How Should a Christian Deal With Depression in Himself? In Others?

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(all Scripture in New King James Version)

From time to time billboards and news media will announce that 1 in 3 Americans will struggle with depression at some point in their lives. You can debate the statistic (it may be closer to 1 in 5) but there's no denying that the scope of the problem is huge. Even if you don't know anyone being treated for depression, I'm sure you can all think of someone close to you whom you've already "diagnosed" with depression. We will talk briefly about the medical aspects of depression and its treatment, but also delve into what God has to say about depression in His Word.

Depression is both a lay term and a medical term used to describe a specific psychological illness. We may say, "Jerry's been awfully depressed the past few days" but we may use that word simply as a synonym for sad. Sadness is universal and there are many types of sadness depending on the circumstances. I want to focus on the medical definition of depression not because it's more important than other types of sadness, but because it is more than just a bad mood or hurt feelings. True depression affects the whole person, body and mind.

The medical definition of depression and its look-alikes is useful for us to review briefly. Major depressive disorder is characterized by 5 or more symptoms, lasting for over 2 weeks, and that is not due to a general medical condition.[1] Those symptoms are:

1) depressed mood
2) change in sleep,
3) losing interest in hobbies,
4) feelings of guilt or worthlessness,
5) decreased energy,
6) impaired concentration,
7) change in appetite or weight,
8) feeling weighed down physically, or
9) thoughts of suicide or self-harm.

Dysthymic disorder is considered a less severe but longer lasting version of a major depressive episode (two or more of the above symptoms for over two years). This is often treated similarly. Seasonal affective disorder, as the name suggests, is present only during one season of the year, typically winter. We will focus on major depressive disorder as this is the most common and what lay people typically picture when we say "depression".[2]

How can you tell if someone is depressed? Sometimes the simplest approach is the best. I will ask my patients, "Have you been feeling down in the dumps?" or "Have you been feeling depressed?" Another simple question to ask is, "Have you lost the pleasure in doing things you would usually enjoy?" This comes with a caveat – health professionals have the advantage of having a closed door in a clinic where complete confidentiality is expected. For most of us in the real world, there is still a strong stigma around mental health problems in general, and someone may be quite resistant to directly discussing the problem with another.

It's important to note what is *not* considered depression. Anyone who loses a loved one or suffers some other major life change is likely to experience grief or bereavement, two very similar terms. It's quite common for the bereaved to exhibit many of the symptoms of depression. Notably, the feeling of overwhelming guilt and thoughts of self harm seen with depression are absent with grief or bereavement. Grief can last for up to one year, meaning that just because Grandma still seems to be in a funk nine months after Grandpa died, she's not necessarily clinically depressed and in need of a serious intervention. It doesn't have to be a death – the sudden diagnosis of a terminal illness, the loss of a job, or the change in lifestyle and responsibility when someone suddenly becomes a full-time caretaker for an elder are all possible triggers of grief.

Substance abuse and depression are often found concurrently. Certainly either problem can occur first and then expand to the other, but usually by the time the problems are addressed both are easy to identify. There is considerable debate about whether major depressive disorder is separate from or part of the substance abuse disorder as well as how they are best treated. No one would argue, however, that the substance abuse problem needs to be thoroughly dealt with before true recovery from depression can occur.

Two other disorders that are separate from depression are bipolar disorder (also known as "manic depression") and schizophrenia. Bipolar disorder has all the features of depression plus a history of a manic episode. Put simply, a manic episode is a period of persistently elevated mood with features such as decreased sleep, increased talkativeness, inflated self-esteem, racing thoughts, and excessive risk-taking. Schizophrenia and other psychotic disorders can seem quite similar to depression but these disorders are defined by delusions, that is, fixed false beliefs (think: "The government is controlling me through my dental fillings", etc.) These are important to note because the treatment is quite different and they may have a stronger need for medication.

A variety of other psychiatric disorders can at first glance look like depression. People with significant anxiety may have an anxiety disorder that needs to be addressed to improve their mood. Those who suffer from eating disorders will also seem quite depressed, but again, the underlying problem needs to be addressed. Post-traumatic stress disorder can cause a particularly low mood, but the typical treatments for depression may not be effective. Many people suffer from personality disorders or social phobias which impair their interactions with others and can be isolating, but this isolation is not necessarily due to depression.

Many medical conditions can mimic depression, which is why it's always a good idea to talk with your primary doctor when you think you may be depressed. Without going into the subtle differences among these diseases and true major depressive disorder, these diseases include: thyroid disorders, adrenal gland disorders, sleep apnea and other sleep disorders, chronic infections, medication side effect, vitamin deficiencies (esp. B12 and folate), kidney disease, liver disease, and many more.[3]

Depression isn't simply a bad mood or a negative outlook that can be changed by some good feelings or experiences. Extensive research shows that there is a fundamental imbalance in the neurotransmitters – the messenger chemicals – in the brain. A simplified explanation is that there is a relative deficiency the neurotransmitters serotonin and norepinephrine in the brains of depressed people compared to those without depression. Not surprisingly, most of the medications offered today to treat depression seek to increase the activity of these signal molecules. More recent findings suggest the imbalance problem is actually much more complex

than this. Many people find it helpful to know that there is a measurable imbalance involved and that it is not simply a matter of allowing oneself or choosing to be depressed.

Various factors can contribute to the likelihood that someone develops depression. Genetics is a part of the equation but not the whole story. If one identical twin had depression, the other twin will develop depression in about one third of cases. Families may not only pass down their genetics but also their environment to their children, which also can affect the risk of developing depression. Factors that are especially problematic include criticism from family members, isolation, or presence of depression in close friends or family. Substance abuse as mentioned before increases the risk of depression immensely. Often there is a triggering or exacerbating event that can be identified. This is usually a major point of adversity in life such as a divorce, death, physical/emotional/sexual trauma, or other stressful events such as being unemployed or other financial burdens.

So who gets depressed? While anyone could have depression, it does tend to cluster in certain groups. Women with depression outnumber men 2 to 1. In the months after childbirth, 10-20% of women experience post-partum depression, which is notable for feelings of inadequacy, sleep disturbance, and obsessive thoughts of harming the baby. Obviously this is important to identify not only to support Mom but also to keep the infant safe. Depression is uncommon in children but begins to climb in the sometimes tumultuous teenage years. The incidence peaks in the 20s to 30s, but there is a second smaller peak closer to age 40 (the "mid-life crisis" years). Then as we age depression becomes less and less common. That's not to say that you should never worry about Grandma getting depressed – elderly people with multiple medical problems or who are institutionalized (or both) are at very high risk of depression as well.

Many common health conditions are associated with increased risk for depression. Some common examples include heart disease (heart attacks), stroke, cancer, diabetes, Parkinson disease, and heart failure, but there are many more. In some cases such as heart disease and strokes, there is evidence that treating the associated depression is an important part of treating the medical illness.[3]

Perhaps the most devastating manifestation of depression is suicide. I don't intend to devote much attention here to what God's Word says about this dreadful act – this could be a discussion topic unto itself. Suffice it to say that suicide comes from a position of intense emotional and even physical suffering and demonstrates the utmost despair and actually a lack of trust that the Lord will sustain us. We need to always be vigilant for this when ministering to others with depression (or if we ourselves become depressed). Again, the easiest way to assess if someone is at risk for suicide is just to ask. I find that people may become withdrawn or defensive if you ask outright, "Have you thought about suicide?" so instead I will ask them another way, such as, "Have you ever thought that life isn't worth living?" or "Have you ever thought about harming yourself or others?" If they affirm that the thought of suicide has crossed their mind, ask if they have a plan how they would do it. Those who have a plan and/or the means (a bottle of pills, a gun, etc.) are at a very high risk and this should be treated as a mental health emergency. The past is a simple predictor of the future – if someone has a history of prior suicide attempts, even if you think it was "just to get attention", they are at a much higher risk of completing suicide later. Also, people with ongoing substance abuse may have lowered inhibitions, which leads to a higher risk for suicide.

If you find yourself struggling with depression or struggling to counsel someone who is, there may be significant reluctance to seek professional help. However, I advise you not to

diagnose yourself or others, but to go see a physician or psychologist. I want to emphasize again for signs of psychosis (delusions) or bipolar disorder (mania), it is necessary to seek medical help urgently. When there is a concern for suicidality, especially when there is a specific plan in place, treat this like a medical emergency.

It may be helpful to quickly outline some of the many ways we can treat depression, in order to show that 1) there is no single quick and easy cure, 2) different approaches work best for different people, and 3) just because one or two treatments didn't work does not mean that the depression is not treatable (trial and error may be involved – don't give up hope).

Perhaps the most commonly used treatment in our modern society is medication. Unsurprisingly, most all of the current prescription medications seek to alter the balance of the neurotransmitters mentioned above to try to "normalize" them. There are many options, and a psychiatrist or primary doctor can help select one that best fits your specific needs. However, large studies have shown that many of most common choices have similar efficacy. Unfortunately, studies reliably show that these medications only resolve the problem 30-40% of the time. All medications have side effects, but some of the most commonly seen side effects are nausea, diarrhea, constipation, sleep changes, or sexual dysfunction.

A few general important points to remember: most of these medications can take up to 3 months to work. I can't tell you how often I see people stop these medicines after 2 weeks because "it didn't do anything". Also, once you are on a stable dose and it is working, the ideal length of treatment is around 6-12 months. Again, some people stop as soon as they feel good, and others will never stop the medication for fear of returning to their depression. These medications often should be tapered slowly, not stopped "cold turkey", so it's important to work closely with the prescribing doctor. We also counsel patients that start these medications that there is a brief increased risk of suicidality noted, and that we need to see them back right away if they are having such thoughts.

Some people will say, "I don't want to take drugs, I want something more natural I can take." St. John's wort (so named because it flowers and is harvested on St. John's Day -6/24) is an herbal remedy that has been shown to help depression. However, keep in mind that it has numerous interactions with prescription medications and certainly should not be combined with prescription antidepressants. The way St. John's wort works in fact is quite similar to that of the most common antidepressants. Also, because it is a supplement, it is not regulated by the FDA and you have no guarantee that the contents are the same from one company or one bottle to the next.

There are several forms of psychotherapy (talking, not medications) that have been proven to be just as effective in treating depression as medications. The most common therapy is called cognitive behavioral therapy. Put quite simply, CBT helps people understand the thoughts and feelings that underlie depression, with the idea that by reframing your thoughts, your mood will subsequently change as well. This can be a very effective and efficient treatment for depression. Sadly, I believe it is underutilized for two main reasons: in our society we would rather take a pill for something and forget about it than put in some time to work out the problem, and that some insurances will cover pills but not therapy.

For those who are more interested in working through their problems themselves, or for those such as our pastors who have Christians coming to them frequently looking for help with their mood disorders, there are many helpful texts. One book that I have found useful, Mind Over Mood is essentially a workbook that enables one to go through many of the same principles of CBT alone.[4] It does require significant motivation and is not a true substitute for one-on-one

counseling. Another secular resource, Doing What Works In Brief Therapy, can be skimmed in 1-2 hours, and contains dialogue of many example encounters and pointers for how to direct the discussion.[5] Proponents of nouthetic counseling teach that the counseling should be based the Bible, the role of sin, and sometimes runs counter to secular psychology. One popular text used by many spiritual leaders is Competent To Counsel by Jay Adams. This method may work quite well for many Christians, but keep in mind it is not a one-size-fits-all therapy and there may be those Christians who would benefit from a different approach.[6]

Depending on the severity of symptoms, many other treatments can be effective. Changes in lifestyle such as in sleep, exercise, and diet can be helpful. Light therapy may help those whose symptoms are worst in the winter months. There is exciting new research about the effects of magnetic stimulation on the brain. There is a very small group of people whose depression has been so difficult to treat that they undergo electroconvulsive therapy, or "electroshock therapy" which is essentially a controlled seizure which seems to "reset" the brain.

Before we move to a study of Scripture and depression, we first need to answer, "What is the role of the Bible in coping with depression?" Interestingly, a recent secular study examined whether having "belief in God" affected an individual's chances of recovery from depression. As Christians would expect, belief in God was associated with higher likelihood of responding to secular depression treatment, lower depression scores, lower rates of self-harm, and improved psychological well-being. We here will all agree that God's Word is the most wonderful gift He has given us. God's law serves as our mirror, curb, and guide in our sin-filled world, and the Gospel assures us of our heavenly destination when our earthly race is run. Through the power of His Word, the Holy Spirit works miracles every day, melting our hearts of stone and turning our unwilling flesh to look to God. We should all turn daily to our Bibles for the comfort, strength, and guidance we need to walk the narrow road to heaven, but especially those who are suffering from depression or other heavy burdens. We are assured that God's love for each of us is so great that He works even our most desperate situations ultimately into a greater good for us.

> (Rom 8:28-32 NKJ) [28] And we know that all things work together for good to those who love God, to those who are the called according to *His* purpose. [29] For whom He foreknew, He also predestined *to be* conformed to the image of His Son, that He might be the firstborn among many brethren. [30] Moreover whom He predestined, these He also called; whom He called, these He also justified; and whom He justified, these He also glorified. [31] What then shall we say to these things? If God *is* for us, who *can be* against us? [32] He who did not spare His own Son, but delivered Him up for us all, how shall He not with Him also freely give us all things?

There are those who may say, "God's Word is sufficient, therefore you don't need any earthly means to treat your depression." or "If you just prayed hard enough or believed deeply enough in the promises of Scripture, you would no longer be depressed." In the same way that we take antibiotics for an infection or accept urgent surgery for an inflamed gall bladder, we should be open to using tools here on earth, whether it is counseling, medication, group therapy, etc. to treat our depression. God expects us to use the gifts we've been given, and our intellect and medical discovery is no exception.

What does the Bible say about depression? I will admit at first when I tried to answer this question I was stuck. This idea of a clinical depression is not directly addressed because this is a more modern idea. Also, for many of the people in the Bible, we only get small glimpses

into their hearts, and it can be difficult to judge from the accounts we're given who was simply grieving, and who was depressed, which is defined by physical as well as mental suffering. Let's look at some examples, keeping in mind that I cannot say for certain who was clinically depressed.

It's very possible that depression has been present ever since the fall into sin, since sin is the cause of all disorders in the world. Try to imagine the guilt that Adam and Eve must have felt as they fully realized the vast consequences of their original disobedience. However, we don't hear much in Genesis about how they conducted themselves after the fall. On the other hand, we know Cain was greatly troubled. When his offering was not respected by the LORD, "his countenance fell", so much so that he murdered his own brother. From then on his farming would no longer be fruitful, and he would be a fugitive and a vagabond. He would be physically separated from his family for the rest of his life. Cain complained, "My punishment is greater than I can bear!" (Genesis 4:13)

Perhaps the most detailed account of the anguish of a depressed man is the book of Job. Satan caused Job immense suffering and loss that we couldn't even imagine. He lost all his livestock, servants, home, and children the same day! At first Job's response was to fall to the ground and worship, "Blessed be the name of the Lord!" (Job 1: 20-22). Next Satan attacked Job's health, causing painful boils all over his body. Job's wife demanded that he should "curse God and die", but Job asked in reply, "Shall we indeed accept good from God, and shall we not accept adversity?" (Job 2:10). Eventually this wore on Job's spirits and he cursed the day he was born.

Job's anguish is clearly evident as we read the book of Job. He seems to have given up all hope, according to his words. "Oh, that I might have my request…that it would please God to crush me." (Job 6:8-9) "What strength do I have, that I should hope? And what is my end, that I should prolong my life?" (Job 6:11) How often have depressed Christians had similar thoughts as this: "I cry out to You, but You do not answer me; I stand up, and You regard me. But You have become cruel to me; with the strength of Your hand You oppose me." (Job 30:20-21)

Eliphaz comes to him with advice in chapters 4-5, including, "But as for me, I would seek God, and to God I would commit my cause," (Job 5:8) and "Behold, happy is the man whom God corrects; therefore do not despise the chastening of the Almighty." (Job 5:17) Bildad and Zophar plead with Job to repent of his sin, namely that he has challenged God's wisdom and benevolence and denied his own sinfulness. Zophar reminds Job that no matter what suffering he has experienced, "…God exacts from you less than your iniquity deserves." (Job 11:6) This is a powerful reminder to "put us in our place", that our sins have earned us eternal torment.

But out of Job's extensive complaints comes this familiar and beautiful confession: "For I know that my Redeemer lives, and He shall stand at last on the earth; and after my skin is destroyed, this I know, that in my flesh I shall see God." (Job 19:25-26)

Job's friends Eliphaz, Zophar, and Bildad try to help Job, they try to minister to him. They certainly don't abandon him as everyone else has. However, ultimately they all find fault with Job and do not really address his complaints. He replies, "Miserable comforters are you all!" (Job 16:2), which is likely a fitting description for the counseling we are likely to find from fellow sinners when it is not based in God's Word. Rather than model these men, we should seek to be like Elihu, who patiently waits and listens to all Job has to say, but then corrects Job's self-righteousness by bringing him the Law, and by proclaiming God's justice. God himself answers Job's grievances with a series of rhetorical questions, giving Job the proper perspective to his problems. We should all keep in mind when we dare to challenge the wisdom of God:

"Where were you when I laid the foundations of the earth?...Who has put wisdom in the mind? Or who has given understanding to the heart?" (Job 38:4, 36)

When Elijah's life was threatened by Jezebel and he fled into the wilderness, he felt completely forsaken and in despair. "It is enough! Now, LORD, take my life, for I am no better than my fathers!" (1 Kings 19:4) and later "…the children of Israel have forsaken Your covenant, torn down Your altars, and killed Your prophets with the sword. I alone am left; and they seek to take my life." (1 Kings 19:10) God sends first a great wind, then an earthquake, then a fire, which certainly got Elijah's attention. But Scripture points out that He was not in these, but after these came "a still small voice". This is important for us to remember when approaching those whom we love. Keep in mind that they may be so focused on their own situation and misery that it may be difficult for them to see what is going on around them. But just as the LORD does, we should speak delicately and lovingly.

Through the Psalms, David comes across as quite depressed at times. Consider Psalm 38: "I am troubled, I am bowed down greatly; I go mourning all the day long. I am feeble and severely broken; I groan because of the turmoil of my heart." (vv. 6, 8) Of course, David doesn't remain in despair, but goes on: "For in You, O LORD, I hope; You will hear, O Lord my God." (v. 15) and "Make haste to help me O Lord, my salvation!" (v. 22) Likewise when we find ourselves similarly burdened, the most important thing we can do is to continue our confidence in the Lord, our salvation.

The women of the Bible give us some of the best examples with how to deal with situations in which we would expect the average person to experience depression. Hannah was so distraught over her seeming infertility that she would not eat and "wept in anguish". She took her troubles before the LORD and prayed fervently. When she bore a son, she kept her vow to God and gave him back to serve the LORD.

Naomi suffered the devastating loss of her husband and her two sons. Certainly this was a heavy burden to bear. Naomi repeatedly urged her two daughters-in-law to leave her and go on with their lives. Rather than leave Naomi to suffer by herself, Ruth "clung to her". Similarly, we ought not let our loved ones who may be depressed push us away either willfully or through reclusiveness. We should seek them out and stand by their sides to support them.

The apostle Paul certainly experienced a lot to be depressed about. Imagine the guilt he must have felt after his conversion for all the time he spent persecuting Christians. Then during his ministry, Paul was persecuted, shipwrecked, stoned, and imprisoned. Despite such he wrote to the Corinthians: "Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our tribulation, that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God." (2 Cor 1:3-4). We should see God's higher plans for our sufferings, and are encouraged to share the comfort we find in the Bible with others in similar straits.

We also find examples in the Bible of how not to deal with depression. Judas had been stealing from the coffers for some time, but after he had betrayed Jesus in the Garden of Gethsemane, it seems his guilt finally caught up with him. He tried to return the thirty pieces of silver to the chief priests, but what he really needed was to find forgiveness for what he had done. But it seems that when Judas betrayed Jesus, he had also already abandoned Him as his Lord, and therefore he felt he had nowhere else to turn. His guilt coupled with his feelings of hopelessness led him to hang himself. Satan uses guilt and pride to separate us from our fellow Christians and from our Lord. We need to seek these people out and not let them remain alone.

Is it a sin to be depressed? Based on what we've discussed about what it means to be depressed and where it can come from, I don't believe depression is an action. It's also not an emotional state that can be overcome with a simple action. Depression is both the emotional and physical sufferings that come from a prolonged period of sadness. Perhaps we should frame it not that depression is or is not sinful, but rather that sin is the root cause of all depression. First of all, we have all experienced the depressing feeling of guilt when we realize that Jesus was crucified because of our sins. Secondly, in God's original perfect creation, which was without sin, depression could not exist. Thirdly, as mentioned above, most depressive episodes are rooted in terrible experiences which of course are all direct consequences of sin. Finally, the sins of selfishness, self-pity, lack of trust in God, and many others perpetuate the depressive state.

Depression is such a great tool for Satan to try to ensnare us. In a major depressive episode we focus overwhelmingly on our own suffering, convincing ourselves that it is unjust, that it is too much to bear, that we could never be loved because we are worthless, that we are insignificant and have been abandoned, and that there is no hope for a better future. God's Word clearly refutes each of these charges that Satan and our sinful flesh levy against us:

It's not fair!: Consider again the experience of Job. Also, "All have sinned and fall short of the glory of God." (Rom 3:23) and "The wages of sin is death." (Rom 6:23) (Eze 33:17 NKJ) [17] "Yet the children of your people say, 'The way of the Lord is not fair.' But it is their way which is not fair!

It's too much!: "…God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it." (1 Cor 10:13).

I am not loved, I am worthless: "Or do you not know that your body is the temple of the Holy Spirit who is in you, whom you have from God, and you are not your own? For you were bought at a price; therefore glorify God in your body and in your spirit, which are God's." (1 Cor 6:19-20) Also, what verse better captures the extent of God's love for us than John 3:16: "For God so loved the world that he gave his only begotten Son…"

I have been forgotten or abandoned by God: "Can a woman forget her nursing child, and not have compassion on the son of her womb? Surely they may forget, yet I will not forget you." (Isaiah 49:15) God is so much more involved in our lives and better attuned to our needs than the most doting mother who is completely consumed with the responsibility of caring for her newborn. (Jer 31:3 NKJ) [3] The LORD has appeared of old to me, *saying*: "Yes, I have loved you with an everlasting love; Therefore with lovingkindness I have drawn you.

There is no hope for a better future: "For I consider that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us." (Rom 8:18) "Therefore we do not lose heart. Even though our outward man is perishing, yet the inward man is being renewed day by day. For our light affliction, which is but for a moment, is working for us a far more exceeding and eternal weight of glory, while we do not look at the things which are seen, but at the things which are not seen. For the things which are seen are temporary, but the things which are not seen are eternal." (2 Cor 4: 16-18)

As we mentioned before, cognitive behavioral therapy features reframing of your thoughts and experiences to help change your mood for the better. Perhaps James would have ascribed to this model, for he writes, "My brethren, count it all joy when you fall into various trials, knowing that the testing of your faith produces patience." (James 1:2) These trials draw us closer to God and His Word, "It is good for me that I have been afflicted, that I may learn your statues." (Psalm 119:71)

The next time you or someone you know is taken up in a depressive state, the first thing you should do is center yourself/them in God's Word. In addition to the verses above, it may be helpful to meditate on Psalm 23 (The Lord is my shepherd…) or Revelation 21 (The New Jerusalem – "And God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying; and there shall be no more pain…"). Rather than shouldering our burdens alone in stubbornness or pride, we need to take them to the Lord.

> "Therefore humble yourselves under the mighty hand of God, that He may exalt you in due time, casting all your care upon Him, for He cares for you." (1 Peter 5:6-7)

> "Come to Me, all you who labor and are heavy laden, and I will give you rest. Take My yoke upon you and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls. For My yoke is easy and My burden is light." (Matthew 11:28-30)

What should you do when you find a fellow church member, a family member, a friend, or a coworker struggling with depression? You need to be there for them. To start, do as little talking and as much listening as possible. Chances are they have already had a half-dozen people offer unsolicited advice about what treatment is the best or how they should just "snap out of it." Show them true compassion and unwavering support. Guide them to their pastor or a health professional they can talk to. Often the best place to start is with the primary doctor they already know and trust. Keep in mind there is no single best treatment; if they settle on a treatment, support them in that decision even if you personally disagree with the idea of taking pills or talking to a "shrink". Remind them that being depressed doesn't make someone a "bad Christian" who has failed to fully appreciate God's grace – show them those esteemed men and women in the Bible who had similar struggles. And most importantly, turn them early and often to God's Word, the only source of true comfort in this life.

(Lam 3:1-24 NKJ) I *am* the man *who* has seen affliction by the rod of His wrath. [2] He has led me and made *me* walk *In* darkness and not *in* light. [3] Surely He has turned His hand against me Time and time again throughout the day. [4] He has aged my flesh and my skin, And broken my bones. [5] He has besieged me And surrounded *me* with bitterness and woe. [6] He has set me in dark places Like the dead of long ago. [7] He has hedged me in so that I cannot get out; He has made my chain heavy. [8] Even when I cry and shout, He shuts out my prayer. [9] He has blocked my ways with hewn stone; He has made my paths crooked. [10] He *has been* to me a bear lying in wait, *Like* a lion in ambush. [11] He has turned aside my ways and torn me in pieces; He has made me desolate. [12] He has bent His bow And set me up as a target for the arrow. [13] He has caused the arrows of His quiver To pierce my loins. [14] I have become the ridicule of all my people-- Their taunting song all the day. [15] He has filled me with bitterness, He has made me drink wormwood. [16] He has also broken my teeth with gravel, And covered me with ashes. [17] You have moved my soul far from peace; I have forgotten prosperity. [18] And I said, "My

strength and my hope Have perished from the LORD." [19] Remember my affliction and roaming, The wormwood and the gall. [20] My soul still remembers And sinks within me. [21] This I recall to my mind, Therefore I have hope. [22] *Through* the LORD'S mercies we are not consumed, Because His compassions fail not. [23] *They are* new every morning; Great *is* Your faithfulness. [24] "The LORD *is* my portion," says my soul, "Therefore I hope in Him!"

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