



EDITORIAL  
INTRODUCTION

This article is the first in a new four-part series on ministering to those with mental health issues.



SCAN FOR AUDIO

# Ministering to Those in Despair

**I**t is said that if you have never experienced depression yourself, you cannot fully understand the despair, darkness, and depth of it. Someone who most likely did experience it, was the apostle Paul. Sharing openly and honestly with the church in Corinth about his struggles, he writes, “We do not want you to be uninformed, brothers and sisters, about the troubles we experienced in the province of Asia. We were under great pressure, far beyond our ability to endure, so that we despaired of life itself” (2 Cor 1:8, NIV). When I, as a psychiatrist, read this statement by the great apostle, it seems to me that he might have been experiencing depression and thoughts of death. The challenges and problems were overwhelming, and depression was the result.

Reading the stories in the Bible, it seems like several others also experienced it. We know from church history, including Adventist church history, that many great men and women at times were afflicted with depression. Depression may truly happen to anyone, saints and sinners alike. It is a common response when faced with some of the harsh realities of this world. In Paul’s case the stressors were identifiable. For others they might not be. But depression is a serious matter no matter what. In this article, I will share with you what you ought to know about depression, so that whether or not you have experienced it yourself, you may help yourself and others going through this valley of darkness.

## **WHAT IS DEPRESSION?**

The word “depression” indicates that something is pushed down. When someone suffers from a depressive disorder, what is pushed down is their mood, interests, and energy. We may all feel sad and emotionally drained when bad things happen. That is a normal, appropriate, and healthy response to negative events that occur to all of us in life. But depression is much more than that.

In depression, we may feel sad, angry, and distressed about almost everything—often, most of all about ourselves, who we are, and life itself. The self-criticism, self-judgment, and even self-contempt are especially heavy burdens to carry. We may lose interest in whatever used to give us joy and pleasure. We may feel exhausted and tired without having done anything. And, even though we rest, we cannot recover strength and energy.

Depression is therefore a serious medical illness that negatively affects how we think, feel, and act. It makes it difficult to work, love, and play as we otherwise would have the potential to do. It is emotionally painful, and severe cases may be so painful that people give up on life. Depression is a leading cause of death by suicide.

## **WHO STRUGGLES WITH DEPRESSION?**

All around the world, in every nation and culture, many people struggle with depression. Right now, almost three hundred million people are suffering from a depressive disorder. It affects all kinds of people—any gender, any age, any financial status, any race and ethnicity, any religion. Depression is so common that many

of us will experience it at some point in life. All of us may know someone who is depressed—someone in our family, a friend, a neighbor, a colleague. Unfortunately, many suffer from depression alone without telling anyone and without getting any help, sometimes even without knowing it themselves. The ones who have depression truly suffer. They need and deserve compassion and support from family, friends, and the church community.

## **WHAT CAUSES DEPRESSION?**

Though the symptoms may be similar, each person’s pathway down into depression is unique and often complex. To recover and heal from depression, it may be necessary to understand what caused the depression in the first place. There are four important dimensions to our lives: the biological, psychological, social, and spiritual. Excessive stress in these aspects of our lives can push us down. Let us look closer at each, as they are all relevant to the course of depression.

The biological dimension is about what goes on in our bodies. Problems like physical illness, deficient diet, insufficient exercise, sleep deprivation, addictions, and genetic dispositions may lead to depression.

The psychological dimension is about what goes on in our minds. Certain personality traits and patterns of thinking may increase our risk of depression. People who worry, ruminate, are perfectionistic, have low self-esteem, are excessively self-critical, or relationally insecure may be more vulnerable to depression and other mental illnesses.

The social dimension is about the relationships and context we live in. Sadly, many people suffer traumatic and painful experiences like neglect, abuse, conflicts, loneliness, and loss. Such experiences may leave deep wounds and lasting scars that take time to heal.

The spiritual dimension is about whatever gives us a sense of meaning, purpose, significance, and hope. If we feel disconnected from ourselves, family, community, work, nature, or God, life may feel empty and the future bleak. The good news is that when we fill each dimension of life with what is good, then they may lift us up, not push us down.

## **WHAT GOES ON IN THE DEPRESSED BRAIN?**

A depressed brain may look like any other brain, but it functions differently. We are all surrounded by positive and negative things, but in depression, the brain gets stuck on what is negative. The depressed brain simply becomes hypersensitive to whatever is negative and misses out on what is positive. Because of this negative bias, depression easily becomes a downward spiral.

Beyond these functional changes, there are also physical changes in the depressed brain. The eighty-six billion nerve cells in the brain communicate by chemical messengers, neurotransmitters, in trillions of nerve connections called synapses. In depression, we may see decreased activity in neurotransmitter systems, like those of serotonin, noradrenaline, dopamine, and others. But depression is far more complex than simply a chemical imbalance or deficiency.

The connection and communication between parts of the brain

may be disrupted and changed, in particular between the thinking part of the brain, the prefrontal cortex, and the feeling part of the brain, the limbic system. Some parts of the brain may become hyperactive, while other parts are less active. Some parts of the brain may even shrink.

The immune system may also be involved in depression. Stress, trauma, physical illness, and poor lifestyle choices may trigger inflammation that may be toxic to the brain cells.

Because depression is the result of changes in the complex systems and interactions of neurotransmitters, nerve cells, brain structures, and the rest of the body, it may therefore be considered to also be a physical illness.

### **SELF-HELP IN DEPRESSION**

To stop the downward spiral of depression, we have to push back. That is hard work, which is why the depressed need support, encouragement, and help along the way. Often, we have to do the opposite of what depression tells us to do. Exercise, healthy nutrition, and optimizing for quality sleep are excellent places to start. Beyond that, it is important to connect—with God, with other people, and with what gives life meaning and fulfillment. The church could and should be a place where social and spiritual connection is fostered and developed.

### **TREATMENT OF DEPRESSION**

Seek treatment as soon as possible whenever depressive symptoms last for more than two weeks, when they significantly interfere with the ability to function,

or when someone has thoughts of suicide. The sooner appropriate treatment may start, the easier and quicker it may be to recover. Unfortunately, many delay seeking treatment for years or even refuse treatment altogether. This leads to a lot of needless and meaningless suffering.

There are many treatment options. Almost all cases of depression will significantly improve with appropriate treatment. Recommended and well-proven treatment strategies are counseling, psychotherapy, and medication. If these interventions are not sufficient, then hospitalization and various brain stimulation therapies may be required.

Still, even when someone has started treatment it is important to be patient. It often takes time to reverse depression. Since depression is so complex, you may have to try out different therapies or medications until you find the right one for you and your depression. Do not give up before finding what works for you.

### **MINISTERING TO THOSE WITH DEPRESSION**

When someone has depression, the pain and emptiness of it becomes overwhelming and it is difficult to see or be part of anything else. Withdrawal from activities, friends, family, and church is common. Never tell them to “snap out of it,” “get over it,” “pull yourself together,” or “get your act together.” If they could, they would; no one wants to be depressed. Do not tell them to “cheer up,” “smile,” or “lighten up.” Again, if they could, they would. And definitely do not suggest they are struggling because of some spiritual or moral flaw or failure. That

will only double their burden. Instead, provide consistent practical, emotional, social, and spiritual support. Let the person share with you or someone else they want to talk to about what they are experiencing. Try to understand and empathize with what it feels like to be on the inside of that person's life. And contribute whatever light you can into the darkness of their depression.

The apostle Paul, in sharing his love and care for the Corinthians, writes, “We now have this light shining in our hearts, but we ourselves are like fragile clay jars containing this great treasure” (2 Cor 4:7, NLT). We are seldom more aware of our human condition as fragile jars of clay than when we are depressed. But Paul did not give up. He focused on the light. He focused on what is promised and what is to be. He focused on God's creative, restorative, and uplifting power rather than his own trouble and despair. That helped him endure.

“That is why we never give up. Though our bodies are dying, our spirits are being renewed every day. For our present troubles are small and won't last very long. Yet they produce for us a glory that vastly outweighs them and will last forever! So we don't look at the troubles we can see now; rather, we fix our gaze on things that cannot be seen. For the things we see now will soon be gone, but the things we cannot see will last forever” (2 Cor 4:16–18, NLT). ED

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