

a newsletter from The Barnabas Center, a nonprofit counseling, discipling, and teaching ministry in Charlotte, NC

# The Barnabas Letter

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# Depression the way out

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# What is depression?

Various sources

**Depression** besets 19 million Americans a year. That is 1 in every 10 people that you know. Approximately 20-25% of women and 12% of men will experience a serious depression at least once in their lifetime. Understanding depression and how to deal with it are basic life skills.

There is no typical profile of who gets depressed or why. But there are similarities in the experience of depression and in the treatments that have proven to help.

### The Experience of Depression

*'Depression is the inability to construct a future.'* Rollo May.

People with depression don't anticipate tomorrow. They have lost confidence that the next day, next decision or next event will produce a change for the better. Therefore people with depression don't tend to talk about how great it would be to change the drapes.

They just want to be able to laugh at something the dog did. They want to feel lightness in their arms to do a day's works. They want to lay their head down at night with the assurance that they will sleep a real sleep. And when they smell eggs the next morning, they want to feel hungry.

Laughter. Energy. Sleep. Hunger. Such simple, simple gifts. But when the ability to receive them departs - it

doesn't matter what entertainment options you have or how soft the bed or what's on the menu - you can't appropriate the joy from them.

A more complete list of common symptoms are listed at the end of this article. No one has all the symptoms, but this list identifies the range.

Neither is there is one central cause of depression. An onset may come from emotional loss, postpartum distress, biochemical imbalance, genetics, or personal failure. And sometimes it originates from the wild blue yonder.

### What Helps Depression?

In a word, 'movement' helps depression. With depression - everything stops. The body doesn't go (unless agitated), the emotions are stuck, decisions feel laborious.

Movement helps change this. It re-engages the person with life. The most effective treatments all involve movement of some kind. Exercise obviously, but talk therapy also moves a person into expression and interaction. Medications help the internal movement of brain functioning. Social interactions move us relationally and emotionally. Movement helps.

The trouble is that movement is counter-intuitive to the depressed mind. The very thing that helps is the last thing you feel like doing. This makes depression a self-feeding cycle.

### Famous People with Depression:

[Oksana Baiul](#) - ice skater  
[Rona Barrett](#) - reporter, author  
[Samuel Becket](#) - writer  
[Marlon Brando](#) - actor  
[Barbara Bush](#) - former First Lady  
[Truman Capote](#) - writer  
[Drew Carey](#) - actor, comedian  
[Jim Carrey](#) - actor, comedian  
[Winston Churchill](#) - Prime Minister  
[Dick Clark](#) - TV personality (US)  
[Ty Cobb](#) - pro baseball player  
[Calvin Coolidge](#) - US President  
[Billy Joel](#) - singer  
[Brooke Shields](#) - actress  
[Terry Bradshaw](#) - NFL quarterback  
[Princess Diana](#)  
[Harrison Ford](#) - actor

That is also why those that seek help and fight their depression are the most courageous people you will ever meet. They move... when it seems there is no place to go. They talk... when there seems to be no point. It takes tremendous courage and yes, faith to entrust yourself to others and God when your mind is devoid hope. Movement is faith at its most basic level.

### Treatments that Help

**Exercise.** I know one couple who literally walked their way through the wife's depression. They got up early in the morning and walked a circuit near their home. This strengthened the wife with companionship and a small sense of accomplishment. But as you can imagine, getting up, pushing yourself out the door and along the miles is difficult. Start small ( around the block, cleaning off your desk), experience some success and then build.

**Talk Therapy.** As with most treatment in life, admitting the problem is the first step toward help. This produces a sense of movement and relief that can help. Expressing the emotional pain helps move it through you. Likewise, allowing new ways of thinking can produce circumstantial changes, relieving stress and worry.

**Social Interaction.** Interacting with

others takes effort, but brings the rewards of encouragement and practical help with the kids, the piled up tasks and laughter back in small increments. The brightness and energy of others can sometimes be borrowed.

**Medications.** Depression is part brain function. Whether your depression originated in the brain or not, you often have to treat both.

Consult your doctor on the best course for you. And be patient - it takes time to sort through side-effects/benefits to find the right medication to renew your energy to tackle life.

**God.** One of the most painful aspects of depression is the awful sense that you have lost control of something as personal as mood, energy and thinking. Depression reminds us how precious little control we have. Recovery is coming to terms with this reality.

Who else can we turn to when we are aren't in control - but God ? Who else can be near and comfort you in the middle of a sleepless night? The pursuit of God in the middle of depression keeps hope alive. And God is the one who can turn pain into wisdom.

No one way of treatment works for everyone. Keep moving - even a little in ways that God can meet you with that precious life flow.

## Depression treatment tips:

- **Learn as much as you can about your depression.** It's important to determine whether your depression symptoms are due to an underlying medical condition. If so, that condition will need to be treated first. How severe your depression is also has a role in treatment; the more severe the depression, the more intensive the treatment is likely to be.
- **It takes time to find the right treatment.** It might take some trial and error to find the treatment and supports that works best for you. For example, it might take a few tries to find a therapist that you click with if you decide to pursue therapy. Or you may try different types of exercise, finally to find that what's best for you may be a twenty-minute walk after work. Be open to change and a little experimentation.
- **Don't rely on medications alone.** It's hard to escape ads about medication as a treatment for depression. Although medication can be effective for severe depression, studies have shown that therapy can be as effective or even a more effective treatment for many types of depression. Therapy and/or lifestyle changes may be all you need, and they come without the side effects of medication. If you do decide to try medication, remember that medication works best when you pursue therapy as well.
- **Get social support.** The more you cultivate your social connections, the more protected you are from depression. If you are feeling stuck, don't hesitate to talk to trusted family members or friends. Asking for help is not a weakness but a sign of strength.
- **Treatment takes time and commitment.** All of these depression treatments take time, and sometimes it might feel overwhelming or frustratingly slow. That is normal. Recovery has its ups and downs.

From: [http://www.helpguide.org/mental/depression\\_signs\\_types\\_diagnosis\\_treatment.htm](http://www.helpguide.org/mental/depression_signs_types_diagnosis_treatment.htm)

## Common Signs of Depression

Depression varies from person to person, but there are some common signs and symptoms. It's important to remember that these symptoms can be part of life's normal lows. But the more symptoms you have, the stronger they are, and the longer they've lasted — the more likely it is that you're dealing with depression.

- **Feelings of helplessness and hopelessness.** A bleak outlook - nothing will ever get better and there's nothing you can do to improve your situation.
- **Loss of interest in daily activities.** No interest in or ability to enjoy former hobbies, pastimes, social activities, or sex.
- **Appetite or weight changes.** Significant weight loss or gain—a change of more than 5% of body weight in a month.
- **Sleep changes.** Either insomnia, especially waking in the early hours of the morning, or oversleeping (also known as hypersomnia).
- **Psychomotor agitation or retardation.** Either feeling “keyed up” and restless or sluggish and physically slowed down.
- **Loss of energy.** Feeling fatigued and physically drained. Even small tasks are exhausting or take longer.
- **Self-loathing.** Strong feelings of worthlessness or guilt. Harsh criticism of perceived faults and mistakes.
- **Concentration problems.** Trouble focusing, making decisions, or remembering things.

# When Strivings Cease

By Amanda Bullen Wommack,

*who is newly married to Klif,  
and enjoys teaching, playing piano,  
cycling, and swimming.*

*What heights of love, what depths of peace, when fears are stilled,  
when strivings cease...*

**Striving...** that's how I live. When strivings cease... that sounds like heaven to me. My marriage has pointed out to me how much time I spend striving. My husband isn't ruled by that idol. But why am I? Why do I need to be more, do more, accomplish more...?

The striving may be the worst part of my depression: always striving to be happy, productive, kind, and giving, when I feel sad, worthless, empty, and needy. Its as if my depression is a character flaw that I need to overcome.

When I was 24, I moved out to Denver, CO to work with an inner city ministry. While there, I had my first bout of depression. Two years into my work, I fell and herniated a disc in my lower back. What followed was a year of doctor's appointments, physical therapy, and chronic pain. At the same time the work with the youth there was emotionally draining.

As the back pain persisted, I found myself unable to cope with the emotional strain of my work. I became really depressed. I cried all of the time, felt very lonely (even though I was surrounded by people), and just wanted to be done with this life and go on to heaven.

I eventually ended up needing back surgery. I moved back home to be near family for the surgery and recovery period. Unfortunately, despite all of the striving (taking the medicine, going to physical therapy, swimming every day, etc.) the back pain did not go away and neither did the depression.

Since then, I've struggled with depression off and on for the past eleven years. Sometimes its coming and going is correlated to things going on in my life, and other times it seems to come and go for no reason at all. I wish I could say that I have it all figured out, but honestly depression is in many ways still a mystery to me.

So, I woke up depressed again today. I don't want to start my day. It feels too hard. I want to just crawl into a hole and stay there- or better yet, go on to heaven. Getting myself out of bed seems like a monumental task. And going to work seems like something I just can't handle. I feel unable to do what I need to do today. And there is this sinking feeling inside that I'm just weak and need to "get over it."

As I mentioned earlier, I'm not always depressed. Some days I want to save the world. On those days I decide to run an inner city mentoring program in a strange city, or I decide to start a nonprofit organization. Currently, I'm teaching English as a Second Language and GED classes to adults, where I'm in front of a group of people for six hours a day. And when I'm not depressed, these jobs sound like something I'd love. During those times I feel smart, confident, and capable. However, on my darker days, like today, I feel anything but capable. I feel inadequate, unmotivated, and unable to be successful. How can I go stand up in front of my class today and teach when I feel so empty, heavy and dark inside? It feels like I'm not even the same person who thrived in the classroom just a few weeks ago.

That is the crazy thing about depression: I live almost two lives. The "depressed me"

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is pretty different from the "healthy me." For example, when I'm healthy, I love a good belly laugh. I laugh a lot. I used to get in trouble in school for laughing too much. I couldn't help it. Things were really funny to me. However, today, I can barely smile. The edges of my mouth feel so heavy. Someone can say something funny and I'll think to myself, "I should be laughing right now. That was funny." But inside there is this ceiling to my emotions that doesn't include laughter.

Another area of my life that really changes when I'm depressed is relationships. Normally I find it really easy to engage and relate with people. I gravitate towards jobs where I get to help others. I typically genuinely enjoy being around people. But today I've been avoiding phone calls from friends. It's too hard to pick up the phone. When I am around my friends or husband, I get my feelings hurt really easily. I'm normally sensitive, but today I'm overly sensitive. Those who are close to me usually get the brunt of this sensitivity, because they disappoint me or upset me easily. I also feel very needy. Whereas I would typically love to give of my time and emotions to others, today I feel like I have nothing to give. I feel empty. And all of this makes me feel really bad about myself. I hate being so sensitive. I hate being so needy. And I hate that I have nothing to give to those around me.

Depression feels like this dark cloud that hovers over me endlessly. It feels like a heaviness in my chest and a weightiness to my eyelids. My stomach feels upset. I feel great despair, because it feels like things will never be ok again. I can't remember feeling anything different. And I can't foresee ever feeling happy again. I know this is ridiculous since it always leaves eventually. But right now it is so overwhelming that that is all I can see. I feel like just crawling into a hole and never coming out. And yet I'm expected to get out of bed, teach, smile, love my husband well, be with friends, serve my community and church, and the list goes on and on. It feels impossible.

My friends and family are usually very understanding and caring. They genuinely want to know how I'm doing and how they can help. But they also grow weary of all of this. I'm not myself. And after a while it becomes too much for them. They begin to distance themselves from me or get frustrated with me. It's understandable really. I grow tired of myself, too. They begin to say things to try to pull me out of

where I am: "Doesn't it look like a beautiful day today! I bet you're going to have a great day today!" This creates a lot of loneliness and distance in me. It feels like they just don't get it. It makes me feel like I should be able to pull myself out of how I'm feeling. Sure it may be beautiful outside, but I feel dark, sad, and empty on the inside, and I can't make it go away.

Tonight when my husband got home from work he asked how things were going. I could tell that he really wanted to listen, even if it wasn't good news. He told me that it was OK to feel depressed, that I don't have to be happy around him. It was so nice to have him listen without judgment or advice- to be OK with things being hard. His hugs and smiles were nice, too.

So how does God meet me in this? I'm sure that it's different for everyone, but God meets me in my depression in tangible ways- through things I can touch, hear, see, etc. Some people cry out to Jesus in prayer, journaling, and the reading of Scripture, and I do that, too. But in my depression he feels absent and silent. My soul needs something tangible to break through that darkness. For example, last night God met me in music. I was having a hard time so I decided to play Beethoven's "Moonlight Sonata." Music touches my soul in ways that nothing else can.

God also meets me through people. A friend calling, a hug, a smile, someone asking how I'm doing and really wanting to hear- all feel like Jesus coming down to earth for me through them.

Lastly, God meets me in sunshine. Today the sun is especially beautiful. The heat on my face, lifts my mood helps me to feel something other than the darkness inside of me.

I once had a very wise woman tell me that when I'm depressed it's like I'm sitting in the bottom of this pit, and that I keep struggling and struggling to get out. But that I don't have to fight my way out of the pit. That Jesus will come and pull me out. He will come and get me. And that I can just wait for Him. I can quit striving. Those were some of the most freeing words I've ever heard. It was so freeing to know that it wasn't up to me to make it all right. It's not up to me to pull myself out of the darkness. He will do it. And so I just wait. I wait and pray that God will bring me up out of the sadness and despair. He does. And it's really nice when someone will wait with me.

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*By Roger Edwards:  
a counselor and teacher  
at The Barnabas Center.*

*He is married to Jean  
and they have seven children.*

# Admitting disorder

***It is not the healthy who need a doctor, but the sick.***

**For 20 years** now, I've been a 'talk-therapist'. I've heard a thousand versions of the human story. And I am ready to make a confession: I am shocked by what I hear.

But it's not what you think.

It's certainly not what I thought 20 years ago. I'm not shocked because the stories are so strange and unfamiliar, but because they are so strangely familiar. I was afraid, in the beginning, that I wouldn't be able to relate. Instead, I am surprised by how well I can.

I first noticed this when people confessed sin or struggle with darkness. As I listened, I experienced new curiosities and temptations. Unwanted urges developed.

It frightened me. This close identification felt uninvited and out-of-control. It suggested something about me that I didn't like. Were there unknown subterranean parts of me? And once awoken, would they ever lie down again?

I dealt with this fear with indignation or denial. "I am foolish." "What's wrong with me?" or "I didn't really feel that." Fear like this, is the root of judgmentalism, disproportionate anger and things like homophobia. We fear the issues of others are contagious - and so we protect ourselves with distance or self-condemnation.

The second shocking category was my identification with the 'disorders'. This was more troubling. Finding problems rooted deep in my character and genetic material felt even more out of control.

Disorders, the way I'm using the word, are the myriad human problems that run the continuum of choice and chemistry. Disorders are things like anxiety, depression, PTSD, ADD, Bi-Polar Disorder, addictions, eating disorders, etc.

I wanted to search them out, but I didn't want to find them (or parts of them) in me. Yet I have. As people described their experiences, I recognized similar feelings in myself. And similar behaviors.

For example, I do some tasks in a certain order before I feel right about moving on. At times, a thought spins in my head that I have trouble stopping. Am I OCD?

Sometimes, when stressed, my chest feels tight and I experience shortness of breath. I can have dread premonitions about the drive home. Do I have an anxiety disorder?

I often think about food in unrealistic terms. I eat, not for hunger, but to make myself happy or to not feel so sad. Is my eating disordered?

I can be irritable because of guilt or sadness. I feel lost sometimes. I lose interest in pleasure and isolate myself. Am I depressed?

Yes I definitely notice things in my thoughts, feelings and behaviors that are suspiciously close to symptoms of documented disorders. But I don't like it. I prefer to not be a person with problems—thank you very much. And I can get rather defensive about it.

I insist, "NOT ME!" When I calm down, I offer more 'rational' rationalizations and

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***"The necessary first step  
toward God is to repent of  
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denial. I rattle off contrary arguments. "It's not a big deal." "I am just tired." Or "You're just looking for something to be wrong." For good measure, I repress any of those troublesome symptoms for a week or two. If I don't acknowledge them, maybe they aren't really there.

But in my heart, I know the honest response is, "Well, maybe I have that problem - maybe I don't. But I'll look into it. I'll face whatever is true." And then, with integrity, look at my real experience, believing God is with me.

Yes, I confess: I am shocked that I can identify so closely to the human condition. My shock betrays my secret belief that I'm not quite as human as everybody else. I view myself having superpowers and special immunities. Other people get depression, or addicted, or age, or sin - but not me. I refuse to admit that I am part and parcel of the fallen world.

I have 'Disorder-Denial Disorder'.<sup>1</sup>

And so do you. Everybody has DDD. We all refuse to confess that we are infected with the Cosmic Disorder that reigns in the world. And we usually don't admit it until we're forced to. Or until we're convicted by God. To admit that we are part of the Cosmic Disorder feels like defeat or death.

Yet these years of listening to the human story are wearing down my resistance. I hear my story in those thousands of stories. It is undeniable. I feel the same things other people feel; I do the same behaviors.

Slowly, I'm coming around to the truth: Post-fall - the whole world is disordered. And I along with it. Cosmic Disorder is the normal human experience. So, given the present reality, the question isn't 'do I have a disorder?' - the question is 'which one?'

The admission feels defeating, at first. But in the long run, the truth will set you free. When you admit that something is wrong that really is wrong, then you can stop burning all that energy pretending it isn't. You can ask for help - both the temporary kind (therapy, community, medication, etc) and the eternal kind (prayer, healing, forgiveness, resurrection).

"It is not the healthy who need a doctor," Jesus said, "but the sick." Admission of brokenness is the first step toward redemption. Jesus came for those that need help. "I have not come to call the righteous, but sinners to repentance."

The necessary first step toward God is to repent of our denial and confess the truth: we are broken; we need God. Like the sinners gathered around Jesus when he uttered this phrase. Like the prodigal son. Like the thief on the Cross. Like blind Bartimaeus. Like me. And you.

So when you encounter a description of a specific disorder - like depression - your first task is to brave your sense of shock. Admit that you are like everyone else. Admit that you are part and parcel of the Cosmic Disorder. Have the integrity to honestly name your experience. And then face it, whatever it is.

Of course, you won't have every disorder (unless you have hypochondriac disorder). But you will have one or more. Face it. Face up to it with the belief that God is with you.

During these 20 years, I have met some people who have done just that. Extraordinary human beings who heroically confess that they are ordinary. They face their broken humanity. They admit disorder, whether it is caused by sin or victimization, biochemistry or character, circumstance or choice.

They are extraordinary because in admitting the reality of disorder, they take the chance that God so loves broken humans that He sent His son to rescue them - like a doctor coming for the sick. And if He has come to heal and forgive us - then it is OK to be human. No - it is wonderful to be human.

They repent from their insistent delusion that they are super-human. They don't live in the exhausting effort to hold themselves in midair pretending they can fly. They rest their feet on the ground - pedestrian - like God made them to be: *human and dependent on God*.

You'll notice too, if you are blessed to meet one of these real human beings, that they have room in their lives to listen to your story with mercy and hope. They are not shocked with your disorder because they have admitted their own. They know they need help. They know you do too.

Ironic isn't it? I used to think that I had to be perfect to be accepted by God. But the real precondition for being loved by God is to admit disorder. Such a simple admission. But it will jolt you with the most shocking realization of all; God loves those disordered humans. All you have to do is admit you are one.

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***"Ironic, isn't it?  
The precondition for  
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1- Based on my observations - 1 in 1 females in the US suffers from DDD, while twice as many males are affected. Even so, some experts believe that DDD is severely underreported.

# The Barnabas Letter

413-B South Sharon Amity Rd.

Charlotte, NC 28211

Tel: (704) 365-4545

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## Depression the way out

Our Web Address: [www.thebarnabascenter.org](http://www.thebarnabascenter.org)

### *Upcoming Opportunities*

<i>Date</i>	<i>Event</i>	<i>Facilitator</i>
November 6-7 <i>Hosted by Christ Church</i>	<b>Barnabas Training Basic</b> — This 2-day, biblically based seminar (Friday night & Saturday) helps you understand others by gaining a biblical understanding of your own heart. Includes teaching on a biblical model of people and an interactive small group experience.	<i>Barnabas Staff</i>
September 19 8:30am-1:00pm	<b>Barnabas Training Level Three: Marriage</b> —For those desiring to come alongside friends who are struggling in marriage. What do you say? Comfort or confront? Talk about his stuff or hers? This half-day seminar is designed to help answer these questions.	<i>Roger Edwards</i>
September 18-20 (closed) October 23-25	<b>The Quest</b> —A men's adventure outing including backpacking, conversation, study and reflection.	<i>Pete Bondy</i>
November 13-14 Richmond, VA	<b>Heart to Heart</b> —This seminar teaches Biblical principles of marriage along with practical ways to insert them into your relationship. Includes a series of guided, confidential personal conversations for couples. <i>Location: Richmond, VA</i>	<i>Palmer Trice Roger Edwards</i>
Tuesday evenings Groups begin September 1	<b>Honor's Program for Men</b> —A 14-week small group program for men who struggle with sexually addictive behavior to lay a solid foundation for relational recovery.	<i>John Pierce</i>
Thursday evenings Groups begin September 3	<b>Honors Program for Women</b> —For women whose husbands struggle with sexual addiction to grieve losses and make decisions about their own recoveries. Beginning and Advanced Groups. 14 weeks.	<i>Barnabas Staff</i>
Thursday evenings Groups begin September 3	<b>Healing Hearts</b> —For women who have experienced abuse in childhood. It provides a biblically-based, confidential context where women can wrestle with difficult realities related to their harm. Beginning and Advanced Groups. 14 weeks.	<i>Lauren Petters</i>
Monday evenings Groups begin September 14	<b>Barnabas Training Level Two</b> —This training extends and deepens the experience of the model of caring learned in Level 1. This is for individuals who have completed Level 1, are involved in caring for others, and want a context to gain skills and confidence through role play and personal feedback.	<i>Barnabas Staff</i>
Groups begin in September	<b>Barnabas Training Level Four</b> —For graduates of BT Level 2, this small group assists 4-6 individuals to grow in confidence in the model of caring for others	<i>Pete Bondy</i>