

Dealing with Depression



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Unpacking the stigma of depression

BY WENDY KITTLITZ



A few years ago, I attended a workshop on treating depression and the presenter made a remark that has stuck with me. He said that virtually everyone present in the room could find themselves experiencing depression if they experienced sufficient stressors in sufficient intensity. I am not sure if that is completely true, but it was a very humbling thought.

For many people, recognizing and admitting to feeling depressed still carries a stigma, a kind of shame. People who are depressed have been pictured as weak, incapable of handling what life has thrown at them or even perhaps too lazy to rise above their circumstances and “get on with it.” Though I have seldom heard anyone say this overtly, it is communicated subtly both externally (by other people) and internally (within ourselves).

The stigma of depression

Particularly in the Christian community, it seems people have heard the message that depression is a result of not praying enough, having enough faith or serving God enough – “good Christians don’t get depressed.”

I hear this most often when people whisper about being on antidepressant medication. While some eagerly share this fact with everyone they meet, many more quietly take their medication in secret, hoping no one finds out. Others refuse to try it for fear it will confirm some kind of inability to cope. I am not suggesting that every depression requires

medication, but I would suggest that every depression requires some kind of treatment.

My great concern is that a lot of people, because of this shame-based thinking about depression, fail to reach out and get the help that is available to them. Counselling, at times combined with medication (under the supervision of a doctor), can be very effective at alleviating this problem. People should feel no hesitation about seeking help for depression; there is nothing shameful in admitting we need assistance!

Combating depression

My favourite way of thinking about combating depression is found in the Bible verse that says we should “take every thought captive to Christ.” Depression is often associated with believing lies; what we think has a great impact on how we feel. If we believe (and tell ourselves) that we are worthless, life is hopeless, no one loves us or nothing will ever get better, we are believing and living falsehoods. Gary Smalley, in his book *Change Your Heart, Change Your Life*, does an excellent job of describing how applying God’s truth to our distorted ways of thinking can change us dramatically.

We often need someone else to help us identify these thinking patterns and consciously change them. This is where a good Christian counsellor can be a great help. Examining our faulty thinking with an objective person can lead us to believe what God says is true about us and about our circumstances; this is the path to healing.

Understanding other factors

We must also remember that some cases of depression are caused, at least in part, by genetic and physiological factors. This is why I strongly urge anyone who thinks they may be depressed to see their doctor for a medical screening and interview to determine if this is the case in their situation. All the

counselling in the world will not alleviate depression if it is caused by physiological factors.

Wendy Kittlitz is the vice-president of counselling and care ministries for Focus on the Family Canada.

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Facts about depression

COMMON SYMPTOMS OF DEPRESSION

- Feelings of discouragement, sadness or hopelessness
- Loss of interest in activities that used to be enjoyable
- Difficulty concentrating, focusing or remembering
- Anxiety, agitation or restlessness
- Crying spells and persistent feelings of sadness
- Angry outbursts, increased irritability
- Feelings of worthlessness or guilt
- Unusual fatigue and lethargy
- Eating too much or too little
- Sleeping too much or too little
- Unexplained aches and pains
- Thoughts of suicide or death

DEPRESSION CAN EXHIBIT DIFFERENT SYMPTOMS IN MALES AND FEMALES

For example, men may tend to:

- Become angry and irritable
- Turn to sports, TV, sexual activities, alcohol or other reckless behaviour to mask feelings
- Have physical symptoms, including sexual dysfunction
- Feel embarrassed and fearful of depression
- Want to maintain a strong, male image
- Have a problem-solver approach to depression

IF YOU THINK YOU MAY BE DEPRESSED:

- **Visit your family physician.** He/she can determine physical and emotional causes of your depression and talk with you about antidepressants or other relevant medication.
- **Make an appointment with a counsellor.** If you need a referral to a Christian counsellor, please call Focus on the Family Canada at **1.800.661.9800**.
- **Share your burden with an individual or two that you are close with** – your spouse, a good friend, your pastor. Ask them to pray for you.
- **Learn about self-care** and depression.
- **Rest.** Take a Sabbath day each week and get eight hours of sleep per night.
- **Eat fresh and healthy food**, in smaller portions.
- **Exercise for 15 minutes each day** – a walk around your neighbourhood will do wonders in increasing your endorphin levels.
- **Be patient.** Just as it took time to become depressed, it will take time to feel yourself again.
- **Let the Lord minister to you.** Read the Psalms or other favourite Scriptures. Ask him to help you – even if it is just a simple one-sentence prayer that you whisper throughout your day.

The difference between clinical and reactive depression

BY SAM AND PAULINE DOERKSEN

Over the last few years, we have become more informed about mental health concerns with a great deal of focus on depression. While there's still a lot of unknowns, this is what we know: a person can be diagnosed with clinical/endogenous depression or reactive depression.

Clinical depression

Clinical depression, which is also referred to as endogenous depression, is a result of a chemical imbalance in the brain. This imbalance is related to the misfiring of signals which causes the chemical balance in the brain to be off. As a result, the body goes into a depression until the balance has been stabilized. It is important to note that clinical depression may be hereditary, similar to diabetes or heart disease.

Reactive depression

We also know that reactive depression is like the common cold of our emotional health. Our bodies react in a particular way when we are exposed to certain viruses. During this time, we allow time for more rest and drink lots of fluids. We can recover relatively quickly from the common cold.

Similarly, reactive depression is an emotional reaction to the losses that we experience. When we experience a loss of some kind, different emotions will begin to surface and we need to give them

attention. We have no problem giving attention to positive emotions such as excitement, joy, happiness and so on. But what about emotions like sadness, anxiousness, emptiness, inadequacy, fear and disappointment? Often we would perceive those emotions to be more negative than positive. We may even go so far as to believe that as a follower of Jesus Christ, we shouldn't have such negative feelings, so we deny them and refuse to process them.

In his book, *Recovering from Losses in Life*, grief and trauma counsellor H. Norman Wright states:

“Loss is not the enemy; not facing its existence is. Unfortunately, many of us have become more proficient in developing denial than we are in facing and accepting the losses of life. Even if you attempt to ignore the loss, the emotional experience of it is implanted in your heart and mind, and no eraser will remove it. Whenever there is any kind of an attachment, a loss cannot be avoided when the tie is broken. Life is full of relationships with people, things, and dreams that break up. Then new attachments occur. As each change takes place, you need to experience the grief that accompanies it.”



When our pattern of responding to difficult emotions is to deny them, ignore them or push them down, eventually we may find ourselves displaying physical signs that force us to deal with our emotional health. It is at this point that we would be experiencing reactive depression. The longer we put off dealing with emotions, the longer it may take to recover to an emotionally healthy place.

Those are the things that we know about depression. What about those unknowns? How do we take what we know about depression and transfer it from the textbooks to the life experience of everyday?

What to do (and what not to do) for someone with depression

I (Pauline) am the kind of person who likes to fix things. I'm a problem solver. When I see a need, I am more than willing to step up and get done what is necessary to fill the need so that the "problem" is solved. It is embarrassing to admit that sometimes I have used my fix-it approach as a means of support for those that battle with depression. My intentions may have been honourable, but in my haste to get the problem solved, I have forgotten the importance of just being there. This was shown very clearly to me a number of years ago when my husband was going through a very difficult time. I would soon learn a profound lesson on how to care for someone.

A number of years ago, I (Sam) was dealing with some very dark times. I had gone to a morning service in a

house church where there was just a small group of men attending. During a time of sharing, I mentioned that I was finding it difficult to get motivated to work and to focus. I was consumed with many negative thoughts and feelings and wasn't sure how to get better. When I was finished talking about how I was feeling, one of the gentlemen spoke up and told of his personal experience with depression. When he finished sharing his experience, he turned to me and said, "I don't know the answer to your situation but the next time that you are just lying there, give me a call and I will come and lie down beside you."

When Sam told me that, tears came to my eyes. It was such a picture of pure, genuine care and support. I learned a lot that day.

In the world of emotional health, there is no perfect formula that is guaranteed to work within a specific time frame. After all, we are all different. If you or someone you love is showing signs of depression, speak up, go to a doctor, seek professional counselling. We all need a safe place, a good physician, some spiritual guidance and trusted friends to be able to walk with us.

Sam and Pauline Doerksen are the program directors at Focus on the Family Canada's Kerith Retreats location in Manitoba.

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How to support a loved one struggling with depression

BY LYNNE MILLER



“Can you come over and pray with Mom? She’s really bad.”

The strained voice on the phone was that of my 18-year-old nephew, Jason. Several months before, my younger sister, Rachel, caved under the burden of poor health and personal crises. Despair eventually overcame her and threw her into the abyss of depression.

My body tensing, I took off for Rachel’s place.

When Rachel first hit bottom, I increased my time with her – watching TV, mall crawling and such. With my faith and prayers also ramped up, I expected that within a year, Rachel would emerge from the abyss, healed and whole.

But tonight made me wonder. I found my sister sobbing and frightened – a long way from healing and wholeness.

Where is God?

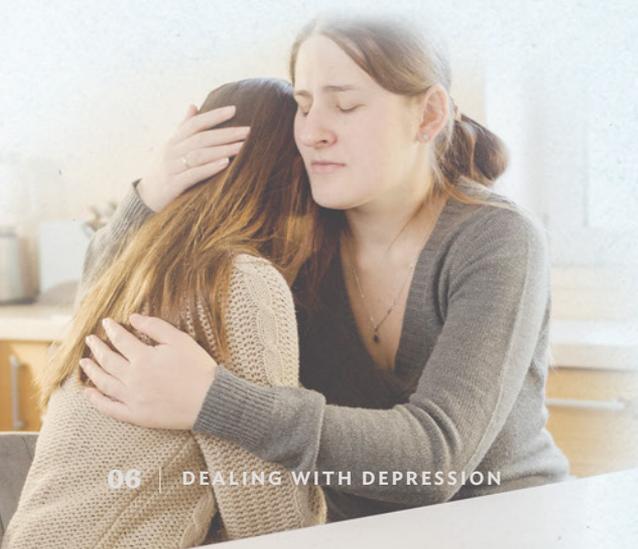
This was not the sister I had known for over 40 years. How could this loving single mother and committed Christian be so hopeless? Couldn’t she feel the presence of God anymore?

I, too, wondered about God. Why did he seem so deaf to my prayers and blind to Rachel’s pain? Didn’t he promise a hope and a future for Rachel? Could he really make something like depression beautiful in his time? So far, nothing about the abyss was beautiful. And hope for the future seemed well beyond reach.

After I prayed with Rachel, peace came over her. But I was spent. Later, while I lay in bed at home, my thoughts raced: *Can I trust Rachel to be alone? Will she kill herself? Will she call if she needs me?* Sleep finally came that night; rest did not.

Help for me, too

Rachel wasn’t the only one suffering. I was grieving for a sister I hardly recognized, but few knew the depth of my agony. Some days, I spent hours crying. Every day, I awoke early and struggled



to concentrate at work. One week, a friend who knew about Rachel's depression innocently asked, "How's your sister?"

Resentment fluttered inside, and an unspoken question rose in my mind: *What about me?*

Looking back, I realize such reactions were normal for a family member coping with a loved one's depression. I eventually discovered that to survive the walk with Rachel through the abyss, I had to invest in my own mental health.

Learning about depression

I began counselling sessions with a therapist. Every week, Janet guided me in expressing and examining my agony. She also helped me understand Rachel's agony.

While we all have down moods that linger for a time, Rachel's mood stubbornly stayed. Its longevity categorized it as major depression, caused by a chemical imbalance in the brain and worsened by traumatic life events.

I did my own research as well. Each bit of information I gathered helped make more sense of Rachel's state. I stopped regarding depression as a freak occurrence and viewed it more like diabetes or any other health condition requiring treatment. In time, I considered Rachel's therapy and antidepressants as God's provision – his way of giving my sister a hope and a future.

Changing my pace

As my initial impressions of depression had been flawed, so were my attempts to handle Rachel's depression. In straining to make Rachel happy and protect her from harming herself, I had nearly burned out.

No wonder. Dealing with depression, Janet told me, is a marathon. For some people, depression resolves in months; we were looking at years in this dark place.

I would have to change my pace to make it through. I did this in various ways. When Rachel cried on the phone, I empathized and tried not to panic. Though I still spent time with her, I resisted rushing to her side every time she called. I prayed God would watch over her instead.

This gave us both space to practice the coping skills we were learning in therapy. And it allowed me to cast my burdens about Rachel onto the One whose care outdid anything I could do for her (1 Peter 5:7). I journaled, dumping feelings only God knew onto pages only I would read. In time, I saw that my mind had raced ahead of God, creating its own scenarios instead of trusting in him (Proverbs 3:5).

I soaked in Scriptures about God's faithfulness, strength and compassion. Long walks in the evenings settled my spirit, and dazzling sunsets drew me closer to the Creator. Those end-of-day moments found me releasing Rachel to God, then gaining his unique peace (John 14:27) and rest for my soul (Matthew 11:28-30).

Beside us in the dark

It's been two years since I began investing in my emotional health. The deep grooves of grief have been smoothed out by the One whose presence alongside me in the abyss matches me step for step. I continue to lean and learn.

So does Rachel. She's found the right balance of therapy and medication. And she's found a wholeness different from what I envisioned at the start. It's spiritual, forged by her desperate dependence on God. A women's Bible study at church draws Rachel into the Word, and friendships with sisters in Christ coax her out of her shell. Prayer is her daily refuge.

I cheer Rachel on as I walk by her side. And I praise God that the signs of our mending are his way of making a dark place beautiful – in his time.

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How to help a depressed spouse

BY DR. PATRICIA LANDRY



Doug was always laughing and reaching out to hold Shelly, saying he was the luckiest man on the planet to be married to her. He had great dreams for them. Giant, grandiose dreams.

But he also struggled with some pretty low lows. A back injury saddled him with chronic pain. It seemed to Shelly that the pain medicines numbed Doug's mind and made him not care about much of anything. Shelly was wounded – and worried. She thought Doug was pushing her away, and she didn't know how to make things right again.

Depression is an unwelcome guest that can intrude on any marriage. So many things can trigger it – life circumstances, chemical imbalances, undiagnosed medical conditions, a traumatic life-threatening event, spiritual struggles, broken dreams and broken promises. Anything on that list has the potential to set off a downward spiral of ever-worsening negative thoughts that can overwhelm even the most resilient person.

Realize that Christians have depression

One of the biggest misperceptions is thinking that depression can't happen to us. Dealing with this

problem is particularly troubling for Christians. We somehow suppose that being a Christian means that we can't be depressed. If we think being depressed is incompatible with our faith, we're apt to deny any feelings of depression. But denial only gives depression an opportunity to gain a stronger foothold.

Know the symptoms

Does your spouse have any of the symptoms of depression on page 3? It's important to know that all depression doesn't look the same. A person who is sometimes "upbeat" could be suffering from a mental health condition that includes depression as a major component.

Talk about it

Ignoring the issue won't improve matters. Don't be afraid to talk about the symptoms you see. Mentioning the word depression will not make a person depressed. Asking your spouse if they feel suicidal will not make them suicidal. It will not plant that idea in their head. It may already be there, and it's vital that you know it. The most dreadful complication of this disease is suicide.

Ask about suicidal thoughts

Be aware if your spouse begins giving away prized possessions or admits to feelings of hopelessness or unbearable pain. A suicidal person doesn't so much want to end life as to escape the pain. They are too tired to fight to live anymore.

A gentle way to approach this subject of suicidal thoughts would be to say something along these lines: “Honey, there’s been a lot going on lately. Have you been doing OK? I’ve been concerned. Are you feeling overwhelmed? Have you had any thoughts of hurting yourself?”

Do not leave your spouse alone if you think they are suicidal. Having thoughts of suicide is a medical emergency. Call 911 and tell the operator that your spouse is at risk of hurting themselves or potentially someone else. If you feel your life is in danger, seek a safe place and stay in contact with the 911 operator.

Monitor medications

Shelly had heard so much about opioid drug overdoses. She’d count Doug’s pills and was relieved when his doctor also gave him a prescription for naloxone (Narcan), designed to rapidly reverse an opioid overdose. If you’re concerned that your spouse is depressed, monitor any medications they may be taking and offer to be the one to dispense them.

Don’t be ashamed

Shame causes us to shrink back, to feel unworthy, to hide. Do not worry about what other people will think. Depression is a disease that can affect anyone. Instead of hiding in shame, we need to open the blinds and draw back the curtains. When we’re depressed, we’re like someone wearing polarized glasses that let in only the negative and filter out all of the positive. In the darkness of depression, truth is harder to see. A supportive spouse can help let in the light.

Pray and seek support

We have a perfect Saviour, but we don’t have perfect lives. It’s most often in our brokenness that we draw near to God and our lives let the power of God shine

through. If you’re not sure how to pray, remember Romans 8:26, which says “the Spirit himself intercedes for us with groanings too deep for words.” It’s OK to pray alone, but it’s *not* OK to suffer alone. Reach out to a trusted friend or pastor.

Encourage your spouse to see a physician

Many physical maladies have symptoms that mimic depression. Depression is also a side effect of some medications. That’s why seeing a family physician is important. In addition, many people are more comfortable talking to their regular doctor about depression, especially initially, rather than going to a mental health specialist. Be sure to mention to the doctor any family history with mental health issues.

Doug agreed to go with Shelly to see their family doctor. After a thorough evaluation and a consultation with a psychiatrist, Doug was diagnosed with bipolar disorder. His current depression was a part of that condition. He started taking a mood stabilizer. Both he and Shelly were encouraged by having a diagnosis and a treatment plan.

Take care of yourself

When your spouse is depressed, you can become depressed. The dark cloud hovers over both of you. Please take time to care for yourself. Consider seeing your doctor for your own sake.

Dr. Patricia Landry is a family doctor, a member of Focus on the Family’s Physicians Resource Council and has been a member of the American Academy of Family Physicians for more than 25 years.

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Read the full article at FocusOnTheFamily.ca/DepressedSpouse



Do your children suffer from depression?

BY DON MORGAN

We might be tempted to think that kids can't experience depression because they don't face the same pressures as adults. Besides, kids are resilient, right? They usually bounce right back from whatever challenges life throws at them – don't they?

The stark reality is that children can suffer from depression and its effects every bit as much as adults. Clinical depression involves a persistent and usually disruptive disturbance of mood that often affects other parts of the body. Children are not immune to this, although they may manifest symptoms of depression that are different than adults.

Identifying depression

Your children, especially if they are younger, won't have the emotional maturity to simply announce, "I'm depressed." Rather, you will pick up clear signs through his or her behaviour. In addition to the list of symptoms on page 3, the following signals might mean your child is depressed:

- Continued overt sadness or moping, which may be accompanied by frequent episodes of crying
- Increasing withdrawal and isolation from family and friends
- Poor school performance: plummeting grades, loss of interest in schoolwork and frequent absences
- Repeated complaints about being bored or tired

- Overt acting out: drug or alcohol use, running away, sexual activity, fighting, vandalism or other antisocial activity

This does not mean, of course, that all negative attitudes and actions are manifestations of depression. But a component of appropriate parental corrective action should be a willingness to entertain this possibility when a child or adolescent displays an unexpected and persistent disturbance in behaviour.

Emotional and physical symptoms

In addition to the behavioural indicators listed above, there are other emotional and physical signs that your child might be experiencing depression.

Emotional indicators include:

- Relentless introspection
- Exaggerated criticism of not only physical appearance, but also intelligence, competence and general worth
- Crippling anxiety that interferes with basic day-to-day functioning
- Hopelessness due to a lack of experience and maturity to recognize the ebb and flow of good times and bad times throughout life

Physical indicators might include:

- Insomnia and other sleep disturbances
- Loss of appetite, weight loss and nonstop hunger
- Physiological problems such as fatigue, headaches, dizziness, nausea, shortness of breath, heart palpitations, poor concentration and unexplained body pain

Causes of depression in children

Maybe your child is demonstrating some of these symptoms, and you're convinced he or she is depressed. You're probably asking, "How did this happen?" Remember to go easy on yourself. The factors contributing to depression are varied and complex. Some of them lie completely beyond your control, while others may reveal areas in the life of your family where you might be able to make proactive changes. Here are some of the primary factors contributing to depression in children and adolescents:

- Genetics and biochemistry
- Personal and family events such as neglect, a chaotic family life and traumatic experiences in early childhood
- Recent stresses and reversals such as severe or chronic illness, the death of a loved one (or even a pet), divorce, remarriage, a move away from a familiar home, sexual abuse, natural disasters, a painful breakup, bullying, etc.
- Personal and family faith involving intense legalism, condemnation and pressure to perform

What you can do

If you suspect your child is clinically depressed, here are some ways to love and support your child if he or she is struggling in this area:

Be alert for signs: Don't obsess over every negative attitude or bad day your child has. But if you start to see patterns or trends that concern you, don't ignore them, either.

Listen to your child and take his or her concerns seriously: Don't respond with indifference or shaming. Get on your child's level, look him or her in the eye and take time to listen and understand where he or she is coming from.

Get a physician's evaluation: A doctor will be able to help you rule out physical disorders and clarify whether depression might be contributing to the issues your child is facing.

Get counselling: Find a counsellor who shares your values and who specializes in working with young patients.

Be willing to consider medication: Clinical depression cannot be "prayed away." Antidepressants can normalize neurotransmitter function and are neither addictive nor an "escape from reality."

Watch for signs of suicidal behaviour: Understand the issue of teen suicide, and if you have any reason to suspect that your child is actively suicidal, contact the Canada Suicide Prevention Service immediately at **1.833.456.4566**.

The bottom line is this: You know your child best, and you are in the best position to intervene if you feel he or she is suffering from clinical depression. So be aware, keep your eyes open, be a safe refuge to which your child can turn and, if clinical depression is determined to be part of your family's journey, know that God has promised to never leave you or forsake you (Deuteronomy 31:6). Rest assured that he will walk with you every step of the way.

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Read the full article at FocusOnTheFamily.ca/DepressedChild

Relying on God to carry the burden of depression

BY PAUL ASAY



One Thanksgiving when I was a kid, my dad wanted to go for a walk through a vacant mile of scrub oak. I don't think I'd ever seen a landscape look quite so scrubby and lifeless. We trudged through thin brush under skeletal elms and cottonwoods. We poked through trash and explored the rusted ruins of an old construction project. And then my dad stopped and looked around.

"Isn't it beautiful?" he said.

"Beautiful?"

"Yeah," Dad said. "Look at all these browns!"

I remained unimpressed. To me, beauty in nature meant green and lush. Or green, at least. Brown was the colour of dirt and grime, of dead leaves and other less pleasant things.

But there is real beauty in those browns. Not beautiful like a colourful rainforest or a snow-capped mountain, but a subtle beauty that is just as rich. Shades and textures blend like mellow rivers of honey and earth. You see the architecture of trees, the graceful brushstrokes of grass. It's a beauty that doesn't translate well into Instagram pics, but it imprints itself somewhere inside you.

I often think of that dreary landscape when I consider

my journey through and the burden of depression. My depression has helped me see the beauty in the browns of life.

Rediscovering the comforts

Anyone who's ever dealt with depression knows how hard it is to be thankful about anything. Depression is a wet blanket. It constantly smothers us, making gratitude nearly impossible to reach. And yet, I'm thankful for my depression.

There are caveats. My burden of depression isn't as severe as what others might suffer. I've also learned ways to manage it – faith, prayer, an understanding wife and a regular run.

I'm also not saying I've ever enjoyed depression, that I miss the times when I'd lie around for weeks staring at nothing, feeling dead or wishing I was. Depression steals vibrancy from life, and as you crawl out of its smothering embrace, colour returns only slowly.

But if you look closely, you may start seeing the blessings that you'd never have seen without depression. You rediscover comfort. There was a time in my life when I stopped reading. I felt good about myself and didn't need it. I rediscovered books when I needed them, in depression's aftermath. Books now surround me like old friends.

God's quiet presence

God's apparent silence during depression's nightmarish introspection is horrific. But when I crawl free of the burden of depression, even partly, I see that some of the terrible elements I've experienced can mellow into possible virtues.

When I'm depressed, I obsess. When I'm not, depression gives me a better ability to reflect. When I'm depressed, I feel worthless. But then depression gives me a bit of humility and helps me be more realistic about my weaknesses. I've also learned the difference between loneliness and the quiet joy of being alone. What seems like God's stony silence can actually be God's quiet presence.

God, give me the strength to carry this burden. That's my prayer these days. Not for God to wipe depression clean away from me and make me "normal." I pray instead for the strength – if and when it comes back – to deal with it. Because, honestly, and with a deep sense of irony, I feel closer to God because of my depression.

It pushes me toward dependency. When I feel worthless and weak, I understand how much I must trust in him to carry me through. As Peter told Jesus, where else would I go? No one else can save me. No one else can make me feel whole. I have no other hope but in God and his strength.

A mysterious affliction

For a Christian, the burden of depression is a vexing mystery. Is it born of sin? Is it a lack of faith? And if it's none of those things, what kind of God would have us be in this sort of pain and melancholy?

I've come to realize that sometimes pain is a gift, that sadness and even suffering can be a positive if they make us stronger or help us grow. Our awful, sorrowful hurt can also be an instrument of healing. When we suffer and still believe, when we doubt and yet hope, we help illustrate another side of the Christian journey, one not often publicized in chipper praise music or inspirational talks – a journey walked among the browns. The browns of life are easily overlooked. But they're strong, gentle, warm.

I don't know what depression is for me – a disease, a punishment, the "thorn in the flesh" the apostle Paul wrestled with (2 Corinthians 12:7-9). But I believe God works in my weakness. "His grace is sufficient." When depression makes me feel empty, God can fill me with something better.

I have no real assurances that "I'm all better now." Maybe depression never fully goes away. As much as running and writing and friends and family and God have helped me through the days and years to stay relatively sane and hopeful, I've learned that depression loves its little surprises.

But I'm not afraid of it. I've seen the face of depression. I've heard its lies and half-truths and nihilistic whispers. So I stare depression in the eye and live. Life is a gift – even when it doesn't feel like it.

There's so much of our stories left to live. So even in the emptiness, I choose to live.

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Additional resources and information



Books for **adults**

Beauty in the Browns

BY PAUL ASAY (F01830B)

Five Keys to Dealing with Depression

BY DR. GREGORY JANTZ (C03227B)

Understanding and Loving a Person With Depression

BY STEPHEN ARTERBURN AND BRENDA HUNTER (C04202B)

Is Your Teen Stressed or Depressed?

BY DRs. ARCHIBALD D. HART AND CATHERINE HART WEBER
(N00109B)

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Books for **children**

What Am I Feeling?

DR. JOSH AND CHRISTI STRAUB (C03707B)

Just in Case You Ever Wonder

BY MAX LUCADO (C03723B)

The Berenstain Bears Why Do Good Bears Have Bad Days?

BY MIKE BERENSTAIN (C03559B)

Lies Girls Believe

BY DANNAH GRESH (C03592B)

It Will Be Okay

BY LISA TERKEURST (C02900B)

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Adventures in Odyssey episodes

EPISODE 592: *“Now More Than Ever”*

EPISODE 368: *“The Other Woman”*

Listen at **FocusOnTheFamily.ca/DepressionAIO**

Focus on the Family **Broadcast**

“Walking Through Depression”

WITH PAUL ASAY

“When Darkness Falls”

WITH PASTOR LOUIE GIGLIO

“Finding Joy in Life”

WITH VALORIE BURTON

“Finding Hope Again (Parts 1 and 2)”

WITH KAY WARREN

“How to Help a Loved One with Depression”

WITH STEPHEN ARTERBURN

“Understanding Teen Depression and Suicide (Parts 1 and 2)”

WITH DR. GREGORY JANTZ

“Embracing Hope in the Midst of Postpartum Depression”

WITH JERUSHA CLARK

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FocusOnTheFamily.ca/Radio

Free seven-part video series

“What to Do When You’re Not Okay”

WITH AUTHOR AND COUNSELLOR DEBRA FILETA

Sign up to watch this free series at

FocusOnTheFamily.ca/NotOkay

Find more articles and resources at
FocusOnTheFamily.ca/Depression

We're here to help

We know that life can be overwhelming, and it can sometimes be difficult to know how to navigate the trials we face – whether it's depression, anxiety, broken relationships or prodigal children. Whatever you may be dealing with right now, we want you to know you're not alone. We are here for you with prayer and counselling support.

Every weekday our team prays together for the needs of families all across the country. You can email prayer@fotf.ca or submit your prayer request online at FocusOnTheFamily.ca/Prayer. Or if you'd like to receive prayer over the phone, call our team at **1.800.661.9800**.

We also offer a free, one-time phone consultation with one of our in-house counsellors. Our counselling staff are all committed Christians and registered (Masters level) counsellors with ministry experience. We can also refer you to a counsellor in your area to better help you on your mental health journey (fees will apply). Call us at **1.800.661.9800** or visit FocusOnTheFamily.ca/Counselling to learn more.



*“The Lord is a stronghold for the oppressed,
a stronghold in times of trouble. And those who
know your name put their trust in you, for you,
O Lord, have not forsaken those who seek you.”*

PSALM 9:9-10



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