



The Pursuit of Happiness: Finding Contentment in the midst of Depression and Anxiety

PART 2 – Dealing with Depression and Anxiety

I. What is depression and anxiety?

Anxiety

“Anxiety neurosis is even more widespread than depression...there are signs that it may be less common in the underdeveloped countries, the implication being that anxiety is related to such factors as affluence, complexity of life-style, and the social stresses imposed by our ‘western culture’” (7, *Anxiety, Depression, and Phobias*, Cronin, 1982)

“In general, the anxiety-prone person is introspective—a ‘turned-inward’ personality— brooding on his thoughts, actions, and abilities and too frequently finding them lacking in the qualities he believes should be there.” (16, Cronin).

“...I think that the evidence supports a conceptualization of anxiety as a loose cognitive-affective structure. This construct is composed primarily of high negative affect, associated with a sense of uncontrollability, and a shifted in attention to a focus primarily on the self or a state of self-preoccupation. The sense of uncontrollability is focused on future threat, danger, or other negative events...characterized roughly as a state of ‘helplessness’” (3, *Chronic Anxiety*, Rapee and Barlow, 1991).

Depression

“ A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood...People with a depressive illness cannot merely ‘pull themselves together’ and get better...can last for weeks, months, or years.” (16, *Depression, Contemporary Issues Companion*, 2007)

“A less severe type of depression, dysthymia, involves longterm, chronic symptoms that do not disable, but keep one from functioning well or from feeling good...experience major depressive episodes at some time in their lives.”
(16, *Depression*, Contemporary Issues Companion, 2007)

“Anxiety implies an effort to cope with difficult situations, and the physiology if there to support active attempts at coping. Depression is characterized by behavioral retardation and an associated lack of arousal... motor retardation and loss of pleasurable engagement, which are characteristics unique to depression.”
(11, Rapee and Barlow, 1992).

“Depression refers first and foremost to mood. This may vary from feelings of slight sadness to utter misery and dejection. Secondly, it is used to bring together a variety of physical and psychological symptoms which together constitute a syndrome (the technical term for any collection of recognizable and repeatable symptoms). Finally, depression is used to indicate an illness which prevents the sufferer from functioning and requires active treatment to restore the body and mind to a state of health.” (9, Dominian, *Depression: What Is It? How Do We Cope?*, 1976)

“the term pictures downward pressure squeezing out and draining away whatever modes of energy and eagerness were there before.” (J.I. Paker, *Depression, Anxiety and the Christian Life*, 9.

“Depression is a kind of mental arthritis” Zach Eswine, *Spurgeon’s Sorrows*, 59.

II. How do I know if I’m experiencing depression and anxiety?

Depression is more than an occasional whacked-by-life-and-I-don’t-want-to-get-out-of-bed day. Depression is a condition marked by three characteristics:

- a) Frequency: how often does this happen?*
- b) Severity: how bad is it when it happens?*
- c) Duration: how long does it last when it happens?*

The more it happens, the worse it is, and the longer it lasts, the more likely you’re not just having a bad day – you’re dealing with depression

- Gregory Jantz, PhD, *Five Keys to Dealing with Depression*, 9.

Green, Yellow and Red Lights of Depression

Green light

- Take medicines as ordered
- Do fun and interesting activities
- No trouble sleeping
- Good appetite
- Keep regular sleep habits
- Keep all doctor appointments

Yellow light

- A loss of enjoyment in established activities
- Feeling restless, tired, or unmotivated at work
- An increase in irritability or impatience
- Feeling either wound up or weighed down
- Feeling overburdened with life and its activities
- A lack of spiritual peace or well-being
- A constant anxiety or vague fear about the future
- A fear of expressing strong emotions
- Finding relief by controlling aspects of your personal behavior, including what you eat or drink
- Feeling unappreciated by others
- Feeling a sense of martyrdom, as if you are constantly asked to do the work of others
- Exercising a pattern of impulsive thinking or rash judgments
- Apathetic when you wake up in the morning about how the day will turn out
- A sense of enjoyment at seeing the discomfort of others
- Anger at God for how you feel
- A recurrent pattern of headaches, muscle aches, and/or body pains
- Feeling left out of life
- Feeling trapped during your day by what you have to do
- Experiencing recurring gastrointestinal difficulties
- Feeling like your best days are behind you and the future doesn't hold much promise
- Displaying a pattern of pessimistic or critical comments and/or behaviors
- Bingeing on high-calorie foods to feel better
- Feeling social isolation and distancing from family or friends
- Feeling that it's easier to just do things yourself instead of wanting to work with others
- Feeling old, discarded, or without value
- Feeling trapped inside your body
- Dreading the thought of family get-togethers or social gatherings
- Feeling overweight, unattractive, or unlovable
- Sexual difficulties or a loss of interest in sexual activities

- Unmotivated to try new activities, contemplate new ideas, or enter into new relationships

Red light

- Overwhelmed by anxious, irritable, angry, or empty feelings
- Hopeless or helpless feelings
- Inability to concentrate, focus or make decisions.
- Increased agitation or complete inability to relax
- Thoughts to hurt self or others
- Unable to get out of bed
- Can't make doctors appointment

III. What are the best ways to fight depression and anxiety?

- 1) There are no quick fixes BUT there is reason for HOPE
- 2) Reach out

- Trusted friend
- Pastoral Care at FDC!
- Your PCP
- Ask around for a good counselor

*Where there is no guidance, a people falls, but in an
abundance of counselors there is safety.*

- Proverbs 11:14

- 3) With the help of a wise friend or counselor engage in whole-person assessment of your life (Jantz, *Five Keys to Dealing with Depression*)

Emotional – Anger, fear, Guilt out of balance – optimism, hope and joy.

Intellectual - What is true vs. what I feel?

Martyn Lloyd-Jones, *Spiritual Depression: Its Causes and its Cure*
Encouraged one to: preach to yourself. Cf. “Men are as trees walking”
Mark 8:22-26

“what we see is what we look for” Shawn Achor, *The Happiness Advantage*, 95

“The basketball game and the gorilla” – inattention blindness is our frequent inability to see what is right in front of us if we’re not focusing directly on it” Shawn Achor, *The Happiness Advantage*, 95.

“it turns out that our brains are literally hardwired to perform at their best not when they are negative or even neutral, but when they are positive.” Shawn Achor, *The Happiness Advantage*, 15.

Relational

Learned invisibility “if I don’t want to be hurt, I shouldn’t stand out”

Learned helplessness “bad things happen, but their never my fault”

Learned worthlessness “never good enough”

Lords Prayer

Physical

Eat

Sleep

Exercise

Spiritual

God loves you.

His grace is deeper than your depression

CF. Timothy Jennings, MD, *The God-Shaped Brain*

4) Community, community, community!

- Meet with someone who you enjoy talking to
- Nourish your spirit – go to church.
- Be part of a meaningful community!
- Be around people who care about you
- Multiple communities (kids who are in school and not church v. kids who are just in school).

5) Reassess your social media intake

- *Kwitter*

6) Choose a positive uplifting book.

7) “Antidepressant lifestyle” by Stephen Ilardi, PhD in *The Depressin Cure: The 6-step program to Beat Depression without Drugs*

- a) Right food
- b) Engaging actively

- (contra rumination – don’t think, do.- turn away from the inner world of thoughts and memories to the outer world of other people and activities)
- engaging in conversation, shared activities (Habitat for Humanity), play.
- brainstorm options

c) Physical exercise – with a purpose (bike to school),

schedule and accountable...

enjoyable and absorbing,

d) sunlight exposure,

e) social support and

f) sleep.

8) Set small goals (can’t form many habits at once)

9) “Adulting” Hibbs and Rostain, *The Stressed Years of Their Lives*

pick something your not very good and learn it....

IV. Is it OK to take medicine?

Yes but do your research!

Hari v. Moreland

- Depression as a form of grief on lost connections
- Sarah Silverman - homesick - lost connections

“but Christians, like other people, live in and through bodies – bodies that from time to time malfunction, get sick, wear out, and finally die; and physical factors, with or without out spiritual slippages, can at any stage bring on, among other things, depression in its various forms.” P. 13

“in the domains of both body and soul, “the right medications” are often absolutely essential but are as often only partially effective. Indeed, there may be several valid and effective permutations of the “right medication”, as well. Thus, medications are regularly necessary but not as often sufficient to restore or maintain well-being, and it seems, even counterproductive if not combined with the other necessary, “ingredients” p. 48

“see to the condition of your own soul, and consult with your own pastor and your own physician, and apply their advice as appropriate.” P. 68

- Michael S. Lundy, MD, *Depression, Anxiety and the Christian Life*

V. What's your panic attack gameplan?

How Do You Know You Are Having a Panic Attack?

“Of course, you should have it checked out by a doctor if you have never experienced this before. Panic attacks can certainly feel like heart attacks if you have never had one before. Sometimes they occur out of nowhere and for no obvious reason. Other times, you are in the middle of a crowded store or at work dealing with too many things at once. People with panic disorders can have several panic attacks per week and every time they have one, they actually believe they are going to die.

The symptoms of a panic attack include:

- Dizziness
- Sweating
- Shaking or trembling
- Fear that you are going crazy
- Abdominal or digestive issues such as diarrhea or vomiting
- Shortness of breath
- Hot flashes
- Sweating
- Nervousness
- Heart palpitations
- Feeling like you are going to die

Getting Through a Panic Attack

When you are having a panic attack, it is really difficult to get it under control. However, it is not impossible. It is best if you talk to a therapist to learn the best techniques to help your individual symptoms of panic attacks. However, in the meantime, there are some things you can do.

Deep Breathing

Getting a grasp on your breathing is the most important way to get your panic attack under control. Most people who are in the middle of an attack are breathing fast, which is what causes the rapid heartrate, dizziness, and can even cause you to faint. You may have seen people on television suffering from a panic attack and someone always gives them a paper bag or something to breathe into. You do not need the bag. That is just a way to trick your mind into thinking about your breathing rather

than thinking about panicking. To do deep breathing, all you have to do is take a slow breath in through your nose, hold it for a couple of seconds, and then exhale and repeat. Make sure you pause for about three seconds between each breath so you do not end up hyperventilating. You can do this while standing, sitting, or laying down.

Relax Your Muscles

Getting yourself to relax is done by relaxing your body, one muscle at a time. Progressive muscle relaxation is done in two steps. The first step is to tense your muscle groups one at a time. Then, release the tension of these muscle groups one at a time. Pay attention to each individual muscle as you tense and relax it. It also helps if you do your deep breathing during this exercise.

Face Your Fears

The experts claim that the best way to get control of your panic disorder is to face your fears. To do this, you have to allow yourself to have panic attacks voluntarily so you can desensitize yourself from the symptoms. By bringing the symptoms on yourself, you will have a sense of control over the panic attacks and the feelings that occur during the attack. Eventually, you will get so used to these situations that set off the panic attacks that your body will not respond with these symptoms anymore.

If you are having panic attacks more than once a month, you should talk to a therapist or counselor about it. You can talk to someone online without even needing an appointment.

- Quoted from the *Anxiety and Depression Association of America*

Two other strategies:

- 1) Heart math technique – hand over your heart.
- 2) Something that has worked for generations: say comforting Scripture to yourself repeatedly

VI. What if my anxiety and depression doesn't get better?

Already/ Not yet and the danger of an “overrealized eschatology”

“Sometimes you need your pain” Johann Hari, *Lost Connections*

“Adaptation” Edwin Friedman, *The Failure of Nerve*

“Post-Traumatic Growth/adversarial growth” – Shawn Achor, *The Happiness Advantage*, 109.

“the people who can most successfully get themselves up off the mat are those who define themselves not by what has happened to them, but by what they can make out of what has happened.” Shawn Achor, *The Happiness Advantage*, 111.

“the oxford English Dictionary defines pleasure as a condition ‘induced by the enjoyment or anticipation of what is felt or viewed as good or desirable...the opposite of pain.’ Leonardo da Vinci saw things differently. He sketched in his notebooks a solitary male figure splitting into two, about belly height: two torsos, two bearded heads, and four arms, like Siamese twins joined at the waist. ‘Allegory of Pleasure and Pain.’ *The Gift of Pain: Why we Hurt and What to do about it* Yancey and Brand

VII. Spiritual formation in the midst of anxiety and depression.

“Desolation” and “consolation” in the Psalms

“The irony of desertion is that God’s absence feels overwhelmingly close to us”
Spurgeon’s Sorrows, Zach Eswine, 45.

Appendix: What NOT say/do to a person going through a mental health crisis

1. Judge them according to your circumstances and not theirs
2. Smooth it out by trite sayings or scare it out by a raised voice.
3. Try to control what should be rather than surrender to what is.
4. Don't really acknowledge that we might not actually know or understand what they are going through.
5. Over-spiritualize the problem
6. Begin statements with "you should" or "you will" – these statements are too directive. Instead say something like "have you thought about" or "you might try"