Dying to Be Thin

By Sharon L. Fawcett

She sips her coffee through a straw so she doesn't have to pause to tilt back her head. Darlene, a 58 year-old woman weighing 60 pounds, is out for her morning walk and can't afford to waste a moment of this daily, six-hour, 20-mile exercise ritual. Later, Darlene does 500 sit-ups and 3600 leg lifts while watching the Food Channel. "I like to watch the food on T.V. because it looks good to me, even though I won't eat it," she confessed on an episode of *The Dr. Phil Show* that aired in March. For the past year, Darlene has been living on a handful of bran cereal and two cups of popcorn a day. Diagnosed with anorexia nervosa 11 years ago, doctors say she's now at "death weight."

DIAGNOSIS OF DISORDER

A bizarre and rare illness first described by a British physician in 1868, anorexia nervosa—a dangerous eating disorder—is now prevalent in the developed world. Media portrayal of ultra-thin models as a standard of beauty to which many aspire has led to a view of anorexia as more fashionable than shocking. Thinness has come to represent attractiveness, personal success, power, and self-control…giving rise to what some term "The Cult of Bodily Perfection."

Contrary to that viewpoint, eating disorders involve serious disturbances in eating behaviour, usually in the form of extreme and unhealthy reduction of food intake or severe overeating. They are real and treatable medical illnesses in which certain patterns of behaviour spiral out of control.

Anorexia nervosa, characterized by refusal to maintain normal body weight and an intense fear of gaining weight, affects up to 3.7% of females in their lifetimes and is the third most common chronic illness for young females (after obesity and asthma). Anorexics have distorted body image, believing they are fat even when dangerously thin. Bulimia nervosa is another dangerous eating disorder, affecting up to 4.2% of North American females. Bulimics binge on large amounts of food in short periods of time and then purge to get rid of unwanted calories. This purging can take the form of diuretic or

laxative misuse, vomiting, or excessive exercise. Bulimics usually maintain a normal weight, but may fear gaining weight and be extremely dissatisfied with their bodies.

Alarmingly, a 2001 study revealed significant symptoms of eating disorders in 27% of Canadian girls aged 12 to 18. There are many more who don't meet the diagnostic criteria for full-blown anorexia or bulimia, but live on the edge of disorder. Study results released by Health Canada in 2003 indicate the ratio of males to females with full-syndrome eating disorders is approximately 1 to 5. While eating disorders commonly develop between 14 and 25 years of age, they are increasingly seen in children as young as 4 years of age and in women in their 60s.

Eating disorders pose immediate health risks as well as long-term consequences. The death rate associated with anorexia is more than 12 times higher than the overall death rate among young women in the general population. Although sufferers are usually secretive and resistant to treatment, treatment is essential to recovery.

CAUSES: A PLETHORA OF POSSIBILITIES

You may ask what causes a person to fall into the grip of such self-destructive behaviour. Many theories exist about the causes, and it has become clear that biological, psychological, and social factors all play a role in the susceptibility to, and development of eating disorders. Some evidence suggests a genetic pre-disposition to anorexia, while other research points to hormonal disturbances and to an imbalance of certain brain chemicals that regulate mood and appetite.

Family dynamics are one factor in the constellation of possible contributing causes. Children are at greater risk for developing eating disorders when raised in chaotic environments or by parents who are overprotective, overly strict, disengaged, perfectionistic, or even dissatisfied with their own weight and constantly dieting.

Certain careers—dancing, modelling, and acting—and participation in sports where weight is critical to performance can increase the risk as well. Among female athletes, the prevalence of eating disorders is reported to be between 15% and 62%.

Living in a culture where self-worth is equated with impossible standards of slimness and beauty also makes individuals prone to disordered eating behaviours. Society's "ideal" body size for a woman has decreased over the last few decades, ever-

widening the gap between the average woman's actual size and the size she thinks she should be. Studies reveal that even children are not immune to poor body image. Forty-two percent of 1st to 3rd grade girls want to be thinner, and 46% of 9 to 11 year-olds are "sometimes" or "very often" on diets, as are 82% of their families.

Dieting is one of the strongest predictors of eating disorders, reinforcing the sense that something is wrong with the body. Ninety-five percent of dieters regain their lost weight within one to five years. Eating disorders sometimes occur as a reaction to the sense of futility created by failed diets.

Most often however, eating disorders have very little to do with food. Starvation, purging, and even binge eating are outward expressions of how the disordered person feels about herself. Low self-esteem, and feelings of helplessness and inadequacy, are characteristic of people with eating disorders. For some, starvation is punishment for not being "good enough." One young woman explained, "My mission was to shrink, to implode almost."

TRAPS AND TRIGGERS

Eating disorders often occur alongside other psychological problems such as depression, perfectionism, obsessive-compulsive disorder, anxiety disorder, and post-traumatic stress disorder. In people vulnerable to eating disorders, the illness is often triggered by an event, or series of events, causing trauma.

Triggers can be as subtle as teasing or as devastating as rape, the death of a loved one, or the break-up of a family through divorce. Even seemingly positive transitions like graduating from school, starting college, or taking a new job can cause some to feel an overwhelming lack of control that can lead to disordered eating. But the disorder eventually ends up controlling them…as it did me.

MY OWN JOURNEY

I could sense the frustration in the young doctor's stern voice. "You look like a prisoner in a Nazi death camp! You're starving, Sharon. You have to start eating." Dr. Fenton* had been assigned to my case while doing her residency in psychiatry. I was one of her first anorexic patients.

Later that day her supervising doctor ordered bed rest. With a blood pressure reading of 68/40, just standing erect caused my heart to race and my head to spin; yet I believed the doctors were over-reacting. *I can't be starving; I don't even get hungry anymore,* I argued to myself as I pulled the blankets over my thin, shivering frame and drifted off to sleep.

I developed the eating disorder anorexia nervosa two months into my first hospitalisation for major clinical depression. One of the symptoms of depression is a change in appetite; mine vanished. I was no longer interested in eating and began to look quite thin. Having grown up believing I was fat, it pleased me to be losing weight so easily. *This is the one good thing to come out of this miserable experience*, I thought.

I believed I could control my weight-loss, and planned to return to eating normally once I was thin enough. But anorexics live in a world where normal is not possible, lies become truth, and reality is ignored. This is a place where flesh is fat and bone is beautiful. There is no such thing as "thin enough." Giving in to physical needs is weakness; wasting and withering are signs of strength.

My anorexia was partially a response to living an existence that always seemed frighteningly beyond my control. With my depression, life had become *completely* unmanageable. My body became my kingdom, the only thing I could rule. The treasures of the land were hollow cheeks and stick legs. My crown was made of bones.

APPROVAL ADDICTION

Although I was a believer in Christ and I knew God loved me, I had always sensed that I was, in some way, flawed, sub-standard, inferior. I desperately tried to hide this "truth" from others. By carefully controlling my behaviour, my performance, and even my emotions, I believed I might be able to influence what others thought about me.

I worked very hard and managed to make people believe that I was a bright, talented, decent person. The more praise I received, the better I felt about myself. I began gauging my value by my achievements and deeds.

I burned out at the age of twenty-six. Exhausted, I no longer had the energy to do anything. I couldn't concentrate on the simplest of tasks and lost interest in all the activities I had previously enjoyed. I withdrew from others, just wanting to be alone,

quiet, and still. I had everything to live for—a loving husband and two beautiful daughters—but began to long for death. I felt like a failure as a mother and a wife.

My first admission to the psychiatric ward came just days after my youngest daughter's first birthday. As the door to the unit closed behind me I thought, *What's someone like me doing in a place like this?* I felt defeated and confused. My days of achieving had ended; my greatest accomplishments became getting showered and dressed in the morning.

My need to succeed at *something*, and my lifelong dissatisfaction with my body, made me vulnerable to anorexia nervosa. The quest for thinness became my new focus in life, something to fill the void left by depression, and I worked hard at it. My thoughts became consumed with calories, weight, and ways to avoid eating. As I reached weight-loss goals I'd set for myself, I was still dissatisfied with my appearance. "Just five more pounds," became my mantra.

The illness progressed and I became increasingly weak. While someone else cared for my children, I slept—eighteen hours a day.

UNRAVELLING

Eventually, I grew weary of this battle. I longed for a normal life and knew that my first step would have to be to give up the quest for "thin enough". I resolved to start eating healthy meals again, but soon discovered that it wouldn't be easy.

I always felt terribly guilty, defeated, and angry with myself after I ate. One evening, after finishing a meal, I was leaving the hospital dining room when I heard a hideous voice inside my head. Full of loathing, it screamed, "You fat pig! Why did you eat that? You've ruined everything!" I'd never heard anything like it before; it was very frightening.

The harder I worked to get well, the more vocal the hateful being became. I felt like two people in one body, one who wanted to live and another who wanted me dead. I realised that I was no longer in control. Someone—or something—had seized my throne and it appeared that I was now at his mercy. Each day I became weaker. I tried to eat, but often was too tired to even chew. My doctor knew I was struggling, but I never told her about the enemy in my head.

The afternoon I found myself looking through my closet for something to wear to my own funeral, I realized that I would not live much longer as an anorexic. I was ready for death, but was not willing to leave a legacy of pain and torment behind for my husband and children. I knew that I had to live for them.

REFOCUSING

After three years of battling my psychiatrist, I resigned myself to trusting her, to tell me how much to weigh and what to eat—no matter what the voices shrieked. It was this decision to dismiss the voices that allowed me to overcome the eating disorder, although I was still depressed.

While six more years crept by, I tried everything the doctor ordered, hoping that each new treatment or medication would be the one that would set me free. But the depression would always sink its claws deeper into my soul, drawing me back into the darkness.

As my husband parented our children, I focused on trying to stay alive. My absence due to many hospitalisations was difficult for my family. One day, my eldest daughter, Lauren, asked, "When will you be coming home *forever*?" After nine years, 20 medications, 80 weeks of hospitalisation, and more than 100 electro-convulsive treatments, I realized that if I was ever going to find a cure for my illness, I had to look elsewhere. While home from the hospital, I began to see a Christian counsellor.

WORDS OF HOPE

Berys was unlike any counsellor or therapist I had ever spoken to. "I don't have all the answers," she said, "but the Lord does." Together, through prayer, we invited Him into the counselling process. Berys also taught me how to study God's Word and listen for His voice. The words He spoke changed the direction of my life.

The angry, condemning voice in my head was replaced by God's loving, tender one, speaking softly to my wounded soul. As I listened, I came to understand that the roots of my depression reached to the core of my spirit and my entire life had been based on a lie.

I had worked so hard to hide my inferiority, but I was not the worthless person I'd always believed I was! I was the handiwork of the Creator of the universe, made in God's image. It was not a number on a scale that determined my value. My achievements did not matter. My genetic makeup or who I was didn't determine my worth—*whose* I was did. I was a beloved child of the King!

I read words that told me that God had a plan for my life, a future full of hope. He said that if I put my whole heart into searching for Him, I'd find Him…and He would bring me back from captivity (see Jeremiah 29:13,14). God fulfilled His promise. Within three months of my initial meeting with Berys, the depression was gone. I never had another electro-convulsive treatment. I no longer needed medication, or the care of a psychiatrist. And I never returned to the psychiatric ward. Lauren's wish was granted: her mother came home "forever". Eight years have passed—and 15 since my battle with the eating disorder—and I remain free from both depression and anorexia nervosa.

After a lifetime of looking for fulfillment and value in all the wrong places, a quest that almost killed me, God transformed me and turned my life around. Finding my true identity was the key that unlocked the heavy door to the dungeon that had imprisoned me for nearly a decade. I learned that peace and contentment cannot be found in work or wealth, or even weight.

CHALLENGING THE STATUS QUO

God can heal the deep wounds and fears that provide rich soil for the growth of depression and eating disorders—but how much better if we work towards prevention. We can take the first step by challenging our cultural standards of worth and beauty and renouncing the lie that our value is based on what we can achieve, how much we can acquire, and what we look like. The truth is, there is no image that's worth dying for!

* Name changed

Digging Deeper

For more information on eating disorders, visit the following websites:

National Eating Disorder Information Centre
www.nedic.ca

National Eating Disorders Association
www.nationaleatingdisorders.org

National Institute of Mental Health
www.nimh.nih.gov

Sharon Fawcett is a member of Petitcodiac Baptist Church in New Brunswick and the author of Hope for Wholeness: The Spiritual Path to Freedom from Depression. *To learn more about her writing and speaking, please visit www.SharonFawcett.com.*

DEPRESSION: *What is It?*

By Sharon L. Fawcett for the RAPHA INITIATIVE

Clinical depression is a serious, but treatable, mental illness that negatively affects the way a person thinks, feels, and act. Depression is the leading cause of disability world-wide [1] and is predicted to become the second largest killer after heart disease by the year 2020.[2] At least fifteen percent of depressed people will commit suicide.[3]

The roots of depression may be biological, emotional, spiritual, or any combination of the three. It takes a complete bio-psycho-social-spiritual assessment conducted by a trained professional to determine the source of one's depression and the best line of treatment.

A simple internet search for "depression symptoms" will guide you to many websites filled with information about clinical symptoms of the illness. What is less understood is what depression feels like. When you have depression:

- Things just seem "off" or "wrong."
- You don't feel hopeful or happy about anything in your life.
- You may cry a lot, sometimes for no reason or over things that normally would seem insignificant.
- You feel like you're moving (and thinking) in slow motion.
- Getting up in the morning requires a lot of effort.
- Carrying on a normal conversation is a struggle. You can't seem to express yourself.
- You have difficulty making simple decisions.
- Your friends and family really irritate you.
- You may feel unsure about whether you still love your spouse or significant other.
- You feel like you can't do anything right.
- You have a feeling of impending doom—you think something bad is going to happen, although you may not be sure what.
- You feel as though you're drowning or suffocating.
- Your senses seem dulled—food tastes bland, music doesn't seem to affect you, you don't bother smelling flowers anymore.
- All the negative experiences in your life incessantly and uncontrollably come to mind, like a torrent of negativity.[4]

Depression on the Rise

With the current economic challenges facing our world, stress levels are increasing. Not surprisingly, depression is also on the rise. A new report suggests four in every ten Canadians are worried they will lose their jobs. Thirty-six percent of working adults feel more stressed now than they did a year ago. Fifty-four percent of those surveyed blamed the recession.[5]

Mental illness affects increasing numbers of people in our society. When the rates of mental illness increase, it may say more about our society than it does about the individuals who are struggling. Our vision is that churches in our Convention will become safe spaces, where people who struggle with mental illness are not alone, are not isolated, and are not victims of stigma. Rapha refers to the "God who heals." The Rapha Initiative longs to see God use our churches to bring healing and hope and peace to those who suffer, directly or indirectly, from mental illness.

— Dr. Lois Mitchell,
Director of Public
Witness & Social Concern
for the CABC

COMING SOON...

The Rapha Initiative is producing an educational DVD featuring interviews with mental health professionals and others. This resource may be used by individuals, small groups, or entire congregations and should be available by the end of 2009.

Studies show that stress can lead to a serious risk of clinical depression, anxiety, and compulsive behaviours such as gambling, overeating, and even spending.[6] Past recessions have led to a significant rise in mental health problems. Michael Kirby, Chairman of the Mental Health Commission of Canada, says, "…we shouldn't be surprised that the data coming out of some cities with the highest unemployment rates in Canada are showing a very significant increase in mental illness."[7] For example, within six months of the first automotive plant closure in Windsor, Ontario, demand for mental health services in that city had jumped 50 percent.[8]

Kirby also said recessions cause additional stress for families, especially if one or both parents lose their job. Children's mental health issues have also increased by 30 to 40 percent, in the past year.[9]

Depression in the Church

One in four Canadians will experience a mental illness.[10] Between eight and nine percent of Canadians will experience major clinical depression in their lifetime. Approximately one percent will experience bipolar disorder, another depressive disorder.[11] (These are not 2009 figures; future surveys may reveal increasing rates of depressive disorders in Canadians.)

Studies of religious groups, from Orthodox Jews to evangelical Christians, show that depression is no respecter of religion or denomination. Attendance of religious services do not make one less prone to depression, either. This is one of the best-kept secrets in Christendom as people of faith who struggle with depression either avoid their churches or wear happy masks and pretend all is well. No one gets well with that approach.

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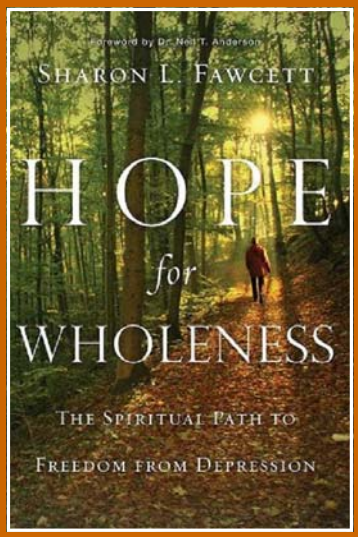
Next Issue...
Depression: Are You at Risk?
- Depression in clergy and their families.
- Spiritual giants who battled depression.

Sharon L. Fawcett is an author and speaker from Petitcodiac, NB and a member of Petitcodiac Baptist Church. After experiencing a long season of depression in her own life Sharon became a caregiver to others with the illness when her adolescent daughters became depressed. Her book, *Hope for Wholeness: The Spiritual Path to Freedom from Depression*, can be ordered from the publisher (www.navpress.com) and all major booksellers. Sharon has been depression-free for a decade. Visit her on the web at: www.SharonFawcett.com.



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DEPRESSION:
Are You at Risk?

By Sharon L. Fawcett for the RAPHA INITIATIVE

A career as a pastor or religious leader can be hazardous to your emotional and spiritual health. Statistics from across denominational lines reveal that:

- Eighty percent of pastors and 84 percent of their spouses feel unqualified and discouraged in their role as pastors. [1]
- Ninety percent of pastors state they are frequently fatigued and worn out on a weekly, and even daily, basis [2] and more than 40 percent of pastors and 47 percent of their spouses report that they are suffering from burnout. [3]
- Seventy percent of pastors say they constantly fight depression. [4]
- Eighty percent of adult children of pastors surveyed have had to seek professional help for depression. [5]
- Eighty-five percent of pastors said their greatest problem is they are sick and tired of dealing with problem people, such as disgruntled elders, deacons, worship leaders, worship teams, board members, and associate pastors. [6]

While it may seem that the stress, frustration, and fatigue that comes from dealing with these "extra grace required" people may be the culprit in pastoral depression, there are other potential contributing factors:

- Seventy percent of pastors do not have a close friend, confidant, or mentor.
- Eighty percent of pastors surveyed spend less than fifteen minutes a day in prayer.
- Seventy percent said the only time they spend studying the Bible is when they are preparing their sermons. [7]

An intimate relationship with God must come before ministry—and everything else in one's life. The statistics seem to prove that pastors cannot survive in the ministry without taking the time to be with the Lord. Supportive relationships with others are important too. As a pastor you have more than your share of people in your life who repeatedly take without giving anything in return. It's imperative to build relationships that build you up and replenish what the ministry depletes.

Deeply spiritual men and women throughout history have experienced depression. In the Bible's Old Testament we read about godly Jewish men who exhibited symptoms of depression. The prophet Elijah prayed for God to take his life. King David's many laments are recorded in the book of Psalms, and Job—the most righteous man of his time—became so miserable he longed for death and wished he'd never been born.

Depression is prevalent in "giants" of the Christian faith as well. Martin Luther suffered periods of black gloom. Depression immobilized Charles Spurgeon for weeks at a time. Søren Kierkegaard suffered chronic depression. And J.B. Phillips sank into a debilitating depression after the popular success of his paraphrase of the New Testament.

As far back as I can remember, I was hooked on approval—driven by a desire to make my mark as a spiritual leader. So when I was offered a part-time position as a youth pastor while still in college, I took the plunge… After a couple years of huffing and puffing to gain favor from God and others, what I feared most finally occurred. The threat of being exposed as an imposter—combined with the fatigue I'd been hiding—ushered me into a state of exhaustion and depression… But one day, the course of my journey changed. I was on a retreat and had signed up to meet with Brennan Manning, the conference speaker, for something announced as "spiritual direction."

"Tell me about the condition of your soul," he said to me. There was silence. The truth is I was clueless. But rather than be found without an answer, I babbled about my out-of-control, frenzied pace. Then, Brennan made a statement that sparked a change in my life: "Fil, you seem dreadfully close to losing touch with the Jesus you so desperately want others to know." Those words pierced me. [8]

— Fil Anderson , author of *Running on Empty*

The infamous political leader and devout Hindu, Mohandas Gandhi, experienced a severe depression in the last year and a half of his life. This was common knowledge at the time and he spoke of it freely.

Gandhi once told a companion, "Suffering and evil often overwhelm me and I stew in my own juice." [9] Gandhi frequently described himself as being surrounded by darkness. He once explained to a reporter why he had stopped talking of aspiring to the age of 125: "I have lost the hope because of the terrible happenings in the world. I don't want to live in darkness...." [10]

A much less public depression was experienced by Mother Teresa of Calcutta, a woman whom many believe will one day be named a saint of the Catholic Church. Following her death, personal correspondence between Teresa and her confessors and superiors over a period of 66 years shocked even those who knew her well when published into a book. Her letters reveal that for the last nearly half-century of her life, Teresa did not feel God's presence. This is a common sensation for those with depression.

Although always cheery in public, the Teresa revealed in her letters lived in a state of deep spiritual pain. In more than 40 communications, she laments the "dryness," "darkness," "loneliness," and "torture" she is undergoing, comparing the experience to hell. Teresa realises that the image she projects in public is not who she is inwardly. "The smile," she writes, is "a mask" or "a cloak that covers everything." [11] How many others with depression have worn that mask, and worn it well?

Depression is not a sign of weakness or spiritual inadequacy. It's part of life's journey for many spiritual leaders, and others. The next issue of this newsletter will offer tips for depression prevention and outline steps you should take if you believe you may be depressed.

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1. These statistics came from across denomination lines, and have been gleaned from various reliable sources such as *Pastor to Pastor*, *Focus on the Family*, *Ministry Today*, *Charisma*, TNT Ministries, Campus Crusade for Christ, and the Global Pastors Network. Cited by Richard A. Murphy, "Life-Line for Pastors", 2002. http://www.maranathalife.com/lifeline/stats.htm.
2. Dr. Richard J. Krejcir, "Statistics on Pastors," Schaffer Institute, 2007. http://www.intothyword.org/apps/articles/default.asp?articleid=36562&columnid=3958.
3. Reported in the September/October 2000 edition of *Physician Magazine*, by Dr. Walt Larimore, vice president of medical outreach at Focus on the Family, and Rev. Bill Peel. Cited on: http://pastorandpeople.wordpress.com/category/depression/
4. Richard A. Murphy, "Life-Line for Pastors", 2002.
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6. Ibid.
7. Ibid.
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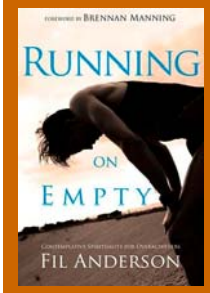
9. Karen E. James, "From Mohandas to Mahatma: The Spiritual Metamorphosis of Gandhi." http://www.lib.virginia.edu/area-studies/SouthAsia/gandhi.html
10. Ibid.
11. David Van Biema, "Mother Teresa's Crisis of Faith," *TIME*, August 23, 2007. http://www.time.com/time/world/article/0,8599,1655415,00.html.

Next Issue...
Depression: How to Respond
- Depression prevention.
- How to support others.
- How to help yourself.

Helpful Resources:

Running on Empty: Contemplative Spirituality for Overachievers by Fil Anderson (Waterbrook, 2004).

Soul Space: Where God Breaks In by Jerome Daley (Integrity, 2003).



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DEPRESSION:
How to Respond

By Sharon L. Fawcett for the RAPHA INITIATIVE

Depression is the leading cause of disability worldwide and prevalent among pastors—seventy percent of pastors say they constantly fight depression. There are preventative measures you can take to become more resistant to this illness:

- Find other pastors with whom you can build trusting relationships. This will help alleviate the stress and loneliness of being a pastor.
- Find a mentor. Everyone can benefit from the wisdom and experience of another. Get into relationship with someone who can minister to you.
- Nourish your spirit through regular time studying the Word of God—without feeling the pressure of having to make a message out of every passage of Scripture you read. You need to be fed every bit as much as your congregation does.
- Spend time praying for yourself and family, worshipping, and listening for God's direction.
- Take time to attend conferences and seminars where you can receive ministry and encouragement.
- Share the load with the leaders in your church—your elders or deacons. If they don't know how to help you, see that they get appropriate training.

Taking Care of You

If you believe you have depression:

- See a doctor. Be sure that what you're experiencing is actually depression and not another illness. (Diseases like Parkinson's, Alzheimer's, Lyme, and heart disease, as well as thyroid dysfunction, cause symptoms similar to those of depression.)
- If diagnosed with depression be sure to get a complete bio-psycho-social-spiritual assessment to determine the roots of your illness and the best treatment.
- Avoid setting challenging goals or taking on new responsibilities until you've made some solid progress through treatment.
- Recognise patterns in your mood. Many people with depression find morning to be the most difficult part of the day. If that's the case with you, try to arrange your schedule accordingly so that the least demanding tasks fall in the morning.
- Participate in activities that lift your mood. Exercise regularly as this boosts mood-elevating hormones.
- Try not to make major life decisions while you are depressed.
- If possible, join a depression support group to connect with people who understand the challenges you are facing and the recovery process.
- Realise that pastors are human and not perfect and that your humanity is not a sin or a failing.
- Ask trusted friends to pray for you.

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1. Sidney L. Bradley, Ph.D. & Kelly Breen Boyce, Ph.D., "When Depression Hits Home: How Pastors Can Help Themselves." http://www.gcts.edu/supporters_friends/when_depression_hits_home_how_pastors_can_help_themselves.

How can pastors prevent depression?

..[Pastors] should establish boundaries that they are not available 24/7, and get real with expectations—set more realistic expectations. Jesus did not heal everyone, even though it was within His power to do so. No one is capable of successfully ministering to every person in need.

It helps for pastors to do stress inoculations. They have very stress-laden roles. They need to follow the basics of eating correctly and making sure they get eight hours of sleep per night… Most critical is a good exercise routine… Being in top-notch physical shape is the best thing we can do to build up our tolerance for stress. Moreover, there is a benefit that comes from being proactive and taking charge of this significant area of your life. It gives an overall sense of self esteem and self mastery. [1]

—Sidney L. Bradley, Ph.D. & Kelly Breen Boyce, Ph.D.

If you love someone with depression:

- Educate yourself about the illness and advances in treatment.
- Encourage your loved one to seek professional help—for mind, body, and spirit—and to stick with treatment.
- Be prepared to make sacrifices. Don't be surprised if your loved one doesn't take your feelings into consideration or if you can no longer count on him or her to contribute to the relationship. Among many things, depression causes negativity, exhaustion, and a desire to withdraw.
- Be a loving and attentive parent to the children you share. Do what you can to assure them of their worth, and show them they are loved.
- Assure your loved one of your love and acceptance. Commit to seeing him or her through this experience with depression.
- Pray. Bring your concerns before God and ask for His help.
- Be practical. People who are depressed are easily overwhelmed, by even the simplest tasks. Pitch in with things like dressing the children for school, making meals, or doing the laundry.
- Be available to listen but don't try to be a therapist.
- Be vigilant. Depression is a serious, life-threatening illness. Be aware of the warning signs of suicide and if your loved one is displaying any of them, seek immediate, professional help.[1]

How to Help Yourself While Caring for a Depressed Loved One

Research proves that the stress of caring for someone who has a mental illness can trigger depression in the caregiver. It's imperative that you make every effort to take care of yourself while caring for your loved one. Here's how:

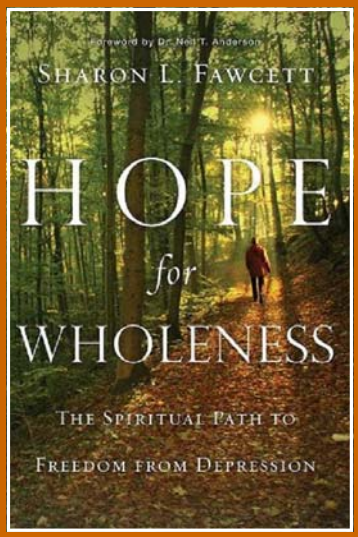
- Take care of your body by eating nutritious food, exercising, and getting adequate rest to gain the stamina you need to deal with your challenging life circumstances.
- Enlist support. Don't be afraid to ask for help—with children, household chores, or even duties at church—if it will relieve some of the added pressure you're under.
- Don't try to cover up the fact that your family is facing the challenge of dealing with depression. In being open, you may discover other families in the same situation, and gain support, encouragement, and prayer for your own.
- Become a member of a support group. Listening to others' stories may give you new strategies for coping, and help you realise you're not alone.
- Ask God to give you the strength to deal with the turmoil a loved one's depression presents and to keep your commitment to your loved one strong.
- Be aware of the symptoms of burnout and depression, and if you are exhibiting any seek help. See a counsellor or family therapist to learn ways to cope with your depressed loved one, and the added stress you are under.[2]

Though you can do much to support someone with depression, the only one you can take responsibility for is you. When you attend to your own needs—physical, emotional, and spiritual—you'll be in a far better position to cope with, and care for, the people you love.

1. Sharon L. Fawcett, *Hope for Wholeness* (Colorado Springs, CO: NavPress), pp. 233-237.
2. Ibid., pp. 239-241.

Next Issue...
Depression: Addressing Stigma
◦ What is stigma?
◦ How does it affect people with depression?
◦ How can churches combat stigma?

Sharon L. Fawcett is an author and speaker from Petitcodiac, NB and a member of Petitcodiac Baptist Church. After experiencing a long season of depression in her own life Sharon became a caregiver to others with the illness when her adolescent daughters became depressed. Her book, *Hope for Wholeness: The Spiritual Path to Freedom from Depression*, can be ordered from the publisher (www.navpress.com) and all major booksellers. Sharon has been depression-free for a decade. Visit her on the web at: www.SharonFawcett.com.



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DEPRESSION:
Addressing Stigma

By Sharon L. Fawcett for the RAPHA INITIATIVE

It's been said that mental illness is the final frontier of socially acceptable discrimination. Most North Americans consider someone who is experiencing mental illness to be somewhat inferior. This is called "stigma." It is disgracing another person or causing them shame and as it relates to mental illness, it is prevalent in Canada.

- One in four Canadians is fearful of being around those who suffer from serious mental illness.
- Only half of Canadians would tell friends or coworkers that a family member suffers from mental illness, compared to 72 percent for cancer or 68 percent for diabetes.
- Nearly two out of three Canadians (61 percent) would be unlikely to use a family doctor with a mental illness while 58 percent would decline to use a lawyer, child-care worker, or financial adviser with mental illness.

People with mental illness are like the lepers of our day. So it's no surprise that many adopt a mark of shame—self-stigma—and come to believe there's something wrong with them, they're unworthy, that they deserve second best. Chris Summerville, C.E.O. of the Schizophrenia Society of Canada says that "stigma impedes recovery because one of the things that helps recovery from mental illness is having good self-esteem, self-worth, and seeing yourself as a person of significance."

One of the most hurtful things our faith communities do to people with mental illness is avoid them or ignore the fact that they're experiencing an illness. One woman explains, "I was out of church after surgery (when anaesthesia threw me into major depression) and no one called or checked on me."

Sometimes people with mental illness are treated differently, as if they are not deserving of the same consideration and respect afforded others.
Susan says,

> I was in a year-long depression, during which I quit a job I had held for five years... I went to the pastor hysterical and almost ready to walk in front of a bus, and he took three phone calls while I was in his office—not just answered the phone, but carried on complete conversations!

Beyond this are the horrific approaches of telling someone with a mental illness that they are demon possessed, or that their illness is a sign of unresolved sin, or that if they just had more faith—or prayed more or praised more—they would be well. No one should presume to have the answers to the complex mystery of the origin of illness and disease.

When asked if her church was supportive of her, "Angela" shared this:
"I have quit going to church for more than one reason. Depression is the majority of it. The church that I was attending would always tell me that it is the devil working on me and in my life and that all I have to do is ask God to take the depression away. I do look to God for everything and I love him with all that I am. But do they honestly think that I have not asked God to help me? They look down on me like I am the sin. So I stopped going. So my answer is: No, the church did not help me, but they did put me down further. I am sure that is not what they meant to do but it is what has been done. I try to hide my depression by staying home these days. If I must go out I look down. I don't walk tall anymore and I don't want to see the disgusted look in anyone's eyes again."

What can churches can do to help?

Chris Summerville—also an ordained minister who has experienced depression—says that we cannot be supportive of those with mental illness "until we deal with our own stigma. Until we confess that it's a sin and that we have not loved them as we ought to love them; as [we] love [ourselves]."

Summerville suggests that one of the best ways to combat stigma in our churches is for people with a lived experience of mental illness to get up and tell their stories. They can talk about how the illness has impacted them, but also about what has helped and hindered recovery. They should let others know that in spite of experience with mental illness they are good citizens, involved in the community, engaged in work, committed to their families. Then people have a positive image of a *person*, rather than a negative stereotype of an illness.

Another important step towards eliminating the stigma that leads to discrimination, prevents people from seeking treatment, and inhibits recovery is education and raising awareness. The Episcopal Mental Illness Network in the U.S. is a great resource and many of the following ideas have been gleaned from their website.

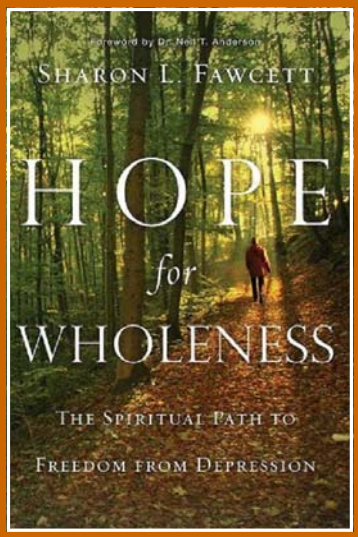
To educate and raise awareness about depression:

- Look carefully at your congregation's basic theology so you don't project the concept that depression is a punishment for sin brought on by Divine wrath.
- Recognise the need for spiritual ministry for the individual and the family, without focusing on the "cure" of the illness.
- Learn about depression so that pastoral counselling does not produce guilt or perpetuate myths.
- Take suicide intervention training (A.S.I.S.T.) and if possible have others in your congregation do the same.
- Work towards prevention of depression. One thing your church can do is help people cope with stress (a leading contributor to depression), or guide them to others who can teach them how to cope.
- Promote workshops and forums in your congregation to educate members by calling your local branch of the Canadian Mental Health Association, or other agencies addressing depression, and/or local Christian counsellors.
- Include articles and/or brochures in newsletters and other publications of your church.
- Include references to persons with depression and their issues in sermons about social justice, discrimination, and compassionate outreach to others.
- Object to the stereotyping of persons with depression. Tactfully correct misunderstandings about depression by others.
- Place books, literature and videos on depression in your church library and brochures in literature racks.
- Plan special observances during Mental Illness Awareness Week in October and Mental Health Month in May.

People who are depressed often feel that they are alone—even God seems far off. By reaching out to them, and advocating for them, your church will embody the love and acceptance of Jesus Christ.

Next Issue...
Depression: Ministering
◦ How to make churches accommodating and inclusive.

Sharon L. Fawcett is an author and speaker from Petitcodiac, NB and a member of Petitcodiac Baptist Church. After experiencing a long season of depression in her own life Sharon became a caregiver to others with the illness when her adolescent daughters became depressed. Her book, *Hope for Wholeness: The Spiritual Path to Freedom from Depression*, can be ordered from the publisher (www.navpress.com) and all major booksellers. Sharon has been depression-free for a decade. Visit her on the web at: www.SharonFawcett.com.



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DEPRESSION: *Ministering*

By Sharon L. Fawcett for the RAPHA INITIATIVE

Depression isolates people. Those with the illness often withdraw into their homes—and themselves—believing that no one understands what they are experiencing and few people care. But, the "Lord is close to the brokenhearted and saves those who are crushed in spirit" (Psalm 34:18, NIV). Perhaps God wants to draw close to those with depression through your faith community.

Here are some ways your church can get involved in outreach and ministry to those affected by depression:

- Understand that depression impacts the spirituality of the person with the illness and of their loved ones. Support individuals who are experiencing depression, as well as their families, through visitations, prayers, or counselling.
- If your church has healing services, they should always include mental illnesses, including depression. This gives a clear sign to people in your faith community that all forms of illness are valid and worthy of concern.
- Let people in your congregation or on your Pastoral Care Team know when a person has been hospitalised with depression (of course, with that person's permission), just as they would communicate about people suffering from other illnesses. Don't assume that that they or their family don't want visitors. Hospitalisation for depression is a traumatic and lonely time. As with any major disease, the person and family will have questions about God, faith and "why me." Pastoral presence and support will help them to understand and accept.
- Know when to refer people to mental health professionals rather than attempt to solve psychological problems yourself. Also, be familiar with Christian counsellors in your area and stay in touch with the people you refer and/or their families.
- Develop a resource and referral network so that persons with depression and their families can be directed to the proper community services or support groups.
- Provide space for support groups to meet, both for people with depression and their family members.
- Offer such things as transportation to church events, respite care for family members, or assistance in everyday activities, such as grocery shopping or paying bills.
- The cost of counselling is prohibitive for many people and Christian counselling is not covered by some health insurance plans. Consider offering financial assistance for those who need and want it, to cover a portion of the fees for Christian counselling.

Dr. King used to say that if the church didn't involve itself in the day-to-day lives of the suffering, then it would be no better than an irrelevant social club, and frankly, I think some churches today have proven this, have actually pulled back inside their walls with all the other people who know the secret handshake, have settled down to enjoy their own coffee shops and workout clubs and child care, while outside the ark, the world is going under.

—Greg Garrett, *Crossing Myself: A Story of Spiritual Rebirth* (Colorado Springs, CO: NavPress, 2006), p. 79.

COMING SOON...

The Rapha Initiative is producing an educational DVD featuring interviews with mental health professionals and others. This resource may be used by individuals, small groups, or entire congregations and should be available by the end of 2009.

Becoming Accommodating and Inclusive

Make sure your church is accommodating to those with mental illnesses like depression. Jason explains the helpful things his church did for him.

> People in my church have made themselves available to pray with me and talk when I needed to. When I was going to a Bible Study during those dark times, leaders and key people let me know that it was "okay" if I just came and did nothing, said nothing, shared little. Expectations were very low. When I did share in the Study, people listened and sympathized. Suggestions were offered but the people I was with had the wisdom to share little and listen more.

Another way to make churches accommodating to those with depression is to realise that the illness impairs concentration and listening to a 45-minute sermon may be difficult. Adjust your communication accordingly. Use short, simple sentences. Repeat yourself. Reserve seats near the door for those who may need to exit quickly or to have breaks during the meeting.

We must also make our churches more inclusive, welcoming places for persons with depression and other forms of mental illness. Open space for them to talk, and live, and contribute. Embrace people with mental illness into your circles, your small groups, and your choirs. Find ways for them to contribute in the church and to the service. Chris Summerville says,

> Sunday is one of the loneliest days for people with mental illness because they feel left out; because they may look a little different, they may dress a little differently, some may have difficulty expressing their thoughts.

But there are also people with depression who look just like the average person in your congregation, and who sit in the pew every Sunday in fear that someone will see behind the happy mask they wear and discover their secret shame.

In the journal, "Spirituality and Religion in Recovery from Mental Illness" (edited by Roger Fallot), Cooper writes,

> The biomedical model of mental illness has contributed significantly to our understanding of major illness but little to true recovery. While medications may help one's behaviours become more acceptable to society, they do nothing to put one's shattered soul back together.

Dr. Randy Goossen, a psychiatrist from Winnipeg, says,

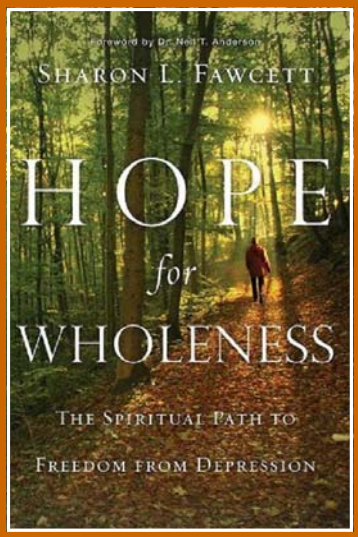
> When we talk about that shatteredness, I think that's where community plays a huge role... And if there's anything the Church needs to be doing, it's to ask, "What, as a community, can we do to assist our individual parishoners/ members/ people who come/ those who even are transient? How can we impact their lives and help bring that shatteredness back together?"

We can educate and raise awareness in our faith communities, and the community at large. We can reach out and minister to those affected by depression and other mental illnesses, and their families. We can become advocates for people with mental illness. We can make our churches accommodating and inclusive places. We can share our stories of recovery in spite of adversity. We can share our stories of hope.

To care for anyone else enough to make their problems one's own, is ever the beginning of one's real ethical development.

—Felix Adler

Sharon L. Fawcett is an author and speaker from Petitcodiac, NB and a member of Petitcodiac Baptist Church. After experiencing a long season of depression in her own life Sharon became a caregiver to others with the illness when her adolescent daughters became depressed. Her book, *Hope for Wholeness: The Spiritual Path to Freedom from Depression*, can be ordered from the publisher (www.navpress.com) and all major booksellers. Sharon has been depression-free for a decade. Visit her on the web at: www.SharonFawcett.com.



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