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Newsletter of Stonebriar Counseling Associates

From the desk of....

Bob Good

Dear Educator and Ministry Leader:

Sherwood Wirt, the editor of Decision magazine, has captured the **mood** of that first Christmas very exactly in this description that came from a Christmas card:

“The people of that time were being heavily taxed, and faced every prospect of a sharp increase to cover expanding military expenses. The threat of world domination by a cruel, ungodly, power-intoxicated band of men was ever just below the threshold of consciousness. Moral deterioration had corrupted the upper levels of society and was moving rapidly into the broad base of the populace. Intense nationalistic feeling was clashing openly with new and sinister forms of imperialism. Conformity was the spirit of the age. Government handouts were being used with increasing lavishness to keep the population from rising up and throwing out the leaders. Interest rates were spiraling upward in the midst of an inflated economy. External religious observances were considered a political asset, and abnormal emphasis was being placed upon sports and athletic competition. Racial tensions were at the breaking point. In such a time, and amid such a people, a child was born to a migrant couple who had just signed up for a fresh round of taxation, and who were soon to become political exiles. And the child who was born was called among other things, Immanuel, God with us.”

As Christmas programs and New Year celebrations are organized it is very easy to become enveloped within the whole format of schedules, personnel, and facilities. The **mood** of ‘going through the motions’ as a result of challenging ministry appointments replaces the celebration of the unveiling radiant majesty of the Lord Jesus Christ. Interestingly, sometimes “the things of this life do not grow strangely dim” for us to remember and celebrate the gift of His love and life. According to Webster’s New World Dictionary (2nd edition), **mood** is defined as a mental disposition, a state of mind emphasizing the quality of one’s attitude. The burdens of life can at times become so overwhelming that our **mood** changes in accordance with the challenge for the moment.

In writing this month’s article, I was reflecting on Romans 12:2, “Do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what the will of God is, that which is good and acceptable and perfect.” As a Christian counselor, I appreciate this verse because not only does it confirm the things I do professionally, but it’s also a broad concept essential to developing a healthy **mood** in spite of our circumstances. That includes a new way of thinking, new values, new beliefs, and new attitudes. All of these are necessary in dealing with depression. Therefore, the subject of depression is discussed in this month’s newsletter – a subject that has assumed a real, familiar, and very personal identity in the lives of many people. Its unannounced presence is found in ourselves, our work associates, our parishioners, our relatives, and our friends. In the following article, I hope to explain the symptoms and how we can bring healing to those experiencing depression. Because, as you read on, you will learn that the holidays can sometimes become a barometer of a person’s **mood** change.

Sincerely,
Bob Good

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Happy Holidays or Depression?

Each holiday season during Christmas and New Year the hearts of people are supposed to be filled with joy and hope. However, for many people, the holidays are anything but the "most wonderful time of the year." Depression is no respecter of persons. During the holidays there are levels of stress that can increase as people tend to overexert themselves and do more than they should. There are also physical factors, such as over eating and spending too much money that can exacerbate one's stress level. Additionally, others may feel frustrated, sad, or even angry if they do not meet expectations that they set for themselves during the holidays. Unfortunately, millions of people experience symptoms of depression particularly for those who have undergone significant life changes (including divorce, problems at work, problems with family and children, loneliness, the death of a loved one) or who have money worries.

Symptoms

According to the National Institute of Mental Health, approximately 19 million American adults are affected by depression.¹ Leading authorities on the etiology and treatment of depression report that women are twice as likely as men to

experience a major depressive episode.² At some point during their lives, as many as 20% of women have at least one episode of depression that should be treated. While researches are studying the causes of depressive disorders in women one area of investigation that has surfaced in recent years is the transmission of depression within families. In a study of over 2400 adolescents aged 14-24 years, approximately 34% of children who had either a mother or father with depression reported higher rates of depression than children of non-depressed parents.³ Also, husbands and wives of people suffering from depression are significantly more likely to have depression than other partners of people with no mental health problems. In a recent *British Medical Journal*, researchers discovered that people were more likely to suffer from depression if their partner had the illness than if they did not.⁴ Regardless of the age, it is normal to feel loneliness, grief, and anger after significant life events. However, if the feelings do not eventually fade and the individual does not resume the activities of normal daily life, then the persistence of these feelings for extended periods may indicate the existence of

depression. The symptoms of depression include:

- Altered sleep patterns
- Appetite changes and weight fluctuation
- Pervasive feelings of sadness or emptiness, irritability and anxiety
- Fatigue and loss of energy
- Physical illness or pain with no organic cause
- Difficulty thinking or concentrating
- Recurrent thoughts of death or suicide

Help is One Step Away

Though many suffer from the downward spiral of depression reach for the pill bottle in an attempt to deal with their condition, experts are saying, however, that exercise may be just as effective. As a counselor, I have found that with my clients exercise lifts their mood and re-establishes a belief in his or her ability to deal with challenges. And, in some instances the mimicking effects of anxiety and depression (racing heart and sweating) teaches the body that these symptoms are normal and manageable! Whether one walks or runs an exercise session of 20-60 minutes, five to seven times a week (a typical health and fitness regimen that is not boring and not inconvenient) is enough to produce measurable anti-anxiety benefits. That indeed, is a step in the right direction!

² Summit on Women and Depression: Proceedings and Recommendations, APA

³ Archives of General Psychiatry 2002;59:365-374.

⁴ British Medical Journal, 2002, 325:636.

¹ Office of Communication and Public Liason, NIMH Publication No. 00-4501 Executive BLVD., Room 8184, MSC 9663, Bethesda, MD 20892

Beginning the Journey

Knowing the environmental stressors and symptoms of depression is not enough to protect oneself and your family members from this illness. Based on the fact that depression can make you feel exhausted, worthless, helpless, and hopeless—it is often a person's negative thoughts and feelings that make them feel like giving up. Remind them that these negative views are part of depression, and typically do not accurately reflect their life situation. Here are six (6) key concepts that provide the foundation of effective recovery work with those suffering from depression.

They are:

Hope. The first step in the journey of healing is really a spiritual exercise. Those who are hurting with depression need to embrace the indwelling power of the Holy Spirit to deal with the losses and stresses of life. Paul wrote in Philippians 3:7-8, that the things that were once gain to him, he now counted as loss for Christ. In other words, there is nothing we can experience that exceeds what we gain in Christ. The hope of what we gain in Christ can help put those losses and stresses in the perspective of eternity. Additionally, the resources of His Word and prayer are directly beneficial in dealing with depression. Since life on this earth is temporary and transitional, we are just pilgrims (Hb. 13:14) “passing through.” Therefore, attachment is not solely fixed to the things of this world nor to anything else except what God offers us in Christ as a renewed mind (Phil. 4:6-9; Psalm 55:22; 68:19; 119:165).

Perspective. Although the individual is going through some

painful times it may be difficult for them to believe things will get better. Proverbs 23:y tells us that “as a man thinketh in his heart, so is he.” (KJV).

Depression runs parallel to erroneous ideas, beliefs, and illogical thinking. Therefore, encourage the person to strengthen their belief about what must be done to change their negative thinking.

Personal Responsibility. It is up to the person going through depression to take action.

Everyone has a choice.

However, depression diminishes the will to believe that you can do something even though you don't feel like doing it. Taking responsibility is taking positive action no matter how small.

Therefore here are a few suggestions in helping an individual build some feeling of control:

- ✓ Have them break large tasks into small ones, set some priorities, and do what you can.
- ✓ Try to be with other people; it is usually better than being alone.
- ✓ Force yourself to participate in activities that may make you feel better.
- ✓ Try to exercise, going to a movie, a ball game, etc.

Self Advocacy. Encourage the individual to become an effective advocate for him/herself by asking for help from others when they need it, and getting the services and treatment they need from counseling. This may include learning all they can about depression so as to make informed decisions about all aspects of their life and the kind of treatment that would be best for them.

Support. Beginning the journey to recovery is up to the individual experiencing

depression. However, support from others is essential to maintaining their stability and enhancing the quality of their life. A wonderful healing tool the church can provide for the one who is hurting is none other than emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person into conversation and listen carefully. Do not disparage feelings expressed, but point out the realities and offer hope. Encourage them in some activity that once gave pleasure, such as hobbies, sports, Bible study, but do not push the depressed individual to undertake too much too soon. He or she needs encouragement and support, but too many demands can increase feelings of failure. Such a support system implemented within your organization can also provide accountability for you to keep in contact with them so as to change some of the things in their life to help them through the depression. If there is no such support system in place, you may want to reconsider starting one. Strategies for beginning an effective journey to recovery include a sound treatment plan that the depressed individual follows; an attitude focused on hope, responsibility, and recovery; an effective support system; and a recognition of the symptoms with a response plan to take action. Depression is no respecter of age, sex, or occupation. It is my prayer that you will be more effective with these resources as God opens doors to teach and help depressed people around you.

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*Depression Fact Sheet*⁵

Nearly two-thirds of depressed people do not get proper treatment:

- The symptoms are not recognized as depression
- Depressed people are seen as weak or lazy
- Social stigma causes people to avoid needed treatment.
- The symptoms are so disabling that the people affected cannot reach out for help.
- Many symptoms are misdiagnosed as physical problems
- Individual symptoms are treated, rather than the underlying cause.

With approximately 19 million American adults experiencing depression, about 9.5% are age 18 and older.

Nearly 12.4 million women and 6.4 million men are affected each year by a depressive disorder.

While major depressive disorder can develop at any age, the average age at onset is the mid- 20's.

Large-scale research studies have reported that up to 2.5 million children and up to 8 million adolescents in the United States suffer from depression. And, in 1996, the most recent year for which statistics are available, suicide was the third leading cause of death in 15-24 year olds and the fourth leading cause among 10-14 year olds.

More than 90% of people who kill themselves have a diagnosable mental disorder, commonly a depressive disorder or a substance abuse disorder.

In a given year, between one and two percent of people over age 65 living in the community, i.e. not living in a nursing homes or other institutions, suffer from major depression and about two percent suffer from Dysthymia. Additionally, 13 to 27% of people over age 65 are at increased risk of depression due to some physical disability, medical illness, and high use of health services. Suicide is more common among the elderly than in any other age group (nearly 25% commit suicide).

Indeed, good experiences and bad experiences don't influence happiness for long. For instance, big lottery winners after a few months are not more happy than the average person! Yet, 70% to 80% of Americans are happy and 84% take pride in their work. People are much less happy in poorer countries and only 35% to 40% of Europeans and Japanese take pride in their work (making the best cars, computers, TV, etc.). While American's are the happiest, our level of happiness has not increased as out country's level of real income has grown... but our problems, such as violent crime, divorce, and depression, have soared. Also, in spite of Americans' claiming to be generally happy, 33% said they have worried constantly, 40% had often felt lonely, and 28% felt worthless during the last 6 months (Shaver, P. & Freeman, J., 1976, August, Your pursuit of happiness. *Psychology Today*, 10, 3, 26-32). Over 50% said their happiness changed daily or every few days. Married couples in their 20's are the happiest; divorced women with children and unmarried males are among the more unhappy. Good interpersonal relations are crucial to many people's happiness.

Only one third of depressed people seek treatment (and they wait an average of 258 days to do so). Nevertheless, one third of all people seeing a psychiatrist are depressed.

⁵ Office of Communications and Public Liaison, NIMG, Publication No. 00-4501 Executive Blvd., Room 8184, MSC 9663, Bethesda MD 20892