

THE CHRISTIAN AND DEPRESSION (7)

THE CARERS

INTRODUCTION

We have been studying depression from a biblical perspective, and have covered five areas so far:

- The Crisis
- The Complexity
- The Condition
- The Causes
- The Cures

We now come to the final area of our study – **The Carers**. For our purposes, the carers are the depressed Christian's family, friends, and fellow-Christians, who will be involved to one degree or another in helping the sufferer to get better. Usually these carers will have no medical training and often they will have very limited or incorrect knowledge of mental illness. However, they have a critical role in helping a depressed person get better. Research has shown that mental health patients will get better much quicker if they have someone close to them whom they can confide in and get support from.

This lecture, then, will consider ten areas for carers to consider when trying to help a depressed person get better.

1. Study

As Christians, we surely want to be the person whom our loved ones turn to in time of need. And, when they do turn to us, we want to be able to help them and not hurt them further.

It is, therefore, imperative that we learn about depression and other mental illnesses in order to avoid the very common mistakes that lay-people often make when dealing with the mentally ill, and in order to be of maximum benefit to those who are suffering.

Apart from studying how Jesus dealt with the ill, the weak, and the distressed you might want to read some of the very helpful books, written from a Christian perspective, which are now available. In order of readability and usefulness they are:

Overcoming Spiritual Depression by Arie Elshout.

I'm not supposed to feel like this by Chris William, Paul Richards, and Ingrid Whitton

Broken Minds by Steve and Robyn Bloem.

A Practical Workbook for the Depressed Christian by Dr John Lockley

Another book, of course, is the well-known *Spiritual Depression* by Dr Martyn Lloyd-Jones. However, you should be aware that Dr Lloyd-Jones does not deal with every aspect of depression as an illness, but rather only with some of the spiritual consequences of depression.

A book which is written from a non-Christian perspective, but which is still useful, is *Mind over Mood* by Dennis Greenberger and Christine Padesky.

It is important to remember that reading these books will not turn you into a mental health professional, but it will make you more useful and helpful to loved ones in distress.

2. Sympathy

Thoughtful and prayerful study of mental illness should naturally and automatically increase our sympathy for those who suffer with it. By sympathy we mean an ability to communicate that we truly understand the problem and the symptoms, that we are deeply concerned, and that we will do all that we can to help. In many cases, such sympathy can have powerful therapeutic effect on the sufferer. The lack of it can only multiply the pain and deepen the darkness. Consider the following quote from Russell Hampton, who suffered himself from depression:

If there were a physical disease that manifested itself in some particularly ugly way, such as postulating sores or a sloughing off of the flesh accompanied by pain of an intense and chronic nature, readily visible to everyone, and if that disease affected fifteen million people in our country, and further, if there were virtually no help or succour for most of these persons, and they were forced to walk among us in their obvious agony, we would rise up as one social body in sympathy and anger. There isn't such a physical disease, but there is such a disease of the mind, and about fifteen million people around us are suffering from it. But we have not risen in anger and sympathy, although they are walking among us in their pain and anguish.¹

¹ R K Hampton, *The Far Side of Despair: A Personal Account of Depression* (Chicago: Nelson-Hall, 1975), 78.

It will greatly help you to sympathise if you always remember that you could just as easily be in the same position, suffering the same illness.

For who maketh thee to differ from another? and what hast thou that thou didst not receive? now if thou didst receive it, why dost thou glory, as if thou hadst not received it? (1 Cor.4:7).

If you treat depressed people with impatient contempt, you may, like many others before you, have to learn sympathy the hard way.

3. Support

Support follows sympathy. It involves being available to listen and talk either in person or at the end of a phone. It includes praying with the person, especially as the mentally ill may find it impossible to put words and sentences together in prayer. It means unconditional love, love which is maintained even when you do not agree with every decision your loved one is making, and even when they may unjustly turn on you. It requires practical help such as child-minding to enable a young mother to get a few free hours each week, or such as taking an elderly person out in the car to give them a refreshing change of scenery. It demands wisdom to know when you are getting out of your depth and more professional support is needed from medical services. The benefits of such supportive friendship cannot be overestimated:

The presence, the availability, just the existence of a friend like this provides a tremendous degree of comfort to the depressed person, as it demonstrates in physical terms how much he is cared for, accepted, loved, as he is, warts and all. It is not difficult for the depressed person to go on to realise that if individual Christians can love him that much, how much more will *God* do the same.²

Unconditional friendship is the key, as is loyalty. The real friends are the one who can accept the depressed person as he is – on good days, bad days, sad days, frightened days and angry days. Friends like this don't put pressure on in any way, but allow the sufferer to be himself, however horrid that may seem to be. As one of my depressed friends said, "It's a relief not to have to put on a disguise."³

On a congregational level, pastors and officebearers should encourage a supportive atmosphere:

For our churches to be really effective in supporting those with mental health difficulties, we need to establish a culture where everyone in the local church knows that it is acceptable to have problems from time to time, and that the church as a whole – and especially its leadership – is there to support church members during these times as well as in times of success.⁴

The Church should be especially aware of the need to "support the supporters". To be an effective support to the mentally ill is physically, mentally, emotionally, and spiritually demanding. As Christians we need to be conscious of the need not only to support the depressed person but also to minister to the needs of their nearest and dearest.

4. Stigma

There is still a stigma attached to mental illness, and depression in particular. Ignorance and misunderstanding have filled the public mind with many prejudices and falsehoods. As a result, many still view mental illnesses such as depression as a choice, or as a sign of weakness, or as an excuse to opt-out of life. The depressed person may also share these mistaken beliefs, and so double their sense of guilt and failure. Consequently, they will often be very reluctant to admit what they are feeling, and so go for many long months or even years without asking for help or seeking treatment.

Following steps 1-3 above will help to reduce this stigma. But the Church can also help by making clear that Christians do not have to be perfect with no problems, and by demonstrating that when people do experience problems they will not be ignored or avoided.

Also, the preacher should present a balanced view of the Christian life, as represented in the Psalms, over a third of which deal with fear, anxiety, and despair. This is part and parcel of normal Christian experience in an abnormal world. Let us remind ourselves again and again:

For who maketh thee to differ from another? and what hast thou that thou didst not receive? now if thou didst receive it, why dost thou glory, as if thou hadst not received it? (1 Cor.4:7).

² J Lockley, *A Practical Workbook for the Depressed Christian* (Bucks: Authentic Media, 2005), 338.

³ *Ibid*, 338.

⁴ C Williams, P Richards, I Whitton, *I'm not supposed to feel like this* (London: Hodder & Stoughton, 2002), 236.

Almost anyone can experience mental health problems, given the wrong sequence of life experiences and stressors.⁵

5. Secrecy

As is clear from the above, it often takes a huge amount of courage for someone to admit to depression, often due to the fear of what people will say. If someone, therefore, trusts you enough to confide in you, then you must maintain the strictest confidence. There must be no “sanctified” gossip – “I’m just telling you this so that you can pray about it...!” It is tragic that so many depressed Christians have to prolong their secret suffering because of a justified fear that no one can keep a secret in the Church! The Church is in desperate need of Christians who are known to have this simple talent – they keep confidences.

6. Self-esteem

Depression and anxiety bring to the surface deeply rooted self-doubts and self-criticism. The depressed person will often feel useless and worthless. They will have very low self-esteem. What should we do to address this?

Some Christians are reluctant to give people any praise or encouragement because of the risk of making a person proud. However, it is safe to say that pride is one of the least risky vices for someone who is depressed. Pride results from having an over-inflated view of oneself. Depression involves the opposite.

Other Christians misconstrue the doctrine of original sin and total depravity to mean that there is no kind of “good” in anyone, and so again fail to say anything positive to the person. However, without minimising the wickedness of the human heart and without denying our inability to do anything pleasing to God apart from through faith in Christ, we should feel free to encourage the depressed person to have a more realistic view of themselves by highlighting their God-given gifts, their contributions to the lives of others, their usefulness in society, and, if they are Christians, their value to the Church. For example, a depressed young mother may feel a total failure in every area of her life because she has not got a perfect home or perfect kids. We can help such a person to see that she achieves a lot in a day even though she might not manage to do everything she would like. We might remind her of all the meals she makes, clothes she washes and irons, the shopping she organised, and so on, and so help her to see herself and her life in a more accurate and realistic light.

It is wrong to pat ourselves on the back when something has been accomplished as a result of our initiative. It is equally wrong, however, to focus on what we have not accomplished. In 1 Corinthians 15:10 we have a clear example of humility accompanied with a healthy opinion of one's accomplishments: "But by the grace of God I am what I am: and his grace which was bestowed upon me was not in vain; but I laboured more abundantly than they all: yet not I, but the grace of God which was with me." Paul knew very well that he daily offended in many things (James 3:2; cf. Rom. 7; Phil. 3:12), and yet he did not go so far as to cast out all his accomplishments. I do not believe that this is God's will. In contrast to sinful forms of self-confidence and self-respect, there are also those that are good, necessary, and useful. Without a healthy sense of these, human beings cannot function well. We may pray for an appropriate sense of self-confidence and self-respect, clothed in true humility, and we must oppose everything that impedes a healthy development of these things (be it in ourselves or others) with the Word of God.⁶

7. Subjectivism

One of the most common tendencies in depression is to focus on feelings, and to base beliefs and conclusions on these feelings. This is especially true of Christians. They may feel forsaken and so conclude they are forsaken, etc. There is also the tendency to read Bible passages and books which address the feelings in the hope that this will help to restore true feelings, whereas such a focus tends only to make things worse.

We should encourage the depressed person to move away from the realm of the subjective and to instead think on the objective truths of Christianity – things which are true regardless of our feelings – justification, adoption, the atonement, the attributes of God, heaven, etc.

8. Speak

The general rule is to listen much and to speak little. However, here are a number of things not to say:

- Pull yourself together
- Don't get so emotional
- O, you'll soon get over it
- It's a sin to be depressed
- Just believe the promises

⁵ *Ibid*, 237.

⁶ A Elshout, *Overcoming Spiritual Depression* (Grand Rapids: Reformation Heritage Books, 2006), 32-33

- Smile, it can't be that bad
- Well, things could be worse
- At least it's nothing serious
- You should confess your sins
- You are not still on medication, are you?

The more you understand depression the less likely you will say such hurtful and damaging things.

9. Suicide

If you suspect someone is considering suicide then you should sensitively and wisely ask the person if they are thinking along these lines. This will not plant suicidal thoughts in their minds, but may allow the suicidal person to admit to this and to seek professional help.

In *Broken Minds*, the pastor Steve Bloem gives a number of reasons he has, at times, used to convince himself not to commit suicide:

- It is a sin and would bring shame to Christ and His church.
- It would please the devil and would weaken greatly those who are trying to fight him.
- It would devastate family members and friends, and you may be responsible for them following your example if they come up against intense suffering.
- It may not work and you could end up severely disabled but still trying to fight depression.
- It is true – our God is a refuge (Ps.9:10)
- Help is available. If you push hard enough, someone can assist you to find the help you need.
- If you are unsaved, you will go to hell. This is not because of the acts of suicide but because all who die apart from knowing Christ personally will face an eternity in a far worse situation than depression.
- If you are a Christian, then Jesus Christ is interceding for you, that your faith will not fail.
- God will keep you until you reach a day when your pain will truly be over.

10. Slow

It is important to realise that there are no easy answers and there are no quick fixes in dealing with depression. It usually takes many months and in some cases even years to recover. You should, therefore, take a long-term view and patiently wait for improvement. Don't get frustrated over lack of progress and be aware that temporary relapses may occur.

Patience is essential, because, by the nature of illness, the depressed person is likely to go over the same ground time and again, needing the same reassurance that was given a day, a week or a month ago.⁷

In the meantime let us take our depressed Christian brethren continually before the throne of grace and plead, "Lord, he whom thou lovest is sick."

CONCLUSION

In the course of these lectures we have been looking particularly at how depression affects the Christians. In closing I would like to refer back to something which I have touched upon now and again – the way God will sometimes use depression to bring an unconverted person to the Saviour. If you are unconverted and feeling depressed, at least part of the solution may be repentance from your sins and faith in Christ. That is not to say that you may not need medication and counselling as well. However, medication and counselling will only be a temporary solution if you do not seriously address your spiritual state before God. Pills might get you through this world, but they will not be available in hell, the place of ultimate torment, despair, and gnashing of teeth. "Believe in the Lord Jesus Christ and you shall be saved."

⁷ J Lockley, *A Practical Workbook for the Depressed Christian* (Bucks: Authentic Media, 2005), 338.