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The Big Taboo

Facing Off with Depression, Anxiety Attacks,
and other Biochemical Illnesses



The Big Taboo

Facing Off with Depression, Anxiety Attacks, and other Biochemical Illnesses

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Introduction

On the Lookout

By Kelli B. Trujillo

We were all so excited for "Leah's" visit to the office with her new baby. She'd been on maternity leave for four weeks and was coming by at lunch so we could *ooh* and *aah* at her new bundle of joy.

But when I saw Leah, I quickly realized joy was the farthest thing from her experience.

"I'm so happy to see you," I whispered as we hugged. When I stepped back, I saw tears in her eyes—and they weren't tears of happiness.

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"What's wrong?" I asked.

"This is so much harder than I thought it would be," she told me. "It's so, so hard."

Leah wasn't just tired from pulling an all-nighter with her baby. She was suffering from postpartum depression.

I saw Leah again a few weeks later. She'd met with her doctor and was now on medication, she confided. It was helping a little, but she still cried all the time. She asked me not to tell anyone—she felt like she'd be judged by other Christians, especially for taking medication.

Leah's struggle helped me begin to see depression for what it is: an extremely serious issue, often with biochemical components, that's a lot more than just feeling down. And sadly, as Leah experienced, talking openly about the problem often feels taboo.

But the reality is that one in four women, both Christians and non-Christians alike, will suffer through clinical depression at some point in her life; many others struggle with other biochemical problems like anxiety attacks, bipolar disorder, or extreme PMS. Whether you realize it or not, you'll encounter women suffering from depression or similar mental and emotional illnesses in your family, in your Bible study group, or even in your mirror. These are complex problems that touch a woman's emotions, physical well-being, relationships, and even her spiritual life.

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So how are we to care for those who are depressed or paralyzed by anxiety? What are we to do if we find ourselves in a face-off with a serious emotional problem? Is it okay to take antidepressants or anti-anxiety medication? How can faith survive this type of challenge?

The articles on the following pages explore these and many other questions. There aren't easy answers to these complex problems, so you won't find any pat answers here—but you will find personal insights from women who've gone through depression and come out the other side. You'll find wisdom from Christian counselors. And you'll discover the hope Scripture offers in its honest portrayal of the reality of human suffering.

It's been several years since my friend Leah's bout with postpartum depression. It wasn't a quick fight—she was on antidepressants for nearly two years and is still being closely monitored by her doctor. But she made it through—and is back to her bubbly-old self. But one thing's different about Leah: she's now on the lookout for other Christian women who are struggling with this same, often secret, problem. Whenever she congratulates a pregnant friend, she always pulls them aside for a quick hug and tells them very briefly about her own struggle with postpartum depression so that they'll be aware in case it strikes—and, more importantly, so that they'll feel okay about reaching out for help.

Somehow there's power in the stories of others—in authentic honesty about what depression or anxiety attacks can feel like and how God can help someone

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through. My hope is that you'll find insight and solace in the following pages from those who've been there and who have the courage to talk about their struggles—and that you, like Leah, will live on the lookout for others you can help and encourage.

Grace,

Kelli B. Trujillo

Managing Editor, TODAY'S CHRISTIAN WOMAN downloads,
Christianity Today International



Leader's Guide

How to use “The Big Taboo” for a group study

“The Big Taboo” can be used for individual or group study. If you intend to lead a group study, 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 “Reflect” questions, 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. End the session in prayer.**



Making Peace with My Emotions

It took months of crying spells for me to realize I was depressed.

By Nancy Stevens

Eight months ago I sat in my office, tears gathering in my eyes. "Not again," I said aloud to myself. "Not here." I blinked back the wetness in my eyes and tried to focus on my computer project. No luck. More tears. With a deep breath I headed for the ladies room, trying to keep my composure until I was safe within the privacy of a stall. Once inside I let the tears spill, dabbing them carefully with toilet paper. Sadness welled up from deep inside, snuffing out my normally upbeat personality. *Why can't I keep my emotions under control?* I wondered in frustration and embarrassment.

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This scenario had become all too familiar in the last several months. I'd be enjoying a perfectly fine day only to be unexpectedly overtaken by sadness or hopelessness. Some days I even awoke feeling sad. These emotions usually overwhelmed me when I was alone—in my car, in my office, in my bed as I tried to fall asleep. While I'd always been an emotional person, this was different. I couldn't find any apparent cause for these emotions—which only made me feel worse. After all, I had a good job, dear friends, a nice apartment, a wonderful church. Nothing seemed wrong. Why was I crying so frequently?

When the crying first started, I tried some practical remedies. I drove around in the sunshine during my lunch hour, listening to fun '50s music or uplifting Christian songs. When I read dehydration could lead to sluggishness, I began drinking more water. I tried to eat balanced meals when I learned certain vitamin or protein deficiencies could affect moods. And I cried out to God to restore my usual joy in life. Yet no matter what I tried, my sadness persisted.

Finally, when I explained my chronic sadness to my mother over the phone, Mom begged me to do whatever I needed to do to get better.

I made an appointment with a Christian counselor I'd seen a few years back to help me with a strained relationship. As I sat on my counselor's couch, I revealed how I'd leave the office under the auspices of running errands only to drive around crying through my lunch hour. Sure, there was stress at work. Sure, there were days when being single was a drag. Sure, we were having a dreary spring. But I'd never responded to these kinds of stressors this way before.

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When my counselor first mentioned the word *depression*, it sounded so serious. Wasn't that something people who were alcoholic or suicidal suffered from? I wasn't *that* bad off! But I had to admit, some of its symptoms fit: hopelessness, crying, feeling emotionally empty and lonely.

My counselor explained that sometimes depression is caused by circumstances, such as the death of a loved one, and sometimes it's the result of a chemical imbalance, usually low serotonin levels. Since she'd worked with me in the recent past and figured out through the course of our conversation that there seemed to be no other extenuating circumstances, she suggested we treat the problem medically. She assured me it sounded like a mild case of depression and suggested an herbal over-the-counter antidepressant, St. John's Wort, which I could buy at the local health food store. I'd need to take it for at least a month to see if it worked. Since the pills had few side effects, I figured I had nothing to lose—except, hopefully, my depression.

I continued to pray, chat with close friends and family members about the problem, care for myself, and meet with my counselor. Several months later, I felt a bit better, but not much. I flew to visit my family one weekend and felt the nagging sadness even in the comfort of home. As we sat in the airport chatting before my plane was to take off, big tears rolled down my face. Strangers noticed me crying, but I didn't care. This wasn't sadness to leave, this was really—I began to admit to myself—*depression*. My wall of denial came down as I realized

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my counselor was right. I dried my face with a Burger King napkin as my parents stared at me in anguished helplessness. "Promise us you'll see about getting more help," my mom said before I left. I did.

At my next appointment with my counselor, I mentioned my crying spell in the airport and my continued feelings of depression. She suggested a prescription antidepressant, such as Prozac, about which I'd need to speak to my medical doctor. I made an appointment that week.

When I told my nurse I was visiting the doctor to see about being put on a prescription antidepressant, my face grew red and hot. The nurse scribbled something on my chart, smiled at me, and told me my doctor would be right in. As she left the room, tears welled up in my eyes. It was embarrassing to admit this aloud to someone, even a health-care professional. I took a few deep breaths, prayed for strength to explain myself clearly without "losing it," and blinked back my tears. After a brief conversation with my doctor in which she suggested a blood test to rule out any other medical problems, I walked out of her office with a prescription for Prozac.

I put away the remainder of my St. John's Wort and began taking the small two-colored pills. In my weak emotional state, I couldn't seem to get beyond praying, "Help me, God!" While I knew God loved me, that he—the Great Physician—knew what was wrong with me and could heal me emotionally, God still felt far away and painfully silent.

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Slowly, however, as the days went by, I began recognizing his fingerprints. Didn't I have a supportive family? A trusted Christian counselor? And as I shopped, chatted, and lazed in the sun with a close friend while on vacation in California, I felt my joy returning. My trip was truly a gift from God—but I feared returning to my normal routine. With more prayers and a sad goodbye, I headed back home.

I returned to my normal routine by strategically propping up photos of sandy beaches and lush rolling hills around my bedroom and office to cheer me on. I trudged back to work, volunteer meetings, the gym—and slowly realized I was feeling better. About three weeks after I'd returned from vacation, it dawned on me I was back to my old self—happy and hopeful. The Prozac was working! No more tears, no more sadness, no more emotional lethargy.

But I continued to pamper myself a little, realizing I may have been running myself ragged with a too-full schedule. I dropped a few things out of my schedule and moved my target bedtime up an hour. On sunny days I made sure to go outside and enjoy the scenery, even if it was just for a stroll or a peek at my friend's garden. I read for pleasure and became more faithful to do my morning quiet time. I realized how easy it had been for me to care for others over the years and how little time I'd invested in caring for myself—a detrimental mistake. Now, I treat each joyful day as a gift and fully relish God's blessings.

CAUSES OF DEPRESSION

There are many different triggers that can cause depression; for women, hormonal changes can play a significant role. Look at the **Additional Resources** section at the end of this download for articles about postpartum depression (“baby blues”) and the emotional effects of menopause.

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I'm still new at this depression stuff, and I don't know what the future holds. But I intend to keep praying, leaning on trusted friends, and savoring the good days. I'm more honest with people now, sharing my mistakes and flaws, letting others see the "real me." I've learned being a godly woman isn't about perfection, but about knowing my strengths and weaknesses and entrusting them all to God. I find myself telling more friends about my Christian counseling and mild depression. As I share, I'm amazed at how many women reveal they've been struggling with this problem in silence. These are the people with whom I hope I'm candid. Maybe together—with honesty and God's help—we can find a whole new brand of joy.

Nancy Stevens, a publicity coordinator, lives in Illinois. This article was first published in the March/April 1999 issue of TODAY'S CHRISTIAN WOMAN.

Reflect

- *Have you ever been in the position of Nancy's mom, watching a loved one go through depression? Without revealing private details, what did you observe in your loved one's life? How did you respond? What was most difficult about watching a loved one face off with depression?*
- *Whether or not you've had clinical depression, we've all had times when our emotions have felt out of control. Which aspect of Nancy's story could you most relate to? Why?*



I Was Panic-Stricken

After years of struggling with anxiety attacks, I finally found peace.

My heart raced out of control, while the air around me suddenly disappeared. On wobbly legs, I made my way out of bed when the nausea hit from behind. Terror engulfed me, and I crumpled to the floor. It was happening again.

I heard my husband, John, rousing from sleep across the room in the darkness and soon felt a strong hand on my back. His voice was strained as he asked me a question he already knew the answer to. "Are you having another panic attack?"

My breath came in uneven spurts as I buried my head in my hands and wept.

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Although I was raised in a strong Christian home, my family had its share of ups and downs, especially while my siblings and I were teens. But as "good" Christians, we could smile and act joyous through any occasion—despite any inner turmoil or discouragement. Yet some nights I'd hear my mother cry from behind closed doors while my father gently tried to console her. Any chaos in our family frightened me, but I didn't want to burden my parents with my own fears and worries, so slowly I began to take on the role of a comforter and nurturer, the "sunshine" of our family who cheered everyone up. The few times I became angry or upset, I felt I'd betrayed myself as well as those around me. It didn't feel "good" or "right."

I began dating John in high school. We married after we graduated and went to Bible college together to prepare for full-time ministry. We loved each other but had to work hard to keep afloat financially. John became discouraged with the load he was carrying academically and financially, but when he shared his frustration with me, I felt I had to be strong and focus on "making life better." I didn't want to add to his stress and cause more pain by admitting my own fears.

Soon our two children were born, one during graduate school. John worked feverishly, studied, and sent out resumes, while I was home alone with our children. I heard many sermons during this time on being a "joyful Christian." It seemed in the Christian subculture that sadness, fear, anxiety, and confusion were not topics of conversation.

Eventually we took a position in a church and relocated. Not long after we moved, the panic attacks began. Out of the blue, feelings of utter terror would invade my body. I'd feel

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a crushing weight on my chest and become weak, nauseous, and faint. Dizziness and disorientation gripped me so severely I felt at any moment I would die. Eventually, it became so bad that I couldn't drive a car or go into a grocery store without having a panic attack. I became convinced I had some sort of physical problem and as soon as it was treated, it would go away.

One afternoon, after scanning my chart and looking through medical test results, my physician told me I had a benign heart condition called "mitral valve prolapse," a slight variation in the shape of the mitral valve that could cause symptoms of shortness of breath, palpitations, racing heart, weakness, fatigue. He informed me that many people diagnosed with MVP also report panic attacks. *Finally!* I thought. *I knew they would find something!* But he wasn't finished.

"You have another problem," he said gently. "I believe this problem manifested itself because of some psychological problems. I want you to see a psychiatrist." He wrote me a prescription for an anti-anxiety medication.

I left the office that day feeling disgusted beyond words with my emotional "weakness." *I don't have any stress*, I told myself, *and what stress I do have I handle better than many others!* I cried out to God, but he seemed distant.

I sank into depression. Well-meaning friends told me, "Pray harder, get yourself together, and stop this!" I went months without sleep, proper food intake, or an ounce of strength to fake a smile. I sat in a chair all day with curtains drawn. I didn't have the energy to talk, eat, or take a shower. With

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a degree in counseling, John tried to help me, but I could sense his frustration, along with the frustration of friends, family, and other pastors' wives.

One afternoon John called a therapist he trusted and made an appointment for me. During my first session, I cried for the entire hour, unable to answer one question. The next few weeks weren't much better, but I continued taking medication to curb the anxiety and help me sleep. Slowly in our sessions together we began to unravel the tightly woven ball of my emotions. All those years of acting "together" had taken their toll. I had tried to be the "fixer" in every situation because then I would feel loved and accepted. If I maintained my never-ending smile, I could be viewed as together, strong, competent.

After one particularly tearful session, I started facing my longings and pain. I began to read God's Word with new interest and curiosity and learned things about him that changed the way I thought and felt. I read about the relationships God had with sinful men and women just like me, and how he cared for them and desired them despite their weaknesses. God also gave me a wonderful friend in my aunt, who had experienced many of the same things I had at my age. I began to see God never expected or intended that I had to be "strong" and "together" all the time.

I remember the turning point out of the depression and anxiety like it was yesterday. I was driving home one afternoon following a session with my counselor, feeling so overwhelmed at the reality of my situation and utterly hopeless. I cried out to God, "I can't do this alone, it's too

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hard. If you're really there, then show me, and I will trust you!" In the stillness God's answer was clear: "Trust me first—then I will show you." And he did.

I've made many changes since that day, and I feel like I've climbed a mountain. It began with little steps of faith, like counting on God to be there for me when I felt out of control. As a pastor's wife I've had to learn to deal with the demands and desires of the congregation. For the first time I started to think more about pleasing God with my actions than others. Accepting this fact helped me to begin to say "no" if I felt I did not want to do something (a genuine relief eventually) and speak up when I felt upset, angry, hurt, or scared. When I did have a panic attack, I began to face it head-on, allowing the feelings to come, reassuring myself that even though my body was telling me to "panic," I didn't have to cooperate. Eventually the gripping fear of having an attack diminished.

The biggest change for me has been in my relationship with my husband. While it was difficult for me at first, I began to share my desires, thoughts, and fears with him. It's become a great tool in promoting more open, honest communication between us. And I began to back away from situations I wanted to "fix," admitting that I didn't need to take this role to be accepted and loved.

I still must choose daily not to be a people pleaser and have to be reminded sometimes not to "mend moods." I'm learning what it means to encourage and help without having to feel responsible for the way everything goes or be dependent on others' views of me.

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I do occasionally struggle with panic attacks during or after periods of stress (though to a much lesser degree), just as others suffer from migraines, high blood pressure, ulcers, and many other physical manifestations of stress. But I thank God for wise Christian therapists who helped me. And I've found great joy in sharing my struggles—and my hope in Christ—with others. I now know I'm not sufficient to handle my world, but I'm glad to know God is.

Lori Mangrum is a freelance writer who lives with her family in Indiana. This article was first published in the September/October 1997 issue of TODAY'S CHRISTIAN WOMAN.

Reflect

- *Is worry a sin? What do you think passages like **Matthew 6:25–45** and **Philippians 4:6–7** mean in regard to worry and anxiety? What don't they mean?*
- *Many Christians who suffer from anxiety disorders keep their struggle a secret because they fear being misunderstood by other Christians who may urge them to just pray more or trust God and stop worrying so much. What role do you think trusting God and prayer play in battling anxiety? How might your answer be different in regard to diagnosed problems like panic attacks?*



The Depression Epidemic

Why we're more down than ever—and the crucial role churches play in healing.

By Dan G. Blazer

The church is God's hospital. It has always been full of people on the mend. Jesus himself made a point of inviting the lame, the blind, and the possessed to be healed and to accompany him in his ministry, an invitation often spurned by those who thought they were fine as is. We should not be surprised, then, that the depressed populate not only secular hospitals and clinics, but our churches as well. Yet depression remains both familiar and mysterious to pastors and lay church leaders, not to mention to those who share a pew with depressed persons.

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Virtually everyone has experienced a "down" day, often for no clear reason. We might say we "woke up on the wrong side of the bed," are "out of sorts," or just "in a funk." Such polite references are commonplace in America. Yet as familiar as melancholic periods are to us, the depths of a severe depression remain a mystery. We may grasp in part the distress of King David: "Be merciful to me, O Lord, for I am in distress; my eyes grow weak with sorrow, my soul and my body with grief. My life is consumed by anguish and my years by groaning; my strength fails because of my affliction, and my bones grow weak" (Ps. 31:9–10). But most of us have no idea what David meant when he further lamented, "I am forgotten by them as though I were dead" (v.12). Severe depression is often beyond description. And when such deep and painful feelings cannot be explained, they cut to the heart of one's spiritual being.

What is depression?

First we need to clarify what we are talking about. In order to distinguish severe or "major depression" from everyday blues, the American Psychiatric Association offers the following diagnostic criteria:

Major depression is diagnosed when an adult exhibits one or both of two core symptoms (depressed mood and lack of interest), along with four or more of the following symptoms, for at least two weeks: feelings of worthlessness or inappropriate guilt; diminished ability to concentrate or make decisions; fatigue; psychomotor agitation (cannot sit still) or retardation (just sitting around); insomnia or hypersomnia (sleeping too much); significant decrease or increase in weight or appetite; and recurrent thoughts of death or suicidal ideation.

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This clinical definition is sterile, however, and fails to capture the unique quality of the severely depressed person's suffering.

Deep depression is *embodied emotional suffering*. It is not simply a state of mind or a negative view of life but something that affects our physical being as well. Signs of a severe episode of depression include unfounded negative evaluations of friends, family, and oneself; emotional pain; physical problems such as lethargy; difficulty getting one's thoughts together; and virtually no interest in one's surroundings.

How big is the problem?

However we choose to define depression, both its frequency and its disruption of normal life are staggering. The World Health Organization named depression the second most common cause of disability worldwide after cardiovascular disease, and it is expected to become number one in the next ten years. In the United States, 5 to 10 percent of adults currently experience the symptoms of major depression (as previously defined), and up to 25 percent meet the diagnostic criteria during their lifetime, making it one of the most common conditions treated by primary care physicians. At any given time, around 15 percent of American adults are taking antidepressant medications.

Studies of religious groups, from Orthodox Jews to evangelical Christians, reveal no evidence that the frequency of depression varies across religious groups or between those who attend religious services and those who do not. So in a typical congregation of 200 adults, 50

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attendees will experience depression at some point, and at least 30 are currently taking antidepressants.

How do we explain these numbers? In part, they result from a two-pronged shift in cultural attitudes about depression. Groups such as the National Alliance on Mental Illness and pharmaceutical companies have aggressively promoted the view that depression is not a character flaw but a biological problem (a disease) in need of a biological solution (a drug). The efforts to medicalize depression have helped to remove the stigma attached to it and convince the public that it's not something to hide. Consequently, depression has come out of the closet.

Some critics argue that along with the disease view of depression comes a lowered diagnostic threshold. Professors Allan Horwitz and Jerome Wakefield argue in *The Loss of Sadness* (Oxford, 2007) that psychiatrists no longer provide room for their clients' sadness or life's usual ups and downs, labeling even normal mood fluctuations "depression." Critics like Horwitz and Wakefield are half right. It is true that the mental health community has lowered the threshold for recognizing depression. Although the numbers may be inflated, we nevertheless have a substantial, documented increase to try to explain.

Shrunkened humanity

Redefining depression broadly as a disease has some untoward consequences. This model rightly acknowledges the biological aspect of human nature and how it can become disordered. But it fails to consider other dimensions at play. For example, the disease model ignores social environments as possible contributors to depression,

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viewing depressed persons as isolated individuals with a strong boundary between their bodies and everything outside. Depressed persons are reduced to broken bodies and brains that need fixing.

Browse any major psychiatric journal and you will read that our genes are the first cause of depression. Given certain environmental challenges, depression emerges. This is true, but it does not go far enough. Most have heard that depression can be caused by a chemical imbalance (such as a deficit in serotonin). Though the biological aspect of depression is more complex than a simple chemical imbalance, depression is nonetheless associated with poor regulation of the chemical messengers in our brains. This is why certain medications can relieve symptoms of moderate to severe depression. But this is not a new biological development; our bodies have not changed significantly over the past 100 years.

We also know that distorted thoughts contribute to depression. Those who are depressed do not evaluate themselves accurately (i.e., *I am not as good as others*). They fear that their selves are disintegrating (i.e., *I am falling apart*). They depreciate their value to others (i.e., *I am of very little benefit to my family*). And they believe they do not have control over their bodies (i.e., *I just cannot make myself eat*). Aaron Beck, the father of the most popular psychotherapy today, cognitive behavioral therapy (CBT), proposes that depression derives in large part from these cognitive distortions. Depression is relieved by bringing the distorted views more in line with reality. Evidence supports Beck's contention, though not in all cases.

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But cognitive behavioral therapies have been criticized for focusing on the person as such and ignoring the context of the person within society. To put it simply, cognitive therapy tends to reinforce the social norm, focusing almost exclusively on assisting the individual to adapt to the environment.

Things fall apart

"Life's tough," said one of my professors of medicine, and I knew what he meant. A young intern, I was seeking empathy after surviving a night on call without a wink of sleep. I had forgotten to look up a reference he had recommended the day before. He wanted the reference, not an excuse. But life was busy, chaotic, and demanding, and I was having trouble holding everything together.

Everyday life in 21st-century American society can be tough. The constant pressure of negotiating increasingly complex and sometimes harsh social realities takes a toll. Depression is in part a withdrawal by the weary into an inner world, an attempt to create a protective cocoon against real-world demands. Whatever personal factors contribute to an individual's depression, the broader epidemic suggests that living in disordered social conditions makes things worse.

But when compared with preceding generations of Americans, we are, on the whole, healthier, safer, better off financially, and more educated. So where is the disorder?

The truth is, these barometers don't tell the whole story. In the workplace, many of us sit in comfortable surroundings compared with those of our ancestors, who fought cold,

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wind, and rain. Yet we feel as much uncertainty as they did and much less control over our work. Our jobs are not secure, and due to specialization, many of us do not have the flexibility to move easily and quickly from one job to another. We work long hours, often with a sense of being "behind," and do not recognize boundaries between work and non-work. (Is the office Christmas party work or recreation?) We compare ourselves with other colleagues when comparisons are fruitless, or find ourselves being compared unfairly. When we come up short, we feel the burden of unrealistic expectations we have placed on ourselves or have received from others. We are given responsibilities with little authority and even fewer resources, and feel we have no control over job expectations or even how we use our work time. Many of us are subject to sometimes dehumanizing corporate or economic systems not of our own making and seemingly beyond our influence. We feel small, insignificant, and expendable.

Some Americans find their everyday reality so tough that they try to escape it via substance abuse, sexual promiscuity, petty theft, or embezzlement. Consider substance abuse. Nearly 15 percent of Americans will struggle with alcoholism in their lifetimes, and over 10 million Americans are actively using illicit substances. Among those who are dependent on opiates such as heroin or prescription pain relievers, depression rates may be as high as 50 percent. Though depression can lead to increased substance use, the much more common path is for substance use, often begun as an escape from the pressures of life, to lead to serious episodes of depression. At that point a vicious cycle ensues, as depression leads to increased substance use, and substance use to worsening depression.

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While most of us have daily contact with many people, our generation is nevertheless a lonely crowd. In his classic *Bowling Alone*, sociologist Robert Putman suggests that America's stock of "social capital"—networks among individuals and the reciprocity and trustworthiness that arise from them—has declined substantially over the past few decades. We are less likely to vote, give blood, play cards, join in league bowling, or have friends or neighbors over for dinner. Perhaps some of these opportunities to build social networks have been replaced with others, such as soccer games or Facebook. Yet we are increasingly disconnected from family, neighbors, and friends.

Finally, no symptom is more central to depression than the loss of hope. Fear of catastrophe—due to terrorists, financial collapse, or ecological disaster—haunts our times. Some busy themselves with survival strategies, withdrawing from communal concerns to personal preoccupations. Many more, uncertain about the future, anxiously gorge themselves on our culture's smorgasbord of instantly gratifying diversions.

Opportunity for the church

Uncertainty, insignificance, and powerlessness. Destructive, self-indulgent escape. Loneliness and isolation. Fear and distrust. Loss of hope. Retreat. Although hasty and incomplete, this sketch of the early-21st-century American cultural mood picks up dark details masked by indices of societal well-being. It also reminds us that to focus exclusively on the individual in our efforts to understand the depression epidemic is to miss the forest for the trees.

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When used wisely, antidepressants and cognitive behavioral therapy can restore stability to individuals so that they can better negotiate everyday challenges. For those in the thick of paralyzing depression, the effects of medicine and CBT might even prompt gratitude for common grace. And they should give thanks. Yet neither of these approaches provides much help in understanding or addressing the more fundamental and intractable problems of which the depression epidemic is a symptom. These approaches provide needed relief, but not answers or prevention.

The medical models come up short because they can only go as far as their understanding of the subject of the problem will take them. And both slight their subject: human beings. Cultural institutions and authorities may sometimes treat human beings as if we are nothing but brains in bodies, but this does not make it so. For those with eyes to see, the depression epidemic is in part a witness to the complexity of human nature. In particular, it reminds us that we are social and spiritual (as well as physical) creatures, and that a fallen society's afflictions are often inscribed on the bodies of its members. We have misjudged humanity if we expect our bodies to be impervious to social travail. ("And being in anguish, he prayed more earnestly, and his sweat was like drops of blood falling to the ground," Luke 22:44.)

In fact, sometimes an episode of what looks like depression does not indicate that the human organism is malfunctioning, but is instead being true to her spiritual-social-physical nature. Embodied emotional pain can be an

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appropriate response to suffering in a world gone wrong. The author of Lamentations must have felt such pain as he gazed upon the destruction of Jerusalem around 588 B.C. "My eyes fail from weeping, I am in torment within, my heart is poured out on the ground because my people are destroyed, because children and infants faint in the streets of the city" (Lam. 2:11). Christians are called to weep with those who weep, and should welcome emotional pain that results from empathy and draws us alongside the afflicted. If we have grown numb to the pain and suffering around us, we have lost our humanity.

Christian teaching about sin and its reverberating effects frees the church from surprise about the disordered state of human affairs. We can acknowledge the effects of sin both within and without. We can look at wrecked reality squarely in the eye and call it what it is.

And thanks be to God, who raised the One who entered fully into our condition, breaking the power of sin, death, and hell, that we not only can name wrecked reality, but also lean into it on the promise that Christ is making all things new.

Those who bear the marks of despair on their bodies need a community that bears the world's only sure hope in its body. They need communities that rehearse this hope again and again and delight in their shared foretaste of God's promised world to come. They need to see that this great promise, secured by Christ's resurrection, compels us to work amidst the wreckage in hope. In so doing, the church provides her depressed members with a plausible hope and

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a tangible reminder of the message they most need to hear: This sin-riddled reality does not have the last word. Christ as embodied in his church is the last word.

*Dan G. Blazer is J. P. Gibbons Professor of Psychiatry and Behavioral Sciences at Duke University Medical Center and author of *The Age of Melancholy* (Routledge, 2005). This is an abridged version of "The Depression Epidemic." The full article was published in the March 2009 issue of CHRISTIANITY TODAY and can be accessed online at <http://www.christianitytoday.com/ct/2009/march/15.22.html>.*

Reflect

- *According to the article, 1 in 4 people will experience depression at some point in their life and 15 percent of the population is currently taking antidepressants. Do these statistics surprise you? Why or why not?*
- *The author points out that these statistics are no different within the church. Does that surprise you? Would you have expected Christians to struggle with depression less than the population at large? Explain.*
- *Several Scriptures portray deeply painful feelings of discouragement, darkness, or loneliness. Read these examples: **Psalm 31:9–12** and **Psalm 88**. Which words or phrases stand out to you most from these passages? What do you think the presence of passages like these in Scripture says about depression and the human experience?*
- *Reflect on Jesus' deep pain in **Luke 22:39–44**; why does it matter to you that Jesus experienced intense emotional suffering?*



The Gospel According to Prozac

Can a pill do what the Holy Spirit could not?

By Clark E. Barshinger, Lojan E. Larowe, and Andres Tapia

Elise Walters, a devout Christian, woke up every morning with one thought: "I want to die." Despite repeated prayers and counseling with standard spiritualizing remedies to "willpower" her way to wellness, Walters agonized every day with depression. (For reasons of confidentiality, the names of some people on antidepressants have been changed.)

Don Timons, a top executive in an evangelical organization, had a reputation for a bad temper that led to lashing out at coworkers. For Timons, a decade-long depression expressed itself in anger he felt unable to control. Repeated confessions of repentance for his inappropriate outbursts accompanied repeated pleas to God for help with his rage—to no avail.

Until Prozac.

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Three weeks after having been prescribed the antidepressant Prozac, Timons felt an underlying change that mushroomed into a transformation "akin to how I felt during my conversion experience." Not only did the depression lift, so did the uncontrollable anger.

Walters had a similar experience. A few weeks after taking Prozac, she says, "I felt like living again. And I began to experience God like I never had before."

Can it be that a pill can do what the Holy Spirit or human will could not? Why is it that a drug influencing the levels of a certain neurotransmitter can have such dramatic results in people when prayer and good intentions seem to have been inadequate?

These questions naturally lead to another: Can a pill bring us closer to God? Carlos Ramirez believes so. Diagnosed earlier this year with depression, Ramirez has been on Prozac for eight months. "It totally revolutionized my relationship with God. For years I had pleaded with God to change me. My depression was having a destructive effect on my marriage and on my ability to trust God. I can say now not only is my marriage more stable, but I feel closer to God than I ever have."

Prozac was introduced to the world in 1988 and has since raised obvious questions about depression and the unregulated use of antidepressants.

Are Prozac and similar antidepressants potentially a shortcut for people to feel good without the character-forming discipline of faith and religious belief?

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Prozac's popularity is due to its remarkable success in curing clinically depressed patients. Prozac and its fraternal drugs, Zoloft and Paxil, use a fluoxetine compound that helps the body increase its levels of serotonin. Serotonin is the neurotransmitter that has been linked with feelings of well-being. Depressed individuals typically have low levels of serotonin available to their brain cells because of its rapid absorption by other cells throughout the body.

Although earlier antidepressants have been as effective as Prozac in treating depression, Prozac has comparatively milder and fewer side effects. Sixty to 80 percent of clinically depressed patients benefit from Prozac or similar antidepressants.

Should Christians use Prozac?

Prozac's dramatic effect on people's lives raises a key question for many Christians: What is sin and what is biology?

Are individuals biochemically determined, or are they able to accept the ethical responsibility for their behavior?

The answer to this question defines our basic concepts of sin, personality, soul, redemption, prayer, and suffering. Consider the man described in psychiatrist Peter Kramer's book *Listening to Prozac*. The patient was clinically depressed and addicted to pornography. Once on Prozac, not only did the depression lift, he also lost interest in ogling pictures of naked women. Prozac does not only help lift depression, but, as a result, it often helps people have better control of their behavior.

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Kramer also documents how some of his patients became gregarious, better lovers, and more successful at climbing the corporate ladder. "Prozac seems to give social confidence to the habitually timid," he writes, "to make the sensitive brash [and] to lend the introvert the social skills of a salesman." In fact, one of Kramer's patients even describes himself as "better than well."

These powerful potential benefits actually make many Christians suspicious of the drug. Some fear that Prozac will make them less human or less sincerely Christian, and thereby out of God's will for their lives.

Others worry that Prozac might lead them to do something wildly uncharacteristic, like becoming violent or committing some criminal act.

Ultimately, the primary concern for Christians is not what Prozac will do to them but the whole idea of relying on a miracle drug for emotional and psychological well-being rather than on the God of miracles.

Most Christian practitioners do not have a problem with using Prozac to treat severe depression. David Wolfe, a Christian philosopher who pastors a small community church in rural New England, has helped his parishioners think through the issues Prozac raises. He counsels that it is no more shameful or weak to accept psychoactive medication to attain a return to mental health than it is to do so for physical problems such as ulcers. "God loves us and wants us to function optimally as persons so we will be better equipped to do his will," he says.

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Archibald Hart, dean of the School of Psychology at Fuller Theological Seminary, agrees: "The human discovery of God's creation is what science is all about. For example, God has created substances from which we make anesthetics. This is a wonderful gift from God. As is Prozac."

Ted Lorenc, a Catholic family practitioner, believes Prozac should be viewed as spiritually neutral at worst and as an aid to spirituality at best. "I don't see it as a threat to Christian spirituality," he says. "If someone has 'innate spirituality,' Prozac will not replace that genuine relationship with God. If, on the other hand, depression is repressing that spirituality, Prozac may help lift part of that block."

Dangers and doubts

Christians, however, also agree that Prozac should be approached with carefully defined parameters. For example, Hart and bioethicist Nigel Cameron at Trinity International University are cautious about the use of Prozac. "If a person is clinically depressed, it is no different than giving insulin to a diabetic," says Hart. "But I don't believe it should be used on mildly depressed people or to enhance performance."

The danger many see is that doctors will agree to prescribe Prozac too readily. In one extreme case, in the town of Wenatchee, Washington, Dr. James Goodwin was dubbed "the pied piper of Prozac" for having prescribed the antidepressant to more than 600 people in a town of 21,000. In justifying his actions, he told a TV interviewer, "I think all human beings, on some level, have some degree of depression."

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Karen Maudlin, a clinical psychologist in Wheaton, Illinois, worries that the problem of treating everything with a pill is that one may miss out on the real causes of depression, anxiety, and sin in a person's life. "If a timid person who wants to be more assertive at work takes Prozac without dealing with the issues that make him timid, the message becomes the opposite of what we try to do with therapy, which is to understand the emotional issues that make us behave in certain ways," she says.

While some patients on Prozac and related drugs are exhilarated over their transformations, others end up with serious existential questions. Francisco Morales, 35, a biochemistry doctoral student, suffered from severe obsessive-compulsive behavior before taking Zoloft and has found the drug affecting his relationship with God in an unforeseen way. "I've become almost too comfortable with my sinfulness," says Morales. "It's such a heady thing feeling so free. There are days I feel hedonistic; it's like being on vacation from the person I used to be." And Tracy Thompson writes in the *Saturday Evening Post* that despite the wonderful changes the drug brought into her life, she wonders, "Who am I? Am I my mechanical self, no matter how unhappy that may make me? Or should I swallow this pill, achieve tranquility, and risk obliterating some essential part of me?"

Thompson's concern is worth exploring, especially for the Christian. When we seek to eliminate those parts of our psyche that suffer, are we removing an "essential" part of who we are or of what God is using to transform us?

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The crucible of pain

As Christ's sufferings on the cross revealed, pain is often a vital component of determining what is profitable in life and faith. "In *The Road Less Traveled*, M. Scott Peck says that mental illness is the avoidance of necessary pain," observes Komp. "You have to ask what is necessary pain, unnecessary pain, and pain in-between. Does medication take away enough pain to allow a patient to do necessary work? Or is it just used to dull pain?"

Adds Hart, "Suffering is a way in which God helps us get in touch with who we are. Discipleship is long and narrow; there are no shortcuts."

The key question remains: Is Prozac being seen as a shortcut? Hart and others insist that part of the Christian understanding of spiritual maturity is that God does not always take us out of the purifying fire. In fact, growth often comes from learning how to deal with painful aspects of life. "Simply taking Prozac to deal with emotional pain builds no character," says Hart. "It can be the emotional equivalent of using steroids." Indeed, spiritual growth cannot happen independent of character development and discipline, which are regularly forged in the crucible of pain.

But is "toughing it out" with emotional problems the only option for mature Christians? What is the role of willpower and prayer for those trying to overcome depression, low self-esteem, and self-defeating habits? Can drugs like Prozac be part of how Christians cope? Dan Van Ness, an evangelical leader who has taken Prozac to treat depression, says, "A diabetic without insulin cannot will

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himself to health. And a person who is depressed because of chemical imbalances may not be able to will himself to constructive behavior."

Adds Lewis Smedes, an ethicist and theologian who taught at Fuller Theological Seminary, "God often uses different methods to release in us the will required to take the constructive step. He knocks Saul off his horse, an angel appears to Mary, and a scientific breakthrough like Prozac frees people from paralyzing depression. We often need God's intervening hand to help us do what we cannot do on our own."

Prozac and the soul

For Smedes and others, Prozac's power is proof of the embodiment of the soul. "So often we think of the soul as an inhabitant inside the body but not of the body," says Smedes. "But we have seen how we can affect the soul by whacking at the body. And we know that a good night's sleep can be good for one's soul: with it one wakes up more hopeful, and without it one becomes grouchy and pessimistic. Our souls are what is related to the transcendent, but that involves our whole being, including body and mind."

Many Christians using Prozac say that it has helped them experience in their hearts what they have believed in their heads: that there is a God who can touch every area of life, including the emotions. But these stories do not mean that Prozac has a power that prayer does not, asserts Hart. "When someone has a successful appendicitis surgery, we don't say that the surgery was more powerful than prayer.

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In that sense, the advent of Prozac could be considered an answer to the prayers of many hopelessly depressed Christians."

And so, the same issues that emerge in dealing with other gifts from God, such as money, sex, power, and freedom, must also apply in how we relate to Prozac. Christians in earlier times and cultures have also had to confront issues regarding the integration of their faith with contemporary technology and events. Prozac is one of those powerful technologies that Christians today must learn to relate to with discernment. As Paul writes, "All things are permissible, but not all are profitable" (1 Cor. 10:23). Determining what is profitable demands spiritual wisdom and sometimes strenuous reflection.

So, will Prozac replace religion? "If religion is only to make people happy, then Prozac can replace religion," says Smedes. "But if religion is to bring people into contact with ultimate reality, then Prozac cannot. Happiness is a bonus, not the end goal."

Adds Van Ness, "Just about anything God gives us can take the place of religion and become a substitute for dealing with God, but this is not a reason to avoid falling in love—or taking Prozac. We can deify Prozac and its effects as we can deify everything else."

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*Andres Tapia is an associate editor with Pacific News Service. The three are coauthors of **Haunted Marriage: Overcoming the Ghosts of Your Spouse's Childhood Abuse (IVP)**. This is an abridged version of "The Gospel According to Prozac." The full version was published in the August 1995 issue of CHRISTIANITY TODAY and can be accessed online at <http://www.christianitytoday.com/ct/1995/august1/5t9034.html>.*

Reflect

- *If a doctor suggested you take antidepressants, how do you think you'd react? What factors would go into your decision-making process?*
- *Some Christians believe it is always wrong to take antidepressants or anti-anxiety medications to combat mental or emotional struggles. They view it as a "quick fix" for a fundamentally spiritual problem. What's your reaction to that point of view?*
- *The article poses a critical question: "When we seek to eliminate those parts of our psyche that suffer, are we removing an 'essential' part of who we are or of what God is using to transform us?" Read **Romans 5:3–5**; How has God used suffering in your life to change or form you? Share a specific example.*
- *How would you differentiate between intense (but appropriate or "normal") sadness and depression?*



When You're Depressed

Three questions to ask—five ways to respond.

By Mark R. McMinn

I was mistaken for a real doctor once and invited to a seminar for physicians on the topic of depression. Instead of admitting to being a psychologist with a Ph.D. rather than an M.D., I decided to attend the seminar and find out what physicians were being told about depression. After procuring my doughnut and fruit medley, I sat with 250 physicians and listened to a simple message: "Depression can be diagnosed quickly and reliably by observing a patient's facial features, and the only effective treatment is medication." I left with an attractive pen bearing the sponsoring pharmaceutical company's name—and deep discomfort with what I had just witnessed. Medication can be useful in treating depression, but it is only one tool.

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If we view depression through the medical-model lens, we may easily begin thinking of it as something one "gets" or even "catches," and that the only treatment is to take medicine to make it go away. While it is true that depression often has biological markers, such as depletion of the neurotransmitters serotonin and norepinephrine, the medical model fails to capture the complexity of a problem that is also related to past trauma, current social support, cultural milieu, spiritual and religious concerns, recent losses, guilt and shame, medical problems, and more.

Detecting depression

Here are three questions to consider if you think you or a loved one may be struggling with depression.

First, ask the *beyond sadness question*. Life in our sin-stained world can be tough, and everyone feels the wear and tear of it at various points in life. With depression, sadness progresses to a point of persistent and deep emotional pain, often coupled with hopelessness, irrational feelings of guilt, and sometimes thoughts about suicide.

Second, ask the *physical symptom question*. For many adults, depression is associated with early morning waking, poor appetite, unintentional weight loss, irritability, crying bouts, difficulty concentrating, and memory lapses. To make matters worse, depression interferes with motivation, so a depressed person is inclined to withdraw from the activities and relationships that once brought happiness and joy to his or her life.

Third, ask the *impaired functioning question*. A person struggling with depression is likely to have difficulty

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functioning in everyday life. Depression can lead to lost productivity at work, strained relationships at home, and declining passion for ministry.

For those who answer yes to one or more of these three questions, it is time to seek help.

Getting help

Here are some practical steps for those facing depression.

First, resist the temptation to isolate. A few years ago, I was doing assessments of depressed inpatients at a local hospital and found myself writing in almost every report, "This patient needs a better social support system." After writing dozens of these reports, I shifted my professional attention to how churches and psychologists can partner with each other. Church communities can provide the social support and spiritual meaning that depressed individuals desperately need. Attend services, consider becoming part of a weekly small group where you can be honest about the struggle, find men's or women's groups to join, and get to know your pastor or a peer helper at church. Many churches also have Stephen Ministries programs that can provide social and spiritual support for those who are depressed.

Second, establish an exercise routine. This can be difficult for those experiencing depression because motivation is at an all-time low. But if you can push yourself into a moderate exercise regimen, it is likely to help, especially if your depression is relatively mild.

Third, reclaim the pleasant events that have ceased because of the depression. In a depressed state, people stop the activities that bring them pleasure. They stop socializing with their

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good friends, strolling in the woods, enjoying sex with their spouse, eating their favorite foods, and so on. Remember the goodness of God's creation, and find ways to reengage in living fully.

Fourth, make an appointment with a psychologist. The most effective treatment for mild depression is a form of therapy known as cognitive therapy, and the best treatment for serious depression is a combination of medication and therapy.

Fifth, talk to your physician. It won't solve everything, but medication can help.

Here's a bit of good news: People recover from depression. Treatments are effective and widely available. A Christian colleague of mine—a dear soul who struggled with depression—used to say, "As Christians, we have no right to give up hope." There may be a time to take Prozac, and a time to give it up, but there is never a time to give up hope.

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Reflect

- *Strong feelings of hopelessness characterize clinical depression, but as McMinn points out, there is hope for those who struggle with depression. The key is seeking help. Why do you think it's so hard for people who are depressed to actually seek out the help they need?*
- *Read **Psalm 42:3–5**. The psalmist clearly doesn't feel hopeful, yet by an act of will he tells himself to hope in God. What are some practical steps a depressed person can take—acts of her will—that can help her find hope?*
- *On a scale of 1 to 10 (10 meaning "extremely well"), how well does your church provide a support system for those struggling with depression? What more could your church family do?*



Marriage During— and After—Depression

Discovering my enemy had a name helped turn my marriage around.

By Karen Scalf Linamen

My husband came home from work and found me, as usual, huddled in one corner of the sofa listening to the clock tick. Our five-year-old daughter, Kaitlyn, was playing Barbies by herself in the cold kitchen. No smells of dinner beckoned from the oven. In fact, crusty dishes from yesterday and the day before filled the counter and sink.

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Larry spent several minutes picking up the worst of the clutter, then prepared a quick supper of canned soup and crackers. Over dinner he tried to engage me in conversation, asking about a book deadline I was facing. I told him I was still lagging behind, offering no further explanation.

After dinner, I felt too exhausted to help clean up. I was relieved when it was finally time to put Kaitlyn to bed. I lay down next to her under the guise of keeping her company until she fell asleep. But in reality, I couldn't wait to close my eyes and give in to sleep myself.

I had been exhausted for months. I slept long hours every night—and during the day as well. In fact, at any given time of day or night, I found myself able to sit on the couch, close my eyes, and drop immediately into the deepest of sleeps.

I wasn't completely sure what was happening to me. All I knew was that something was terribly wrong. But perhaps the most frightening development of all was that I didn't care.

Clueless in Texas

I had always been an optimistic person with lots of friends. I'd been married for ten years and had a successful husband, a beautiful daughter, and the writing career of which I'd always dreamed.

I should have been on top of the world. Instead, for nearly a year I had been unable to cope with even the simplest of tasks. I seemed to have virtually stopped functioning. I never cooked or cleaned house, and I went days without changing my clothes, combing my hair, or brushing my teeth.

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I was unable to concentrate or think clearly, and even the smallest decision left me feeling overwhelmed.

When I wasn't feeling overwhelmed, I wasn't feeling anything. Not angry or sad or happy or hopeful. Nothing. It was as though all of my emotions had simply clicked into the *off* position. Typically, a passionate person given to zany brainstorms and can-do dreams, I suddenly couldn't think of a single thing in my life to look forward to.

Larry later told me that he just figured I was under pressure with a book deadline. He assumed I was too busy writing to take care of myself or our home. His solution at the time was to do more things around the house, to try to pick up the slack. He now realizes he should have been asking more questions instead of just washing more dishes. But he'd never seen anyone suffering from depression before. He didn't know how to respond.

As I continued to spiral, Larry tried on several occasions to draw me out of my shell. I remember one evening in particular.

"Remember how you always said you wanted to start a magazine?" he asked. "When we got married it was all you talked about. I know I said at the time it would cost too much money, but I've been thinking and I know you could do it. It would be worth the investment. What do you think?"

He tried other tactics, dangling all the dreams that had driven me in the past like a carrot, but nothing caught my eye. He even volunteered to quit the job that he loved—the job that had prompted our recent relocation from California

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to Texas—and move our little family back to California where I could be near friends and family.

"I'll do anything, Karen," he pleaded. "Just tell me what I can do to help."

I began to cry. "I think we need counseling. Please go with me to counseling."

He winced and shook his head. "I'll do anything, Karen. Anything, but that."

Looking back, Larry says that he should have agreed to counseling when I asked. "Somehow I'd gotten the idea that counseling was for folks who were socially unbalanced or who didn't have their act together," Larry says.

Of course, I also should have gone for counseling for myself, with or without my husband.

But around that time, I made an appointment to see a family doctor in our area, hoping he might be able to recommend some vitamins to help me feel better. Instead, he gave me a checklist to fill out. He evaluated my answers, then said the three magic words that brought both terror and hope into my life: "You're clinically depressed."

Depression is a scary word. And yet a wave of relief surged over my numb and exhausted spirit. My enemy had a name. And if it had a name, maybe it had a cure. I felt the first stirrings of a fragile hope. Maybe I could lick this thing yet.

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The doctor handed me a prescription. He also gave me some advice: "Exercise for half an hour, three to five times a week. As much good as the medication will do, the exercise will do that much or more."

I thought Prozac and sweat made an odd combination. I know now that it's not so strange after all. Long-term depression can occur as chemistry in the brain gets out of whack. Think of a swimming pool: With the right balance of chemicals, a pool stays clear and clean. But when the chemistry gets out of balance, the pool becomes cloudy and algae-filled, and it can take months to get things balanced and clear again.

Both medication and exercise impact brain chemistry in a positive way. Medication can replenish serotonin, while exercise releases feel-good endorphins.

I wish I had listened to my doctor. Instead, I only followed his advice for about a week—my concentration was so bad I never remembered to take my pills.

As a result, my downhill slide continued. One day I was driving on the freeway when I zoned out and began to drift into the next lane of traffic. A horn blast from the car on my left jolted me back into reality. I jerked the steering wheel hard to the right, overcompensating and sending my little Honda into a spiral. I spun across three lanes of cars and ended up facing oncoming traffic as I slid sideways onto the muddy shoulder of the freeway.

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I sat stunned for several minutes until, trembling, I got the car turned around and headed home. I didn't tell my husband about the close call; I just went home and went to bed. It just didn't seem to matter anymore.

At the crossroads

That June my daughter and I traveled to California to spend a month with my parents. Perhaps it was the change of scenery. Perhaps it was seeing my parent's shock over my numb and lifeless state. Perhaps it was the fact that my folks dragged me with them every morning for a brisk walk. (At first, I was hard-pressed to walk ten minutes. Before long, we were up to 45!)

Whatever the reason, a little of my stupor began to lift, and I knew I had to do something drastic—though not necessarily positive—to reclaim my life.

Larry remembers just getting home from work when he got my phone call. I told him I was at the end of my rope and that I wasn't coming back to Texas. "It took me 20 minutes to throw a few things in a knapsack and hit the road," Larry says. "I drove through the night and the next day as well."

By the next afternoon, he was on the doorstep of my parent's house. He didn't know what was happening to me. All he knew was that he loved me and that he was willing to do anything to save me and his marriage.

This time when the topic of counseling came up, we were both in agreement. We would return together to Texas. And we would work together to get whatever professional help was necessary.

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Not a quick fix

We went to counseling for two years. Sometimes we went together and worked on some of the issues in our marriage that led to my depression. Other times I went by myself and sorted through layers of anger and hurt that, compressed and unresolved, had robbed me of my zest for life.

I went back on Prozac. My battle strategy was two-fold: I turned to counseling to deal with my past issues while relying on medication to correct the resulting chemical imbalances that had kept me there.

There were many days I thought we were getting nowhere. I alternated between depression and anger. Some days I felt worse than ever. Still, I kept my appointments with my counselor. I cried. I wrote in my journal. I went for walks, sometimes to exercise, sometimes just to reflect.

I wish I could say that I spent hours in prayer, but the truth is that I felt too numb to pray. I remember sitting in my parked car one night and sobbing, "Jesus, I can't take it anymore. You've got to do something. I don't care what or how, but you've got to help me, please!" Other than that, I felt too wounded to pray. I know now that Jesus hears us even when we're hurting too badly to say the words.

Late one night I stepped out onto the back porch to feed our golden retriever, and I suddenly had this urge to run. Our house sits on an acre, and the backyard is bordered by evergreens that loom tall and black when the sun goes down. Chased by our dog, I ran toward the trees at the back of the lot. Overhead, the stars glimmered like diamonds against black velvet, and the cold January night air stung

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my face and arms and lungs. The moon, hung like a silver earring in the sky, illuminated my crazy path as I ran circles in the grass. I stopped then and watched my breath hang misty and white before me. I smelled promise in the air. I heard the panting of my dog beside me.

That was the first time I knew, *really* knew, that I was going to be okay. Looking back, my wild midnight run was marked by an awakening of my five senses, but it was also marked by the first stirrings of hope and joy that I had experienced in a very long time.

There's good news and bad news . . .

Unattended problems in my marriage led to my depression, but in an odd twist of events, my depression may have helped save my marriage. After two years of counseling, I felt more alive than I had in a long time, and Larry and I were closer than ever before. It felt, in fact, like a new marriage. I teased him, saying, "My first marriage was horrible. But my second marriage is great!"

The bad news is that people who have experienced clinical depression are at great risk of experiencing it again. Indeed, twice in the past eight years, I have felt myself beginning to slide back into the abyss that claimed my life for several years.

Fortunately, Larry and I are better equipped this time around to recognize the symptoms before things get out of hand. One night I went to him and said, "The depression is right behind me and it's gaining ground. I'm feeling overwhelmed and I'm slipping. Please help me."

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Marriage During—and After—Depression

We brainstormed together and came up with five significant changes to reduce stress in our lives. Another time we turned back to counseling.

Marriages have struggles. So do individuals. At least in my life, these problems were very treatable. The real culprit was denial. Larry and I both wish we had obtained help sooner for both our marriage and my depression.

In my writing and speaking, I sometimes talk about depression. As a result, I get e-mails and letters all the time from women saying, "What a relief! I thought I was the only one going through this."

I always write back with this message: "There is joy and hope and life and laughter after depression. But you can't beat it on your own. Get smart. Get help. Get well."

Karen Linamen is a speaker, author, and humorist. This article, originally titled "Surprised by Depression," was first published in TODAY'S CHRISTIAN WOMAN in the fall of 2000.

HELP FOR LOVED ONES

So what if it's not you who's depressed, but your spouse or your child? Look at the **Additional Resources** section at the end of this download for articles about caring for loved ones with depression.

Reflect

- *Depression can cause or contribute to painful marriage problems. If you've struggled with depression, how did it affect your relationships with your husband or with other family or friends?*
- *When couples face tremendous challenges like depression, things can often go downhill fast. But Karen writes that ultimately "my depression may have helped save my marriage." What do you see as the key factors that eventually contributed to growth in Karen and Larry's marriage rather than further disintegration of their relationship?*
- *What role should Christian friends play in the lives of couples facing this kind of struggle? What are some significant ways you could help friends like Larry and Karen?*



Redeeming the Passion Within

The healing power of pursuing God-given dreams.

By Kirsten Strand

My soul felt trapped. Trapped in a life that should have brought peace and contentment, but instead brought anguish, depression, and un-fulfillment. There was a passion burning inside me that I could not contain, but neither could I release. God kept stoking my internal fire by fueling two deep convictions: 1) our just God abhors the injustices of poverty and racial/cultural discrimination, and 2) as a follower of Christ, I am called, commanded, and expected to do something about those injustices.

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Today, my soul knows freedom, and I am blessed to have a career at Community Christian Church that allows me to unleash my passion every day. But that journey of redemption was not a quick or easy one.

Six years ago, I was a stay-at-home mom. A clinical psychologist by training, I had left my career to be home with my two children. My husband, Scott, worked as a regional sales manager and traveled extensively. We had just moved to Naperville, Illinois, or Oz-Land as we called it, because it was such an idyllic place to raise children. By all external measures, we were living the ideal life. So why did I struggle so intensely with depression and constant internal angst? God had laid on my heart the desire to make a difference in the lives of under-resourced people. With a traveling husband and two young children, though, I felt helpless in my ability to do anything significant.

Then, during a hunger-relief meeting, I heard God's profound call. He asked me to be a catalyst to help Christ-followers live out Matthew 25 and be Jesus to the poor. I remember praying, "God, why me? Why not Bill Hybels [the famed Willow Creek Community Church founder] or someone in a position to really DO something?"

After this epiphany, my husband and I spent many months praying. During that time, we became convicted that God was indeed calling our family to a life of service. It was time for a seismic life change. Scott left his company and went back to school to get a degree to teach in low-income schools. I worked part-time jobs to pay the bills and served relentlessly as a volunteer to begin a new ministry at

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Community Christian Church (CCC). I enjoyed working as a volunteer but still faced many challenges and frustrations. There were the obvious financial challenges (we went from making a six figure income to our kids qualifying for free and reduced lunch). But almost more challenging was the struggle of launching a new ministry when I had no position of influence. Tears streamed and arguments with God raged. How I could ever grow this ministry into the significant, impact making ministry for which he had given me a vision?

Finally, he opened the door. CCC hired me to develop Community 4:12, a ministry with the mission of "Uniting Christians to Transform Communities." We identified an under-resourced community just miles away and began to pray for and develop relationships in that community.

We have now been serving in East Aurora, a predominantly low-income Latino community near Chicago, for the past three years. Scott teaches at a Title I elementary school in the district. Community 4:12 builds partnerships to tackle the educational, social, physical, and spiritual challenges facing the community. We dream of launching a bilingual church. Scott and I are preparing to move with our two elementary-age boys into the community this year so that we can become incarnational in our ministry.

I never would have dreamed that this is the life I would be living. As a woman who thrives on predictability and security, I defied everything in my nature and leapt into

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a chasm of uncertainty to pursue God's call. Amazingly, though, I have felt no fear—only liberation. Why? Because at long last, my passion has been redeemed.

Kristin Strand is founder and director of Community 4:12, a ministry of Community Christian Church in Naperville, Illinois. You can find out more about her ministry at <http://community412.typepad.com/>. This article was published online at GiftedForLeadership.com in March 2007.

Reflect

- *Kirsten's life looked good on the outside, but she struggled "intensely with depression and constant internal angst." Have you ever been there? Which parts of Kirsten's experience do you most relate to? Why?*
- *Kirsten's feelings of discouragement and stress stemmed partly from stifled dreams and buried passions. What are your deepest dreams and passions? Are you following them? Why or why not?*
- *In some stages of life (such as when parenting young children), we need to put our dreams "on hold." But there are still scaled down ways we can follow those God-given passions and interests. How have hobbies, activities, groups, or projects contributed to your own emotional well-being? Or what activities or interests do you think you may want to pursue in order to be true to who God made you to be?*



Light When All Is Dark

Our theology makes all the difference in mental illness.

By Kathryn Greene-McCreight

*Lord Jesus Christ, you are for me medicine when I am sick;
you are my strength when I need help;
you are life itself when I fear death;
you are the way when I long for heaven;
you are light when all is dark;
you are my food when I need nourishment.*

—AMBROSE OF MILAN (340-397)

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Light When All Is Dark

In his *Problem of Pain*, C. S. Lewis says that suffering is uniquely difficult for the Christian, for the one who believes in a good God. If there were no good God to factor into the equation, suffering would still be painful, but ultimately meaningless, because it's merely random. For the Christian, who believes in the crucified and risen Messiah, suffering is always meaningful. It is meaningful because of the one in whose suffering we participate, Jesus. This is neither to say, of course, that suffering will be pleasant, nor that it should be sought. Rather, in the personal suffering of the Christian, one finds a correlate in Christ's suffering, which gathers up our tears and calms our sorrows and points us toward his resurrection.

In the midst of a major mental illness, we are often unable to sense the presence of God at all. Sometimes all we can feel is the complete absence of God, utter abandonment by God, the sheer ridiculousness of the very notion of a loving and merciful God. This cuts to the very heart of the Christian and challenges everything we believe about the world and ourselves.

I have a chronic mental illness, a brain disorder that used to be called *manic depression*, but now is less offensively called *bipolar disorder*. I have sought help from psychiatrists, social workers, and mental health professionals; one is a Christian, but most of my helpers are not. I have been in active therapy with a succession of therapists over many years, and have been prescribed many psychiatric medications, most of which brought quite unpleasant side effects, and only a few of which relieved my symptoms. I have been hospitalized during the worst times and given electroconvulsive therapy treatments.

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All of this has helped, I must say, despite my disinclination toward medicine and hospitals. They have helped me to rebuild some of "myself," so that I can continue to be the kind of mother, priest, and writer I believe God wants me to be.

During these bouts of illness, I would often ask myself: How could I, as a faithful Christian, be undergoing such torture of the soul? And how could I say that such torture has nothing to do with God? This is, of course, the assumption of the psychiatric guild in general, where faith in God is often viewed at best as a crutch, and at worst as a symptom of disease.

How could I, as a Christian, indeed as a theologian of the church, understand anything in my life as though it were separate from God? This is clearly impossible. And yet how could I confess my faith in that God who was "an ever-present help in trouble" (Ps. 46:1) when I felt entirely abandoned by that God? And if this torture did have something to do with God, was it punishment, wrath, or chastisement? Was I, to use a phrase of Jonathan Edwards's, simply a "sinner in the hands of an angry God"?

I started my journey into the world of mental illness with a postpartum depression after the birth of our second child. News outlets are rife with stories of women who destroy their own children soon after giving birth. It is absolutely tragic. Usually every instinct in the mother pushes toward preserving the life of the infant. Most mothers would give their own lives to protect their babies. But in postpartum depression, reality is so bent that instinct is blocked. Women who would otherwise be loving mothers have their confidence shaken by painful thoughts and feelings.

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Depression is not just sadness or sorrow. Depression is not just negative thinking. Depression is not just being "down." It's walking barefoot on broken glass; the weight of one's body grinds the glass in further with every movement. So, the weight of my very existence grinds the shards of grief deeper into my soul. When I am depressed, every thought, every breath, every conscious moment hurts. And often the opposite is the case when I am hypomanic: I am scintillating both to myself, and, in my imagination, to the whole world. But mania is more than speeding mentally, more than euphoria, more than creative genius at work. Sometimes, when it tips into full-blown psychosis, it can be terrifying. The sick individual cannot simply shrug it off or pull out of it: there is no pulling oneself "up by the bootstraps."

And yet the Christian faith has a word of real hope, especially for those who suffer mentally. Hope is found in the risen Christ. Suffering is not eliminated by his resurrection, but transformed by it. Christ's resurrection kills even the power of death, and promises that God will wipe away every tear on that final day. But we still have tears in the present. We still die. In God's future, however, death itself will die. The tree from which Adam and Eve took the fruit of their sin and death becomes the cross that gives us life.

The hope of the Resurrection is not just optimism, but keeps the Christian facing ever toward the future, not merely dwelling in the present. But the Christian hope is not only for the individual Christian, nor for the church itself, but for all of Creation, bound in decay by that first sin: "Cursed is the ground because of you ... It will produce thorns and thistles for you ..." (Gen. 3:17-18). This curse of the very ground and its increase will be turned around at the

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Resurrection. All Creation will be redeemed from pain and woe. In my bouts with mental illness, this understanding of Christian hope gives comfort and encouragement, even if no relief from symptoms. Sorrowing and sighing will be no more. Tears will be wiped away. Even fractious brains will be restored.

Bring us, O Lord God, at our last awakening into the house and gate of heaven, to enter into that gate and dwell in that house, where there shall be no darkness nor dazzling, but one equal light; no noise nor silence, but one equal music; no fears nor hopes, but one equal possession; no ends nor beginnings, but one equal eternity; in the habitations of your glory and dominion, world without end.

—JOHN DONNE (1572-1631)

*Kathryn Greene-McCreight is assistant priest at St. John's Episcopal Church in New Haven, Connecticut, and author of *Darkness Is My Only Companion: A Christian Response to Mental Illness* (Brazos Press, 2006). This article was first published in the March 2009 issue of CHRISTIANITY TODAY.*

Reflect

- Kathryn writes *"For the Christian, who believes in the crucified and risen Messiah, suffering is always meaningful. It is meaningful because of the one in whose suffering we participate, Jesus."* Reflect on **Philippians 3:10**. How does the idea of sharing in Christ's sufferings provide personal meaning for you when you struggle with depression or other forms of emotional pain?
- Kathryn describes her struggle during her bouts with depression: *"And yet how could I confess my faith in that God who was 'an ever-present help in trouble' (Ps. 46:1) when I felt entirely abandoned by that God?"* What would you say to a friend who felt this way? What shouldn't you say?
- Though there are many ways depression can be treated, as Kathryn points out, there's no "quick fix" for depression or other mental illness. Sometimes the suffering—or tendency toward it—continues throughout a lifetime. But Kathryn still finds hope in God. Read **Revelation 21:1–5**. How does this hope speak to you in your own situations of pain or struggle?



Additional Resources

Books, Bible studies, and articles to help you further.

Articles

If your **child** struggles with **depression**: "More Than Moody" by Leigh Fenton, TodaysChristianWoman.com.

If your **child** struggles with **anxiety**: "Anxiety Attacks" by Karen L. Maudlin, Psy.D, [MOMSENSE](http://MOMSENSE.com).

If your **spouse** is **depressed**: "When Your Husband Struggles with Depression" by Cheri Fuller, TodaysChristianWoman.com.

Dealing with emotional challenges during **menopause**: "Managing Menopause" by Ronna Snyder, TodaysChristianWoman.com.

Identifying **postpartum depression**: "Beyond the Blues" by Carol Lee Hall, TodaysChristianWoman.com.

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Additional Resources

Deciding whether or not to take **antidepressants**: "Prescription for Guilt" by Dr. Diane Mandt Langberg, TodaysChristianWoman.com.

Dealing with **panic attacks**: "Panic Attack!" by Cindy Baum, TodaysChristianWoman.com.

Identifying **anxiety disorders**: "Do You Have These Symptoms" by Dr. Archibald Hart, TodaysChristianWoman.com.

Dealing with **depression**: "When Depressions Hits Home" by Cheryl K. Ewings, TodaysChristianWoman.com.

Books

The Anxiety Cure by Dr. Archibald Hart (Thomas Nelson, 2001; 304 pages). We're designed for life at camel speed, but we're racing like cheetahs! No wonder anxiety attacks have become so prevalent. If you suffer from insomnia, panic attacks, worry, or stress, here's drug-free help! Hart's proven method reveals how to keep adrenaline arousal within bounds, use the brain's production of natural tranquilizers, and more.

Coping with Depression by Siang-Yang Tan and John Ortberg (Baker, 2004; 144 pages). Being a Christian doesn't make you immune from feelings of hopelessness. Like the common cold, they can strike anybody. Tan and Ortberg offer a therapeutic and pastoral understanding of the link between our thoughts and feelings; and provide a spiritually sensitive, scientifically informed, and practical resource for those struggling with depression—and those seeking to help them.

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Additional Resources

Darkness Is My Only Companion: A Christian Response to Mental Illness by Kathryn Greene-McCreight (Baker, 2006; 176 pages). This book takes a compassionate look at mental illness, offering theological understanding and personal insights from the author's personal experiences. It provides poignant glimpses into the mind of a mentally ill person and practical advice for friends, family, and clergy.

Every Mother Can Beat the Blues by Julie Ann Barnhill (Revell, 2008; 96 pages). This book meets moms where they are, offering hope and encouragement in difficult times. Filled with Scripture, personal stories, humor, and advice, mothers of all ages will benefit from the little lifesavers found inside.

Finding Your Way Through Depression by Pamela Rosewell Moore (Baker, 2005; 208 pages). Written from the pain and progress of her own personal struggle, Pam Moore uses narrative and illustrative examples to explore the nature and origin of depression as well as the struggles and complexities associated with it. This compassionate guide will bring comfort and understanding as it shows you how to overcome the illness and restore the heart.

Getting Unstuck by Dr. Linda Mintle (Strang Communications, 200; 224 pages). In this helpful, honest look at overcoming depression and anxiety disorders (including eating disorders). Dr. Mintle gives the reader step-by-step information on how truly to let go and move on.

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Additional Resources

Laughing in the Dark: A Comedians Journey Through

Depression by Chonda Pierce (Howard, 2007; 204 pages).

What happens when the person who makes everyone happy isn't happy? Comedian Chonda Pierce was supposed to be taking a winter break from her busy tour schedule. Instead, she had what she refers to as a winter *breakdown*. In *Laughing in the Dark* she chronicles her visits to emergency rooms, hospitals, and clinics prior to her diagnosis of clinical depression. She vividly describes her lack of feelings and emotions during this dark time and also of her journey back into the light

Overcoming Panic Attacks by Roy Comfort (Bridge-Logos, 2005; 120 pages). Have you had a panic attack this week or perhaps even today? If you have, then you're among the many Christians who suffer from the devastating effects of panic attacks and irrational fears. Evangelist and author Ray Comfort was one of them, and he found the scriptural way out of his attacks and fears, and wrote this book to help you find the way out of yours.

Bible Studies

"Encouraging the Depressed"—a single-session study from **ChristianBibleStudies.com** that explores ways we can pray for, identify with, and find purpose for those who are depressed.

"Fear's Close Associates"—a single-session study from **ChristianBibleStudies.com** that looks at how anxiety, discouragement, worry, and panic stem from fear.

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Additional Resources

“Hope for the Hurting”—a single-session study from **ChristianBibleStudies.com** that examines the role the church can (and should) play in the lives of those struggling with depression.

“Psalms: Managing Our Emotions”—a 12-study series from **ChristianBibleStudies.com** that explores the full range of human emotions and the candid portrayal of them in the book of Psalms.

today's
christian
woman

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