to do so. Too often things feel more out of control for the depressed person when even well-intentioned individuals from prayer groups start asking them all kinds of questions. It is better to just share that you have a silent request. God already knows what the person's needs are.
- Help them focus on passages from the Bible that provide comfort and support. Depressed Christians tend to focus on the commands or judgments in Scripture. Instead, offer them supportive, encouraging passages and assurances that God loves us just as we are and that Christ has already paid the penalty for all of our sins.

Frequently Asked Questions

1. What should I consider when choosing a counselor?

Christian psychologists, social workers, and marriage and family therapists can be good choices for a counselor. They often understand your beliefs, worldview, values, and background more thoroughly and more quickly than other counselors might.

There are several things to think about when choosing a Christian counselor. First, consider the case of Ralph. Ralph was very particular about his theology of the end times, and highly valued his theological position. Ralph directly asked a potential Christian counselor about her position on his theology of the end times and insisted she give him a thorough answer. Even though she agreed with him on almost every point, Ralph was concerned that she was "soft" on a couple of points and decided she would not be a good choice for a counselor. This was unfortunate for Ralph because this counselor was well-educated, very competent, and had a lot of experience treating depression. Ralph didn't stop to consider that even though the theology of the end times is important, it just doesn't come up very often in the treatment of depression. Ralph seemed to be using his theology to avoid dealing with his problems. No Christian counselor will be a perfect match in the sense of agreeing with you on every single detail of your beliefs or values. What is important is for the counselor to understand, respect, and value you as a person and as a Christian.

Second, keep in mind that just because somebody is a Christian and a nice person doesn't necessarily mean he or she is competent to treat depression. It is appropriate to ask potential

counselors about their licensure and educational background, how long they have been practicing, their specialties (for example, work with adults or children, work with individual or couples or family counseling, work with issues such as depression and anxiety), what kind of treatment they think would be best for you and why, and how long treatment will probably take.[5]

There are a number of treatments for depression that have been shown by research to be effective and reliable. Most Christian therapists I have known are either competent in practicing these treatments for depression or they can refer you to someone who is. Unfortunately, some small groups of Christian therapists are attracted to passing fads or flashy approaches. These approaches usually do more to meet the needs of counselors wanting to view themselves as extra-special or talented than to meet the treatment needs of clients. I recommend not choosing that type of counselor.

You may be in a location where a competent Christian professional counselor is not available. It is also possible that your insurance does not list any Christian service providers and you are not able to afford counseling without insurance coverage, even if the fee is reduced. Situations like these raise questions of how to find a counselor or psychiatrist who will respect your Christian faith or ethnic heritage.

You can start by asking people you know and whose opinion you trust. Often the pastor or a church staff member knows of one or more competent professionals who would be appropriate. Most psychotherapists and psychiatrists I have known try to be respectful of their clients' religious faith, whether or not they share or agree with that faith. Of course, it is possible you might encounter one who is disrespectful. Don't give up if this happens. Keep looking until you find the help you need.

2. How long does treatment for depression typically last?

Don't expect the healing process to happen overnight. Research has demonstrated that roughly half of individuals receiving competent psychotherapy show measurable improvement by the end of the eighth weekly session.[6] This increases to 74 percent after the twenty-sixth weekly session. Measurable improvement is not necessarily the same thing as resolution. Although minor or sudden bouts of depression may show measurable improvement with medication and after ten to twenty-five counseling sessions, most clinical depression has been years in the making and will take time to work through. Serious, deeply ingrained depression can easily take a year or two to resolve, and sometimes longer.

Be suspicious of claims that a treatment can cure or heal depression in a couple of sessions or in a very short period of time. I would be suspicious even if someone made these claims using Christian terms and quoting multiple Bible verses. Occasionally, God does heal someone in a quick and dramatic manner. More often than not, however, God works by healing slowly and by helping us deepen and further develop our character along the way.

It is not uncommon for self-professed miracle workers to turn and blame their clients when the miracle cure doesn't work. They might tell them they don't trust God enough, do not have enough faith, do not pray enough, or do not read the Bible enough. Needless to say, this does not help their depression get better!

Depressed individuals usually begin to experience at least some relief with treatment over

time. Although counseling involving the discussion of unpleasant experiences and memories can be upsetting in the short term, people usually begin to feel better as they work through them. It is best to discuss any questions or concerns you have with your counselor if you feel the depression is not getting better. It may be helpful or necessary for the counselor to change approaches. In rare cases where the counselor blames any lack of progress on you, makes sexual advances, or does other inappropriate things, it is necessary to change counselors.

3. Can children be depressed?

Yes, they can. At one time, it was thought that children could not develop depression because childhood is such a happy time. The truth is, children can become severely depressed. However, childhood depression is often hidden beneath behavior problems such as throwing things, aggressiveness towards others, or just being cranky most of the time. Sometimes a child's depression is misunderstood as a conduct disorder or Attention Deficit Hyperactivity Disorder (ADHD). Some children with depression are extremely well-behaved, quiet, and compliant at home and school. Others withdraw and stay by themselves whenever they can, so they can cry and feel the sadness they try to hide from others. Parents and teachers are often shocked or surprised when they find out these children are depressed. If your child is almost always quiet, prefers to withdraw from others or be alone most of the time, or frequently looks teary eyed, you will want to talk with him or her to see if he or she is depressed.

4. Can elderly individuals with depression be treated?

Yes. As with people in any other age group, a psychiatrist or physician will need to know about any medical conditions the person has, the medical history, and medications he or she is taking to determine what may be causing the depression. Choices of antidepressant medication will be based on the possible side effects of the medication, and any interplay with other medications and medical conditions. This is the same as it is for individuals in any other age group.

5. How is postpartum depression different from the "baby blues" that mothers may experience after giving birth?

It is not unusual for mothers to experience sudden swings or changes in mood, including periods of both happiness and sadness, in the first several days after having a baby. This is normal. It can be due to extreme fluctuations in hormone levels, the sheer physical exhaustion associated with the birthing process, and all of the changes in the mother's life and the life of her family.

Postpartum depression is more severe. Sometimes it involves an inability to feel any happiness or joy at all about the arrival of the baby. Sometimes it includes suicidal ideation or obsessive thoughts, including violence toward the baby. It is even possible in severe cases for someone with postpartum depression to become psychotic and lose touch with reality.

It is important to talk with a doctor or a psychotherapist if you or your loved one is concerned about the possibility of postpartum depression. Support from others, especially the father of the child, and counseling can be helpful. Severe cases and situations in which someone has lost contact with reality, such as having delusional beliefs that are obviously not true, will require medication and possibly a brief period of hospitalization.

6. What are the warning signs of suicide?

Suicidal thoughts, plans, and attempts are more likely in individuals with depression. While it is difficult to predict whether or not someone will attempt suicide, there are several warning signs.

- Making sure that one's will, house and belongings are all in order and ready to be left behind. Any number of different things can suggest that a person doesn't plan to be around much longer.
- Giving away prized possessions or special gifts. Sometimes this serves as a last good-bye to a loved one. It may indicate that the depressed person just doesn't care anymore because the decision to commit suicide has been made. Ask why these possessions or gifts are being given away.
- Talking about suicide. You may have heard that people who talk about suicide won't end their lives. This is not true. Most people who end their lives do say something that shows they are thinking about killing themselves. Some make veiled statements that suggest they might not be around much longer. Others say they wish they were dead. Take these statements seriously even if the person acts as if he or she is joking. Directly ask the person if he or she is thinking about suicide (see below) and make sure he or she gets treatment as soon as possible.
- Be especially attentive to a depressed loved one who starts to get better. Often, individuals do not have enough energy to attempt suicide when their depression bottoms out. But they can temporarily be at greater risk for suicide or self-harm when they start feeling better, because then they have the energy to make the attempt.
- Be suspicious if someone with depression becomes dramatically better overnight or in a very short period of time. This is referred to as a "flight into health." Sometimes these individuals have gone through so much emotional pain that once they have decided to end their life they feel better. This is why it is important to talk with someone who exhibits a flight into health. It is good to come right out and say, "I notice you suddenly seem to be feeling much better. I want you to feel better, but I'm concerned because I understand that sometimes people might feel this way when they have decided to end their life. Has this happened to you? Are you planning to kill yourself?" You may feel embarrassed if the person has not made a suicidal plan, but it is much better to ask than to risk losing him or her to suicide.

7. What should I do if someone talks about suicide to me?

- Don't be afraid to talk to the person about it. Listening, asking questions, and talking about it are almost always helpful.
- Make sure the person gets into treatment as soon as possible, preferably within twenty-four hours.
- Ask if he or she has a plan and has chosen a method, a time, a place, or a date for the suicide. If he or she has, immediately contact a suicide hotline or the police, dial 911, or take the person to a hospital emergency room.

- Predicting whether someone will make a suicide attempt is extremely difficult, even for specialists who have treated suicidal clients for years. If you are going to err, do so on the side of seeking competent professional help and getting it immediately. A little bit of embarrassment over seeking help, even if it turns out the help was not necessary, is better than risking losing someone you love to suicide.

Resources

NAMI (National Alliance for the Mentally Ill)
Phone: 800-950-NAMI
Website: www.nami.org

DBSI (Depression and Bipolar Support Alliance)
Phone: (800) 826-3632
Website: www.dbsalliance.org

References

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington D.C.

2. Hall, T.H. (2000). Understanding bipolar disorder. In *Psychology for Living* series, Narramore Christian Foundation.

3. Fowler, J.W. (1995). *Stages of faith: The psychology of human development and the quest for meaning*. San Francisco: HarperOne.

4. Johnson, D. and Van Vonderen, J. (2005). *The subtle power of spiritual abuse: Recognizing and escaping spiritual manipulation and false spiritual authority within the church*. Minneapolis: Bethany House Publishers.

5. American Psychological Association. (1995). *Talk to someone who can help*. Washington, D.C.

6. Levenson, H. (1995). *Time-limited dynamic psychotherapy: A guide to clinical practice*. New York: Basic Books.

Andy J. Johnson, Ph.D., is teaches at Bethel College, St. Paul, Minnesota, in the undergraduate and graduate programs in psychology, religious studies, and counseling. He also serves on their Counseling Services staff. He received his doctorate in Counseling Psychology from the University of Notre Dame in 1990. His research interests are in the areas of religion, domestic violence, rape, and gender violence. He co-authored *Religion and Men's Violence Against Women* (2015) with Jillian E.H. Damron.