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Depression and Children

Here's how to recognizing the signs, and get help when you need it.

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Introduction

Redeemed with a Legacy of Hope

If you're stuck with a heritage of pain, here's how to discover hope.

By Karen Arneson

Mine was an inheritance of mental illness. In the 1930's, when my mother was just a toddler, her mother was hospitalized with a "nervous breakdown." My mother spent her early years in foster care, separated from her sisters and brother. She was taken in by a family with a teenage son. That teenage son abused her.

In the 1960's, I watched as my mother was taken from our home on a stretcher to a waiting ambulance. The incomprehensible scene was etched on my young mind, but it wasn't until I was an adult that I learned the truth. My mother, struggling with depression, had attempted to end her life.

In 1964, God began to set in motion the events that were needed to begin to break the legacy of pain. It was the year we moved to a Chicago suburb, to a house just two away from the parsonage of Calvary Baptist Church. It was soon afterward that God revealed me to Pastor and Sheila Haynes, and they, in turn, showed me Jesus.

Yet, in the 1970's, as a teenager, my anxiety became so acute that our family physician prescribed Valium, the anti-depressant of the age, to calm my nerves. I've come to believe my anxiety was a product of both genetics and environment. I lived in a strangely incongruent world. From day-to-day, I never knew which mother would be in residence. Would it be the fearsome, angry mother who screamed at me? Would it be the laughing, joking mother who hugged me, tickled me, and declared her fierce love for me? I moved from somber child into quietly rebellious teen.

At nineteen, I married. My painful legacy was joined to another's.

In the late 1980's, my firstborn entered school. I began to see signs of anxiety in him as well. It wasn't until I reached out to the school's social worker that I began to see something more than genetics at work. Unfortunately, that social worker was cruel in her truthfulness. In our first conversation, by telephone, she flat out told me that I was the problem. My son didn't know from day-to-day which mother would be in residence. Would it be the fearsome, angry mother who screamed at him? Would it be the laughing, joking mother who hugged him, tickled him, and declared her fierce love for him? My laughing, loving child was moving into anxiety, and I was unable to deal with my culpability.

On Christmas Eve, 1995, God moved me again...toward healing. I finally responded to the nudging of the Holy Spirit and returned to the church. Through prayer, Bible study, and the support of godly women who taught me to love, I have a new legacy—a legacy of hope.

Perhaps you feel stuck in a heritage of pain—pain that is being acted out through depression in the life of a loved one. It is my prayer that as you read through the following articles, God will reveal to you a new legacy, and you will find hope for the future.

Blessings,

Karen Arneson
Contributing Editor, KYRIA downloads,
Christianity Today International

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Leader's Guide

How to use "Depression and Children" for a group study.

"Depression and Children" may be used for individual or group study, but if you intend to lead a group study on this, some simple suggestions follow.

1. Make enough copies for everyone in the group to have her own guide.
2. Depending on the time you have dedicated to the study, you might consider distributing the guides before your group meets so everyone has a chance to read the material. Some articles are quite long and could take a while to get through.
3. Alternately, you might consider reading the articles together as a group—out loud—and plan on meeting multiple times.
4. Make sure your group agrees to complete confidentiality. This is essential to getting women to open up.
5. When working through the "Thought Provokers," be willing to make yourself vulnerable. It's important for women to know that others share their experiences. Make honesty and openness a priority in your group.
6. Open and end the session in prayer.

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The Depressed Child

Depression isn't a bad mood that a child can snap out of.

By Suzanne Woods Fischer

In one month, 11-year-old Sally changed from being a happy, easy-going child to being irritable, anxious, and unable to eat or sleep. "Her personality suddenly and completely changed," says her mother, Dee Brestin, a best-selling author.

What could have triggered such a change? The Brestins had recently adopted Anne, a 5-year-old Korean girl. Although Sally had been eager for a new sister, the reality of a new sibling caused stress and extreme jealousy. Sally had to adjust to being dethroned as the youngest child and only daughter in a family of boys.

"She had a perfect world before Anne arrived. She had no idea how to share attention," says Dee. "I was often upset with Sally during this time. I thought we'd given her everything. We bathed her in love, prayer, and security. Why can't she show a little mercy toward this little orphan so in need of love? Why can't she just snap out of it?"

It was Dee's husband, Steve, who realized there was more to Sally's moodiness than adjusting to a new little sister. "Steve would lie next to Sally on her bed, stroking her hair, praying for her for hours, often as she sobbed herself to sleep. But Steve knew." says Dee. "He is a physician who has experienced depression himself. He recognized Sally's symptoms and was aware that depression runs in families. We took Sally to a doctor for testing and she was diagnosed with a chemical imbalance, triggered by stress. Sally was suffering from depression. My heart sank with thoughts that I had done something wrong, but what I have learned is that depression is not a character weakness or a sign of parental failure, and it isn't a bad mood that a child can snap out of."

Depression is defined as an illness when the depressive condition persists. It's real, even for children. "It's occurring in more young children than ever before," says social psychologist Ronald Kessler of Harvard Medical School. "Even the most nurturing environment can't always save a child from depression." And that includes healthy, loving Christian families like the Brestins.

Until recently, it was assumed that kids don't get depressed. But new findings from the National Foundation for Depressive Illness suggest that 5 to 10 percent of all children and adolescents suffer from depression at one time during their growing-up years. The good news is that once detected, depression in children is highly treatable. Doctors and researchers say early detection is key. They believe if children are treated early and taught coping skills, they can prevent life-long episodes of the illness.

Depression versus the blues

Everybody gets the blues now and then—it's a normal part of our human experience. But depression goes beyond a bout of sadness or a bad day, even beyond the grief felt with a major loss. Clinical depression is an illness and it can take a devastating toll on a child, potentially hindering the development of crucial social, emotional, and cognitive skills. A study from Yale Medical School shows that youngsters who experience depression are three to four times more likely than peers to have drug or alcohol abuse problems by their mid-20s.

Bringing in the professionals

Doctors recommend that when a child has a drastic change in personality and symptoms last more than two weeks, he or she should be evaluated. Start with your family physician to rule out any other causes for the change in personality. Don't assume that depression can't happen to your child. Studies show parents consistently miss signs of depression, chocking it off to teenage angst. It is just as serious an illness as diabetes or asthma.

Why do kids get depressed?

There are no clear answers as to why childhood depression is on the rise, but findings suggest that a

complex blend of genetic, biochemical, personal, family, and spiritual factors can interact to trigger depression.

Depression has a genetic link, doubling the risk factor for some kids. If a parent is currently struggling with depression, statistics suggest a child is three times more likely to develop depression.

Children who experience stress through divorce or the death of a loved one, or who have learning or behavior disorders are all at a higher risk for depression. Kessler's Harvard study concluded that depression in today's kids could be anxiety-driven fears about personal safety and the pressure to succeed. His study finds a strong stress—depression link in teens.

Girls have about twice the depression rate of males and adolescent girls tend to dwell on problems such as popularity, appearance, and family issues more than boys, keeping girls depressed longer.

Still, boys are at risk for depression. In the book, *Real Boys: Rescuing Our Sons from the Myths of Boyhood* (Random House), author William Pollack claims that boys are seriously under-diagnosed for depression, Pollack's studies show that because boys have been taught traditional macho attitudes, they have no healthy way to vent their unhappiness. Consequently, the unhappiness turns to anger and the anger turns to depression.

The counseling question

While in some cases prescription medication is advised for the treatment of depression, the National Mental Health Association insists that no child should be medicated without counseling, stressing that medication alone isn't a cure-all. Robert McGee, founder of Rapha

Treatment Centers, says that while medicine can help people deal with the symptoms of depression, counseling is needed to deal with destructive thinking patterns. Early treatment and diagnosis can help a child before such patterns become permanent, creating lifelong difficulties.

Dwight L. Carlson, a doctor and the author of *Why Do Christians Shoot Their Wounded?* (InterVarsity), says, "Good biblical counsel can play a large part in restoring people." He suggests investigating your options with a qualified mental-health-care professional who specializes in treating depression in children and teenagers. Medical doctors, psychologists, counselors, ministers, and youth pastors can all provide helpful information and support for your family. One couple whose son suffers from depression has found therapy to be an invaluable resource, not just for the counseling, but also for the expertise, such as when hospitalization was needed or to discuss schooling options.

Each year an estimated 500,000 to 1 million prescriptions for antidepressants are written for children and teens. There is much controversy over giving children antidepressants. A study at the University of Texas determined that the effect of Prozac on children is essentially the same as it is for adults. A Long Island Jewish hospital study found that medication is very effective in treating children for depression and that most children take the non-addictive medication for six months or less with few relapses reported. Little is known about long-term effects of antidepressants on children, but most doctors insist the drugs are a blessing to children in need.

For Sally Brestin, an antidepressant meant the difference between misery and wholeness. Through counseling, loving and supportive relationships with family, and God's mercy, it wasn't long before Sally felt better. In time, she was able to love Annie as deeply as the rest of the family did.

"I encourage parents to be open to medical treatment," advises Dee. "It is too easy to just get medicine, though I think Sally needed that so that she could start sleeping and eating before she was able to deal with the spiritual issues. It is akin to feeding the starving before you deal with their need for Christ."

Christians and depression don't mix

Christians don't like depression. We are ambivalent and reticent to deal with it as an emotional or biological reality. We add layers of spiritual rationalization, calling it sin, weakness, or judgment. "Does it mean I'm not really a Christian if I get depressed?" asks one teen boy.

In his book *David* (Word), Chuck Swindoll writes: "I weary of the philosophy that the Christian life is just one silver-lined cloud after another—just soaring. It is not! Sometimes the Christian life includes a deep, dark cave."

Dee Brestin bristles over this subject. "There's a much greater stigma about depression in the Christian community than in the secular one. The health and wealth gospel tells us we shouldn't need medical help, but that kind of guilt sinks a struggling Christian. I believe sin can be a reason for depression. But there is pressure from well-meaning but uninformed Christians to go off medication and to 'trust God.' Would they suggest to a diabetic to stop taking insulin?"

Christians may put a stigma on depression, but God certainly doesn't. The Bible is filled with examples of dynamic, effective believers who suffered from depression. King David, a deeply passionate and gifted man, poured out his troubled heart to God in many poignant Psalms (such as Psalm 77). Elijah, one of Israel's greatest prophets, was so depressed that he prayed he would die (1 Kings 19:4). God did not get angry with Elijah but loved him, sending angels to feed him. God whispered to him gently and led him to a friend, Elisha.

Parents make a difference

A parent can have a huge impact on a child locked in depression. "Supporting your child as he gets help teaches him early in life to exercise a valuable life skill—that it's okay to ask for help when we need it," says Linda Kondracki Sibley of NACR (National Association for Christian Recovery).

Sally Brestin, now grown and married, shares her story at teen and parent groups to educate and help diminish the stigma of depression. She feels her depression was a dramatic, spiritual turning point. Not long after recovering from her depression, she re-committed her life to the Lord. "Looking back 12 years, it was the hardest time in our lives," says Dee. "We wanted to do what was right, so we just held on."

Know the signs

Child and adolescent psychiatrists advise parents to be aware of these warning signs of depression in their children. If you see these signs in your child, talk with your family doctor:

- ❑ Persistent sadness and hopelessness
- ❑ Increased irritability or agitation
- ❑ Withdrawal or isolation from friends and activities once enjoyed
- ❑ Changes in eating and sleeping habits
- ❑ Indecision, lack of concentration, or forgetfulness
- ❑ Poor self-esteem or guilt
- ❑ Frequent physical complaints, such as headaches or stomach aches
- ❑ Lack of enthusiasm, low energy, or motivation
- ❑ Drug and/or alcohol abuse
- ❑ Thoughts of death or suicide

Source: National Mental Health Association

Know the Facts

As many as one in every 33 children and one in eight adolescents may be depressed.

- Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next five years.
- Two-thirds of children with mental health problems do not get the help they need.
- A recent study concludes that treatment of major depression is as effective for children as it is for adults.

- Suicide is the third leading cause of death for 15-24 year olds and the sixth leading cause of death for 5 to 15 year olds.

*Source: National Mental Health Association (**http://www.nmha.org/**)*

Finding Help

National Christian Counseling Services: (888) 880-7333

Rapha Treatment Centers: (800) 227-2657

Focus on the Family: (719) 531-3400

Search Resources: (800) 460-4673

"Help Me, I'm Sad": Recognizing, Treating, and Preventing Childhood and Adolescent Depression, by David G. Fassler and Lynne S. Dumas (Penguin)

Growing Up Sad: Childhood Depression and Its Treatment, by Leon Cytryn and Donald H. McKnew (W.W. Norton)

Lonely, Sad and Angry: A Parent's Guide to Depression in Children and Adolescence, by Barbara D. Ingersoll and Sam Goldstein (Main Street Books)

Childhood Depression Sourcebook, by Jeffrey A. Miller (Lowell House)

Suzanne Woods Fisher is a writer with four children.

This article first appeared in the May/June 2001 issue of Christian Parenting Today *magazine.*

Reflect

- *Chances are you have chosen this study because your life somehow touches the life of a depressed child or adolescent. The author quotes Dee Brestin saying, "I was often upset with [my daughter] during this time." What emotions have you had to deal with while trying to understand and help the depressed child in your life?*

- *According to the author, "studies show parents consistently miss signs of depression, chocking it off to teenage angst." Certainly the teen years are years of hormonal changes that do bring mood swings. What have you learned about recognizing the signs of depression? How does the outward manifestation of depression differ in boys and girls?*

- *There is much controversy over prescribing antidepressants to children and teens. Do you think antidepressants are a necessary part of treating depression in children and teens? What is your reasoning?*

- *Why do you believe the Christian community is at odds about the treatment of depression?*

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Anxiety Attacks

My 6-year-old son worries about everything!

By Karen L. Maudlin, Psy.D.

Q: ***My 6-year-old son worries about everything! He worries about going to Sunday school a week in advance. I talked to his teacher, and she says he hasn't had any problems with the other kids. He always seems to end up having a good time, but the next week he'll start crying again, worrying about Sunday school. He also worries about riding the bus to school. I've checked with the bus driver to see if there are any problems and there aren't. His teacher says he gets along with everybody in class, he does good work, he is always in a good mood, and everybody likes him. I just don't know what to do.***

A: I want to applaud your ability to notice your son's emotions and the investigative approach you took to discover what might be going on with him. I think your concerns with your son's worry are warranted—he does seem more anxious than most children his age. However, there are steps you can take to help reduce his level of worry.

First ask yourself a few questions: Is there a history of anxiety in your family? Sometimes children are high strung because of a genetic predisposition to worry. If you or your husband are hand wringers your son might simply be carrying on that personality trait.

A family tendency to worry can also be passed on through the way you or your husband deal with stress in your own lives. Does your son see you getting anxious about situations in your life or does he see you quickly jump into confident problem solving or prayer? Often as parents, we model worry, fear, or anger without really realizing it because the emotions are so consuming at the time.

The type of anxiety your son is engaged in is called anticipatory anxiety, which means he worries ahead of time. That helps him get the emotion out of the way before the actual event. Right now his anxiety is over the top and it's overwhelming to him. The good news is that this kind of anxiety can be dealt with through a combination of coaching, relaxation techniques, and prayer.

It sounds like your son is doing a stellar job with social skills both at school and church. You can use the information you've received from his teachers to

encourage him in a specific way ("Your teacher says Andrew really enjoys playing with you") and help him gain confidence in his ability to handle stressful situations. Sit down together with your son and your spouse and make a list of the behaviors your son finds helpful or relaxing; talking with a friend, saying hello to his teacher, knowing what the coming lesson is going to be, having a regular place to sit, etc. Keep this list handy and talk through it whenever he begins to worry.

Simple breathing techniques can help your son manage his anxiety in the heat of the moment. Teach him to take ten slow, deep breaths when he starts to feel nervous. Have him imagine that he's breathing in the peace of Jesus and breathing out his worries. Then teach him to tell himself "I can do it. This is going to be fun." If you have time, you can do this exercise with him at home before he goes to school or church. Go over the list you made while he does his deep breathing to help him calm down and feel more in control.

This exercise might feel a little strange at first and your son might not believe it will help. But practice this process together for five to seven minutes at least four times a week for a couple of weeks until he can do it on his own. When he's mastered it, come up with a quick cue you can use to remind him of the technique, such as, "Remember to breathe."

Finally, pray daily with your son and ask God to help him manage his worry. As a family, memorize Philippians 4:6-7 (you might want to simplify this to "Be anxious for nothing but in everything pray"). If you

don't see any change after a month or so, I recommend having your son assessed by a child psychologist who can determine if there is some deeper cause for his anxiety.

Karen L. Maudlin, Psy.D., is the mother of two and a licensed clinical psychologist specializing in marriage and family therapy. She is the author of Sticks and Stones *(W).*

This article first appeared in the Summer 2003 issue of Christian Parenting Today *magazine.*

Reflect

- *This article was included because according to a source cited in More Than Moody, two-thirds of young people suffering with depression have a co-existing mental disorder, anxiety being the most common. Take an inventory of your personal methods of dealing with anxiety – what are you communicating to your child?*
- *If you have experienced a time when your child seemed anxious, share how you dealt with the anxiety. Would you do anything differently?*
- *Our behaviors are the outward manifestation of our thoughts. Do you agree that memorizing scripture is an effective means of dealing with anxiety? If so, are there any other verses you would suggest for memorization? Do you encourage your child to memorize God's Word on a regular basis?*

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More Than Moody

7 strategies for recognizing and handling your teen's clinical depression.

By Leigh Fenton

"I hate you," she stated matter-of-factly, staring stone-faced at the floor. Those were the last words I'd ever expected to hear from my daughter, Jaclyn*. She'd been a delightful child—seemingly carefree, with a sense of humor that always brought a smile. But over the past two years, she'd been seething with anger. As I sat across from her bed, beneath the harsh fluorescent glare of a high-security psychiatric unit, no one was smiling.

Jaclyn, 16, had been admitted to the hospital a few days earlier when her behavior became so bizarre we feared for her safety. She'd been receiving treatment for depression. But while the medication initially helped, she'd become increasingly despondent, highly agitated, and unable to sleep or attend school. When I found the word "die" scrawled on Jacyln's bedroom wall in her blood, I knew my husband and I needed help to protect her. Jaclyn was placed in the hospital's new pediatric psych ward, where she was diagnosed with major clinical depression and social anxiety disorder.

By the third day, my daughter demanded we release her from the hospital. "Jaclyn, I can't take you home until the doctor believes you're well enough," I explained, afraid for her safety.

"Fine. Then I never want to see you again." Her icy response sent a shiver through my soul.

It's the illness talking, I attempted to assure myself. But I was heartbroken. I longed to be reunited with the happy little girl I hadn't seen in years.

Unfortunately, my family's experience isn't uncommon. According to the National Institute of Mental Health, up to 8.3 percent of adolescents in the U.S. suffer from some form of depression. Adolescence is noted for mood swings and unpredictable behavior, and the symptoms of depression often are attributed to normal teenage angst. For many, moodiness is a passing phase—but when it persists longer than a few weeks and interferes with a teen's ability to function, it's categorized as a biological disease called major depressive disorder (or major clinical depression), a

serious but treatable mental illness that changes how a person thinks, feels, and acts. Depression impairs concentration, decreases motivation, and hampers a young person's ability to succeed. If you suspect, or know, that your teen is depressed, help is available. And while you can't cure your teenager's illness, there are steps you can take to help your adolescent cope with it.

I. Be aware.

Depression manifests in a variety of ways in adolescence. Dr. Harold Koplewicz, founder and director of the New York University Child Study Center and author of *More Than Moody: Recognizing and Treating Adolescent Depression,* states that two-thirds of young people with major depressive disorder have coexisting mental disorders, anxiety being one of the most common. Others include post-traumatic stress disorder and substance abuse. Because the symptoms of depression in teens sometimes differ from those experienced by depressed adults, it's essential parents be aware of the warning signs and look past stereotypes.

For example, previously an excellent student and "model" child, Emma's behavior began to change at age 15. Though dismayed, her parents didn't initially suspect their daughter was depressed. "I assumed she was behaving like a typical teenager, rebelling against the restrictions of childhood," says her mother, Gayle. "She snuck out of the house at night, skipped school nearly every day, and became sexually active." Later, Gayle discovered Emma was corresponding with men she met on the Internet, including several jail inmates—one convicted of sexual assault.

Emma's depression was masked by her problematic behavior—not an uncommon occurrence in adolescents. Dr. Lisa Machoian, child and adolescent psychologist and author of *The Disappearing Girl: Learning the Language of Teenage Depression,* explains, "Scheming provides a respite from negative thinking. Pain can be kept at bay if she's running, sneaking, partying, dancing all night, and sleeping all day."

2. Seek professional help.

Obtaining a medical diagnosis is the first step toward helping your teen. Treatment may include antidepressant medication, individual therapy, group therapy, and/or family counseling. Ask your physician to refer you to a professional who specializes in the diagnosis and treatment of adolescent depression.

A comprehensive treatment plan is one that addresses the biological, emotional, and spiritual factors that contribute to depression, so don't overlook the role Christian counseling may play in your teen's treatment. Acutely depressed adolescents may require hospitalization, particularly if they're at risk of harming themselves or others.

Tragically, between 70 and 80 percent of teens with mental health problems don't get the help they need. Although depression can vary from mild to severe, left untreated, it can have serious, ongoing consequences: school failure, social isolation, family breakdown, unsafe sexual behavior, substance abuse, increased incidence of depression as adults, involvement in the criminal justice system, psychosis, and even suicide.

3. Be vigilant.

Pay attention to changes in your teen's mood and behavior. If he's being treated with antidepressant medication, realize there may be serious side effects. Although medication offers substantial benefits, some studies link the use of certain antidepressants with increased suicidal thoughts in depressed youth. Alert your teen's physician or counselor to anything that concerns you. If he seems preoccupied with death or talks about suicide, seek immediate help.

4. Commit yourself to love.

Make sure your teen knows you love her unconditionally; be certain your words and actions convey love and support. Assure her you'll see her through this difficult time and do whatever you can to help her get well.

It's essential parents be aware of depression's warning signs and look past stereotypes. Sophie's depression and accompanying rebellious behavior caused her to fall behind in college. For a while, she wanted nothing to do with her parents. Her mother, Brenda, responded by letting Sophie know she was thinking of her. Brenda says, "Even when Sophie wouldn't answer my e-mails or the telephone, I left a message that I loved her."

5. Don’t take it personally.

You may be confounded because your teen seems happy and pleasant with others but is critical, sarcastic, or even abusive to you. Dr. Machoian says, "Some kids are just so sad they can't let themselves know or feel it, so they cover it over with anger." Deep anger is one of the most common symptoms of adolescent depression, and teenagers often reserve the worst of their moods for those they know they can trust.

6. Readjust your expectations.

Previously an honor student, our daughter, Jaclyn, is now struggling in school. Her depression, accompanying exhaustion, and social anxiety have caused her to miss weeks at a time, and it's been impossible for her to keep up in some courses. Initially, I tried to compel Jaclyn to attend school regularly, but now realize she's doing all she can. Pushing her increases her feelings of guilt and inadequacy. She recently stated, "It's hard not to feel stupid when you can't accomplish anything." Our daughter's guidance counselor and teachers have been accommodating. Jaclyn now tries to attend school half-days and takes one course at home through the Internet.

Our daughter's therapist also helped us understand her limitations and form realistic expectations. Rather than focusing on all the things Jaclyn's no longer able to do, I try to appreciate the accomplishments she does make, whether it's washing the dishes, going shopping in public, or taking a walk after dinner.

Progress can be slow, but it's important to have patience and celebrate any advances your teen's able to make, no matter how small they may seem. Janet's daughter, Brianna, was diagnosed with depression as a ten-year-old and continued to struggle with it through adolescence. Janet says, "It helps me to remember that depression is an illness, not a choice."

7. Lean on the Lord.

Brenda, Gayle, and Janet all agree that the best advice they could give other parents of teens with depression is "Pray!" Not only did prayer help Brenda survive, but it benefited her daughter, Sophie, as well. She

says, "Sometimes I drove an hour and a half to sit in the parking lot of her apartment and pray for her." Gayle points out that "prayer will keep your focus on the One who can help your child most of all."

No teen is immune to clinical depression—it strikes even those who seem to have the most going for them. But depression is treatable, and treatment is imperative if we are to see our children enjoy life and live up to their God-given potential.

Realize that healing is a process. For some, progress can be seen within weeks of beginning treatment. For others, relapses may occur and progress may seem slow. Pray for patience and try to remain optimistic.

Brianna and Sophie (now a newlywed in graduate school) are in their twenties and are both doing well and managing their depression. Emma, also in her twenties, is now "one of the most responsible people you would ever meet," declares Gayle.

Though still struggling with depression, Jaclyn's in counseling, taking antidepressant medication, and making progress toward healing. She's no longer an angry teen unable to express her feelings, but has found her voice and is able to say whatever's on her mind. I'm blessed to hear Jaclyn affirm her love for me every day.

Although I grieve all my daughter has lost, I know God can use all things for good. Jaclyn will emerge with a keener awareness of our love for her and recognition of God's provision and her strength, having persevered and overcome great obstacles.

Remember that although your child's difficulties may seem insurmountable at times, nothing is impossible with God.

**Names have been changed.*

What to Watch Out for

Is it a temporary "phase"—or depression? It may be difficult to tell if your teen's depressed because not everyone exhibits all the symptoms listed below. But if he or she is experiencing several of the following, you may want to check it out.

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities or inability to enjoy previously favorite activities
- Persistent boredom; low energy
- Social isolation; poor communication
- Low self-esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illness such as headaches and stomachaches
- Frequent absence from or poor performance in school
- Poor concentration

- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior

Leigh Fenton is a pseudonym for a writer who lives with her family in Canada.

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Reflect

- *Perhaps the most difficult part of dealing with depression in adolescents is separating so-called "typical teenage rebellion" from mental illness. Discuss what you have learned about telling the difference. When would you be likely to ask for help?*
- *Based on your personal experience and what you are learning through this study, what do you believe to be appropriate treatment for depression in children and/or teens?*

- *It seems the road to recovery is not a predictable path, how might the depressed individual's family adjust to the winding road in a way that will support healing?*

- *Walking beside your child through any form of illness can be grueling. What actions might you take in order to have the strength to care for your child?*

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Depression: A Special Report

Here's a look at the problem, its symptoms, and how to find hope and healing.

By Mark Moring

Dear Campus Life,

I'm going to be checked for depression. In the last few years, God has been the only one keeping me alive, but now, suicide is the only thing I can think of to solve my problems. What should I do? Please help.

Angel

Angel is hardly alone. We receive many letters like this one. According to the National Mental Health Association (NMHA), one in 12 teenagers suffers from depression.

We wanted to know how Campus Life readers are doing, so we did a survey. Fifty-two percent of you say you struggle with depression, while forty-four percent say a friend struggles with it.

Clearly, many of you deal with emotional pain, whether it's sadness, anger, guilt or whatever. Some of you deal with it daily, sometimes with no end in sight. As one reader said, "Depression can be a long, hard, painful journey." For others, that pain comes and goes, or they've experienced it in the past.

That's a lot of heartache that, sometimes, feels like outright hopelessness. Many of you hide your pain. Some of you tell others. And some of you are getting the professional help you need.

Let's take a closer look at depression, first by defining it.

What Is It?

We'll start by saying there's more than one way to define "depressed." The American Heritage Dictionary begins with these two definitions: *1. Low in spirits; dejected. 2. Suffering from psychological depression.*

Almost everyone experiences the first definition at some time. We all get sad or have "the blues" on occasion. Whether you're bummed about your favorite NFL team losing last Sunday, bombing on a test, or a rift in a relationship, it might help to know that most people have those feelings at some time or another.

If you're experiencing that type of depression, take comfort in knowing that it will likely pass in a relatively short time. In the meantime, keep going to church, praying and reading your Bible (the Psalms can be especially helpful). Do fun things with friends and family; don't spend too much time brooding alone in your bedroom. And talk to someone you trust—a parent, a teacher, a coach, a youth leader, a pastor.

But what if you're experiencing "psychological depression," the second definition? Certainly, you should be doing the things recommended in the last paragraph. But if you have psychological depression—also known as "clinical depression"—you should see a professional, because this type of depression is a very real illness, just as real as cancer or the common cold.

As you continue reading this article, that's our working definition of "depression." We're referring to psychological or clinical depression.

Clinical depression is often caused by a chemical imbalance in the brain. It's not "just in your mind."

Depression is usually treatable with a combination of medicine and counseling. Unfortunately, less than half of depressed people actually seek treatment. According to the NMHA, people resist treatment "because they believe depression isn't serious, that they can treat it themselves, or that it is a personal weakness rather than a serious medical illness."

How can you know if you have clinical depression? Only a mental health professional can diagnose it. But the next section will help you know what to look for.

What's It Look Like?

Now that we've defined depression, what are its symptoms? According to the NMHA, they include:

- Persistent sad or anxious mood
- Anger, restlessness, irritability
- Sleeplessness, or not enough sleep
- Reduced appetite and weight loss, or increased appetite and weight gain
- Loss of pleasure and interest in things once enjoyed
- Persistent physical symptoms that don't respond to treatment (such as chronic pain or digestive disorders)
- Difficulty concentrating, remembering or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless or worthless
- Thoughts of suicide or death

If you (or a friend or family member) have any of these symptoms lasting two weeks or more, you may be looking at clinical depression. If so, talk to a trusted adult—a parent, a pastor, a youth leader, a coach, a teacher—or see a doctor.

If you think your depression is severe, see a mental health professional. If your family doctor or someone at church can't recommend one, see "Where to Find Help."

Finally, if you're considering suicide, seek help immediately. The teen suicide rate has tripled in the last 40 years. Don't become a statistic. Help is available. There is hope.

Common Causes

Any one or a combination of things can trigger depression, including:

- Death or serious illness of a friend or family member
- Loss of love or attention from a friend or family member
- Breakup of a romantic relationship
- Family problems, especially parents' divorce
- Isolation/loneliness
- Rejection or teasing
- Physical, verbal, and/or sexual abuse
- Genetic vulnerability, particularly if a parent is/was depressed
- Chemical imbalance
- Hormonal changes, including PMS
- Substance abuse
- Hospitalization, especially for a chronic illness
- Some people are more likely to get depressed than others, because of a chemical imbalance or other factors. Meanwhile, others may never get clinically depressed. The bottom line: The chances of getting depressed vary significantly from person to person.

A Christian Perspective

For Christians, depression can carry extra baggage—in the form of guilt or shame. Since Jesus promises abundant life, Christians often assume there's a spiritual problem if they're depressed. Other well-meaning believers don't necessarily help by saying things like, "Have you completely submitted to God?" or "Do you have any unconfessed sin?"

One Campus Life reader wrote, "The worst was well-meaning people who told me to 'just get over it' or 'rejoice for this is the day the Lord has made.' This made me feel ashamed of my depression because I felt that I was dishonoring God, but I could not just shake it off. Its grip on my life was strong."

While spiritual problems—like habitual or unconfessed sin, lack of faith, or, in rare cases, demonic attack—certainly can trigger depression, those things are often the result of depression, not the cause. Depressed Christians certainly should continue praying, reading the Bible, confessing sin and pursuing holiness, but unless God or a professional Christian counselor says otherwise, don't assume the depression is caused by a spiritual problem. That type of thinking can keep a depressed Christian from seeking the professional help—counseling, medication, or both—they need.

Again, we want to say that while spiritual issues can contribute to depression, they're usually a result, not a cause. If you think your depression or emotional struggles have spiritual roots, talk to your pastor, youth pastor or a Christian counselor.

What's the Bible Say?

Despite our warnings about "over-spiritualizing" depression, it's vital to know that God cares very much for those who are depressed. That's evident throughout His Word.

Job was depressed. He lost everything, then cursed the day he was born: "Why did I not perish at birth, and die as I came from the womb? … I have no peace, no quietness; I have no rest, but only turmoil" (Job 3).

David was depressed: "Be merciful to me, Lord, for I am faint; O Lord, heal me, for my bones are in agony. My soul is in anguish. How long, O Lord, how long? ... I am worn out from groaning; all night long I flood my bed with weeping and drench my couch with tears" (Psalm 6:2-3, 6).

There are other examples throughout Scripture. The good news is that God hears these cries, and answers. He doubly blessed Job for the rest of his life (Job 42:12-17). And He comforted David, prompting him to say, "Surely goodness and love will follow me all the days of my life, and I will dwell in the house of the Lord forever" (Psalm 23:6).

If you're a Christian, you will dwell in God's house forever, even if you struggle with depression now. Cling to that promise, and don't let go.

If you're depressed, lean on God, but also get the professional help you need. Together, those sources can bring you the peace and comfort you seek.

Diagnosed?

Of the 52 percent of Campus Life readers who say they struggle with depression, only 16 percent have been diagnosed with the illness by a doctor or counselor.

And of those who have been professionally diagnosed, 63 percent were depressed for one to six months, including 25 percent who said "I currently feel depressed and it's not over yet."

What causes depression?

When asked what causes depression, the top three answers from Campus Life readers were:

Death of a friend/family member (84%)
Loneliness (79%)
Stress (77%)

For those readers currently struggling with depression, the top three answers were:

Loneliness (79%)
Stress (69%)
Family problems (63%)

What will help?

When asked what would help a person deal with depression, the top three answers from Campus Life readers were:

Bible study/prayer (89%)
Receive counsel from pastor/youth leader (80%)
Professional counseling/therapy (67%)

For those readers currently struggling with depression, the top three answers were:

Hang out with friends (58%)
Listen to music (46%)
Receive counsel from pastor/youth leader (46%)

Mark Moring wrote this article for the November/December 2001 issue of Campus Life *magazine.*

Reflect

- *This article was included in the study to provide the perspective of those personally dealing with depression. The statistics are staggering…one in 12 teenagers suffer from depression. Loneliness, stress and family problems were given as the top three answers when those currently struggling with depression were asked the cause. When asked what would help, the top answer was "hang[ing] out with friends (58%)." What conclusions might we draw about depression based on these responses?*

- *Each article thus far indicates that clinical depression is caused by chemical imbalances in the brain, which may sometimes be induced by stress. Why are children and teens so stressed, and what can parents do to combat the situation?*

- *Does it disturb you to hear another author state that Christians have a more difficult time dealing with depression because of the response of other Christians? Do you believe this is an accurate assessment? How does your church leadership deal with this issue?*

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Exposing the Myth That Christians Should Not Have Emotional Problems

Churches need to be sanctuaries of healing.

By Dwight L. Carlson

"The only army that shoots its wounded is the Christian army," said the speaker, a psychologist who had just returned from an overseas ministry trip among missionaries. He summed up the philosophy of the group he worked with as:

1. We don't have emotional problems. If any emotional difficulties appear to arise, simply deny having them.

2. If we fail to achieve this first ideal and can't ignore a problem, strive to keep it from family members and never breathe a word of it outside the family.

3. If both of the first two steps fail, still don't seek professional help.

I have been a Christian for 50 years, a physician for 29, and a psychiatrist for 15. Over this time, I have observed these same attitudes throughout the church—among lay leaders, pastors, priests, charismatics, fundamentalists, and evangelicals alike. I have also found that many not only deny their problems but are intolerant of those with emotional difficulties. Many judge that others' emotional problems are the direct result of personal sin. This view can be very harmful.

At any one time, up to 15 percent of our population is experiencing significant emotional problems. For them our churches need to be sanctuaries of healing, not places where they must hide their wounds.

The Emotional Health Gospel

Several years ago my daughter was battling leukemia. While lying in bed in the hospital, she received a letter, which read in part:

Dear Susan,

You do not know me personally, but I have seen you in church many times . ...I have interceded on your behalf and I know the Lord is going to heal you if you just let Him. Do not let Satan steal your life—do not let religious tradition rob you of what Jesus did on the cross—by His stripes we were healed.

The theology behind this letter reminded me of a bumper sticker I once saw: "Health and Prosperity: Your Divine Right." The letter writer had bought into a "healing in the Atonement" theology that most mainstream evangelicals reject. According to this traditional faith-healing perspective, Christ's atonement provides healing for the body and mind just as it offers forgiveness of sins for the soul. The writer meant well, but the letter created tremendous turmoil for my daughter.

While evangelicals have largely rejected "health and wealth" preaching many hold to an insidious variation of that prosperity gospel. I call it the "emotional-health gospel." The emotional-health gospel assumes that if you have repented of your sins, prayed correctly, and spent adequate time in God's Word, you will have a sound mind and be free of emotional problems. Usually the theology behind the emotional-health gospel does not go so far as to locate emotional healing in the Atonement (though some do), but rather to redefine mental illnesses as "spiritual" or character problem, which the church or the process of sanctification can handle on its own. The problem is, this is a false gospel, one that needlessly adds to the suffering of those already in turmoil.

This prejudice against those with emotional problems can be seen in churches across the nation on any Sunday morning. We pray publicly for the parishioner with cancer or a heart attack or pneumonia. But rarely will we pray publicly for Mary with severe depression, Charles with incapacitating panic attacks, or the minister's son with schizophrenia. Our silence subtly conveys that these are not acceptable illnesses for Christians to have.

The emotional-health gospel is also communicated by some of our most listened-to leaders. I heard one national speaker make the point that "At the cross you can be made whole. Isaiah said that 'through His stripes we are healed' ... not of physical suffering, which one day we will experience; we are healed of emotional and spiritual suffering at the cross of Jesus Christ." In other words, a victorious Christian will be emotionally healthy. This so-called full gospel, which proclaims that healing of the body and mind is provided for all in the Atonement, casts a cruel judgment on the mentally ill.

Two authors widely read in evangelical circles, John MacArthur and Dave Hunt, also propagate views that, while sincerely held, I fear lead us to shoot our wounded. In his book *Beyond Seduction,* Hunt writes, "The average Christian is not even aware that to consult a psychotherapist is much the same as turning oneself over to the priest of any other rival religion," and, "There is no such thing as a mental illness; it is either a physical problem in the brain (such as a chemical imbalance or nutritional deficiency) or it is a moral or spiritual problem."

MacArthur, in *Our Sufficiency in Christ,* presents the thesis that "As Christians, we find complete sufficiency in Christ and His provisions for our needs." While I agree with his abstract principle, I disagree with how he narrows what are the proper "provisions." A large portion of the book strongly criticizes psychotherapy as one of the "deadly influences that undermine your spiritual life." He denounces "so-called Christian psychologists and psychiatrists who testified that the Bible alone does not contain sufficient help to meet people's deepest personal and emotional needs," and he asserts, "There

is no such thing as a 'psychological problem' unrelated to spiritual or physical causes. God supplies divine resources sufficient to meet all those needs completely." Physically caused emotional problems, he adds, are rare, and referring to those who seek psychological help, he concludes: "Scripture hasn't failed them—they've failed Scripture."

A Place for Professionals

When adherents of the emotional-health gospel say that every human problem is spiritual at root, they are undeniably right. Just as Adam's fall in the garden was spiritual in nature, so in a very true sense the answer to every human problem—whether a broken leg or a burdened heart—is to be found in the redeeming work of Christ on the cross. The disease and corruption process set into motion by the Fall affected not only our physical bodies, but our emotions as well. We are just beginning to comprehend the many ways our bodies and minds have been affected by original sin and our fallen nature. Yet, the issue is not whether our emotional problems are spiritual or not—all are, at some level—but how best to treat people experiencing these problems.

Many followers of the emotional-health gospel make the point that the church is, or at least should be, the expert in spiritual counseling, and I agree. Appropriate spiritual counseling will resolve issues such as salvation, forgiveness, personal morality, God's will, the scriptural perspective on divorce, and more. It can also help some emotional difficulties. But many emotional or mental illnesses require more than a church support network can offer.

I know it sounds unscriptural to say that some individuals need more than the church can offer—but if my car needs the transmission replaced, do I expect the church to do it? Or if I break my leg, do I consult my pastor about it? For some reason, when it comes to emotional needs, we think the church should be able to meet them all. It can't, and it isn't supposed to. This is why the emotional-health gospel can do so much harm. People who need help are prevented from seeking it and often made to feel shame for having the problem.

Thankfully, more and more people in the Christian community are beginning to realize that some people need this extra help. If professionals and church leaders can recognize the value of each other's roles, we will make progress in helping the wounded. Forty percent of all individuals who need emotional help seek it first from the church, and some of these will need to be referred to mental-health professionals. Church leaders should get to know Christian therapists in their communities so they can knowledgeably refer people with persistent emotional problems.

Depressed Saints

Lurking beneath the stigma that many Christians with mental and emotional problems face is a simple question: Can a Spirit-filled Christian have emotional problems? The emotional-health gospel overlooks the record of the Bible itself and church history, just as health-and-wealth gospels must ignore the history of not-so-rich saints (not to speak of Jesus Himself).

The Reformer who penned "A Mighty Fortress Is Our God," Martin Luther, in 1527 wrote: "For more than a week I was close to the gates of death and hell. I trembled in all my

members. Christ was wholly lost." According to Luther's famous biographer, Roland Bainton, Luther found himself "subject to recurrent periods of exaltation and depression of spirit." Luther himself had written that "the content of the depressions was always the same, the loss of faith that God is good and that He is good to me."

The famous preacher Charles Spurgeon, who lit the fires of the nineteenth-century revival movement, struggled so severely with depression that he was forced to be absent from his pulpit for two to three months a year. In 1866 he told his congregation of his struggle: "I am the subject of depressions of spirit so fearful that I hope none of you ever get to such extremes of wretchedness as I go [through]." He explained that during these depressions, "Every mental and spiritual labor ... had to be carried on under protest of spirit."

In the Bible, we find that Moses, Elijah, Job, and Jeremiah suffered from depression, often to the point of being suicidal. Elijah's miraculous victory over the prophets of Baal in 1 Kings 18 is followed in the next chapter with Elijah despondent and trembling with fear: "And he was afraid and arose and ran for his life ... and sat down under a juniper tree; and he requested for himself that he might die" (1 Kings 19:3-4; all verses quoted from the NASB unless otherwise noted).

I've heard Elijah here described as being a coward or accused of having a grand old pity party. Such interpretations fail to see God's compassionate response to his cry: "And the angel of the Lord came again a second time and touched him and said, 'Arise, eat, because the journey is too great for you'" (19:7). Far from criticizing him, the Lord allows him to rest and twice sends an angel to feed him.

Job cried out in the midst of his suffering, "I cannot eat for sighing; my groans pour out like water. … My life flies by—day after hopeless day . …I hate my life. … For God has ground me down, and taken away my family. … But I search in vain. I seek Him here, I seek Him there, and cannot find Him. … My heart is broken. Depression haunts my days. My weary nights are filled with pain. … I cry to you, O God, but You don't answer me'" (Job 3:23-24; 7:6, 16; 16:7; 23:8; 30:16-17, 20, LB). Notice that even with his depression, the Bible says, "In all this Job did not sin" (1:22). Moreover, God reproves Job's friends for accusing Job of sin and for their "failure to speak rightly concerning my servant Job" (42:7-8).

So the answer to our question is a definite yes: Spirit-filled Christians can experience emotional problems.

Those who adhere to the emotional-health gospel often believe that negative emotions are in themselves sinful. We need to ask them how they account for the displays of Christ's emotions. In the Garden of Gethsemane, He "began to be very distressed and troubled. And He said to them, 'My soul is deeply grieved to the point of death'" (Mark 14:33-34). Jesus, in coming to earth, took upon Himself the form of a human with all its frailties, yet He did not sin.

Paul writes with affirmation, "And I was with you in weakness and in fear and in much trembling" (1 Cor. 2:3). Later he wrote, "We were afflicted on every side; conflicts without, fears within. But God, who comforts the depressed, comforted us by the coming of Titus" (2 Cor. 7:5-6).

Consider this thought experiment. Give me the most saintly person you know. If I were to administer certain medications

of the right dosage, such as amphetamine, thyroid hormone, or insulin, I could virtually guarantee that I could make this saint anxious with at least one of these agents. Would such chemically induced anxiety be explained as a spiritual sin? What if the person's own body had an abnormal amount of thyroid hormone or insulin and produced nervousness? I have seen patients in this precise predicament.

While the church should never condone willful sin, it must learn to accept that people within it may suffer from emotional symptoms that are not the result of personal unconfessed sin, as many proponents of the emotional-health gospel suggest. We must take seriously Paul's injunction to "encourage the fainthearted, help the weak, be patient with all men" (1 Thess. 5:14).

Calling Wounds Scatches

Which brings us to the heart of the problem with the emotional-health gospel. Followers of the emotional-health gospel often have a naïve understanding of the nature and cause of mental illness. Is mental illness always due to sin? Can people cure themselves by doing or thinking the right things? What role do chemicals and genetics play? What part can good, biblical counsel have in restoring people? How we answer these questions will dramatically skew how we deal with those suffering emotional problems.

It is tempting for people experiencing everyday stress and its accompanying anxiety or depression to think that those with severe emotional problems feel much the same as they do—only a little worse. After all, isn't depression merely feeling blue or down, and anxiety just plain worry or nervousness?

One minister writing on depression stated that he was "depressed" for several days after a property contract had failed. He wrote, "As a basic rule I never sympathize with depressed people. ... These people have already pitied themselves excessively, thus generating their depression. What they need is help, which comes by gently getting them to see that they are indulging in self-pity." From the experiences of the many patients I have observed, I strongly doubt this author has experienced or understood clinical depression.

Recent studies of more than 11,000 individuals found depression to be more physically and socially disabling than arthritis, diabetes, lung disease, chronic back problems, hypertension, and gastrointestinal illnesses. The only more disabling medical problem was advanced coronary heart disease. And the U.S. Department of Health and Human Services reports that individuals who have suffered both emotional illness and cancer report that their emotional illness caused them the greater pain.

Deep depression is not just self-pity. The level of anxiety of those with generalized anxiety and panic attacks is significant even during sleep. If you can imagine the anxiety of being on a hijacked airplane and seeing several copassengers shot, you can begin to grasp the level of anxiety some people suffer for days at a time. Even people with moderate clinical depression (dysthymia) feel pain on their best days.

From a research perspective, the emerging answer to what causes emotional illness involves three components: nature (one's biological, chemical, and genetic makeup), nurture (environment, circumstances, teachings), and personal choice (which can but does not necessarily

include sinful choices). Not uncommonly, the cause is a combination of all three of these.

While research into these matters is still in its infancy, some conclusions are already clear. Any paradigm that judges all mental illnesses to have the same cause (whether it be "sinful choices" or chemical imbalances) is too simplistic. We are a complicated and dynamic amalgam of body and spirit, nurture and nature. Any attempt to reduce our holism dishonors the Craftsman who made us.

Let me provide some examples of how these factors interact. More than a decade ago, I experienced a severe depression caused by an external event: a patient for whom I cared very much committed suicide. For over three months a devastating sense of doom kept me feeling desperate and hopeless. I forced myself to socialize, exercise, and think on positive things. I spent additional time in the Word and in prayer. But I couldn't shake the depression until I asked for the help of a colleague. A circumstance in life (nurture) had thrown me into a tailspin I couldn't handle any more than I could a car out of control. At the height of my depression, I am sure my brain chemistry was affected. Still, God chose to preserve me through talking with a colleague, which had the effect of restoring me emotionally and, theoretically, chemically.

While my depression had been triggered by an outside circumstance, Marty's* was the result of a physical cause. A popular Big Ten athlete and a committed Christian, he encountered his first major depression the year after college. While at times he experienced tremendous highs, other times it took incredible effort for Marty to get up in the mornings, go to work, play with his young children, or go to church.

He was afraid of discussing his problem with friends because he believed it was a symptom of sin. He prayed, struggled, asked God to forgive him, and looked for what God might be teaching him. The only answers he heard from conference speakers and church leaders were prayer and confession. He wondered if demons caused his affliction.

When his problem was diagnosed as a physical one—bipolar disorder—I started him on lithium. The results produced an emotional stability that has lasted to this day—12 years so far. He is very active in his church and is involved in discipling a number of young men. But because of the stigma, only his wife and I know of his condition or that he is taking medication.

A number of studies point to a genetic origin of bipolar disorder. They show that while close relatives and the second fraternal twin have a 15 percent probability of acquiring the disease, the second identical twin has a 75 percent chance of acquiring it.

While Marty's illness had an internal cause, it resulted in external behaviors. The same is true for the cure. Does the physical cause of his illness mean that he was not responsible for his behaviors? No. We all have to stand before God for what we have done. Yet independent of what one does, we know that a person with a bipolar disorder is helped by chemical therapy.

Pat* provides an example of the inadequacy of a rigid physical/spiritual distinction and of the interplay between nature, nurture, and personal choice. A vivacious 23-year-old secretary, she had been extremely healthy until her car blew a tire on a busy but unfamiliar Los Angeles street.

When she noticed the graffiti on the walls and people of another ethnic group who seemed to be watching her every move, she grew frightened. Subsequently, whenever she drove more than a few miles from home, dreadful panic attacks ensued. She feared, she said, she would "go Loony Tunes" or die. These attacks soon began to control her life, even when she was in "places that were perfectly safe." She also began to withdraw socially.

Her agoraphobia, as this kind of fear is called, had occurred in her family before. Her maternal grandmother and an aunt had experienced panic attacks, and her mother was afraid to ride elevators. As Pat sat in my office for her first appointment, she asked, "What is the cause of these attacks—physical or mental?"

"The answer is both," I told her, explaining that these factors cannot easily be separated. Studies show that 7 percent of the population develop panic attacks (with or without agoraphobia) during their lifetime, and 25 percent among those with close relatives with the problem. Which raises the question: Does agoraphobia run in families because of genes or environment?

In 1946, it was observed that patients with panic attacks often have an intolerance to heavy exercising. Researchers found that during exercise the body normally produces the chemical sodium lactate, but at higher levels in those who suffered from panic disorders. In 1967, Ferris Pitts injected sodium lactate intravenously into individuals prone to panic and found that the injection usually brought on attacks similar to the patient's worst attacks. The fact that individuals not subject to panic disorders in the first place did not develop attacks when given the sodium lactate

pointed to a chemical difference in the individuals who experienced the panic attacks.

A later study showed that if patients with panic attacks were given certain medications, such as an antidepressant or a benzodiazapine tranquilizer, they greatly decreased or prevented panic attacks from developing when the sodium lactate was later injected. These are the medications we now use to help individuals such as Pat.

Interestingly, doctors also discovered that telling their patients to relax in order to relieve their anxiety usually did not work. In fact, for six out of ten patients, trying to relax actually brought on a panic attack.

With this medical evidence, it is obvious that we cannot attribute such panic attacks to wrong thinking or choice alone; there are clear underlying biological and chemical factors. The latest research shows that in anxiety disorders, the nerve endings overfire and excite the brain with chemicals called catecholamines. Medications we use to treat anxiety help reduce this overfiring to a normal level.

So what caused Pat's panic disorder? Her history suggests a very strong genetic-biological vulnerability to develop panic attacks. The fact that her grandmother and mother often communicated their fears to Pat while she was growing up points to a developmental influence, as does her learned fear of neighborhoods painted with graffiti and populated with people of a different ethnicity. The threatening experience of being stuck on that unfamiliar street provided the environmental trigger that precipitated her first attack.

Besides nature and nurture, a third part of the equation—personal choice—must be factored in to understand her attacks fully. Her later avoidance behaviors (such as not driving far from home) decreased Pat's panic attacks for a time, but they also allowed her fear to fester and grow. Even after we talked about how avoidance can make panic worse, and I had encouraged her to take steps to counteract it, she had a hard time following through on the assignments. She also continued to feed her fears with the notion that she was going crazy. Such "catastrophizing" often leads to a debilitating fear of having panic attacks. Since agoraphobia increasingly incapacitated her, I recommended some medications that often help. To date she has refused them—another choice.

So are Pat's problems caused by sin? If her pastor tells her simply to trust in the Lord, to pray more, and to meditate more on Scripture (all of which is generally very good advice), have we really understood or helped Pat with her problems?

What the Wounded Need

An issue of Moody magazine several years ago addressed the debate over Christian counseling. A number of writers took a strong stand against it. But Joseph M. Stowell, president of Moody Bible Institute, offered the balanced view I am arguing for. He said, in part:

- There is often a need for well-trained counselors to lead the broken to healing.
- Does that mean the Scripture and the Spirit are not sufficient? No . ...

- While much that is taught and practiced in secular counseling is unbiblical, it is also true that there are many helpful insights to be gleaned from this field . ...
- We live in a season when life is increasingly complex and the fragility of precious souls is demonstrated by growing brokenness and complicated conflicts. We dare not waste their sorrow on the battlefield of careless counsel that violates biblical parameters or with simplistic, unqualified solutions that plunge them ultimately into deeper despair.
- What the emotionally wounded need is for the body of Christ to be a place of love, acceptance, encouragement, forgiveness, and compassion. They need a place where Christ is lifted high and God's Word is never compromised but also where there is openness to use all available methods of healing that are not contrary to His Word. This kind of environment will not only foster emotional growth, but it will make this healing effort a spiritual service pleasing to God.

Dwight L. Carlson, M.D., is the author of several books, including Why Do Christians Shoot Their Wounded? *(IVP), from which this article has been adapted. He lives with his wife in Torrance, California.*

This article first appeared in the **February 1998** *issue of* Christianity Today *magazine.*

Reflect

- *What was your response to the letter received by the author's daughter while she was hospitalized for leukemia? Do you see a correlation between that letter and telling a clinically depressed person to just trust God for healing?*

- *Dr. Carlson states that research has revealed that there are three components to emotional illness: nature, nurture and personal choice. What bearing do you believe Dr. Carlson's own experience with depression (brought on by nurture) has on his message? Does this make him more credible, or less credible, and why?*

- *Why do you believe some, even highly respected, biblically educated, Christians are so committed to the belief that there is no such thing as mental illness?*

- *How should the church deal with emotionally ill people? Is there value in Christian counseling that combines science with scripture?*

- *Dr. Carlson gives biblical and historical evidence of saints who suffered depression, yet were not rebuked by God. What is your sense of God's response to deep depression?*

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Prescription for Guilt

My friends think that as a Christian I shouldn't need to take antidepressants.

By Dr. Diane Mandt Langberg

Q: ***I take antidepressants for depression and anxiety. However, many of my Christian friends suggest I'm just "popping pills" to solve my problems. Why do believers make people feel guilty for taking medication for depression?***

A: Such reactions often are based on ignorance or misunderstanding. Many people don't understand what clinical depression is or how utterly debilitating it can be. They mistakenly think it's a case of "the blues," and that if you just prayed more and pushed yourself more, you'd be fine.

But depression can be an unremitting darkness that affects both mind and body. It can occur without any apparent precipitant and involves intense emotional anguish as well as a rash of physiological symptoms: poor appetite, weight loss, sleep disturbances (frequent midnight and early morning awakenings), loss of energy, and/or an inability to concentrate.

People not only don't understand what depression is, but they seem to assume that medication to treat something with an emotional component is wrong, except when a clear organic cause is discovered. But the mind/body connection is so complex that such black-and-white thinking leads to gross oversimplification.

When biological signs accompany the psychological aspects of depression, research has shown the most effective treatment is a combination of psychological and medical attention. God graciously has enabled people to discover medications that alleviate much human suffering, depression included.

At the same time, it's important to note that taking medication alone usually isn't effective. Other actions can aid in recovery. Someone with arthritis takes medication and follows an exercise regimen. Someone

who's depressed may not only require medication, but also a Christian counselor to help her work through any thoughts and feelings that feed the depression.

Remember, Scripture is kind to Christians suffering with depression. God's Word doesn't condemn it or indulge it, as evidenced in many of the Psalms. As you learn to work through your depression in a Christ-honoring way, use the Psalms as prayers.

Diane Mandt Langberg, Ph.D., is a licensed psychologist in private practice and an author.

Her answer to the reader's question first appeared in the September/October 2004 issue of Today's Christian Woman *magazine.*

Reflect

- *Dr. Langberg gives God the credit for "enabling people to discover medications that alleviate much human suffering, depression included." At this point in the study, do you believe that antidepressants are a viable treatment option?*
- *The doctor makes the point that medications alone usually aren't effective. Throughout her article, Dr. Langberg draws attention to the mind/body connection of depression. Have you experienced this connection in dealing with your circumstances? How?*

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Additional Resources

The Merck Manual of Children's Health (Simon & Schuster, 2006). This is the most comprehensive medical reference for health-related issues affecting children and adolescents. With contributions from more than forty internationally respected medical experts, this book contains information on choosing and talking to a health care practitioner, common problems in infants and very young children, bacterial and viral infections, mental health disorders and more.

7 Emotional Skills Every Child Needs by Pam Galbraith, Rachel Hoyer (Beacon Hill Press, 2003). Like all parents, you want to raise emotionally healthy children. But how do you accomplish it? Written from a godly perspective by a professional counselor and a teacher, this practical guide shows you how to instill the vital relationship and communication skills every child needs: respect for authority, delayed gratification, self-awareness, empathy, social awareness, motivation and persistence, and hope.

Stomping Out Depression by Neil T. Anderson and Dave Park (Gospel Light, 2001). Most new cases of depression develop between the ages of 15 and 18. It's not just an adult problem—about 4 percent of adolescents are experiencing symptoms right now. Best-selling authors Anderson and Park provide a biblical tool to help teens regain hope and discover that God's love can help them understand and overcome their depression.

Helping Your Struggling Teenager by Dr. Les Parrott (Zondervan, 2000). Depression, anger, eating disorders, peer pressure, homosexuality—helping teens deal with difficult issues can be a challenge. Dr. Parrott is here to give you the guidance you need! Providing proactive solutions for 36 painful problems today's teenagers face, he helps you identify the problem, discover its cause, and determine the kind of help your child requires.

Adolescents in Crisis: A Guidebook for Parents, Teachers, Ministers, & Counselors by G. Wade Rowatt Jr. (Westminster/John Knox, 2001). In a world where violence among young people is becoming increasingly prevalent, G. Wade Rowatt offers solid direction for solutions to many of the issues adolescents face, including sexual promiscuity, substance abuse, depression, and suicide, as well as their sometimes violent tendencies. This book integrates not only clinical research and experience, but biblical insights as well,

Teenage Girls: Exploring Issues Adolescent Girls Face and Strategies to Help Them by Ginny Olson (Zondervan, 2006). We know teen girls are more than "sugar and spice"—but what motivates them to behave the way they do? How does their culture affect their choices? And how can the church help? Here, counselors and veteran youth workers weigh in on issues including eating disorders, self-image, depression, family, addictions, sexuality, spirituality, friendships, and more.

Counseling Adolescent Girls by Patricia H. Davis (Augsburg/Fortress, 1996). Detailed sociological, psychological, and spiritual data about the conflicts and heartaches common among today's teenagers, including depression, eating disorders, premarital sex, and date rape, with sound advice on how concerned caregivers should respond. Especially helpful to parents, youth leaders, and pastors..

When Nothing Matters Anymore by Bev Cobain, Elizabeth Verdick, Jeff Tolbert (Free Spirit Publishing, 1998). On April 8, 1994, Kurt Cobain ended his long struggle with depression and chemical dependency by taking his own life. Bev Cobain is Kurt's cousin, and this powerful book is her way of dealing with his death and reaching out to teens. Full of solid information and straight talk, defines and explains adolescent depression, reveals how common it is, describes the symptoms, and spreads the good news that depression is treatable. Personal stories, photos, and poetry from teens dealing with depression speak directly to readers' feelings, concerns, and experiences.

Biblical Stories for Psychotherapy and Counseling: A Sourcebook by Matthew B. Schwartz (The Haworth Press, 2003). Integrate biblical spirituality into psychotherapy and examine centuries-old answers to modern psychological questions. Biblical Stories for Psychotherapy and Counseling: A Sourcebook organizes the age-old wisdom of the Bible, with episodes that can shed light on specific psychological issues. From the familiar to the obscure, these stories can help us better understand self-esteem, loyalty and obligations, decision making, temptation, anger, morality, various disorders, family dynamics, support systems, developmental issues, recovery issues, aging, suicidal behavior, and more.