

# **Don't Worry He Just Needs Cheering up!**

**An Article about Helping Those who are  
Suffering Depression**

# Helping Those Who Are Suffering Depression

## Introduction

Depression in Christians seems to be a strange contradiction in that the Christian life should apparently be one of joy in the Lord coupled with absence of worry and care. Yet depression is not an uncommon experience for many Christians. It can be brought about by taking on too much in the mistaken belief that Christians should be able to cope better than most because the Lord is their helper and is with them. The fact is, though, Christians are not invincible and whilst some may be able to cope with amazing pressures others cannot and to try to do so can result in burn out leaving the person in a depressed state. The term “nervous breakdown” sometimes gets loosely applied by people to such conditions although psychiatric professionals tend to avoid using it.

Different people will be affected in different ways and this article is primarily directed to those who experience what has been termed “Major depression” or “Major depressive disorder”. Such a condition may be marked with symptoms such as feeling depressed for most of the day and possibly tearful. There may be an on-going and marked loss of interest in things which would have normally brought the person pleasure, for example no longer being interested in pursuing a hobby or no desire for sex. Also the person may suffer insomnia most nights, short term memory impairment and poor recall, constant tiredness, an inability to concentrate and may experience on-going feelings of being worthless, unworthy and inadequate. There may also be feelings of inappropriate guilt, an inability to make decisions (even the simplest ones like where to sit a table) and a lack of desire to be with other people - hence possibly not even wanting to go to church. Bible reading and praying may become difficult and the person might lose the desire to do either – which can increase any feeling of unworthiness.

To such a person, life may have taken on a sense of hopelessness where he or she feels there is no point in anything anymore and it can just go on and on. For a Christian, it is extra-difficult because the joy that Christians are supposed to experience simply isn't there and nothing in life suggests that it can ever be restored. A Christian in such a state feels that he or she is sinking in a sea of hopelessness with little or no self esteem – possible with the feeling of letting God down and being no longer worthy of His love. Friends around feel puzzled and hardly know what to say to this person who may well have once been a strong, outgoing and buoyant Christian - but who is now tearful and withdrawn. The psalmist may be alluding to it in Ps 88:3-4 where he writes of his soul being full of trouble and being a man without strength.

What such a person does not need is someone coming along with suggestions and ideas about how to “cheer them up” or “jolly them along” or how to help them “pull themselves together”. Nor does such a depressed person need someone attempting to sympathise with statements like “I know *just* how you feel. I broke my favourite mug this morning and I've felt down about it all day.”

What follows are observations and suggestions based on the experience of the writer both in suffering depression of the kind outlined in this article, and supporting those who have suffered in a similar way.

## What Characterises Depression?

Everyone has bad days from time to time. Someone may have said something causing upset or an unexpected problem makes life difficult. Even the Psalmist had days of trouble and the Lord spoke through him in Psalm 50:15 where we read “Call upon me in your day of trouble and I will deliver you...” In this article the depression being addressed is different from the days of trouble or other ups and downs of life that come along from time to time but go after a short period. People can usually cope with those themselves or with a helpful word from a friend. Major depression is certainly not like that. Unlike just “having a bad day”, biological symptoms develop. Some of those have already been

mentioned and are set out others with others in the table below - and they don't go away after just a few days. It is far more acute than just "feeling down" and, in fact, can last for months on end, or longer with some people. A few encouraging words from a friend are unlikely to dispel it or have much effect on it.

There are different kinds of depression and, as mentioned earlier, depression will affect different people in different ways. This article is not intended to address all kinds of depression but the writer knows from experience what it is like to suffer the awfulness of major depression and it is hoped that this article will shed some light on what might be done to help.

Looking again at symptoms, those experiencing major depression as opposed to someone in a typical low mood will develop biological symptoms such as:-

Sleep disturbance such as an inability to fall asleep easily and then waking too early.

Loss of appetite and loss of interest in food (or in some cases the reverse leading to overeating).

Short term memory impairment and poor recall.

A constant feeling of exhaustion.

A loss of interest in doing anything – possibly believing that there is no point in such things. That may even apply to things the person enjoyed doing before the depression began for example sex, hobbies and other interests.

A desire to withdraw and separate from people – even close friends.

Crying frequently

Other symptoms can include:-

An inability to make decisions even relating to the simplest of things such as choosing a sandwich.

A loss of self esteem.

A feeling of hopelessness.

Irrational and intense fears and worries even about what would normally be unimportant issues.

A feeling of being unable to cope with anything but the simplest of tasks.

A lack of confidence even in those things which previously presented no problem, e.g. driving.

A belief that things will never be any better.

Any of the above symptoms on their own may be experienced by individuals at any time and by themselves do not necessarily indicate that the person affected is suffering from depression. However when several of the symptoms are present and persist for weeks with no sign of improvement, then depression could well be the cause and the person should seek help.

To the sufferer, depression is like being in a black pit from which there seems to be no way out and it just goes on and on. The sufferer cannot pull himself or herself together and get on with life as there is

often no will to do so, the person may see no point in doing so and, in any case, the ability to do so simply isn't there. Those who joke about "having a nervous breakdown" have almost certainly never experienced just what it's like to be there.

When the above symptoms start to appear, the person may simply try to work through them and drive him or herself to keep busy in the belief that the tired feelings and general loss of interest in things will soon pass and all that's needed is a few early nights. We'll look at causes of depression below but, unfortunately, unless the person takes some serious action to pull back before the symptoms really take hold, driving themselves, trying to work through the symptoms or having a few early nights are unlikely to be the cure. In fact, such action could have the opposite effect as excessive drivenness may well have been a factor in developing the symptoms in the first place and the person simply becomes more exhausted - spiraling further down in the process.

### **Why Does it Occur?**

For many years, the cause of depression has been attributed to a chemical imbalance in the brain which can be put right over time by antidepressants designed to replace the chemical substance, eg serotonin, which has become depleted. The writer is not medically qualified to comment with authority on such things but it has recently been suggested that whilst additional serotonin may help to alleviate the symptoms of depression, there may not have been depletion in the first place and that the depression is more likely to be down to other causes. The Royal College of Psychiatrists has produced a leaflet on depression which can be downloaded from the college website. In that leaflet an interesting list of causes is put forward and some of those have been used in the list of possible cause below:-

#### **Things that happen in our lives**

It is normal to feel depressed after a distressing event – bereavement, a divorce or losing a job. Individuals affected may spend a long time thinking and talking about it. After a while, they seem to come to terms with what's happened. However, some people get stuck in a depressed mood which doesn't seem to lift.

#### **Circumstances**

People who are alone, have no friends around, are overly stressed at work or at home, have other worries or are physically run down, are more likely to become depressed.

#### **Physical Illness**

Depression is more likely when a person is unwell. That is not only true for life-threatening illnesses such as cancer and heart disease, but also for illnesses that are long, uncomfortable or painful, such as arthritis or bronchitis. Younger people may become depressed after viral infections, like 'flu' or glandular fever.

#### **Personality**

Anyone can become depressed, but some seem to be more prone to it than others. For example, depression can run in families. If one parent has become severely depressed, the child is reckoned to be about eight times more likely to become depressed. A depressed mother may not respond well to her baby's efforts to communicate with her and the baby does not experience the loving and tender conversations with his or her depressed mum that a baby would have with a mother not suffering depression.

#### **Alcohol**

Many people who drink too much alcohol become depressed. It often isn't clear as to which came first though – the drinking or the depression.

#### **Gender**

Women seem to get depressed more than men do. It may be that men are less likely to admit their feelings and bottle them up, or express them in aggression, or through drinking heavily.

Women are more likely to have the double stress of having to work and look after children and tend to be more sensitive and emotional.

In addition to the causes in the above list, Christians face other issues which, if not handled in a wise and scriptural manner, will affect their sense of well being. Here are some of those issues:-

### **An ongoing sense of failure as a Christian**

That can be caused by Christians setting unrealistic standards or unreachable goals for themselves – sometimes by misinterpreting scripture such as “I can do all things through Christ who strengthens me.” Philippians 4:13. When they don’t reach the standard or goal, the feeling of failure worsens and they spiral down with thoughts such as they are to blame for it, that God may be rejecting them and that God’s anointing has lifted from them.

### **Guilt**

Over the years, the church has succeeded in making Christians feel guilty over all sorts of issues such as not attending certain meetings, not going here, not going there, not doing this, not dressing like that and so on. Of course, the scripture teaches that Christians should not go out of their way to sin and that when they do stray into sin, confession of sin and cleansing in the blood of Christ is possible. However, it is not at all helpful when a Christian is constantly battling with guilt in a legalistic church environment and particularly where the guilt is created on the basis of matters not clearly established in scripture.

### **Besetting Sins**

A Christian who has a daily battle with some particular problem and who simply can’t overcome it can take on the ungodly belief of being unworthy of God’s love and hopeless as a Christian. He or she may look at other Christians and see them as perfect examples of godliness far more worthy of God’s grace and it makes them loathe themselves. That is not a healthy state of mind for any person - Christian or otherwise.

### **Demonic Oppression**

Satan and his demons are out to attack any individual. However, Christians (who have authority over demons) are particular targets and the demonic will take advantage of vulnerability. Satan has no compassion, is the very embodiment of evil and is a cruel oppressor. In the book of James Christians are told to submit themselves to God and resist the devil. (James 4:7) However, for a Christian who is depressed or is on the verge of it, such spiritual warfare is especially hard. The depressed Christian is already likely to be filled with condemning thoughts and feelings and, when demons introduce yet more, he or she will not easily discern the difference between demonic intrusion and his or her own negative feelings.

In addition there is the tendency for depressed Christians to believe that, by definition, Christians shouldn’t be depressed, that they must be failing to draw on God’s joy and that they should focus more on trying to do that. However, in a depressive state, the outcome is likely to produce an increased sense of failure when the Christian finds that he or she can’t seem to do it or when attempts to do it just don’t work.

## **How Can We Help to Those Who Are Suffering Depression?**

This section is really looking at help not only for the depressed person but for his or her carer. In the case of a married person the carer will often be the wife or husband.

To make this section more meaningful, we’ll consider an example and refer to a moderately depressed person named Tom who is married to Kate. This is part of their story and in it we’ll see some examples of the sort of support and help they received and the sort of things which were said – good and bad. It is hoped that the story may be of use in showing how you might help others who are going through something similar to what they experienced. Comments are in italics. This is their story:-

## **Tom and Kate.**

Just a short time ago, Tom was a strong Christian with departmental leadership responsibilities in his church which he took seriously. Kate is a Christian and also has an active role in the church. Tom has a well paid responsible job in management working for a substantial company and a year ago was promoted to a more senior role over a number of offices. He has two teenage children who are Christians and his income is more than enough to look after Kate and the children. Kate doesn't need to go out to work and that releases her to serve the Lord in practical ways during the day. Now read on.

### **The signs**

Tom had been feeling very tired for many weeks and, at work, found that concentration was becoming difficult and decision-making more stressful. Some staff members at work were not happy about his promotion and had been making life difficult for quite a while. Also, his new position meant a lot of time traveling between offices on busy roads – frequently leaving home early and returning late and then doing more work at home. He sensed he was juggling a lot of balls, what with taking on more responsibility in the office and the responsibilities at church. However, given time, he felt he would get on top of everything. After all, he thought, God wouldn't have allowed the extra responsibilities to come his way if he wasn't able to cope with them. As he loved his family, he also wanted to spend time with Kate and the children. After all, Christians couldn't be seen to neglect family life – even though it seemed to be getting more of a struggle fitting everything in.

At home, Kate sensed Tom was being rather more quiet than usual too and often he didn't seem to be listening when she was talking to him. That was not usually like him. Kate found increasingly that he wanted her to decide simple things for him such as would he prefer tea or coffee or where he should sit at a table in a cafe because he couldn't decide for himself. That was unusual for Tom too. Falling asleep at night now seemed to be a problem for him and he'd also had a long running series of colds which he just couldn't seem to shake off. Tom certainly wasn't his usual old self and Kate found it very noticeable. Although Kate tried to talk to Tom about it, he wouldn't spend time discussing it - and even that was unusual for him. She was puzzled about the whole scenario.

### **The Breakdown**

One evening, after a particularly difficult day at work, Tom came home late, took his coat off in the hallway, burst into tears and couldn't stop crying. It just went on and on. Kate didn't know what to do. She had never seen Tom like that before. The children were wondering what had happened but mum couldn't explain. Between tears he kept saying things like "I'm finished, I just can't cope any more" and "I just can't face work anymore, it's hopeless – I'm hopeless" and the crying just went on and on. Nothing Kate said could stop it and more negative statements kept coming from Tom.

Kate was a strong Christian but didn't know what to do. In desperation Kate phoned some friends from church who said they could come round. Kate was already facing a husband who was in difficulties but she wasn't expecting what happened next.

### **The Advisors**

The friends came and saw Tom was in a state. While one of the friends tried to console Tom, the other took Kate aside into the hallway to give her some "advice".

"Look Kate, Tom has clearly had a nervous breakdown and is suffering depression. Exactly the same happened to my neighbour a few years ago and in the end he had to resign from his job. Tom may well have to do the same and you need to prepare yourself for the worse. Will you have sufficient finance to manage? Also, it took over two years for my neighbour to feel anywhere near better and so this could be a long haul. Do you think you'll be able to cope with that?" The friends stayed a while and prayed with Tom and Kate before leaving. As they left they said "If we can help in any way you only have to ask".

After the friends had left, Tom was still sobbing and Kate felt very low about what had been said concerning Tom resigning and possibly taking two years to recover. “However will I cope” she thought “Lord, whatever can I do?”

*No doubt everything about the neighbour was correct and there was always the possibility that Tom could end up resigning in that way. However, to raise that with Kate at such an early stage was unwise because it was much too soon to be contemplating such things. Kate had other things to think about now, not what might happen in two years’ time. Tom was the breadwinner and Kate had no job which would provide income. Kate didn’t need unhelpful advice like that right now, she needed support. At least the friends prayed and also offered more help.*

### **Kate’s determination**

Well into the evening, long after the friends had gone, Tom began to calm down and Kate was able to talk gently to him. With the “advice” from the friends still ringing in her ears and still feeling very low, she didn’t really know what to say but she began with some very wise words that just seemed to come out of the blue. “Tom we’re both in this and we’ll work together to see you through it”. It didn’t seem to help much as Tom kept on saying things like “I’m useless in this state. I feel wretched. I can’t face work tomorrow - or ever”. Late in the evening, Kate finally coaxed Tom to bed but it took him a long time to fall asleep.

Despite the “advice” from her friends, Kate was determined that now was not the time to be making decisions about Tom resigning from work and that her job was to be as supportive as she could to her husband. *This was wise thinking on her part. To make decisions about the future of a job would have been most unwise. If Kate had asked Tom if he wanted to resign his job, there was a risk he would have said “Yes” simply because of his depressed state of mind. An important decision made in a depressed state of mind may well be seen later as a mistake. Kate wisely decided not to suggest the option of resigning the job!*

In the morning before breakfast, Kate suggested to Tom that she should ring the office and talk to his boss. Tom reluctantly agreed, knowing he couldn’t face going into work and that he just couldn’t face talking to the boss even though the boss was always easy to approach. Kate told the boss that Tom had come home in a depressed state and probably needed to take some time off. She also told the boss that she would ring back in a day or so and let him know how things were going. The boss asked some questions, wished Tom a speedy recovery and Kate now needed to persuade Tom to do something he hated doing at any time – to see a doctor.

*We need to mention here that you have to take great care when taking it upon yourself to “help” a person who is suffering depression. One of the friends above had said “Tom has clearly had a nervous breakdown and was suffering depression”. However, the friend may have been wrong. First of all, unless you are medically qualified, you may not diagnose a person’s condition correctly. For example, there may be a medical reason (nothing to do with a chemical imbalance in the brain or difficult circumstances) causing a person to feel depressed and you simply can’t assume that the problem is depression of the kind we are looking at here - even if you can see some of the symptoms set out above. If you happen to be someone to whom the person is willing to listen, you have the advantage of being able to suggest that it would be wise to seek some professional help and that is a good place to begin.*

*We know that God is able to heal instantly in response to prayer and we should never lose sight of that. If Tom experienced such a miraculous healing it would be a great relief to family and friends. Even if that were to happen, Tom would almost certainly need to make changes to avoid becoming depressed again. In this article we are assuming that Tom takes the professional help route and we shall see some of the changes which need to be made, particularly in the way Tom thinks in a given situation.*

### **Seeking Professional Help**

Kate gave Tom his usual breakfast but he didn't really want to eat much of it. He was still tearful and looked exhausted. She just encouraged Tom to sit in the lounge and rest and wondered how to raise the doctor issue. Finally she said "Tom, if you still feel like this at the end of the week you'll need a doctor's note. I was wondering if we ought to arrange an appointment in case you need one". Kate didn't want to force the issue but could see it would be unwise to wait until the end of the week before thinking about it. It was becoming fairly clear, even to Tom, that getting over this was not going to be a two day job and so he agreed but with his usual reluctance. He just felt a wreck – so low and so tired. That afternoon, and each afternoon for a long time, Tom went to bed and slept. That was not like him but he was strangely exhausted. He found it hard to concentrate on anything and seemed worn out in mind and body.

*If a person has a broken an arm or leg, friends around will naturally advise the person to get professional treatment – and the person will not usually need much persuading. With depression it can be different. The person may be reluctant to go to his or her GP in the mistaken belief that they "Don't want to waste the doctor's time" or that "The doctor won't understand". Men are more likely to take that kind of approach. Also, for the Christian, there's a tendency to argue that it's probably a spiritual problem and that to get help from "non Christian" professionals will be like admitting lack of faith. However, for the sake of those around them such as family members, gentle persuasion to seek professional help is well worthwhile as it can help to pull the person back from dropping into the pit mentioned above, or can begin the process of helping the person to climb out.*

Never far from tears at any time, Tom kept the doctor's appointment. Although he had never found driving the car to be a problem before, Tom didn't feel confident enough to drive to the surgery and so Kate agreed to drive him. Kate wanted to see the doctor with Tom and, again, Tom reluctantly agreed.

*That was a wise move on Kate's part. As Tom's carer, she needed to know what the doctor thought and advised. A person in depression may not be able to recall accurately any advice given by a professional and having a husband/wife/trusted friend there to hear it too is a good idea. It also avoids the risk of a depressed person giving a biased or distorted report to their carer of the doctor's advice.*

### **The Doctor and Antidepressants**

The GP was helpful and although he wasn't able to spend a long time with Tom and Kate, he said that that Tom was suffering depression, some tablets would begin to help him recover and that Tom could well benefit from seeing a counsellor whom the doctor could recommend. The doctor encouraged them by saying that many people experience depression but, with care, they get better. Tom and Kate picked up the tablets from the local pharmacy but Tom didn't like the idea of seeing a counsellor. "How can some counsellor understand my situation?" said Tom. Also, Tom felt that a Christian shouldn't need to see a non-Christian for counselling about life's issues and quoted Psalm 1 verse 1 to Kate. He could still quote scripture but he was doing it in a way which would not be helpful to him. *That is not unusual for someone in depression who tends to have a negative outlook until some improvement in his or her state of mind begins. In any case, he wasn't exactly a picture of the "Blessed" man of Psalm 1.*

*If depression is professionally diagnosed and the correct antidepressant drugs prescribed, the drugs can be of considerable benefit. They are not quick fixes though and take a while to work. Such drugs are not addictive and are not "happy pills". They simply help to restore a person's mood which, in turn, will create better sense of well being and, perhaps, help the person to think in a less negative way and be more responsive to help.*

Kate felt that the idea of a counsellor was a good one. Tom needed to be well and, if a seeing a counsellor would help, she was in favour of the idea.

*At this point it is worth looking at when a GP might deal with things by him or herself and when referral to counsellor or possibly a psychiatrist would be appropriate.*

*(a) In mild cases where the person is distressed but able to continue with most activities, a chat to the GP and possibly medication may be sufficient.*

*(b) Where the symptoms become moderate with the person being unable to cope with his or her ordinary activities, some sessions with a specialist counsellor or psychiatrist may be required.*

*(c) Where there are more severe cases where, for example, the person has hallucinations, suicidal thoughts or tendencies and where he or she experiences stupor to the point where ordinary activities are virtually impossible. Such cases are beyond what would usually be handled by a GP or counselor and referral to specialist psychiatrist could be expected.*

A couple of weeks went by but Tom hardly ever wanted to do much. He couldn't face church at all. It was not so much being at church but meeting the people. He just couldn't face one person after another asking how he was feeling and saying how sorry they were it had happened. It was almost as if some self-protection mechanism had kicked in and he wanted to stay away from people – except Kate and the children. He also still felt so tired and feelings of failure and wretchedness were incessant. His self-esteem seemed almost non-existent and Kate constantly had to affirm him. She would say “Tom, I know it's awful but you will get over this, you will recover. Remember what the doctor said. ‘With care, you will get better’” *That's the advantage of Kate hearing for herself what the doctor had said.*

### **The Visitors**

People from church wanted to visit. If they phoned beforehand, and if Tom didn't feel up to it, Kate could persuade them not to come if Tom was not up to seeing them. However, sometimes people just turned up and that that wasn't always helpful. Problems were sometimes created by what the visitors said. They were all very genuine and caring people who came from church but many of them just didn't seem to understand what Tom was suffering. Here are a few examples from visits and encounters.

The Charltons came once or twice. They spent time saying things to Tom which were supposed to be funny and they kept on laughing, hoping to “Cheer Tom up”. Tom went along with it sometimes for the sake of the Charltons but was always glad to see them leave. It did nothing for him and they had no concept of what major depression feels like.

Their minister and his wife, Cliff and Sophie, often visited and were great. They kept Kate and Tom up to date with interesting news at church and were simply lovely. Once or twice they just mentioned something small that Tom had done in the past and how it had helped them. That was good for Tom because it was impossible for him to deny that he had been useful at that time even though he felt wretched now. At one time, Tom was at rock bottom when they came and he told them so. “But Tom” they said “You're not as bad as you were when we first came to see you and that is really encouraging”. Tom couldn't deny that either. He wasn't as bad. That couple seemed gifted in being able to turn Tom's negatives around to positives in the loveliest way. They never stayed long and, when it was time to pray and go, Kate and Tom always wished they could stay a bit longer. Also, as they left, they always said something brief and good like “Tom, God really loves you however you feel” or “Tom, you really are precious to the Lord”. Their visits were like sweet drops of honey which accumulated and began to build up Tom's self esteem “Thank you Lord for such people”.

Richard the church youth club leader visited Tom and Kate one day. He's always upbeat and in the twenty minutes he stayed went on length telling them how great he thought Tom was and how all the people at church thought Tom was a wonderful man/great speaker/wise man of God/the salt of the earth/pillar of the church/respected by the young people/worth his weight in gold/really missed and so on. Tom just glazed over and it meant nothing. Just as Richard left, he encouraged Tom and Kate to go to the church barn dance in aid of the new vestry. He said “It would get Tom out of the house and amongst friends in a fun atmosphere”. Everyone loves Richard and he really tried to encourage Tom by what he said. However, after Richard had gone,

Tom said “I don’t believe half of that. He was just *saying* it. Most of it’s not true anyway”. Actually much, if not all of it, was true but Tom couldn’t accept it in his depressed state of mind. The thought of a barn dance just made Tom feel worse. “The trouble is, people will think I don’t want to see them if I don’t go” said Tom. “It’s not that I don’t like them Kate, I just can’t face being in a crowd. I wish people wouldn’t put me under pressure like that.” Of course, there wasn’t really any pressure, but that was the way Tom perceived it in his state of mind.

Mr. and Mrs. James came and said how Tom was missed at church and how they hoped he’d be back in harness really soon. They were genuinely kind people. An hour or so after they’d left, Tom had clearly been thinking of little else and said “They are already tired of me being like this but I just can’t get better any sooner” and then broke down in tears. It seemed strange that someone would interpret in that way what the James’ had said but distorted and irrational thinking now seemed almost normal for Tom. In his depressed state, he often turned round what people said and applied it to himself in a negative way.

One day a neighbour walked by as Tom and Kate stood in the garden and it was a disaster. He apparently knew all and sundry who had suffered like Tom and had the answers to everything from how to get to sleep to how to count your blessings. “Tom” he said “If I had a job and family and friends like yours I’d be a very happy man. Why, someone like shouldn’t have a care in the world. There’s many a person in the world much worse off than you, Tom, so cheer up old chap!” Kate just couldn’t understand how people could be so crass. Later, Tom said “I know there are loads of people worse off than I am but it doesn’t help me. Look at me, I’m letting you down, the church down – I’m even letting God down. I’m just hopeless.”

Tom was still far from well when a couple caught Kate as she was leaving church. They said to her that Tom had clearly been working in his own strength – even at church. They felt that Tom should have been seeking strength in God and that he was obviously trying to gain self esteem in his role at church and his job instead of in the Lord. In that context they felt Tom’s depression was the Lord telling him that he should repent and seek self-esteem in the Father and should resign his high-powered job and his church leadership role. They went on to say that Tom should then give the whole thing over to God and seek the Lord in faith for a different sort of job as soon as possible as they felt it would do him more good than just moping at home. When they offered to come round, discuss it with Tom and minister healing and deliverance, Kate politely declined - then went home and cried. Kate had never seen Tom in way the couple had described. It all sounded so spiritual but she felt weighed down with what they’d said. Kate decided not to tell Tom about it as she just knew it would drive him further into depression – and she daren’t risk that. It didn’t help Kate either. She kept re-running the conversation for days afterwards in her mind. “If only people would realise how hard it is caring for a depressed person. Please Lord, help them to understand”.

Sometimes people turned up to see Tom but really only came to talk about their own problems. Neither Tom nor Kate needed that. Tom’s ability to sympathise had virtually disappeared and Kate didn’t really want to think about more problems.

If one thing emerged more than any other it was that few people seem to understand what suffering from depression is really like – and what it’s like to be a carer for someone in that state. Having said that, Tom and Kate knew that the church was praying very much for them and they knew the value of that, even if some of the members were not the best sick visitors in the world.

There were times when Kate was on the verge of utter despair and began to wonder if Tom ever would recover despite the fact that she was always saying he would. It seemed endless and so much responsibility was now falling on her. There were other things too. Up until all this happened, she and Tom had a great love-life. He was wonderful and sex was a joy. But not now. Tom’s interest in making love had evaporated. Kate did what she could to encourage him but it hardly ever came to anything.

## **You will Get Better**

More time went by but Tom didn't take up the offer of a counsellor even though the doctor recommended it again. He had repeat prescriptions for antidepressants and also had sleeping tablets. There was some marginal improvement after a while in that he wasn't sleeping in the afternoons and he cried less. However, he still didn't want to go out much or meet people. He still wasn't happy about driving either. Then, Kate took a call from Tom's office one day which changed things.

One of the directors had been enquiring about how long Tom would be off work and asked if Tom was getting specialist help in addition to seeing his doctor. Tom had voiced concerns to Kate about whether or not he would ever go back to work but Kate always kept saying "Tom, don't even think about that. This is like an illness, you will get better and you must be patient" Kate lost count of the number of time she said "Tom, you will get better"

*The words "You will get better – but you need to be patient" are good words to use when supporting someone who is diagnosed with depression. Not only is it encouraging, it's true when the person wants to get better - but therein lies a problem. If the person doesn't want to get better, they might not. Even the professionals in this area encounter such people and there's a limit to what can be done for them. In this article, we are assuming that Tom wants to get better. "You will get better" or "With help you'll come through this" It's more encouraging than saying "I hope you'll get better" as the latter raises doubts which a depressed person will latch on to only too easily.*

## **The Professional Counsellor**

Kate didn't want to worry Tom but the call from the director was a concern to her and impressed on her the need for Tom to see the counsellor. She gently mentioned how the director thought it would be a good idea to get additional professional input. Kate also said that it would show the doctor that Tom respected his advice and that if seeing the counsellor didn't help much then Tom would be no worse off. Also, she pointed out that God uses all sorts of people to bring about healing. Kate was relieved when Tom eventually agreed and she made an appointment for him. In fact, it became a turning point for Tom and well and truly put him back on the road to recovery. *Again, we see the advantage of Kate hearing for herself what the doctor had said.*

The day came to see the counsellor, a married lady in her early fifties named Karen. When Tom and Kate met her at the doctor's surgery, one of the first things Tom asked was if Kate could sit in on the sessions. Karen had no problem with that. In the counselling session, Tom sat in front of Karen's desk and Kate sat to one side - with a notepad at the ready.

Karen was clearly aware of the pressures faced by senior management and that made an immediate impression on Tom. They got on well from the start, much to Kate's relief.

Karen asked Tom all about his background beginning at childhood and she just let him re-live it in words, stopping him now and again to ask relevant questions. Tom had come from a very ordinary background and had never been a high flyer in his early days. He had worked hard to gain any position in the companies where he had worked and did not have many academic qualifications. It must have been over half an hour before he got to the point of describing how came home from work and broke down in tears. In fact it happened again right there as he tried to talk about it. Karen was really understanding and kind. There was no sense of wanting to rush Tom in any way.

After Tom had finished, Karen described his personality as she saw it. She was very accurate in her analysis and seemed to have amazing insight. Karen said that the depression had been coming on over a long period but if Tom would take on board what she wanted to do over the coming sessions, she saw Tom getting completely better. Also, now was not the time to think either about changing jobs or retiring – or resigning from his position at church. She said that decisions of such magnitude could only be contemplated when he was feeling much better or there could be regrets later. Karen explained that

she wanted to work on Tom's thinking patterns because the way we think affects how we feel emotionally. She called it "cognitive therapy". Karen felt that Tom should not to go back to work yet and another appointment was fixed for one week's time. Strangely, Kate noticed that Tom had not mentioned to Karen what he often called "His thorn in the flesh" and she wondered why.

On the way home, Tom looked better than he had for a long time. There was hope.

### **Cognitive Therapy**

*Cognitive therapy is intended to help people deal with emotional problems and looks at the way people think in a given situation and the connections between thinking and behaviour. In particular it tends to focus on thinking which is unrealistic and which can have an adverse effect on a person's confidence and self esteem. It also deals with what have been termed a person's "Rules for Living" which will be based on what people believe, say, as Christians, what they have learned from their upbringing and what they have learned from experience. For example, where it is impressed on a person that they must produce high quality work, it can develop into perfectionism where the person believes that everything he or she does in all areas must be perfect. In reality, perfection in what we do can never be achieved. It is an unobtainable illusion and, when a perfectionist falls short of the illusion, it can lead to feelings of failure and depression. Cognitive therapy would set out to correct that way of thinking in a person.*

*For cognitive therapy to work, though, a person being treated must be willing to change and be willing to put into practice what he or she is being taught. It usually consists of a course of weekly session going over a few months. In our story, Kate will experience cognitive therapy too because of her presence at the sessions with Tom, and will see how it works. That will not only enable her to put it into practice in her own life but she will be able to use it to steer Tom into a more healthy thinking pattern between counselling sessions. Yet again, we see the advantage of Kate being present.*

### **Reversal of Negative Thinking**

After a number of sessions with Karen, it was quite clear to both Tom and Kate that they would benefit by changing their thinking patterns in some areas. Sometimes Tom arrived at the sessions feeling dreadfully depressed about something or other but Kate always seemed to have a way of reversing it. You will remember that Cliff and Sophie were good at doing that too.

At one time, Tom had spend several days moping over the way in which he hadn't been bright enough to go to university and how he only had a basic education making him feel inferior to some of the other managers in the company who all had degrees and how it was now too late for him to do anything about it. Kate coaxed Tom to tell Karen about it at the next session and he did. Karen just turned the whole thing right round saying how Tom had risen further than the others in the company because he started lower and was now in management on a level with them and not inferior. She said how Tom had done it from a basic education and, despite not having a degree, still pushed through. She said that many would have given up in such circumstances but he didn't and it was all credit due to him that he was where he was today. Amazing! Tom had never seen it like that but couldn't deny it, because it was true that he had worked hard and hadn't given up. It was hearing things like that at the sessions which began to lift Tom's self esteem

### **Self Esteem**

*Put simply, self-esteem is how a person feels about himself or herself. A stable background, warm relationships, success in performing tasks, a good education, being appreciated, a good job title, a happy marriage and so on all go together to lift a person's self-esteem whether that person is a Christian or not. For Counsellors such as Karen (whom we are assuming is not a Christian) self-esteem is going to be based more or less entirely on such things – which can give rise to pride in some people. However, where those things cease to exist, for example following loss of a job or through divorce, the self-esteem founded on them will likewise be lost. That can have a significant lowering effect on the person if there is little other basis for self-esteem in his or her life. For the Christian, true self esteem is based on eternal truths such as being loved by God, being precious to Him and being chosen by God*

*from eternity. Self-esteem founded on such truths will remain even if self-esteem based on things such as job title or education disappears.*

*Sadly, when a Christian is suffering depression, even the self-esteem based on God's truths can become devalued or blurred and may almost have to be re-learned as the person gets better. As far as Karen was concerned, Tom had achieved success on the basis of his own efforts. She would not see that Tom and Kate had prayed over the years about all aspects of their lives and that they saw God behind all of what had been achieved. Unfortunately, in his depression, Tom had lost virtually all sense of self-esteem in all areas and a rebuilding process was needed. Some start had to be made somewhere. Karen began on an issue which Tom specifically raised – his job. If self-esteem can be lifted in one area, it is a step in the right direction and opens the way to raise self-esteem in another. If a Christian counsellor is consulted, it may be that a start will be made by looking at the eternal truths mentioned above (and later in this article) to lift the person's self esteem. Whatever the start point, it is important that a depressed Christian eventually be moved gently towards a place of wholeness so as to experience a rebuilt self-esteem giving him or her a fresh sense of being precious to God, and a fresh sense of being useful and effective in everyday life and in God's kingdom.*

### **The Thorn in the Flesh**

During one session, Tom told Karen about “His thorn in the flesh”. When Tom was at low ebb, even before his depression set in, this haunted him repeatedly. He explained to Karen how some years ago he had been in charge of designing a product which he had persuaded his company to develop. Extra technicians were drafted in and a lot of money was spent but it soon became apparent that the product would not perform as Tom expected. In short he had to pull the plug on the project, the project was scrapped and men were made redundant. Tom explained how he felt it was a major failing on his part and he has never been able to put it behind him. *(Note: It would have been good if Tom could have discussed this with his church leadership and received prayer ministry to help him deal with the problem rather than let it affect him for so long).*

Karen could see how Tom was affected but, once again, skillfully turned it around. “Tom” said Karen “if starting the project was a mistake then we all make mistakes in life. That's one way of learning and in that way we get it right next time – and you have clearly done that or you would not have risen to your current management position. But I don't see it as failure when you pulled the plug on the project. That wasn't failure – it was wisdom. The money you saved by doing what you did would then have been available for other more viable projects. To take the project further *would* have been failure, to stop it dead was the best thing you could have done”. Karen made it sound obvious but, again, Tom had never seen it that way before. He was beginning to realise that he had developed a way of thinking in so many areas where he would put himself down. He was at last seeing that it was doing him no good at all. And besides, it simply wasn't Christ-like. A week or so later Tom said to Kate, “That old problem of the project came to mind again today but I said “It's a lie. It wasn't failure, it was wisdom” and I refused to think any more about it!” Wow, Tom was improving.

*Even if Tom's decision had been considered a failure by Karen, people, including Christians, will experience failures from time-to-time. However, a failure makes no difference to God's love for us and we should not let our true worth be affected by perceived failures. If we want an example from scripture, we only have to look at Peter's denial of the Lord Jesus on the night of the trial. Even years later during moments of weakness, one could imagine Peter re-living the experience in his mind and wishing it had never happened. Yet Peter was received by the Lord Jesus after the resurrection and re-heard the words “Follow me” (John 21:19 ). Just a short time later on the day of Pentecost, Peter made it clear that it was possible to repent...for the forgiveness of sins. Despite his “failure” Peter knew he was still loved by God, forgiven, and fully accepted by Him and that can be our experience too.*

Let's now move on to look at some practical aspects of support and what you might do if you were one of the people from the church who visited Tom.

## Practical Aspects

### Love, Patience and Encouragement

A Christian who is suffering depression may need prayer ministry under various headings but, in the early stages of depression in particular, that will almost certainly not be possible. In fact when a person is in the depths of depression, ministry simply in the form of support and encouragement is a wise approach. As the person improves, prayer into other issues may then become possible but love and patience are essential when trying to help those in the black pit of depression. You shouldn't try to coerce a depressed person into having prayer ministry just because you think it would be right for them. In fact, it may be best not to mention deeper ministry at all until you really have a sense that he or she is ready for that and, even then, it may be good to discuss it with the carer first. We cannot stress enough the need to be patient and gentle.

Do bear in mind that a person suffering depression will be vulnerable, his or her boundaries will be fragile and he or she may easily feel threatened by people – particularly groups of people where boundaries are more likely to be infringed. If you have already suffered major depression (or know someone who has suffered depression) and have recovered, it will help you understand what the person is experiencing. If you are a good friend of the depressed person, that can help too but (and we stress it yet again) you must be gentle and patient – and that applies even when the depressed friend was formerly a strong person such as a man who had always “got it together”.

Love, patience, encouragement - and prayer - will go such a long way when trying to help those in the black pit of depression.

### Beginnings

When you first hear that Tom has experienced a breakdown, don't automatically think that you should be the one to get him out of it. However if you have been a good friend and sense that you can be of help, you could begin simply by enquiring after Tom by phone saying that you'd love to come round and chat – but only when he feels like it. Even though you are a good friend, Tom might not want you to do that in the early stages and so don't just turn up determined to say something to Tom which you feel needs to be said. It's too risky for him. In fact it may deter Tom from seeing you or anyone else at a more appropriate time. Be patient – and pray for God's help and wisdom before you go to visit.

### The Epistle Approach

You will know from reading the epistles of Paul that the introductions nearly always included something encouraging for the recipient. Words like “I always thank God for you because....” frequently occur. See for example 1 Corinthians 1:4-6, 2 Thessalonians 1:3 and Philemon v 4. Even if an epistle contains some correction, at least some words of encouragement are still seen as important. That's a good approach to use when ministering to those in depression. However, just stick to encouragement and avoid bringing correction even if you might be tempted to do so. It may be that some form of correction will be appropriate at some point but a person in the pit of depression won't be able to handle it. Statements like “If you'd have been more careful and approached your work differently, this might not have happened. It's a lesson for the future, Tom” will simply push Tom further down. Don't say such things. So, each time you visit, have in your mind just one or two examples of the way in which you can thank God for Tom and mention one at an opportune time. However, remember the effect of Richard's visit above and don't go overboard with compliments.

When you go to see Tom, don't go into the room grinning from ear to ear – you may be surprised at what you are about to see. A person who is broken down and in depression is likely to look poorly and be on the verge of tears for much of the time. A grinning visitor will not help. Tom needs someone who can weep with those who weep. He needs empathy, love and understanding.

### Empathy

Note the word “empathy” as opposed to “sympathy”. There is a difference which is well described in a book “Effective Listening” by Mike Green and which is explained briefly here. If Tom is in a rowing boat which is sinking but you are safe in yours, sympathy is like you leaving your boat, climbing into Tom’s boat and giving him comfort as he sinks. That kind of involvement in Tom’s problem would not give him much practical help. Empathy is like bringing your boat alongside Tom’s boat and gently leading him out of his sinking boat and guiding him into the safety of yours. With sympathy, there is the risk of becoming too emotionally involved in the pain of Tom’s depression, making it difficult to be an effective helper. On the other hand, empathy will enable you to see and understand Tom’s suffering but without being incapacitated by it.

### **Sit Down and Listen**

Sit down. It brings you to Tom’s level – and don’t walk around the room. Simply ask Tom how he feels and listen carefully to what he says. Just now and again, ask a relevant question. From what you hear you will get a sense of what to say. The key is to listen.

If you have suffered depression before, or have known those who have, there can be a temptation to disclose full details too early on of what you’ve experienced. It is good if Tom knows you understand from experience what he’s going through but there’s risk in talking about it at length. In fact, if you start describing in detail how bad your own experience of depression was, it may give Tom the impression that you are more interested in what happened to you in the past than what is happening to him in the present and he may then shut off altogether. It may also make it look as if your depression was much worse than his and that his suffering is of little importance. So take care. Unless Tom asks you to explain in depth what happened to you (or to the ones you know) don’t go into lengthy detail. As you make visits, you can share relevant bits of your own experience as the need arises and that should be sufficient. Again “Effective Listening” by Mike Green has much to say about that.

### **Negatives to Positives**

Remember Cliff and Sophie who were gifted in being able to turn Tom’s negatives around to positives in the loveliest way and who fed Tom with little bits of encouragement which he could accept and believe and which accumulated to build up Tom’s self esteem. Remember Karen too - a person trained to counsel those in depression – who also turned Tom’s negative thinking patterns around. Such people are invaluable and, if you use a similar approach, it can help to make your visits a blessing.

Tom’s self esteem will be low. As mentioned already, if self-esteem can be lifted in one area, it opens the way to raise self-esteem in another. For that reason, listen for opportunities to feed encouragements into the conversation with a view to lifting Tom’s self esteem.

At some point, his negative thinking will emerge. For example, he may say “I’m a real let down as a husband. Whatever must Kate think? I’m just hopeless” That presents an opportunity to respond with some encouragement – but not like Richard did with a whole list of flattering compliments which Tom couldn’t believe. You just need to say one small thing in reply that Tom really can’t deny and which he can take on board and accept. So, a reply such as “Tom, that shows just what a caring and loving husband you are. Someone who didn’t love like you do wouldn’t care what their wife or family thought – but you do. Kate loves you to bits too, however you feel, and you’ll come though this together.”

Also, for the Christian, self-esteem is built on eternal truths. Some have already been mentioned but here is a more detailed list:-

Christians are chosen by God and loved eternally.

Christians are redeemed with the precious blood of Jesus and are precious to the Lord even though redemption was not deserved.

Christians are born again, are children of God, have been made new creatures, have the life of the risen Lord Jesus within them, are indwelt by the Holy Spirit and are fully accepted by God who invites them to come with boldness into his presence.

Christians have eternal life as a free gift and are not guilty or condemned by God.

Christians are deemed as being worthy of help from God in all circumstances and can cast all their care upon Him because he cares for them just as a father and mother care for their children.

None of the above things come to us through efforts of our own. We don't deserve any of them but God has bestowed all such graces and benefits on us through the blood of Christ who loved us and gave himself for us. Whatever happens to us in this life and however we feel, those graces and benefits remain unchanged. Self-esteem based on life's accomplishments such as position, possessions and job title are poor in comparison with the excellency of what Christians have through faith in the gospel of Jesus Christ. Sadly, and as mentioned earlier, when a Christian is suffering depression, even the self-esteem based on God's truths can become devalued or blurred and may almost have to be re-learned as the person gets better.

Remember Cliff and Sophie again who, as they left, they always said something brief and good like "Tom, God really loves you however you feel" or "Tom, you really are precious to the Lord". Make a point of saying something like that during your visit at an appropriate time. You will have prayed before visiting and you should sense the right time to bring such words of encouragement.

Remember too that comforting and encouraging others is very much part of the ministry of all Christians. For example we read in 2 Cor 1:3-4:-

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God.

Also, we read in 1 Thess 5:11 (not in the context of depression as such but still a good principle):-

Therefore encourage one another and build each other up, just as in fact you are doing.

### **Prayer**

Prayer from you who is trusted by the person as a good friend will be welcome. When praying over Tom or other depressed person use short simple prayers and please don't lay hands heavily on them (or on anyone else for that matter) when you pray. Don't press on their head or chest. Not only will it be unwelcome it will be uncomfortable and isn't necessary. A depressed person will feel weak anyway and just a light touch, say, on the shoulders or the back of the hand is fine. All you need is contact.

Two examples of simple prayers are:-

Lord we bring Tom to you and thank you that he is precious not only to you but to all of us - his friends. Father we ask that you will help to bring about a renewal of Tom's mind, bring him into wholeness and into a place where he can rise up with new strength and renewed joy. We ask it in the Name of Jesus.

Father we thank you for Tom and Kate and all they mean to us. We ask that you will help Tom to see himself as you see him Lord - a priceless son of God - and to have an increasing assurance that he is truly precious to you. Strengthen Kate too as she supports Tom at this time and fill her with a great sense of your love and nearness. In the Name of Jesus.

Avoid deliverance prayers (unless you do it silently) and don't use a raised voice when praying. When the person is well on the way to full recovery (and that can take a long time) deliverance prayers may be appropriate if those who pray discern the need.

Prayer support is so necessary but don't press Tom into allowing a group to "come round and pray for him". Let him know that he can have prayer from the group whenever he wants, he only has to ask. Never say things like "You really *ought* to let us come round and pray." When he feels able to face a group coming round to pray then there will be the opportunity. Remember what was said earlier about boundaries being fragile in a depressed person. Even a group coming round to pray can be hard for a depressed person to face.

When visiting, don't go with the intention of staying for hours because a depressed person tires quickly. Keep visits short unless you are asked to stay longer. Also, please don't go expecting the depressed person (or the carer) to wait on you with food and drinks – they already have enough to cope with.

### **Subsequent Visits**

If the first visit has gone well, Tom will look forward to another and so suggest another date before you leave. Try not to leave it too long.

### **A Walk in the Country**

As a person begins to improve, he or she might value going out with you into the country. If you can gently encourage that it will help to lift mood and boost self esteem.

In 2007 a group from the University of Essex ran a study on "ecotherapy" using 20 members of MIND (MIND is a mental health charity). It was found that fresh air and exercise cut depression in 70% of the members and that a 30 minute walk in a country park boosted self esteem in nine out of ten sufferers. On the other hand, only 45% of the members said their depression lifted when they visited a shopping centre (and 22%) said they felt worse).

So, a walk in the country can be good to suggest to Tom – but don't press it and don't suggest that you make it a church ramble with a large group of people. If Tom doesn't feel like it respect his wishes. There's always another time.

### **Other Areas**

When Tom feels much better, prayer ministry with respect to issues may be appropriate. For example, in Tom's case, if an individual at work had been particularly difficult towards him and that was a definite contributing factor to the breakdown, forgiveness of the individual and prayers of repentance for any ill-feeling towards the individual should be gently encouraged. However don't be in a hurry.

### **Giving Advice**

As Tom improves and has come to enjoy the encouragement your visits have brought, he may ask for advice on things. With questions like "I'm sleeping better now, do you think I should come off the sleeping pills or should I mention it to the doctor first?" you are obviously safe saying "Yes it would be a good idea to ask the doctor before coming off the pills." Not all questions will be that easy though. For example, answers to questions like "Should I start coming to church again? I feel guilty staying away." or "When do you think I should go back to work?" are not really your responsibility and you shouldn't assume to know what Tom should do. Both questions will arise at some point for Tom so what could you say in response?

### **Returning to Church**

On the matter of returning to church you could say something like: "Tom, it's really encouraging to hear you talk about returning to church and when you really feel ready we'll all be delighted to see you. We can get a guilty feeling when we think we should be at church but God loves you just where you are,

Tom, and no one thinks any the less of you for wanting to recover at home. How does Kate feel about it?"

When Tom finally feels that he's ready to go back to church it will be a great milestone. You might suggest to him that he settles in gently. For example if it seems appropriate, let him know that if he wants to arrive at the very last minute, to sit at the back and to leave early to avoid facing a lot of people that's just fine. Sometimes it's the thought of being with lots of people which makes it hard to go back to church. Gradually, as the depression begins to fade even more, Tom will feel happier about being amongst the congregation again. At an early stage of returning to church, try to avoid saying things like "Don't you think you should begin coming earlier now?" or "Don't you think it's time to stay for coffee at the end of the service?" Until Tom is well over the depression, he may well think about that sort of statement for a long time and turn it into something which makes him feel a failure again.

Remember: love, patience and encouragement are wonderful tools.

Once Tom improves significantly and as he held a position of responsibility (which someone else may well have picked up during the period of depression) it should be made known to him that he can take up the position again if he wants to. However, it will be helpful if Tom knows that he can shout for help at any time as he settles back into things.

### **Returning to Work**

As far as the question about returning to work is concerned, you should avoid advising one way or the other as a major step is involved. Rather, say something like "Have you spoken to your doctor/counsellor about it yet, Tom, as they will be experienced in advising on such things?" If Tom hasn't then he can be encouraged to do so. You can also assure Tom that he will have your continued support.

Where the person who has been depressed has a job to return to once they have recovered, he or she may long for the day of return to work – or anticipate the day with dread.

Work pressure is often seen as a contributing factor to a breakdown. Sometimes, though, it's not the work pressure itself which has been the problem but the way in which the person has reacted to it or handled it. By adopting a different approach such as organising things differently, delegating more of the work to junior colleagues and making efficient use of time (advice about such things may well have been received during a course of cognitive therapy) it may be possible to go back to the workplace and continue in the job without former difficulties being an issue. Certainly some changes will need to be put into effect, though, or another breakdown may occur.

Tom has a senior role at work and it will sometimes be possible for such a person to make adjustments to working hours, business travel, workload and so on. Also, as a result of counselling, Tom should be able to approach work differently as mentioned above. All of that will help Tom to be in a good position to return to work when the time comes. However, not everyone has such a senior position in a company and some know that on their return they will be under a difficult, unfeeling boss with a relentless grind of pressure, pressure, pressure, possibly in an unpleasant environment and with absolutely no hope of changing things at work for the better.

In Tom's case the return to work can be a moment of joy but, in the other case, the job situation may need to be reviewed as to go back into the old job may simply be a recipe for another breakdown despite good counselling.

A decision to change jobs (or to take early retirement) should never be taken lightly as there can be all sorts of implications for the formerly depressed person and any dependants. Seeking God's guidance in scripture, a discussion about it with the church leadership, prayer with friends, talking to the doctor or counsellor and, if married, open discussion with ones husband/wife are all important. The thing to

ensure is that any such decision is made when the person is no longer suffering depression and, therefore, in a much better state of mind to make a decision.

### **Finally**

What has been described in this article is just a small corner of a huge topic and the writer cannot claim to have covered anything other than a few relevant issues. The Practical Aspects section is not intended to be the definitive approach to helping depressed Christians and others. However, if the article is of help to those who want to support someone suffering the awful effects of depression, the writing of it will have been worthwhile. There now follows a list of publications which the author particularly recommends to those who want to look in more detail at the topic of depression.

<b>Recommended further reading:</b>	Dr Grant Mullen	<i>Depression, Anxiety, Mood</i>
	Sovereign World Int. Booklet	<i>Swings and Hyperactivity</i>
	Valerie Stillwell	<i>Living with a Stranger</i>
	Gaskell/West London Health Promotion Agency	
	John and Paula Sandford	<i>Healing the Wounded Spirit</i>
	Victory House Inc	
	Mike Green	<i>Effective Listening</i>
Proclaiming His Word Publications		
Dr Trevor Powell	<i>Stress Free Living</i>	
Dorling Kindersley Ltd		
Robert S McGee	<i>The Search for Significance</i>	
Royal College of Psychiatrists Leaflets	<a href="http://www.rcpsych.ac.uk">http://www.rcpsych.ac.uk</a>	