

Iron Sharpens Iron- *Depression*

September 19, 2019

“My question – that which at the age of fifty brought me to the verge of suicide – was the simplest of questions . . . It was: ‘What will come of what I am doing today or tomorrow? What will come of my whole life? Why should I live, why wish for anything, or do anything?’ Is there any meaning in my life that the inevitable death awaiting me does not destroy?”

Leo Tolstoy, *A Confession*

The misery and splendor of human life
fit no simplistic explanation.

Walter Brueggemann

I am worn out from my groaning.
All night long I flood my bed with weeping
and drench my couch with tears.

Psalm 6:6

For I will satisfy the weary soul, and every languishing soul I will replenish.

Jeremiah 31:25

How does depression *feel*?

Edward T. Welch, *Depression's Odd Filter*

Someone says to you, “_____”

You hear . . . nothing. Actually, you hear something. You hear a little voice in your brain that says, “I’m worthless. You’re only saying you love me because you think you have to.”

Somehow, from the mouths of other people to your ear, all words of blessing and encouragement get tumbled upside down and backward and confirm your suspicions about yourself. You are an abject failure. Unloved. Unlovable. And everyone knows it.

There are hundreds of variations.

“You look nice today.”

Push it through the filter of depression and you get, “Not true. I know I am ugly.”
Or, “You seem to be feeling a little better today.”

This means, “Oh, you don’t want to talk to me anymore.”

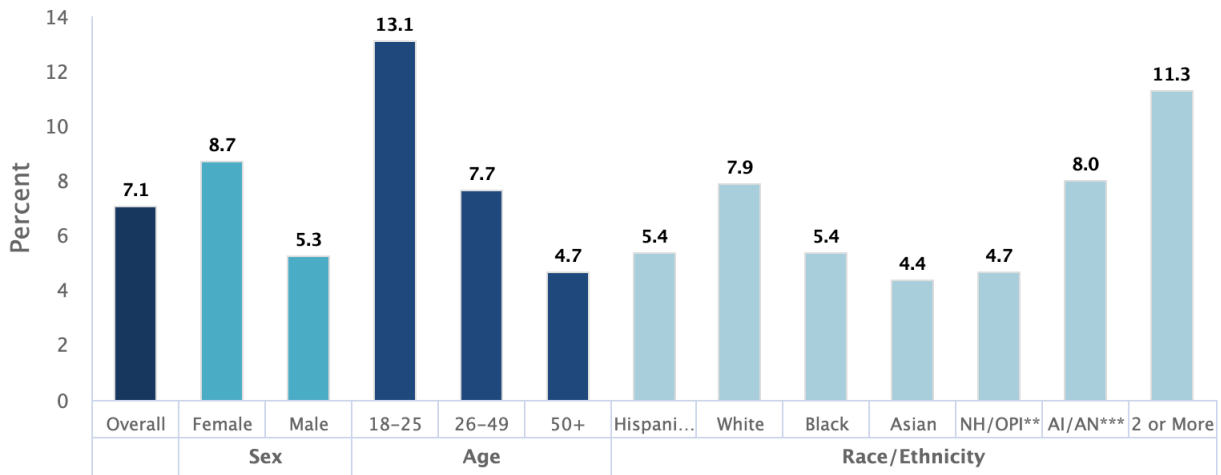
This is your brain on depression. And we could add, it is your brain on shame.¹

Depression: a look at the numbers

- An estimated 17.3 million adults in the United States had at least one major depressive episode. This number represented _____ of all U.S. adults.
- The prevalence of major depressive episode was higher among adult females (8.7%) compared to males (5.3%).
- The prevalence of adults with a major depressive episode was highest among individuals aged 18-25 (13.1%).
- The prevalence of major depressive episode was highest among adults reporting two or more races (11.3%).

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2017)

Data Courtesy of SAMHSA

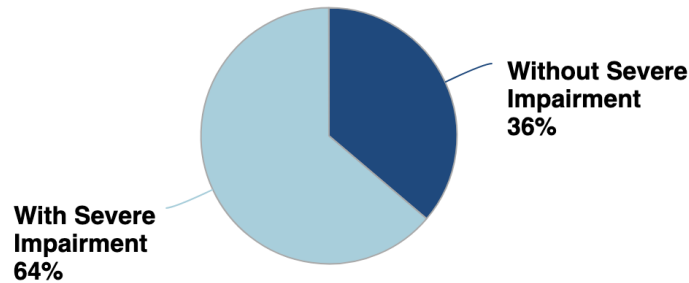


¹ Edward T. Welch, “Depression’s Odd Filter,” January 20, 2011. <https://www.ccef.org/depression-s-odd-filter/>. Accessed 7 September 2019.

- In 2017, an estimated 11 million U.S. adults aged 18 or older had at least one major depressive episode with severe impairment. This number represented 4.5% of all U.S. adults.

Past Year Severity of Major Depressive Episode Among U.S. Adults (2017)

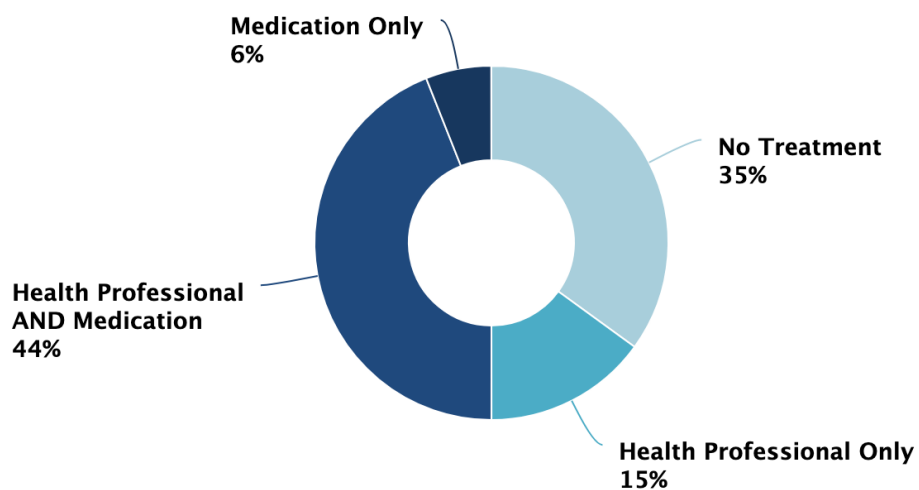
Data Courtesy of SAMHSA



- An estimated 65% received combined care by a health professional and medication treatment.
- Treatment with medication alone was least common (6%).
- Approximately _____ of adults with major depressive episode did not receive treatment.

Past Year Treatment Received Among Adults with Major Depressive Episode (2017)

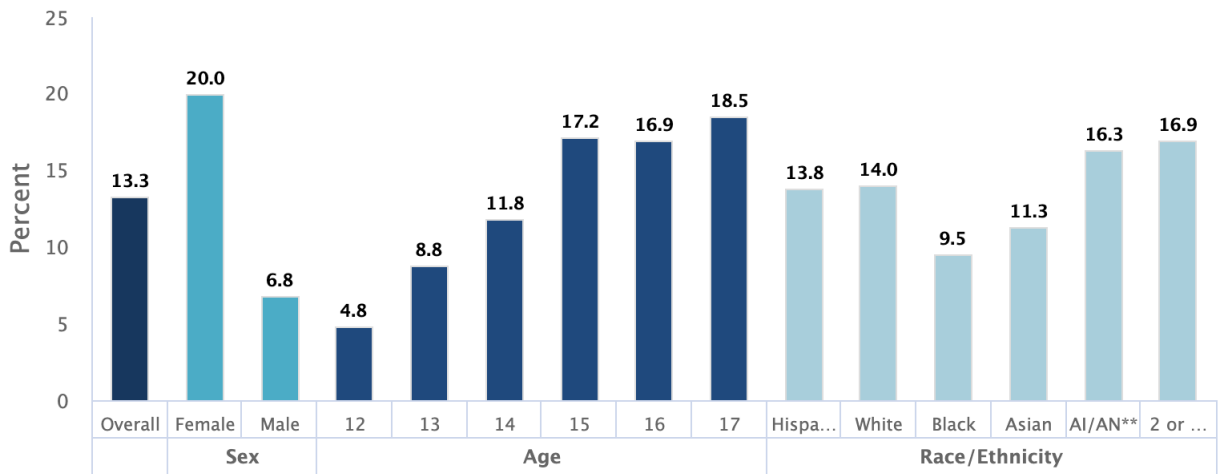
Data Courtesy of SAMHSA



Depression among adolescents:

- An estimated 3.2 million adolescents aged 12 to 17 in the United States had at least one major depressive episode. This number represented _____ of the U.S. population aged 12 to 17.
- The prevalence of major depressive episode was higher among adolescent females (20.0%) compared to males (6.8%).
- The prevalence of major depressive episode was highest among adolescents reporting two or more races (16.9%).

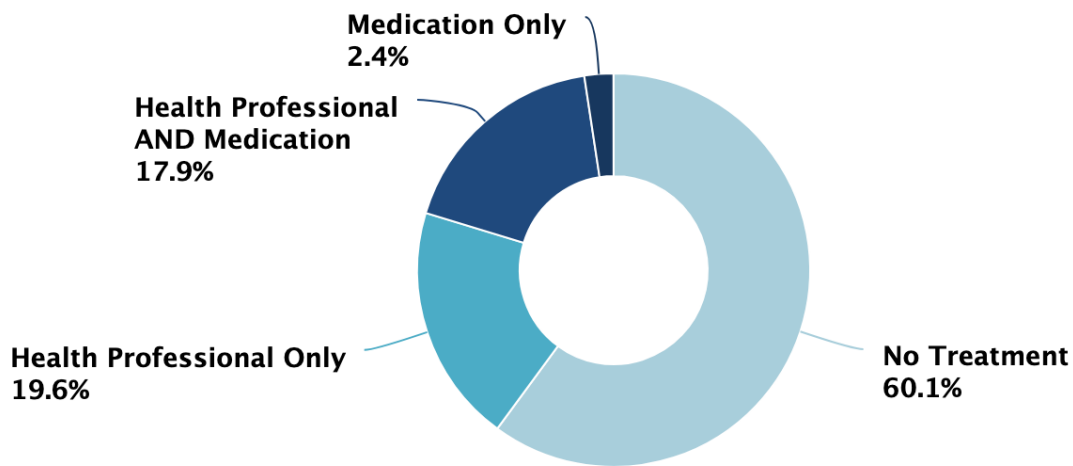
Past Year Prevalence of Major Depressive Episode Among U.S. Adolescents (2017)
Data Courtesy of SAMHSA



- An estimated 19.6% of adolescents (ages 12-17) received care by a health professional alone, and another 17.9% received combined care by a health professional and medication treatment.
- Treatment with medication alone was least common (2.4%).
- Approximately 60.1% of adolescents with major depressive episode did not receive treatment.

Past Year Treatment Received Among Adolescents with Major Depressive Episode (2017)

Data Courtesy of SAMHSA



DSM-V criteria to receive the diagnosis of depression:

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing _____ symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

1. _____ mood most of the day, nearly every day.
2. Markedly _____ interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. _____ weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a _____ of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).

5. _____ or loss of energy nearly every day.
6. Feelings of _____ or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or _____, nearly every day.
8. Recurrent thoughts of _____, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.²

Dr. Kathryn Butler: It's crucial to distinguish this affliction from appropriate _____ or _____, because God works through our suffering to refine us (Gen. 50:20; Jonah 2; Rom. 5:2-5). We should never seek chemical means to buttress ourselves through the typical peaks and valleys of our emotions. Not only can melancholy and anguish be worthy responses to the travails of a sinful world, but God also disciplines us, shapes us, and draws us closer to himself through our ordeals. Even Jesus wept in the face of loss (John 11:34-36).³

Dr. Kathryn Butler: In a survey of 5.4 million adults in the US reporting an unmet need for mental-health services, 8.2% did not seek mental-health treatment because they did not want others to find out, 9.5% because "it might cause neighbors/community to have a _____ opinion," and 9.6% due to concerns about confidentiality. Some 28% believed that they could handle the problem without treatment, and 22.8% did not know where to go to receive treatment.⁵ Such statistics reveal that the road to healing slouches uphill. Many tread it alone.⁴

What causes depression?

David Powlison's Nested Circles Diagram

Diagram 1: Nature vs. Nurture

² <https://www.psychom.net/depression-definition-dsm-5-diagnostic-criteria/>

³ Kathryn Butler, "Scrambling for the Light: Christian Depression and the Use of Medication," May 15, 2019. <https://www.desiringgod.org/articles/scrambling-for-the-light>. Accessed 7 September 2019.

⁴ Ibid.

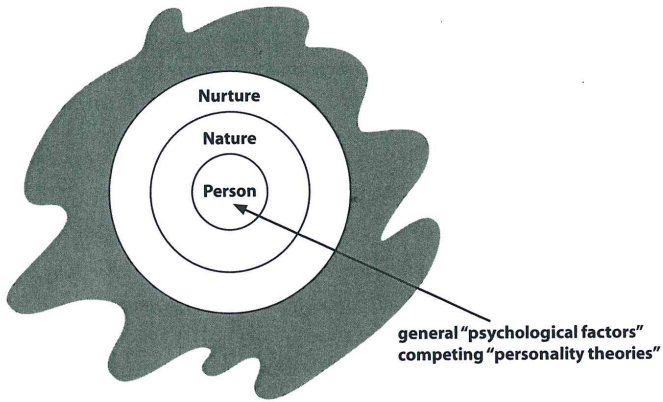


Diagram 2: Overly spiritualized view of man

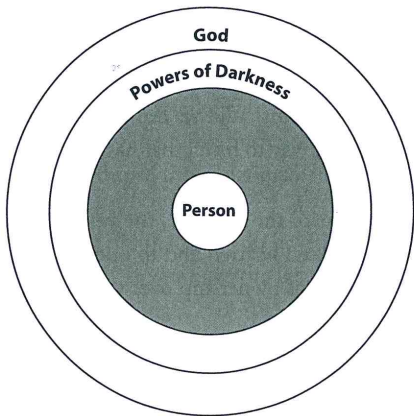
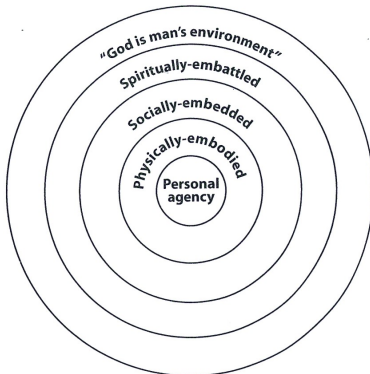


Diagram 3: A Biblical anthropology



A word depression as mental illness, chemical imbalance, and medications

Charles Barber, *Yale Psychiatry Professor*: If anything has been gleaned from the origins of these maladies in two decades of work, it is that the genetics of psychiatric disorders are terribly _____. No individual gene for a psychiatric disorder has been found and none likely will ever be...Psychiatric troubles are incredibly complicated and poorly understood and involve an intricate, infinite, dialectical dance between experience and biology.⁵

Jeremy Pierre: We should be skeptical because the paradigm of mental illness is built without the basic building materials of a _____ view of people. Absent is any consideration of moral agency as Scripture defines it: an active heart responding dynamically to God and His creation with every thought, feeling, and choice. Such an absence of the spiritual aspect of the person results in a critical misunderstanding of the person as a whole. And the care offered is inadequate for the ultimate troubles of the soul.⁶

Understanding medications:

How do SSRIs work?

Dr. Kathryn Bulter: Most antidepressants work by increasing the concentration of _____ in the brain. Given strong evidence for reduced serotonin transmission in depression, for decades we hoped that replenishing serotonin would reverse the disorder. Given what we now know about brain structure and circuitry in depression, it's no surprise that antidepressants produce modest effects. Although these medications can promote crucial *improvements* in symptoms, when used alone they facilitate *full remission* in only about 50% of cases.⁷

While this effect can be life-giving for half of sufferers, it's disappointing for a class of medications we hoped would definitively treat the illness. (Imagine our predicament if insulin reduced blood sugar in only half of diabetics, or if antibiotics eradicated the most common bacterial infections only half the time.) Research also reveals only a small benefit of antidepressant therapy over a placebo pill.

Just meeting with a health care provider to receive a _____ constitutes personal connection and care, and ameliorates symptoms in up to 35% of cases.

2 most common treatments:

- CBT
- Antidepressants

⁵ Charles Barber, "The Brain: A Mindless Obsession" (*The Wilson Quarterly*: Winter 2008).

⁶ <http://biblicalcounselingcoalition.org/blogs/2013/04/19/mental-illness-and-the-church/>

⁷ Kathryn Butler, "Scrambling for the Light: Christian Depression and the Use of Medication," May 15, 2019. <https://www.desiringgod.org/articles/scrambling-for-the-light>. Accessed 7 September 2019.

- 40% get better on each⁸

Dr. Jeremy Pierre, “Mental Illness and the Church”⁹

Pair 1

- On one hand, medical intervention, including psychotropic medication, does not _____ the ultimate problem of a person’s disordered desires, beliefs, or choices. Medical intervention does not reverse the results of sin and corruption. Only the power of the gospel of Jesus does this. Visiting a doctor apart from considering how your spiritual responses are involved in your condition will not lead to an ultimate solution.
- On the other hand, medical intervention often _____ the effects of sin’s corruption of the body, including the brain. And so, we should affirm the value of medical treatment and should encourage our people to seek medical attention when necessary. The need for medical intervention is not in itself anti-spiritual. Visiting a doctor does not necessarily mean you are failing to trust the Lord.

Pair 2

- On one hand, people who are languishing under extreme mental and emotional problems do not always have the _____ for immediate control over them. We should not instruct them as if they do, but instead should acknowledge the overwhelming nature of what they’re experiencing.
- On the other hand, a person’s lack of immediate control does not _____ he has no control at all. The control is eventual rather than immediate. It is imperfect rather than complete. But it is nevertheless significant. People as spiritual beings can respond in faith within their physiological incapacities. So, pointing them to the Word does not make us “faith healers.” The Word of God brings life.

Pair 3

- On one hand, not all _____ trouble will be healed this side of heaven, no matter the amount of biblical counsel given. This is clearest in those conditions that are most demonstrably physical: You can’t counsel someone out of downs syndrome or autism, for instance.
- On the other hand, by establishing patterns of response that submit to God’s ways within their incapacities, people often _____ significant change. In fact, they often grow

⁸ <https://www.bmj.com/content/351/bmj.h6019>.

⁹ Jeremy Pierre, “Mental Illness and the Church,” April 19, 2013, Biblical Counseling Coalition. <https://biblicalcounselingcoalition.org/2013/04/19/mental-illness-and-the-church/>. Accessed 9 September 2019.

in subtle and surprising ways. A Christian diagnosed with bipolar can respond to their physiological troubles in the obedience of faith. These healthy responses may not eliminate the struggle, but they often alleviate it.

Edward T. Welch on medications:¹⁰

One, as counselors we tend to see people who are taking medication but it has *not* been very helpful. They still experience lots of distress. We also see those who have become dependent on anti-anxiety medications, and are suffering through withdrawal. True, our sample size is not large. We certainly know there are many people who vouch for the helpfulness of medication, and that leads to the next reason.

Two, the _____ of medication are well publicized; the limitations are not. We constantly receive positive messages about medication from advertising, friends and co-workers. But these messages overstate the benefits and understate the limitations—unless you pay close attention to the speed-talker at the end of the commercial. So, I think a few words of caution provide a useful counterpoint.

Three, there is something _____ going on here. If your view of persons is that we are essentially bodies and nothing more, then medication is the foremost means of change. But if you believe that the human heart is a very busy place of allegiances, dashed hopes, exaggerated desires, profound hurts and all kinds of contradictory motivations, then your attention will be drawn to where the action is. You still have a keen interest in the body and in alleviating physical suffering whenever possible, but you also know that we can grow in contentment, hope and love even in the midst of physical ailments. Physical troubles rarely can keep us from growing in godliness. The more you are drawn to the complexities of human experience, the less you will be drawn to the importance of psychiatric medications.

Summary:

Michael R. Emlet on medications- the Goldilocks syndrome [too hot, too cold, just right]¹¹

- It is a kingdom agenda to _____ our suffering
- It is a kingdom agenda to _____ us through our suffering

- Medications are a _____ of God's common grace
- Medications can be used _____

- A person may have wrong motives for _____ to take medication
- A person may have wrong motives for _____ wanting to take medication

¹⁰ Ed Welch, Why Do We Seem Negative About Psychiatric Medications?, <http://www.ccef.org/blog/why-do-we-seem-negative-about-psychiatric-medications>. Accessed April 3, 2013.

¹¹ Michael R. Emlet, "Goldilocks, Psychiatric Diagnoses, and Psychoactive Medications," September 8, 2017, <https://www.ccef.org/goldilocks-psychiatric-diagnoses-psychoactive-medications/>. Accessed 9 September 2019.

Dr. Kathryn Butler: When used wisely in severe depression, antidepressants don't offer an _____ from suffering, but rather equip us to contend with it. When used with discernment, these medications can root us in reality, and help us to focus with clarity on our risen Lord.¹²

¹² Kathryn Butler, "Scrambling for the Light: Christian Depression and the Use of Medication," May 15, 2019. <https://www.desiringgod.org/articles/scrambling-for-the-light>. Accessed 7 September 2019.

A Biblical Understanding of Depression

A look at some of the psalms

- Ps. 6
- Ps. 10
- Ps. 13
- Ps. 22
- Ps. 38
- Ps. 69
- Ps. 74
- Ps. 88

What do we learn about the human experience?

What do we learn about the multi-faceted aspects of depression?

What are potential drivers/causes?

People in the Bible who struggled with *depression* or *depression-like* symptoms:

- Cain
- Hannah
- Saul
- David
- Job
- Elijah
- Nehemiah
- Jonah
- The psalmists
- Paul

Developing a biblical perspective on depression

1. Depression is possible and probable because we live in a _____ world (Gen. 3; Rom. 8)

2. Depression is the logical and rational _____ when you live life apart from or without God (Prov. 26:12; Eccl. 1)

3. Depression is possible and probably because our bodies are yearning for _____
(Rom. 8; 2 Cor. 4:16)

Physically, Martin Luther suffered from excruciating kidney stones and headaches with buzzing in his ears and ear infections and incapacitating constipation.

Martin Luther: I nearly gave up the ghost — and now, bathed in blood, can find no peace. What took four days to heal immediately tears open again.

For example, in a letter to Melancthon on August 2, 1527, he writes,

For more than a week I have been thrown back and forth in death and Hell; my whole body feels beaten, my limbs are still trembling. I almost lost Christ completely, driven about on the waves and storms of despair and blasphemy against God. But because of the intercession of the faithful, God began to take mercy on me and tore my soul from the depths of Hell.¹³

4. Depression is possible and probably because we have an _____ that deals in lies and wants our destruction (Eph. 6:10-18; Rev. 12:10)

Martin Luther: For as soon as God's word becomes known through you, the devil will afflict you, will make a real doctor of you, and will teach you by his temptations to seek and to love God's Word. For I myself . . . owe my papists many thanks for so beating, pressing, and frightening me through the devil's raging that they have turned me into a fairly good theologian, driving me to a goal I should never have reached.

Martin Luther: If the Devil can do nothing against the teachings, he attacks the person, lying, slandering, cursing, and ranting at him. Just as the papists' Beelzebub did to me when he could not subdue my Gospel, he wrote that I was possessed by the Devil, was a changeling, my beloved mother a whore and bath attendant.

¹³ John Piper, "Martin Luther: Lessons from his life and labor," January 30, 1996, *Desiring God*.
<https://www.desiringgod.org/messages/martin-luther-lessons-from-his-life-and-labor>. Accessed 7 September 2019.

5. Depression can take place when we have _____ hopes and desires (Jer. 2:13)

6. Depression has not taken God by _____. He sees, he hears, he acts (Ex. 3:7)

7. Sadness is not mutually _____ from Christian joy (Phil. 4:13; 2 Cor. 6:10¹⁴)

8. Scripture offers a compelling look at a _____ with no depression (Is. 65:17-20; Rev. 21:1-5)

9. Affliction and suffering can be _____ of God (Ps. 119:67, 71; Matt. 5:10-12)

Martin Luther: Trials [They] teach you not only to know and understand but also to experience how right, how true, how sweet, how lovely, how mighty, how comforting God's word is: it is wisdom supreme"

¹⁴ <https://www.desiringgod.org/messages/sorrowful-yet-always-rejoicing>.

How do we offer help and hope to the depressed?

Acknowledge that there is no easy answer to depression

Kelli María Korducki: Internalizing my diagnoses as inscriptions of emotional destiny also alleviated my sense of personal blame for the inability to will away my black dogs. When the drugs failed to deliver the cure I'd been promised, I didn't dare reveal my shameful secret: that maybe the issue wasn't just with chemicals in my brain, but a bad and broken me.¹⁵

Dr. Martyn Lloyd Jones, Spiritual Depression

1. "First and foremost, I would not hesitate to put—temperament" (p. 14).
2. "Let us pass to the second big cause—physical conditions" (p. 18).
3. "Another frequent cause of spiritual depression is what we may describe as a reaction—a reaction after a blessing, a reaction after some unusual and exceptional experience" (p. 19).
4. "Then we come to the next cause. In a sense, and in the last analysis, that is the one and only cause of spiritual depression—it is the devil, the adversary of our souls" (p. 19).
5. "Indeed, I can put it, finally, like this: the ultimate cause of all spiritual depression is unbelief" (p. 20).

Find a metaphor in Scripture that speaks to you

Talk to yourself, don't just listen to yourself

Dr. Martyn Lloyd Jones: In other words we must talk to ourselves instead of allowing ourselves to talk to us. We must take ourselves in hand, we must address ourselves as the Psalmist addressed himself and his soul, and ask the question, "Why are thou cast down? Why art thou disquieted within me?" You have no right to be like this. Why are you depressed and cast down? He faces himself and talks to himself, he argues with himself and brings himself back to the position of faith. He exhorts himself to have faith in God, and he is in a condition to pray to God.¹⁶

Learn what not to say

Edward T. Welch, *Loving Those Who Are Depressed*

¹⁵ Kelli María Korducki, "It's Not Just a Chemical Imbalance," July 27, 2019, *The New York Times*. https://www.nytimes.com/2019/07/27/opinion/sunday/its-not-just-a-chemical-imbalance.html?fbclid=IwAR3BoONK3lCiNrBm5jySuC86C_BxiiiHAgd43wk4cwTfM1uRmYpUo3nCoM. Accessed 7 September 2019.

¹⁶ D. Martyn Lloyd-Jones, *Spiritual Depression: Its Causes and Cure*, (Grand Rapids, MI: Eerdmans, 1965), 23-24

You shouldn't immediately launch into what helped you or what helped your next door neighbor. Depression is common enough that most of us have our pet remedies. Yet there is no remedy that works for everyone. If you offer something canned, pat, predictable, or impersonal, it will simply seem like you aren't really listening.

"You have to try St. John's Wort."

"Are you exercising enough?"

"I have a devotional book for you that you are going to love."

"By faith, remember that God loves you."

"Just do the next thing."

"You need to trust in the Lord."

"You need to put one foot in front of the other and do the next thing."

"You are really under a lot of stress. You should take a vacation."

"You need to really force yourself out of bed and think more positive thoughts."

Words can reach depressed people, but only words that are accompanied by love, understanding, and faith. In this, those who are depressed are similar to anyone else. That is, we rarely hear very well when someone talks to us without any real interest, love, or compassion. But when godly love is wrapped around words, people listen. Isn't it true that two people can say the exact same thing, yet the words of one may be empty, and the other beautiful? The difference, of course, is that one person is a short-term, unaffected consultant, while the other loves the depressed person like a member of the family.

You can say true things to a depressed person, but are they helpful things to say to a depressed person? Issue of timing!

Proverbs 27:14

Whoever blesses his neighbor with a loud voice,
rising early in the morning,
will be counted as cursing.

Ask good questions, but don't overwhelm the person

Don't assume sin, and don't go there first

Be careful to not take Scripture out of context

D.A. Carson: A text without a context is a pretext for a proof text.

Romans 8:28

1 Corinthians 10:13

Psalms 103

Identify depression's lies

It's always going to be like this.
This is just the way things are.
No one care about you.
You're a burden to others.
Don't tell anyone.
You're the only one who struggles like this.
You must have done something wrong.
Something is wrong with you.
Strong, successful people don't battle depression.
My family is better off without me.

Jason Kovacs: A large component of depression is the deep entrenchment of lies that Satan tempts humans to believe. A person can hear terrible things about his worth, identity, and future. In those moments, he needs to fight to believe the things that are real and true from the mouth of God. This is why the Psalmist in Psalm 42 says to himself, "Why so downcast oh, my soul? Put your hope in God!" Encourage the depressed person to make an action plan for when he is speaking lies to his soul.¹⁷

- Write down the lie, scratch it out and write the truth.
- Go through a mental checklist of Philippians 4:8.
- Be quick to ask the Holy Spirit to change this lie.
- Journal about a characteristic of God.
- With Scriptures, remind yourself of your standing before Christ.
- Study what God says to those who suffer in Bible
- Listen to a worship song and write out your reaction to it.

Music is underrated in the treatment of depression

Colossians 3:15-17: And let the peace of Christ rule in your hearts, to which indeed you were called in one body. And be thankful. Let the word of Christ dwell in you richly, teaching and admonishing one another in all wisdom, singing psalms and hymns and spiritual songs, with thankfulness in your hearts to God. And whatever you do, in word or deed, do everything in the name of the Lord Jesus, giving thanks to God the Father through him.

Help them see that facts should follow feelings not the other way around

Bob Kauflin: The Psalms teach us that a relationship with God involves our emotions. God's presence brings joy, God's promises bring comfort, God's provision brings satisfaction (Psalm 16:11; 119:50; 145:16). But I was trying to root my faith in my experiences rather than

¹⁷ Jason Kovacs, "The Gospel and Depression," August 13, 2014. <https://www.austinstonecounseling.org/the-gospel-and-depression-2/>. Accessed 7 September 2019.

in God's word. I was looking to sustained peace as evidence that the Bible was true, and found myself chasing experiences rather than Jesus...When I was unaffected by the gospel, I began to see that other desires were at work in my heart. Selfish ambition. Self-atonement. Works-righteousness. A love of ease.

Feelings tell me something is happening in my soul, but they don't necessarily tell me why I feel (or don't feel) a certain way. We discover that through patiently and consistently trusting and pursuing God (Proverbs 2:1-5). When I insist on finding relief from my emotional distress before I believe God, I'm living by sight, not by faith.¹⁸

Stay in it for the long haul, but know that you can't do it alone

Point to Jesus Christ

Matthew 11:28-30: Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light."

Explore non-medical interventions: diet, sleep, exercise, environment, significant life changes in circumstances

Make small goals

Consider the role of technology in your life

Don't make depression the primary way you see them

Edward T. Welch: One of the problems with the word depression is that it can define people. Instead of being a simple summary of a difficult and complex experience, depression transforms into a diagnosis. Even more, it can become an identity, both to depressed people themselves and their friends. The diagnosed person is then treated like a patient, and we act like the doctor. Visits are akin to hospital rounds during which doctor-friends discuss the case in the hallway before they sugarcoat everything once they enter the patient's room. The result is that there really is no relationship. Truly Christian relationships are mutual and open. A good friend who loves you has the freedom to say almost anything and you will listen. A good friend can speak about your strengths and weaknesses, your faith and your sin. And they will speak openly about these things as evidence of the friendship, not in spite of it.

Encourage them to seek counseling

¹⁸ Bob Kauflin, "The Year My World Fell Apart: My War with Spiritual Depression," May 16, 2019, *Desiring God*. https://www.desiringgod.org/articles/the-year-my-world-fell-apart?utm_medium=feed&utm_source=feedpress.me&utm_campaign=Feed%3A+dg-articles. Accessed 7 September 2019.

Be watchful for signs of suicidal ideations

Dear friend,

What words can I say to you when your life is hard and you are hurting? If we were face to face, I probably wouldn't start with words at all. I would want you to talk when you are able. I want to know you, what you are going through, what it is like for you, and how you are doing. Simply being present and conveying that tears, heartache, and confusion are valid would probably be more helpful. Many wise Christians have commented that Job's counselors did well until they opened their mouths (Job 2:11-13), and I certainly don't think there is some magic word that will make everything better.

But when it comes time to say something, I might say this: Jesus is a most sympathetic friend, fellow sufferer, and Savior. He has walked a hard road. He has felt his own anguish and crushing pain (Isaiah 53). He understands. He is compassionate toward you. By the comfort of his presence and sympathy, he intends to draw you out and draw you to Himself.

I encourage you to go to him and speak to him. There is something about our ability to find words to express what we're experiencing that makes a genuine difference. A wise Christian of many centuries ago said, "To open one's heart to one's friend—it doubles our joys and cuts our griefs in half." I have found this to be true. Sharing a joy really does double the joy. And of course, sharing heartache never takes it all away — but there's something about speaking to someone who truly cares about you that soothes your wounds. You are not alone.

The psalms, which are so full of heartache and so full of faith, often start with simply giving voice to the experience of suffering. As they do, it's significant to notice that they don't simply cry out in a scream of pain. They cry out to God who hears, who cares, who draws near, who helps. We can speak to our God. May you cry out to our God. He calls you his friend. He deeply cares for you. He is your Savior. Trust Him. He has walked down this road before you. He promises to walk with you in this.

And I might say one more thing. Suffering must be walked through one step at a time. Be honest. Don't take any shortcuts. Let each day's trouble be sufficient for that day. Seek your Father. If you seek him, you will find him.

—David¹⁹

¹⁹ David Powlison, "An Open Letter to a Suffering Christian," March 21, 2018, <https://www.ccef.org/open-letter-suffering-christian/>. Accessed 9 September 2019.

Resources:

- Ashmore, Margaret. *Depression: The Sun Always Rises*
- Berger, Daniel. *Rethinking Depression: Not a Sickness Not a Sin*
- Collins, Sarah & Jayne Haynes, *Dealing with Depression: Trusting God through the Dark Times*
- Eswine, Zack. *Spurgeon's Sorrows: Realistic Hope for Those Who Suffer from Depression*
- Ganschow, Julie. *Seeing Depression Through the Eyes of Grace*
- *Haig, Matt, *Reasons to Stay Alive*
- *Horwitz, Allan and Jerome C. Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder*
- Jantz, Gregory, *Turning Your Down Into Up: A Realistic Plan for Healing from Depression*
- Lawson, Michael, *D is Depression: Spiritual, psychological and medical resources for healing depression*
- Lloyd-Jones, D. Martyn. *Spiritual Depression: Its Causes and Its Cure*
- Maxwell, Paul C., *When Your Twenties Are Darker Than You Expected*
- Murray, David. *Christians Get Depressed Too: Hope and Help for Depressed People*
- Piper, John. *When the Darkness Will Not Lift: Doing What We Can While We Wait for God and Joy*
- Somerville, Robert. *If I'm a Christian, Why Am I Depressed? Finding meaning and Hope in the Dark Valley, One Man's Journey*
- Trahan, Carol. *Help! I'm Depressed*
- Vernick, Leslie, *Defeating Depression: Real Hope for Life-Changing Wholeness*
- Welch, Ed. *Depression: A Stubborn Darkness*

*Secular resource

Articles & Blogs:

<https://www.thegospelcoalition.org/article/biblical-encouragements-depressed-believers/>

<https://erlc.com/resource-library/articles/8-ways-to-help-depressed-christians>