

CLOSE TO HOME



**DEALING WITH**  
depression



## Finding Hope after Despair

After Gary's<sup>1</sup> heart surgery, he struggled with many conflicting feelings. He knew he would need to change his diet, do cardiac rehabilitation, and take several medications indefinitely. He wanted to "get back to normal." Yet, try as he might, he still felt extremely tired and blue—as if he was going through life in a fog.

Gary's young adult daughter, living with his ex-wife in a different city, had stayed with him for a week after the surgery and would phone occasionally, but she seemed far off. Old friends called and asked him to lunch, but he said he was "catching up." Gary often went to sleep watching television. When he went to bed, he tossed and turned for hours, feeling hopeless and unsettled, and he couldn't figure out why.

One day at work, Gary's computer locked up during a complicated accounting process. When he called Alice, the office manager, she was out. Gary unleashed an angry tirade on her voice mail, then immediately felt guilty—but it was too late to take his words back.

Later, after she'd unlocked his computer, Alice sat down opposite him and said, "Gary, I'm worried about you. That phone message was not like you. What's going on?"

"Aw, nothing. I've just been having trouble sleeping. Sorry, that was out of line."

"Can you talk about what's bothering you? I know it must be hard to come back right at the start of tax season. Is that it?" Alice asked.

"No, it's just that . . . nothing seems right since . . . I feel so alone and restless, and . . ." Alice suggested to Gary that he might have depression.

A few weeks later Gary decided to talk to his pastor. "I shouldn't be depressed," he said. "I was lucky to make it through the

surgery. But here I am six weeks later, yet nothing seems the same. Even at church, I don't feel I fit in anymore. I don't even feel like I'm a Christian anymore."

Gary's pastor listened as he spoke of the isolation and anger he'd felt since the heart surgery. He reassured Gary of God's care, suggested some Psalms he might read, and prayed with him. He also recommended several professionals who could help him work toward emotional health.

On his next checkup, Gary's cardiologist told him that depression was common after heart surgery and urged him to follow his diet and exercise regimen even if he might not feel like it. He also affirmed Gary's decision to take therapy. For several months, Gary met with a therapist regularly.

At first, Gary had to push himself to attend church, but eventually he came to find meaning in the fellowship he experienced

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there. A member of his small group started meeting him weekly for breakfast and is now a good friend. Gary's continued conversations with his pastor have given him extra support, but they have also helped his pastor learn more about meeting the spiritual needs of people with depression.

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<sup>1</sup> An assumed name

## What is depression?

**D**epression is a mood disorder that causes a person to feel sad or hopeless for an extended time. It can occur in anyone—men, women, teens, children, and the elderly. If you have symptoms of depression, you are not alone. At least 15 per cent of North Americans will have depression at some point in their lives.

We know that depression involves a chemical imbalance in the brain, but it is not clear whether this causes or is caused by depression. For some, depression runs in the family, while for others depression is triggered by difficult life events, including medical interventions like Gary's. Often, genes and life events work together to bring on depression. Other problems, such as anxiety or addiction, may also feed depression.

Whatever causes it, depression results either in disconnection from one's own feelings or in extra strong feelings of hurt and rejection. It causes people to withdraw from relationships with friends, family, and even God.

Some people experience only one episode of depression in their lifetime. Others may experience several, or may have to deal with depression as an ongoing health concern. People with milder forms of depression usually continue to function at work or at school, but it deeply affects their ability to enjoy life.

## What are the symptoms of depression?

**A**ll of us will feel blue at times in our lives—it is a normal response to difficult circumstances. A diagnosis of depression, however, means a person must have symptoms of depression for two weeks or more. Most symptoms are subtle at first but tend to become progressively worse.

If you are suffering from several of the following symptoms, you could be depressed:

- feelings of increased sadness or irritability
- inability to enjoy activities that used to be pleasurable
- loss of sexual drive or interest
- emotional distance from others
- problems concentrating
- changes in eating habits and appetite
- weight gain or weight loss
- changes in sleeping habits: sleeping too much or too little
- lack of energy or extreme fatigue
- feelings of hopelessness or helplessness
- excessive low self-esteem
- slowed thoughts and speech
- preoccupation with thoughts of death or suicide
- increased physical complaints, such as stomach aches, muscular tension, or headaches.

## Types of depression

**D**epression occurs in different forms, each with different kinds and levels of treatment. Some of the most common include:

**Major Depression** seriously affects usual day-to-day functioning. It may involve thoughts of suicide or it may require hospitalization.

**Dysthymic Disorder** is a low to moderate level of depression that persists, more days than not, for at least two years. People usually continue with their regular activities, but often feel like they are pushing themselves and cannot feel pleasure.

**Adjustment Disorder** comes in response to a major life stress or crisis, such as bereavement, divorce, surgery, or financial loss.

**Seasonal Affective Disorder (S.A.D.)** is associated with the shorter daylight hours in fall, winter, and spring.

**Post-Partum Depression** is experienced by one in four mothers in the first two years of a child's life. The depression makes it hard for the mother to feel attached to her baby.

**Bipolar Depression** (formerly called manic depression) includes a variety of symptoms not present with other kinds of depression, and must be treated medically.

### If you are contemplating suicide . . .

You must tell someone immediately! Call your pastor, physician, or hotline (numbers are usually listed at the front of phone books), or go to an emergency room near you. There is help and hope.

## Depression, the Bible, and the Christian story

**M**any people who experience depression have excessive feelings of guilt and shame. They may feel flawed or worthless, rejected even by God. Or they may think they are lazy when they experience low motivation. Others feel strong negative feelings such as anger, fear, and loathing.

But did you know that all of these feelings appear in the Bible? Hagar, Moses, David, the woman who touched the hem of Jesus' cloak, and many others—all show symptoms of depression. Elijah and Jonah, immediately after they had done important work for God, were so low emotionally that they prayed that God would end their lives (see 1 Kings 19, and Jonah 4). It is probable that at least some of these godly people experienced classic depression, not just normal cases of the blues.

It is no accident that the New Testament tells how Jesus cried out from the cross: "My God, my God, why have you forsaken me?" (Matthew 27:46). Those words open Psalm 22, a classic psalm of lament. More than a third of the Psalms, in fact, complain about difficult life circumstances, or about a sense that God doesn't care. While many of these laments eventually give way to words of assurance and hope, the expressions of loneliness, anger, sadness, and hurt are raw.<sup>2</sup>

The fact that such voices are included in our Bible gives us permission to express our own feelings. By doing so, we can begin a path toward wholeness. As Gary discovered, holding in our feelings is often part of the brokenness. When emotions are blunted or we don't feel God's presence, we can tell

<sup>2</sup> Some of the most memorable laments are Psalms 6, 22, and 102. The authors of Job, Lamentations, and many of the Prophets also include lament in their writings.

God so. Jesus, in his humanity, modeled such honesty even as he laid down his life for us.

Although we may feel alone and want to *be* alone, wellness happens more often when we risk staying part of our community and reaching out to others. Even when we're physically present at a family meal or church event, we may feel absent. Yet, by participating as much as possible we open a door to connection and reconnection. In Romans 12:5 the Apostle Paul says: "We, who are many, are one body in Christ, and individually we are members one of another."

In a vision of a valley filled with dry bones, God challenged the prophet Ezekiel to imagine them as living people once again (Ezekiel 37:3). God said, "I will . . . cause flesh to come upon you, and cover you with skin, and put breath in you, and you shall live" (v. 6).

If you are working with depression, how might God be asking you to begin imagining new life emerging from "dry bones"?

### If you think someone you love is depressed

- Watch for the signs and symptoms (see page 5).
- While you may want to respect the choice to withdraw, your loved one may need you to continue to initiate contact and relationship.
- Invite your loved one to talk. Say something like, "You don't seem your usual self. Would you like to talk about what life is like for you right now?" If you suspect suicidal thoughts, it is okay to ask about that. Be familiar with local hot lines or crisis services.
- Your loved one may need help with daily tasks. Do such things *with*, not *for* them. They may enjoy simple visits, short phone calls, cards, flowers, and prayers.

## Steps toward wholeness

**D**epending on the kind and severity of your depression, your road to emotional health will probably involve a variety of strategies. The following steps can ensure that you get the best treatment possible:

### **Make an appointment with your family**

**physician.** Describe as fully as possible the symptoms you are experiencing. Your doctor will ask about any medical, physical, or situational problems that might be influencing your feelings of depression. Talk to the doctor about whether antidepressant medication, counseling, or a combination of these would be most helpful to you.

### **See a mental health professional for counseling.**

Your pastor or doctor can suggest an appropriate psychologist, psychotherapist, psychiatrist, or social worker. Make sure that he or she has proper credentials in your state or province and that you feel comfortable with him or her. Feel free to ask any questions about the therapy and about your experiences.

### **Work with your doctor and/or counselor**

to build a good balance of exercise, healthy eating, and rest in your life.

### **Share your journey with people whom you**

**trust**, whether in your family, circle of friends, or church. While it may be difficult, try to accept their offers of help. Their prayers and encouragement will be part of your healing.

### **Once the bleakest times have passed**,

try to understand how your depression may present opportunities to move toward greater wholeness. Sometimes we learn deep lessons about ourselves, about our relationships, and about our faith when we go through challenging times.

## For further awareness

### Websites

<http://depressionhurts.ca>

[www.webmd.com/depression](http://www.webmd.com/depression)

[www.allaboutdepression.com](http://www.allaboutdepression.com)

### Books

Copeland, Mary Ellen. *Wellness Recovery Action Plan*, rev. ed. Peach Press, 2000.

Gregg-Schroeder, Susan. *In the Shadow of God's Wings: Grace in the Midst of Depression*. Nashville: Upper Room, 1997.

Real, Terrence. *I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression*. New York: Fireside, 1997.

Smith, Jeffery. *Where the Roots Reach for Water: A Personal & Natural History of Melancholia*. New York: North Point Press, 1999.

Stiller, Brian. *When Life Hurts: A Three-Fold Path to Healing*. Scottsdale: Herald Press, 2000.

Toews, John, with Eleanor Loewen. *No Longer Alone: Mental Health and the Church*. Waterloo: Herald Press, 1995.

Weaver, Mary Wenger. *Mommy Stayed in Bed This Morning: Helping Children Understand Depression*. Scottsdale: Herald Press, 2002.

### Treatment options

Depending on the kind of depression and the judgment of your doctor or therapist, therapy, medication, or a combination of both will be part of your healing journey.

- **Therapy (counseling).** Cognitive behavioral or solution-focused therapies work with our ways of thinking and acting. Interpersonal or emotion-focused therapies work with relationships and feelings. Family therapies focus mainly on relationships in the home. The type of therapy is less important than a good connection with your therapist.
- **Medication.** Your family doctor or psychiatrist may prescribe medication. The way drugs work to control depression varies depending on the type of medication. Learn as much as you can about how the medication works.
- **Complementary therapies.** Some people use herbs or supplements, or the services of chiropractors, massage therapists, or dietitians. Be sure you understand the way these are supposed to help. Tell your doctor about any supplements or herbs you take, since they can interact with other medications.

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**[www.mennomedia.org/closetohome](http://www.mennomedia.org/closetohome)**



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