

Free

Free public seminar



Deliverance from Deadly Depression

- * What is Depression?
- * Types of Depression
- * What Causes Depression?
- * Depression and the brain
- * Twenty proven non-medical tools for battling depression
- * Medications

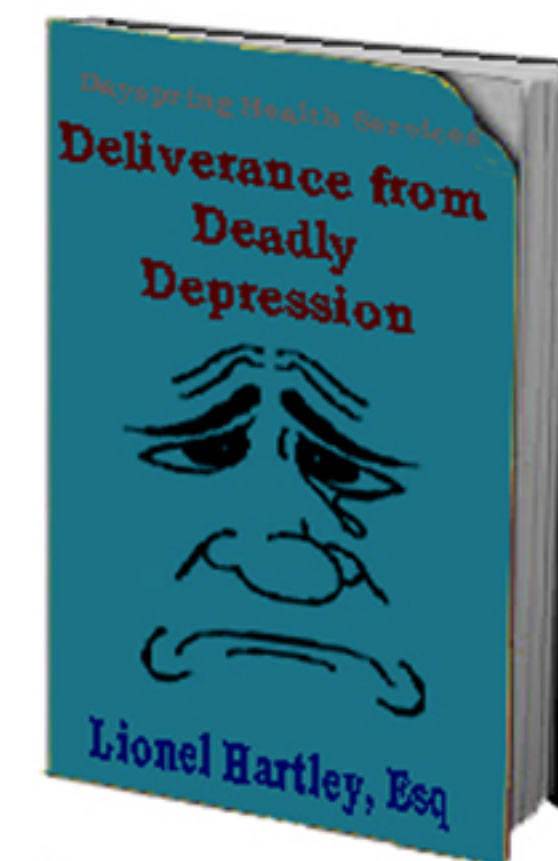
Another seminar by
Lionel Hartley, PhD



Duration: 1½ Hours / Format: Multimedia Seminar Presentation and Workshop Activity / Resources: Handouts and optional Homework Activities.

For extra info – see www.lrhartley.com/depression

Seminar Transcript
Powerpoint Slides
Handouts



Condensed from the author's book of the same title.



**Deliverance from
Deadly Depression**

A Seminar with Lionel Hartley, PhD

Seminar Transcript

Lionel D C Hartley

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Deliverance from Deadly Depression Seminar
Condensed from "Deliverance from Deadly Depression"
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Seminar Transcript

Slide 1 Title slide

Deliverance from
Deadly Depression


Slide: Who is your
seminar author?

Depression can be
deadly. In William
Bausch's Book "A World
of Stories" we read of

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Dale Frances who tells us about a girl named Ellen. Thirty years ago, she was very pretty, as he found out later from her photograph. A lovely, talented girl, she did some work in a little theatre in New York.


One of the writers who used to write for the old Saturday Evening Post saw her. He liked her and he had connections.

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The writer knew a friend in Los Angeles, and he had arranged for her to go for an interview. Ellen bought a whole new wardrobe and all the rest. She was very excited.


This was the beginning of a glorious career. Well, the day came for her to leave for the west coast.

She said good-bye to her family and, before she left, she stooped

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down to say good-bye to her pet dog. In his frolicking, the dog put out his paw and accidentally scratched her a little bit on the cheek, but it didn't matter because a little makeup would cover that.

She arrived at Los Angeles and, as sometimes happens, her luggage was lost. She was unnerved at that.


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The man who was supposed to meet her was late.

She was starting to get nervous and somewhat unstrung. Finally he came, but she had gotten so upset that she began to cry.

And on top of that, her cheek where the dog had scratched was infected.


So between the crying

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and the infection and not having a wardrobe, the poor girl was in no mood to see anybody.

The people out there were kind to her. They tried to calm her down. They told her, "Look, get yourself together and come back."


But she didn't come back. Instead she took the train back home.

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And back home she retreated into herself and fell under the protection of her doting widowed mother. She would see nobody.


She began to eat and got very heavy. This alarmed her because her father had died from obesity.

So she went to the other extreme: she went on a starvation diet.

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When Dale met her, she was like skin stretched over bone.

He talked to her and suggested that she was at a point where she needed psychiatric care, but both she and her mother were very offended at that. Finally she went to a psychiatrist, and he said that, at this late stage, he couldn't do anything for


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her. He suggested that they try to get her on some vitamin regimen and build her up.

She died. She died of starvation with plenty of food on the table. And her mother said she died talking of the interview that went wrong like it happened last week instead of thirty years earlier.

What is Depression?

When we speak of depression, we are not discussing the grief pain that immediately follows loss, or the "down" cycle of life's ordinary ups and downs. Nor are we discussing the popular use of the word depressed, which usually means to feel disappointed. When we speak of depression, we


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are speaking of a specific illness that may require clinical intervention. This is medically known as clinical depression.

Rather than spend time outlining symptoms, I have provided these on a handout.


Slide: Types of Depression

Overlay - Major Depression.

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Like the common cold, major depression has a beginning, a middle, and an end. Unlike the common cold, major depressions often last for months. Left untreated, they tend to reoccur. Each re-occurrence tends to last longer and is more debilitating than the one before.

Overlay - Chronic Depression.


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Chronic depression is a low-grade, long-term depression that can go on for years. Some people have had it most of their lives. Long-term, low-grade depression is also known as dysthymia. Dys referring to a disorder, and thymia for mood. Dysthymia, then, is a disorder of one's mood.

Overlay - Atypical Depression.

Atypical simply means not typical. This is depression that has symptoms that seem to be the opposite of what was once thought to be a typical depression.


Rather than sleeping less, people sleep more; rather than lose weight, they gain weight; rather than having low energy,

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they're agitated. In addition, people with atypical depression tend to be extremely sensitive to rejection.

Overlay - Manic-Depression.

Here the lows of depression can alternate with days or weeks of mania, extreme elation, unreasonably grandiose thoughts, and inappropriate, sometimes

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destructive actions. This is also known as bipolar depression, because the manic depressive person fluctuates from one emotional extreme (down) to the opposite extreme (up) in unpredictable, rapid swings. By contrast, major depression is unipolar - it focuses on only one direction: down.)

Overlay - Seasonal Affective Disorder (SAD).

This seems to be associated with the reduction of daylight hours during winter. The treatment may be as simple as installing full-spectrum fluorescent lighting in the home and workplace. (This is cheaper than to winter a summer climate.)

Overlay - Postpartum Depression.


Fifty to seventy-five percent of all women, following childbirth, experience "postpartum blues." One in ten women who experience this, however, develop a postpartum depression. This means that from five to seven-and-a-half percent of all new mothers have a

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depression that requires treatment. Postpartum depression seems to be caused by the hormonal, physiological, and emotional vulnerabilities of this period. If the normal "postpartum blues" seem particularly severe, or they continue for more than a few weeks, discuss it with your doctor.


Overlay - Double Depression.

Here someone with a chronic low-grade depression or dysthymia has a major depression as well. As we previously noted, chronic depressions can go on for years, even decades, while major depressions have a beginning, a middle, and an end. During the time one has

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both chronic depression and a major depression, it's referred to as a double depression.


What I have shared here is solely to give an idea of the range and varieties that depressive illness can take, so please don't use my list to try to categorize or diagnose yourself or others. Depression has

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been romanticised by poets such as Lawrence Durrell, who wrote, "All artists today are expected to cultivate a little fashionable unhappiness."

In 1621, Robert Burton wrote that "nothing [is] so sweet as melancholy".


In 1896, Maurice Maeterlinck wrote, "The value of ourselves is but the value of our

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melancholy and our
disquiet." And yet
depression, like many
illnesses of the mind, still
has a stigma attached to
it.

Newsweek magazine
suggests that shyness,
forgetfulness, anxiety,
fear and obsession are a
natural part of one's
personality.

On its February 7, 1994
cover, Newsweek wrote,



"Shy? Forgetful?
Anxious? Fearful?
Obsessed? How science
will let you change your
personality with a pill."


Newsweek failed to
warn that these are also
possible symptoms of
depression. Let's look at
some of these...

Slide: What Causes
Depression?

What Causes Depression?


Depression manifests as an imbalance in the biochemistry of the brain. This results in what some call "faulty thinking." This combination of biological imbalance and psychological distortion causes the havoc known as depression.

A depression can be

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triggered by any number of factors: genetic predisposition, major loss, a painful childhood, unresolved grief, stress, serious illness, economic difficulties, bad relationships, alcoholism, the diagnosis of a disease such as diabetes, cancer or AIDs, and so much more.

These are, however, only triggers for what

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takes place in the brain:
both a biochemical and
psychological imbalance.


The human brain is the
most intricate, complex,
and exquisite
communication centre on
Earth.

Ten billion brain cells
transmit billions of
messages each second.
And, as the late philo-
sopher Alan Watts
pointed out, "It does all

this without our even thinking about it."

The biochemical messengers of this communication are known as neurotransmitters.


(*Neuro* refers to the brain cells and *transmitter* to sending and receiving information.) When neurotransmitters are at appropriate levels, the

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• brain functions
• harmoniously. We tend to
• feel good. We have
• hope, purpose, and
• direction.


• Although we certainly
• experience the ups and
• downs of life, the overall
• mood is one of well-
• being, confidence, and
• security.

• Although there are
• dozens of different
• neurotransmitters,

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research indicates that a deficiency in some of the neurotransmitters such as serotonin, norepinephrine, and dopamine may be one cause of depression.

On the other hand, excess amounts of neurotransmitters may be a cause of the manic phase of manic-depression.

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Antidepressant medication has the effect of restoring these neurotransmitters to natural levels to bring the brain back into harmonious functioning and a return to well-being.

There are, however, possibilities other than medication, as we will soon see.

Possibilities other than medication


Slide: Negative Thoughts

When we consider that negative thoughts can play an important role in depression and that such thoughts can become a bad habit or even an addiction, we can use thought-changing techniques to deliver us

from negativity.


Some common negative thoughts include "I'm no good.", "No one understands me.", "Life isn't fair.", "I don't dare do that.", "How dare they do that?", "I hate it when", "I'm afraid that", "I'm a failure."

These can lead to habitual, often addictive behaviour, such as overeating, drug abuse,

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alcoholism, smoking,
compulsive gambling,
shoplifting, sexual
compulsions,
workaholism and many
more.

A warning though, as
powerful as the power of
positive thoughts are,
depression biologically
interferes with the brain's
ability to maintain a
positive thought for any

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period of time. Like the biblical story of the farmer who sows his seed upon stony ground, even a sack-load of the seeds of positive thoughts sown on depressed mind will not bear fruit.

Henry Ward Beecher wrote, "There are joys which long to be ours. God sends ten thousand truths, which come about

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us like birds seeking
inlet; but we are shut up
to them, and so they
bring us nothing, but sit
and sing awhile upon the
roof, and then fly away."

Overly positive cheerful
people can make a
depressed person even
more depressed. The
least helpful thing we can
say to a depressed
person is, "Cheer up!"

The image shows a spiral binding on the left side of a white page, with the metal wire looping through a series of holes. The text is printed in a large, black, sans-serif font.

The symptoms of depression are often blamed on everything but depression. People look for a cause for these feelings in two places: within themselves or outside themselves.


Those who look inward for the cause of their depressive symptoms feel blame, guilt, and shame. They are mercilessly criticized by

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the inner voice of
depression.

Those who look outside themselves for causes of depression tend to become angry, contemptuous, arrogant, destructive (sometimes physically), and spend a great deal of time complaining-usually to other depressed people.


Members of the Misery Club gather in bars and

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cocktail lounges all over the country between five and seven at night, when drinks are half price, and the only rule is, "You get to tell me your problems, but you have to listen to mine."

For some unexplained reason, this is known as the Happy Hour.


So apart from changing

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our thoughts, what else
can we do?

Slide: Clear out our
cupboards

We can do this literally,
by eliminating clutter and
any depressing
environment, and
figuratively by not
dwelling on past failures
and mistakes. We cannot
change the past but we
can choose how we deal
with painful memories




that rob us of the joy of
the present.

Slide: Nutrition

Good nutrition supports
the healing of your brain
and body. Aim for a
balanced and varied diet
and you should get all
the necessary vitamins
and minerals.

Look at the colours of
the food on your plate.
Different coloured foods

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play different roles in the body. Aim for at least three colours at every meal and a minimum of two servings of fruit and three servings of vegetables over the course of the day.

Health educator Mark Verstegen writes "Every meal should include colourful fruits and vegetables because of their fibre and nutrient

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densities," says.


"Proteins and carbs will most likely be brown, beige, or white. Add veggies like red and green peppers, carrots, and green beans to get your colour quotient up."

A nutrition-conscious doctor can test you for nutritional deficiencies and treat these appropriately, perhaps with modifications to your

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diet or taking vitamin and mineral supplements.


If your diet provides insufficient B-complex consider changing it or taking a vitamin B-complex supplement twice daily. Deficiencies of B1, B2, or B6 can exacerbate depression. Vitamin B12 deficiency can intensify depression and may cause neurological problems



and anæmia. (Vitamin B12 tablets are dissolved under your tongue or taken by injection.)


Vitamin C in our diet or as a supplement helps combat stress and strengthens your immune system.

Vitamin C is water soluble, so anything more than 50mg will probably be wasted when you "pass water".



A deficiency of zinc, iron, magnesium, or manganese may contribute to depression. If these cannot be obtained from your diet, a daily multi-mineral supplement may be considered.

Especially among the elderly, deficiencies of vitamins and minerals contribute to not only depression, but less-

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than-optimal mental performance.

Be sure to drink lots of water-at least six to eight glasses a day.

Finally, excess sugar, white flour, alcohol, and caffeine deplete your energy and this can contribute to depression.

Slide: Exercise


Exercise - particularly aerobic exercise -

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produces endorphins, which are among the body's natural antidepressants. Brisk walking, bicycling or swimming are recommended aerobic exercises, especially for the budget conscious.


These are excellent ways to loosen the body, relieve stress, and get moving again.

If you shy away from the

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word 'exercise', then call it 'activity', as anything that promotes the strengthening, flexibility, and endurance of your body will almost invariably improve your overall healing and well-being.


It's hard to overestimate the healing powers of a hot bath. If you normally have a shower, having a

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ten-minute hot bath could have soothing results. Dr Hartley says that, when he made the time, he would take a relaxing 20-minute bath timed to the relaxing music of Mozart's *Concerto for Flute and Harp* on a recording that lasted exactly 20 minutes.


Even more deeply relaxing is massage.

Do more of whatever

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activities you personally find nurturing and enjoyable: walks in nature, viewing art, listening to good music, watching your favourite DVD movies, gardening, etc.


One of the most common outcomes of a depressive illness is a mistreated body. Now is the time to treat your body well.

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Dr Harold H. Bloomfield says, "The more you learn to treat yourself well now, the less treatment you'll need down the road."


Slide: Flexibility

We've talked about the exercise of our bodies, but what about our minds? One of the hallmarks of depression


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is rigid, inflexible thinking. Words such as 'must', 'should', 'never', 'bad', and phrases such as 'have to', and 'ought to' create the emotional states of anger, fear, hurt, guilt and unworthiness which contribute naturally to depression.

Using these identified words sets up a battle of absolutes within ourselves: bad versus

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good, right versus wrong,
light versus dark. This
mental and emotional
battle zone often
becomes the focal point
from which we see life
and correspondingly act.
We declare war on the
world - although we are
firmly convinced that the
world has declared war
on us. And as with all
wars, we are overcome
by fear and anger.

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Not only is this a depressing way to live; it's incredibly inaccurate. The world does what it does no matter how depressed we become about it.

Life is lived on a continuum between good and bad, right and wrong, light and dark.

Replacing rigid words with more flexible (and accurate) words such as




'often', 'sometimes',
'seldom', 'either', 'or', and
'both' makes life more
realistic and liveable.

Strive for excellence,
not perfection. Practice
tolerance, not insistence.

Live in a world of
preferences, not
demands. Say, "I'd like,"
or "I want," rather than "I
need," or "I must have...."

Although I do not agree




with everything he wrote,
the late American self-
help author Peter
McWilliams wrote, "Life is
not a struggle, it's a
wiggle".

Slide: Don't exaggerate


How many millions and
trillions of times have we
been told not to
exaggerate?

Exaggerating is

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absolutely the worst thing we can do, and it can kill us if you don't completely stop it. Look at the word exaggerate.

McWilliams in his self-help book on depression says, "It has too many g's, doesn't it? It only needs one g to get by. That's what we do when we exaggerate: we add extra g's. The g-force, of course, is the weight of

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gravity. Adding extra g's presses down on us, making us depressed."

He goes on to say, "Wasn't that the dumbest, stupidest, most juvenile and insultingly unprofessional description of how exaggeration worsens depression that you've ever seen? And so exaggeration goes. We take an idea or event and

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mentally blow it out of proportion. The emotions soon follow. Emotions react to what the mind tells them. If we are disappointed and our mental response is, "You're killing me!" the emotions respond as though we are literally being killed. That's a fairly strong emotional reaction.

Don't exaggerate in the

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other direction, either. If you're disappointed, it's fine. Don't try to kid yourself by thinking, "Oh, it really doesn't matter." If it matters to you, it matters.

Strive for accuracy - a word that has a lot of c's in it. See? That will keep your mind and emotional responses more appropriate."




Slide: "Yes" and "No"

Yes and no are two invaluable words in obtaining and maintaining personal freedom and boundaries.


'Yes' and 'no' guard your time. Think of them as the door of your house: the open door is yes, the closed door is no.

The key is to say only the one that you mean. If

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you open the door when
you really want it closed,
and close the door when
you really want it open,
you will soon find
yourself with a house full
of what you do not want.
This is depressing,
indeed.


Too often, we say yes or
no for the wrong reason.
That reason, usually, is
fear: we're afraid of a
new experience; we're

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• afraid of hurting
• someone's feelings;
• we're afraid someone
• might not like us; we're
• afraid of what other
• people might think, and
• so on.

• Yes and no are there to
• express what you want,
• what your preferences
• are, what you are willing
• to and not willing to do.

• Often, we're asked to
• say yes or no to a future

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event. How do we know now if we're going to want to do it then?


A good indicator is to ask is, "If it was available to do right now, would I do it? Yes or no?" When it comes time to do it, you'll be doing it "right now," because "then" has a sneaky way of suddenly becoming "now."

So, if you don't want to

do it now, you probably
won't want to do it then.

Slide: Hurt,
Resentment, and Guilt

Hurt, resentment, and
guilt are closely related.
When something is taken
away from us, or
something we want is not
made available to us, we
can feel hurt. Hurt is
difficult for people to feel


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and express, so some people avoid it by turning to anger.

If we get angry at someone or something outside of ourselves, it's called resentment.

If we get angry at ourselves, it's called guilt.

Anytime we feel anger - whether it's expressed as resentment or guilt - there's hurt underneath

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it. If you catch the hurt early enough, you can move directly back to the caring.

You're not usually hurt about anything you don't care about.


Switch the caring from the disappointing object to another object about which you can 'safely' care. (Here, having a love for God, nature, or the universe comes in

handy.)

If you don't catch the disappointment soon enough, you're left with hurt, guilt, and/or resentment.

Do something with them - preferably something physical, but safe.


A few deep breaths, a good stretch, walking, jumping, or singing.

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Silent screams, or noisy screams - if you can do them without frightening the neighbours.

A century ago Mrs. Patrick Campbell said, "I don't care what they do, as long as they don't do it in the street and frighten the horses."

Cry. Write down your negative thoughts and burn the paper. Lie on a bed and kick and


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scream. Beat a pillow.
Scream at the bathroom mirror.

All these suggestions for releasing negative feelings involve no one other than you.

Even if you're angry with someone, these suggestions still involve only you, not them.

If you still seem to have an undue residue of hurt,

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resentment, or guilt, you might want to involve another person by scheduling a session with a counsellor for some emotional release work.

Slide: Forgiveness

Forgiving is a word that means just what it says: for giving. Who are we for giving to? Those we




• forgive? Sometimes.
• Ourselves? Always.

The primary reason to forgive is for your peace of mind, and the quality of all your future relationships.

Jesus of Nazareth was one of the greatest teachers of forgiveness.


In the eye-for-an-eye, tooth-for-a-tooth world into which he came,

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forgiveness was a radical concept, just as it is today.

The Aramaic word Jesus used for forgiveness meant to untie, to let go.


That's what we do when we forgive: we let go of the image in our minds - the painful control of the way we think things should be, and we untie ourselves from the

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burden of judging the way they are.

Forgiveness is a direct route to freedom, lightening up, and moving on.


In the process of forgiveness, you say (aloud or to yourself), "I forgive..." then name the person (perhaps yourself), event, or occurrence that you have judged.



Then add, "I forgive myself for judging . . ." and name the same person, event, or occurrence.

So, not only do you let go of the judgment; you let go of whatever judgment you've made for having judged in the first place. And then let the matter go.


The US Unity Church
founder Charles Fillmore

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wrote, "Here is a mental treatment guaranteed to cure every ill that flesh is heir to: sit for half an hour every night and mentally forgive everyone against whom you have any ill will or antipathy."

Slide: This is my "depressed stance." - Charlie Brown


The classic "depressed

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stance" is stooped over, head down, shoulders round. With such posture depressed people seem to be, like the mythical Atlas, carrying the weight of the world on their shoulders.

Changing this posture can change the depressive mood.


Head up, shoulders back, deep breath - and you tend to feel better.

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Walk around the room
balancing a book upon
your forehead. Now
discard the book and
keep your head up.

It's very hard to breathe
deeply all slouched over,
which can cut oxygen
intake, which itself
contributes to
depression.


Learn to breathe deeply,
expanding your lower
abdomen as you do.

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Experiment with different postures, ways of sitting, ways of walking, and so on, and see if some make you feel better than others.

Slide: Stuck in a rut?

The story is told of a frog who was hopping around a pasture. It had rained the day before, and the soil was very


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damp. A truck had driven through the pasture and cut deep ruts in the ground.

Unintentionally, the frog bounced into one of those ruts and got stuck.

He made a half-hearted attempt to hop out but did not make it. The rut was too deep.

The next day a few of the frog's friends came

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looking for him, and they found him stuck in a rut.

They encouraged him to try again to jump out, but the frog said it was hopeless. He was permanently stuck in a rut and was no longer good for anything.

The frog further thought, It was probably my fault that it rained the other day. That was just God's way of getting even with


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me for not being better
frog.

For five straight days
the other frogs came by
to encourage the stuck
frog, but he remained in
the rut.

On the sixth day, the
frog's friends were
surprised to see the frog
hopping around the field.


They ask how he
managed to get unstuck.



"Oh," he said, "a big truck came along and it suddenly became a priority for me to get out of there!"

Are you stuck in a rut? Take a look at your priorities and either get things done or let them go.

Most people are overcommitted. There

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are books they plan to read, videos they plan to watch, dinners they plan to have, friends they plan to visit, closets they plan to clean (or come out of), classes they want to take, and on and on. If they added nothing to these "plans" and lived to be 200, they still wouldn't get them all done.


This backlog of "I've-been-meaning-to," can

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be depressing.

This is especially true when the things we mean to do are important - charitable works, exercise programs for health, quality time with loved ones, religious or spiritual practices, political causes, social change, quitting a habit, and the like.


Here, not only do we miss the satisfaction and

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enjoyment of doing them or having done them, we also feel guilty for not having done them.

There are two ways to effectively deal with such past commitments: do them, or be done with them. Get them done, or let them go.


To break the cycle of depression, reprioritise and then move into action.



Get those things done.
Accomplish them.


Or, declare to yourself that you are no longer going to do them - at least not at this time.

Of course, we need to be reasonable about this, I'm not advocating that if you owe someone money, for example, you can't just "declare" it paid.

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It's not that what you want to do is no longer important to you; it's just that your priorities change and your resources become otherwise occupied. "I can't do this," is seldom true.


"I'd like to do this, but my priorities have changed or my resources are otherwise occupied," more often is.

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It's a good idea to make a list of all the things you said you were going to do - things you said either to yourself or to others.

The list of the things you said to yourself will probably be considerably longer than the list of commitments you made to others.


Then check off the ones associated with

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essentials (food, shelter,
healing your depression)
and notice how much
time you have left for all
the rest.

Start checking off, one
by one, what you still
have the time and
resources to do.


At some point, as
happens to us all, you
will run out of time and
resources.

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Then, cross off the rest.
As you cross each item off, say, "Yes, I'd like to do this, but I choose to let it go. For now, I declare it done."

(When communicating with others, it's probably a good idea to leave off the "I declare it done" part.)

In doing this, you'll probably notice an increase in energy, clarity


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of mind, and a stronger desire to accomplish the things you really do plan on doing.

By being very watchful in making future commitments to others and especially to yourself you will avoid falling into the same rut again.


Slide: Visualisation

Visualize yourself as


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sound, healthy and filled
with the vitality and
boundless life of your
Creator.

The relationship
counsellor Dr Sandra
Skantling wrote,
"Learning to visualize is
essential to taking control
over your beliefs. It
consists of choosing to
see images in your
mind's eye that will effect
the way you feel and


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respond.... What you see in your mind's eye guides you to respond in a more positive and pleasurable way. Remember, our anxiety centres don't distinguish between what is "real" and "imagined." If you imagine yourself being pulled over by a police officer and can picture a flashing blue light behind your speeding car, you may actually feel your pulse-

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rate climbing. On the other hand, if you remember an especially warm positive and loving moment, you create an inner feeling of comfort and calm."


Norman Vincent Peale said, "Look upon yourself as the unique individual that you are. Get in harmony with the creative, life-giving, health-maintaining forces

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of the universe. Affirm
peace, wholeness, and
good health - and they
will be yours."


Slide: Let the light in
Sunshine, natural light
and spiritual light are
rejuvenators of mood.

Light is a concept that
has permeated religious,
spiritual, philosophical,
and even scientific

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beliefs throughout history, from ancient civilizations to the more recent concepts of advanced quantum physics.


You may consider light as the light of God, the light of the Holy Spirit, the light of nature, the light of the sun, the light within us all, or the electromagnetic waves of energy that physicists tell

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us make up the entire known universe, visible and invisible.

As depression is so often associated with darkness, allowing those dark parts of your life - both inside and outside of yourself - to be filled with light can be profoundly uplifting.

A good way of doing this is through prayer or meditation.

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We can grow strong at the very places that we feel broken.

Rachel Naomi Remen, a counsellor, had a young man come into her practice with bone cancer. The man's leg was removed at the hip to save his life. He was twenty-four years old when she started working with him, and he was a very angry young man




with a lot of bitterness.

He felt a deep sense of injustice and a very deep hatred for all well people because it seemed so unfair to him that he had suffered this terrible loss so early in life.

Rachel worked with this man through his grief and rage and pain, using painting, imagery and talk therapy.


After working with him

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for more than two years,
there came a profound
shift. He began coming
out of himself.


Later he started to visit
other people who had
suffered severe physical
losses, and he would tell
Rachel the most
wonderful stories about
these visits.

Once he visited a young
woman who was almost
his own age. It was a hot

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day in Palo Alto, and he was in running shorts so his artificial leg showed when he came into her hospital room. The woman was so depressed about the loss of both her breasts that she paid no attention to him nor did she even look at him.


The nurses had left her radio playing, probably in order to cheer her up.

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Desperate to get her attention, he unstrapped his leg and began dancing around the room on one leg, snapping his fingers to the music.

She looked at him in amazement and then burst out laughing and said, "Man, if you can dance, then I can sing."

A year later Rachel sat down with him to review their work together. He

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talked about what was significant to him, and then Rachel shared what was significant in their process.

As they were reviewing their two years of work together, Rachel opened his file and there discovered several drawings the man had made early on. She handed them to him.

He looked at them and

said, "Oh, look at this."
He showed her one of
his earliest drawings.


She had suggested to
him that he draw a
picture of his body. He
had drawn a picture of a
vase and running
through the vase was a
deep black crack. This
vase was the image of
his body, and he had
taken a black crayon and
had drawn the crack over

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and over again. At the time he was grinding his teeth with rage.

It was very, very painful for him because it seemed that this vase could never function as a vase again. It could never hold water.


Now, several years later, he came to this picture and looked at it and said, "Oh, this one isn't finished."

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Rachel extended a box of crayons and said, "Why don't you finish it?"

The man picked up a yellow crayon and putting his finger on the crack, he said, "You see, here - where it is broken - this is where the light comes through."

And with the yellow crayon he drew light streaming through the crack the vase.

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Slide: The best
medicine?

Laughter is an
amazingly rapid healer of
depression. So is
humour.

Humour doesn't
necessarily make you
laugh, but it does make
you smile inside.

The chemical function of
humour is to change the
character of our

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thoughts.

We're going to step aside for a moment and hear from the experts:

Life is actually funnier than we think.

Ambrose Bierce defines laughter in his satirical dictionary as 'An interior convulsion, producing a distortion of the features and accompanied by inarticulate noises. It is

infectious and, though
intermittent, incurable.'

Slide: Play

The opposite of
depression is expression.

What playful, creative
things do you do or want
to do? Paint? Write?
Sew? Dance? Cook?
Garden? Sing? Act?
Compose? Play an
instrument, a game, a


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sport? Well, do it!

Don't worry about being good at it, or making a living at it, or even sharing it with anybody else. Just have fun with it. Let yourself play.

Adults, especially depressed adults, forget about play.


This forgetfulness is a contributing factor to depression.

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Too often, even when we're having fun, we do it passively, like watching a movie, watching TV, watching sports. This may be fine, but we also need to do something that gets us actively and playfully involved.

Slide: Gratitude

We have so much to be grateful for.




Alas, depression robs us of gratitude.

Or is it that we fall into the painful habit of ingratitude, and depression results?

One of the nicest ways out of depression is to have frequent gratitude breaks. Look around. Be grateful for what you can see.

Actually say to yourself,


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"I am grateful for the lamp. I am grateful for my hands. I am grateful for the couch...."

Let yourself feel a little gratitude before moving on to the next object.

Don't forget to be grateful if you can see, hear, touch, taste, smell.


Share your gratitude with others: "That was beautiful," "You look lovely," "I appreciate

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what you did." There is no need for gushing sentimentality or false flattery. Simply express appreciation freely and appropriately.

In every moment, there's something to be grateful for.

The fact that we don't spontaneously focus on the good is merely a bad habit.




Learn a new habit, a better habit.

You can't be depressed and grateful at the same time.

Slide: Music


If, as William Congreve observed in 1697, "Music has charms to soothe a savage breast, To soften rocks, or to bend a knotted oak," surely,

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then, it also has the charms to soothe and soften a savage depression.

Whatever music you find soothing, put it on, close your eyes, and drift away.


Of course, music does more than just soothe; it can stimulate or enhance almost any activity, emotion, or mood including crying.

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Music, carefully selected, is a way to elicit suppressed feelings in need of expression and catharsis.

The idea is not just to have background music, but to spend time with it; focus on it; relax into it.

"Music heard so deeply," wrote T.S. Eliot, "That it is not heard at all, but you are the music / While the music lasts."



Thanks to today's technology, the music can last and last.

Slide: Patience

A Chinese proverb says, 'With patience the mulberry leaf becomes a silk gown.'

When being treated for a medical condition, you become the patient.

You can treat yourself

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well by becoming patient.

Deliverance from depression may take a long time.

Looking back on this time from a non-depressed state, the healing seems miraculously swift.

However, looking ahead to the possibility of more time feeling depressed, this period can seem

long indeed.

Give yourself time. Give your health practitioners time. Give nature time.

Be patient with your impatience.

If patience is too much to ask, at least endure.


Hang in there. Hold on. Stick with it. Healing is on its way.

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Slide: Seek for support


For you it's a time for change, for growth, for healing. Change can sometimes seem chaotic, confusing, even frightening.

Seek the support of others. Ask trusted friends or family members to help with specific tasks or ongoing responsibilities.

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Although it's a good idea to postpone major decisions, if decisions must be made, when making your choice, ask for the opinions of others whom you respect.

Ask people who have been through treatment for depression and are further along in the healing process to be available for phone calls, questions, or chats.



Sometimes nothing is so reassuring as a simple, "Oh, yeah, I went through that."

Ask your boss if it's possible to have your workload lightened for a while.

Ask if certain commitments might be put off until later.

People may say no - but at least give them a

chance to say yes.

Perhaps consider joining a support group.

Be gentle with yourself.

J

Just as you asked others for support, ask yourself for support, too.


I have provided a handout giving ideas for others to support you in your depression.

Slide: Faith

The late actress Marilyn Monroe has become a kind of icon - a symbol, in a way, of the sensuality and emptiness of our time.


Arthur Miller, in his autobiography *Timebends*, tells of his marriage to her.

During the filming of *The Misfits*, he watched

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Marilyn descend into the depth of depression and despair. He was fearing for her life, as he watched their growing estrangement, her paranoia, and her growing dependence on barbiturates.

One evening, after a doctor had been persuaded to give her yet another shot, she was sleeping.

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Miller stood watching her, reflecting: "I found myself straining to imagine miracles. What if she were to wake and I were able to say, 'God loves you, darling,' and she were able to believe it! How I wish I still had my religion and she hers."

Psalm 94:18-19 reads, "When I said, "My foot is slipping," your love, O

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Lord, supported me.

When anxiety was great within me, your consolation brought joy to my soul.'

When we discuss God and depression, we use the word God in the broadest possible sense.

There are many misconceptions concerning God and depression.

These include:

- Depression is a punishment from God.

- To seek help for depression is to doubt God's ability to heal it.

- If we "suffer enough," God will be pleased with us.

- Depression is a spiritual illness; the only treatment should be God's personal

intervention.

God and God's benevolence come in many forms and is manifest in many ways. Among these we must include ancient and modern science and the entire healing profession.

God moves in mysterious ways; physicians are just one of them.



Which leads us finally to

...

Slide: Medications

Some people seem morally opposed to antidepressant medication.

They have a firm belief that pain must be dealt with, experienced, analysed, categorized, and, at all costs, must not




be avoided.

These people, it seems, are confusing antidepressants with tranquillisers or painkillers.

Antidepressants do not numb the body, mind, or emotions.

On the contrary, they usually make a person more perceptive and aware of feelings.


The image shows a spiral binding on the left side of a white page, with the metal wire looping through a series of holes. The text is printed in a large, black, sans-serif font.

The suffering of depression is not the ordinary occasional pain of living.

Suffering, in fact, interferes with the processing of, and taking appropriate action about, pain.

Pain is a signal that something is not right.

Far from covering this pain, antidepressants


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help you deal with it more effectively.

Antidepressant medications, then, are not an escape, a cover-up, or a short circuit for life's difficulties.


They are a medicine to heal disease and end suffering. They often make other therapies more effective.

People being treated for

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depression often find that the clarity of mind, relief of emotional suffering, and increased energy allow them to clear up problems - mental, physical, spiritual and emotional - that had been festering for years.


It is hard to find the believer in any faith community who will not take medicine for pneumonia, insulin for

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diabetes, or have a broken bone properly set.

The overwhelming majority of people who are successfully treated for depression find that their faith, spiritual connection, and perception of divine goodness increase.

Modern treatment of depression is a gift of God.

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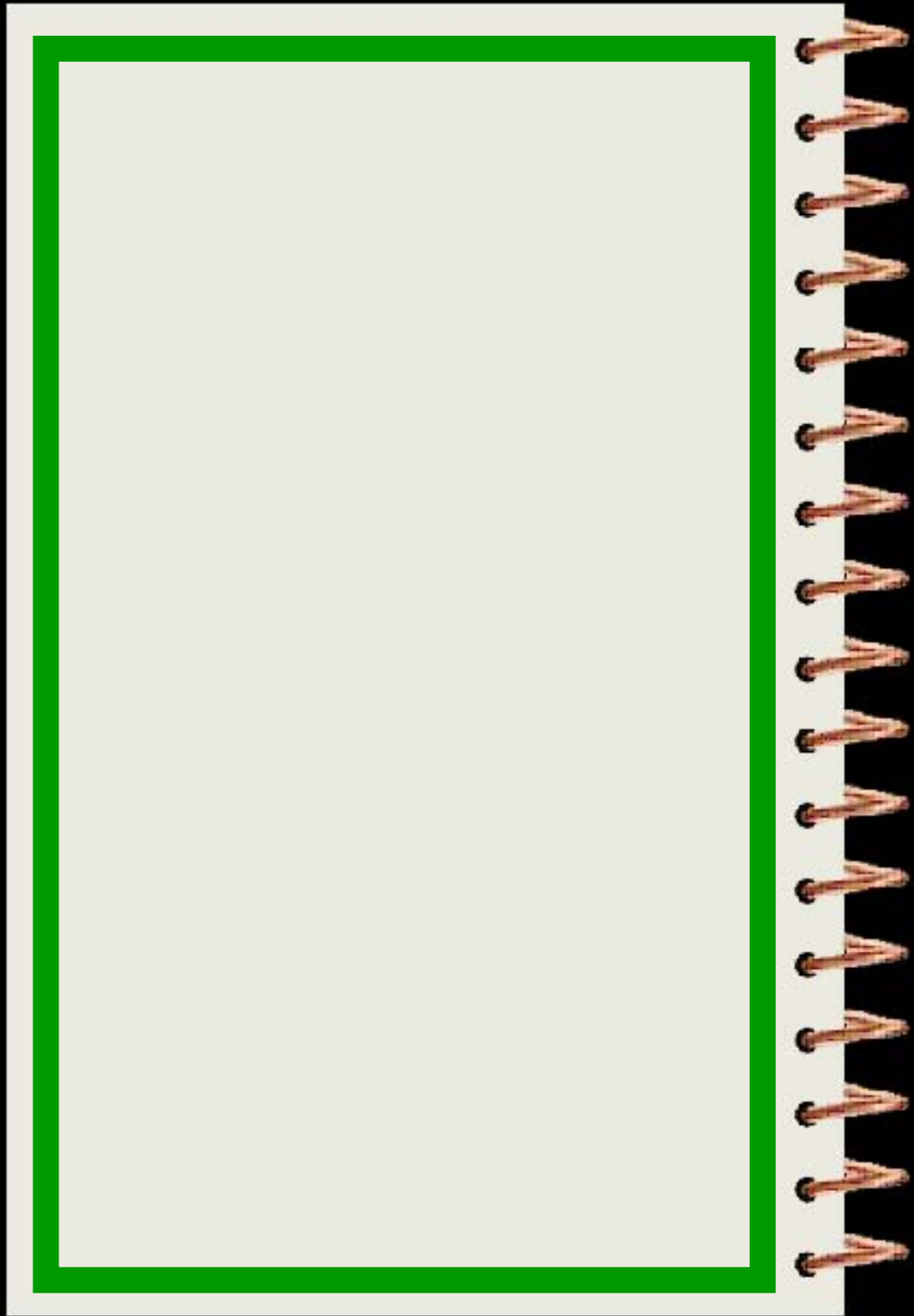
So too are the suggestions we have made today for you to help others with their depression journey or to aid in your journey of deliverance from deadly depression.

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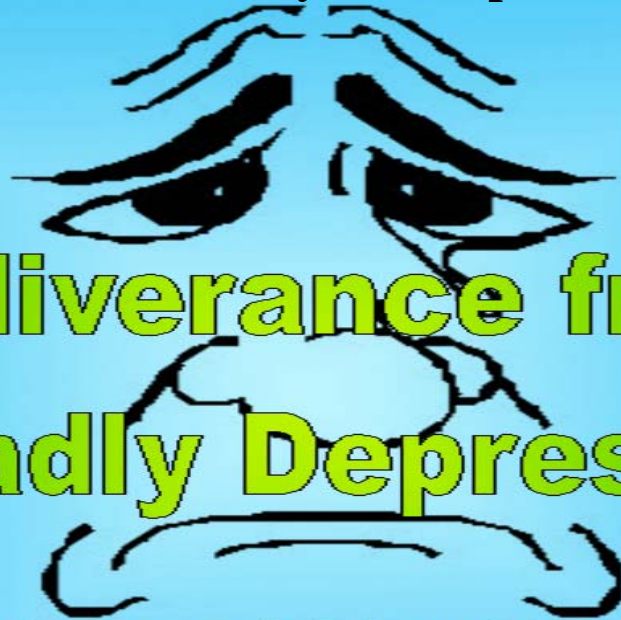
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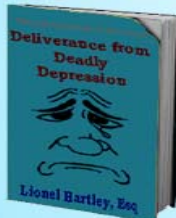


Deliverance from Deadly Depression

A Seminar with **Lionel Hartley, PhD**



Who is your Seminar Author?



Lionel Hartley, author, radio broadcaster, public speaker and retired sociologist. He was a Lifestyle Educator and Family-life Counsellor for three decades.

He is a grandparent, married to Rosemary with three grown children.

Lionel D C Hartley, DipAdmin(NZIM), HonDip (DramArt), DipTheol (SDB), RGN (Psy,PsyPaed, Admin,Nutn), DipBusLaw, DipAccy, DipEcon, BA (Lit), MA, PhD [etc.] www.hartleyonline.blogspot.com

Condensed and updated from the author's booklet

Deliverance from Deadly Depression, Dayspring Health Services, Morisset, NSW, 1986
(First presented at a University of Otago Medical School Conference, July 1976)



What is Depression?



(For symptoms,
refer to handout)

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Types of Depression

- Major Depression
- Chronic Depression
- Atypical Depression
- Manic-Depression
- Seasonal Affective Disorder
- Postpartum Depression
- Double Depression

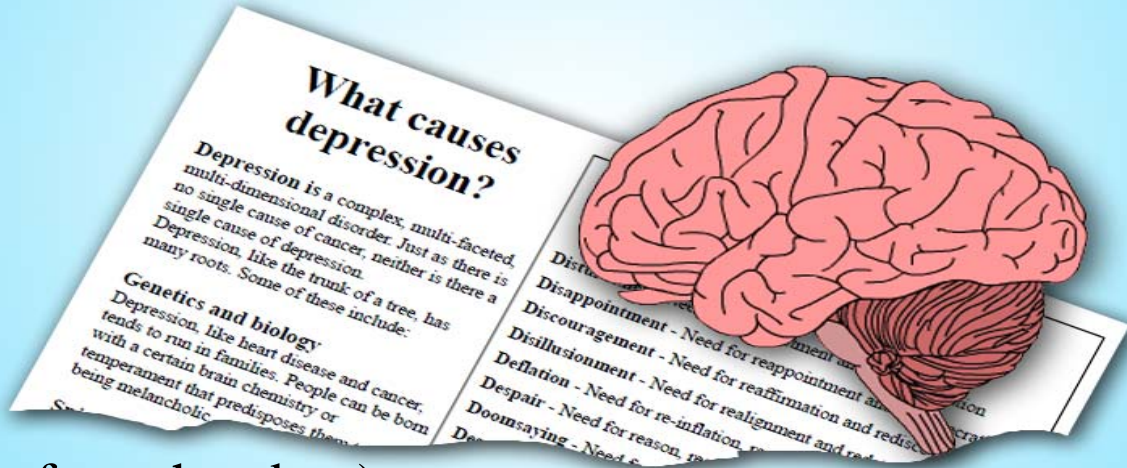


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What Causes Depression?



(Refer to handout)

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Negative Thoughts

Negative thoughts...

- “I’m no good.”
- “No one understands me.”
- “Life isn’t fair.”
- “I don’t dare do that.”
- “How dare they do that?”
- “I hate it when”
- “I’m afraid that”
- “I’m a failure.”

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Addictive behaviour...

- Overeating
- Drug abuse
- Alcoholism
- Smoking
- Compulsive gambling
- Shoplifting
- Sexual compulsions
- Workaholism
- And many more

6



Clear out our cupboards

- Physical
- Emotional



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Nutrition



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8



Exercise



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Flexibility

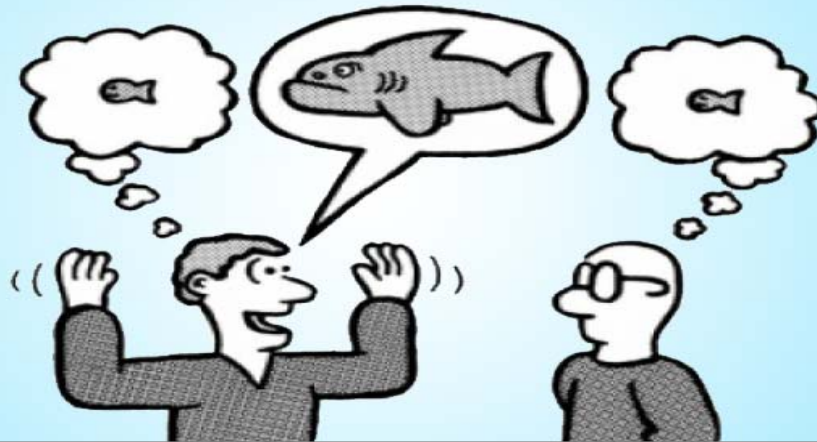


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Don't exaggerate



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“Yes” and “No”



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Hurt, Resentment, and Guilt



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Forgiveness

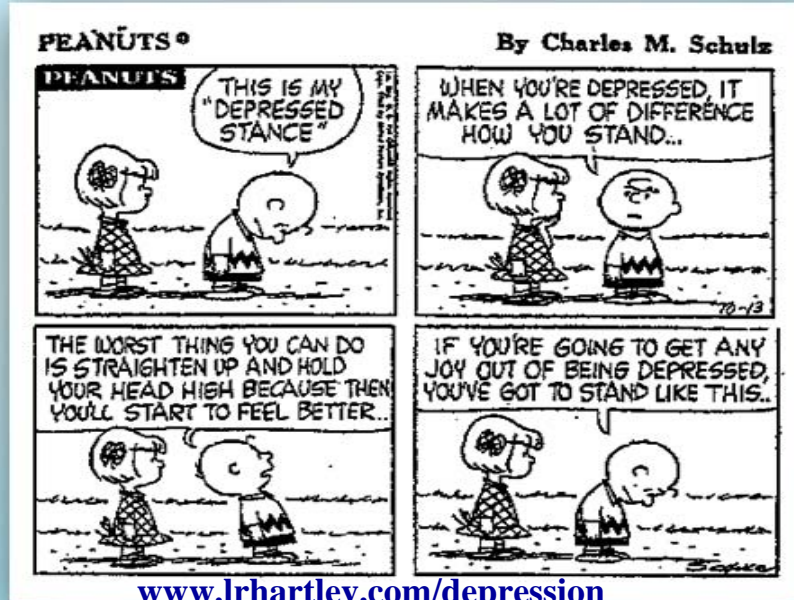


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My “depressed stance”



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5



Stuck in a rut?



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The best medicine?

“A merry heart doeth good like a medicine: but
a broken spirit drieth the bones.”

— Proverbs 17:22
Laughter is ...

“... infectious and ... incurable.”

— Ambrose Bierce



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Play



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Gratitude



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Music



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Patience



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Seek for support



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Group activity



Divide into small groups. Once in your small group, **individually think of an occasion when someone supported you emotionally or spiritually when you needed it**, and then **BRIEFLY share your personal experience with your group**. After you have each had a turn, select ONE story for someone in your group to share with everyone when your seminar facilitator calls you back together. **You will have 5 minutes in your group for discussion** and we will allocate five minutes of sharing time when we come back together again.

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Faith

He who fears he shall suffer,
already suffers what he fears.
— Montaigne, *Essays*, 1588



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Medications



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Question Time



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Deadly Depression

Keys to Recovery: The Seven Acknowledgements

1. Acknowledge that you are not the only one...

Depression is a health problem described as a silent epidemic. If you or someone you know is depressed, you are definitely not alone. One in twenty of us will currently suffer from depression severe enough to require medical treatment. One person in five will have depression at some time in his or her life. Depression in its various forms (insomnia, fatigue, anxiety, stress, vague aches and pains, etc.) is the most common complaint heard in doctors' offices. Two percent of all children and five percent of all adolescents suffer from depression. More than twice as many women are currently being treated for depression than men. (It may be that women are more likely to be depressed, but more likely that men tend to deny their depression.) People over the age of sixty-five are four times more likely to suffer depression than the rest of the population.

2. Acknowledge that if you need it, you will get help at once

If you think you need help, don't hesitate. Get it at once. Call your doctor. If you feel suicidal and are afraid you might act on it, please call 000, your doctor, a crisis prevention hotline, or go immediately to your local hospital emergency room. You should also seek help at once if you feel you are "coming apart", are no longer in control, are about to take an action you may later regret, turn to addictive substances (e.g. alcohol or drugs) or you feel isolated with no one to turn to. Be brave: asking for help takes courage.

3. Acknowledge that it is not necessary to suffer

By far the majority of people with depression can be delivered from it. This seminar offers some non-medication options, however the costs of regular medical treatments is made up for in increased productivity, efficiency, physical health, improved relationships and enjoyment of life.

4. Acknowledge that it will be hard at times

One of the most common feelings people with depression have is, "I can't handle anything else!" "I've had it!" "I can't take any more." Treatment for depression seems like adding even more to your already overburdened life, however effective treatment for depression will lighten your load.

5. Acknowledge that you may feel apathetic

Questions such as "Why bother?" "What's the point?" or "Who cares?" may prevent one from seeking treatment. It becomes a vicious cycle: as the untreated depression worsens, life seems less worthwhile; when life seems less worthwhile, treatment is less likely to be sought.

Depression is an illness that robs the sufferer of the meaning of life, however, as the depression heals, enthusiasm, well-being, and a sense of direction and purpose in life will return.

6. Acknowledge that it's not your fault

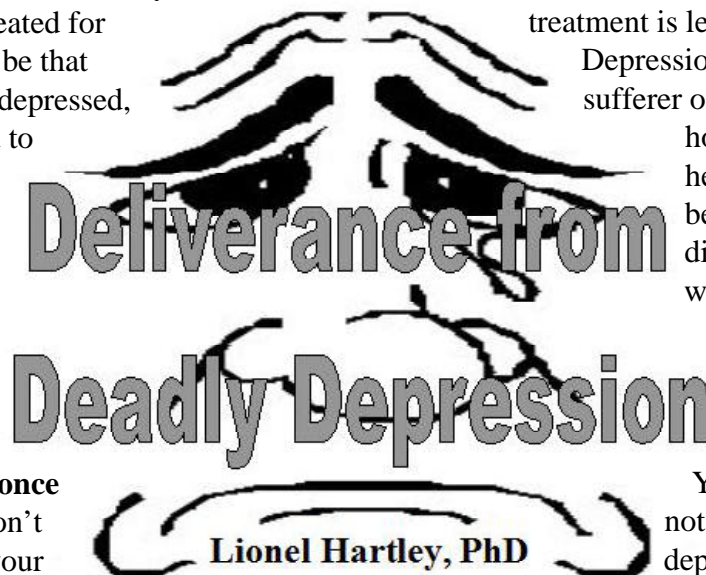
Depression is an illness.

You didn't do anything or not do something to become depressed. You are no more at fault for having depression

than if you had asthma, diabetes, heart disease, or any other illness. In becoming depressed, you have nothing to blame yourself for and nothing to feel guilty about. A predisposition toward depression can be hereditary. In addition, life is full of unavoidable traumas so it's not surprising if one or some of them trigger a depressive illness. Don't blame yourself or blame yourself for blaming yourself.

7. Acknowledge that it's not anybody else's fault either

It's not your parents' fault (they can no more control their genes than you can). It's not your spouse, lover's, children's, boss's, society's, the government's nor is it God's fault. No one is to blame; no one is "out to get you". Depression is simply an illness that, while serious, is easily treated. Where it came from isn't nearly as important as deliverance from it.



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Twenty Cans of Success

The biblical picture. Someone once said that success comes in “cans,” and failure comes in “cannots.”

Here are 20 cans of success you would do well to read for the next 40 days and memorize. They are from the book *Stomping Out Depression* (Neil T Anderson & Dave Park, Regal Books, Calif, 2001, Pp180-182)

1. Why should I say ‘I can’t’ when the Bible says I can do all things through Christ who gives me strength (Philippians 4: 13)?

2. Why should I worry about my needs when I know that God will take care of all my needs according to His riches in glory in Christ Jesus (Phil. 4:19)?

3. Why should I fear when the Bible says God has not given me a spirit of fear but of power, love and a sound mind (2 Timothy 1:7)?

4. Why should I lack faith to live for Christ when God has given me a measure of faith (Romans 12:3)?

5. Why should I be weak when the Bible says that the Lord is the strength of my life and that I will display strength and take action because I know God (Psalm 27:1; Daniel 11:32)?

6. Why should I allow Satan control over my life when He that is in me is greater than he that is in the world (1 John 4:4)?

7. Why should I accept defeat when the Bible says that God always leads me in victory (2 Corinthians 2:14)?

8. Why should I lack wisdom when I know that Christ became wisdom to me from God and that God gives wisdom to me generously when I ask Him for it (1 Corinthians 1:30; James 1:5)?

9. Why should I be depressed when I can recall to mind God’s lovingkindness, compassion and faithfulness, and have hope (Lamentations 3:21-23)?

10. Why should I worry and be upset when I can cast all my anxieties on Christ, who cares for me (1 Peter 5:7)?

11. Why should I ever be in bondage when I know that there is freedom where the Spirit of the Lord is (Galatians 5:1)?

12. Why should I feel condemned when the Bible says there is no condemnation for those who are in Christ Jesus (Romans 8:1)?

13. Why should I feel alone when Jesus said He is with me always and will never leave me nor forsake me (Matthew 28:20; Hebrews 13:5)?

14. Why should I feel like I’m cursed or have bad luck when the Bible says that Christ rescued me from the curse of the law that I might receive His Spirit by faith (Galatians 3:13-14)?

15. Why should I be unhappy when I, like Paul, can learn to be content whatever the circumstances (Philippians 4:11)?

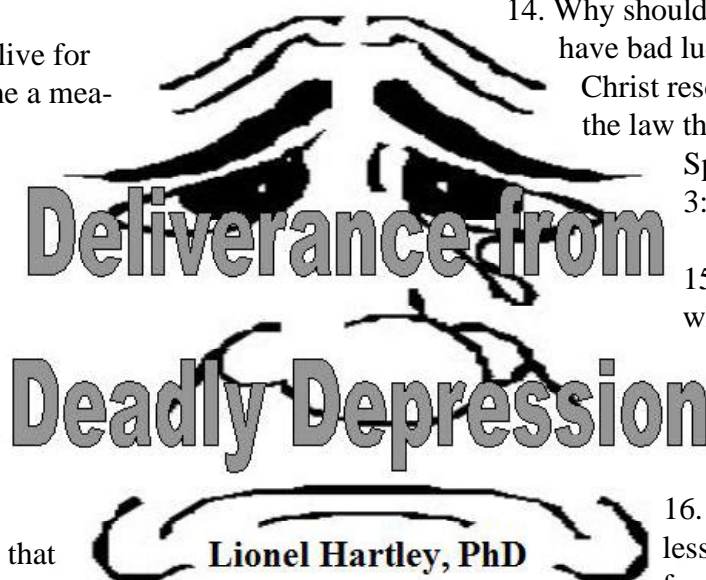
16. Why should I feel worthless when Christ became sin for me so that I might become the righteousness of God (2 Corinthians 5:21)?

17. Why should I feel helpless in the presence of others when I know that if God is for me, who can be against me (Romans 8:31)?

18. Why should I be confused when God is the author of peace and He gives me knowledge through His Spirit, who lives in me (1 Corinthians 2:12; 14:33)?

19. Why should I feel like a failure when I am more than a conqueror through Christ who loved me (Romans 8:37)?

20. Why should I let the pressures of life bother me when I can take courage knowing that Jesus has overcome the world and its problems (John 16:33)?



The Symptoms of Depression

After careful evaluation, the US National Institute of Health developed the following checklist:

Symptoms of depression can include

- Persistent sad or “empty” mood
- Loss of interest or pleasure in ordinary activities, including sex
- Decreased energy, fatigue, being “slowed down”
- Sleep disturbances (insomnia, early-morning waking, or oversleeping)
- Eating disturbances (loss of appetite and weight, or weight gain)
- Difficulty concentrating, remembering, making decisions
- Feelings of guilt, worthlessness, helplessness
- Thoughts of death or suicide, suicide attempts
- Irritability
- Excessive crying
- Chronic aches and pains that don’t respond to treatment

In the workplace

Symptoms of depression often may be recognized by

- Decreased productivity
- Morale problems
- Lack of cooperation
- Safety problems, accidents
- Absenteeism
- Frequent complaints of being tired all the time
- Complaints of unexplained aches and pains
- Alcohol and drug abuse



Symptoms of mania can include

- Excessively “high” mood
- Irritability
- Decreased need for sleep
- Increased energy and activity
- Increased talking, moving, and sexual activity
- Racing thoughts
- Disturbed ability to make decisions
- Grandiose notions
- Being easily distracted

Depression, although fully treatable, creates physical problems, behavioral problems, distorted thinking, changes in emotional well being, troubled relationships and spiritual emptiness.

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Encouraging the Depressed

If you know someone suffering from depression, you might try some of the following suggestions provided by Rhonda Reese. Not every idea will be appropriate for every person, but the ones that are suitable will offer more hope than you can imagine.

Pray consistently

Don’t take personal responsibility for a depressed person. Rather, keep taking that person’s burden to God.

Stay connected

This isn’t always easy, especially when a person’s depression drags on. But a few minutes of focused listening and comforting is like concentrated love that will permeate your loved-one’s life. Send occasional cards and notes that communicate, “I’m thinking of you.”

Suggest a thorough medical checkup.

If medication is appropriate, you might help monitor any side effects. It’s often frightening to take mood altering medications.

Suggest sound, competent Christian counseling

Medication can work wonders. Yet without counseling, it can mask problems.

If you don’t know any counselors, speak with your pastor or call a dependable ministry.

Seek practical ways to help

Mow your friend’s lawn, pick up groceries, watch the children, or vacuum the house.

These routine activities are often overwhelming to someone struggling in depression’s sticky web.

Show up with goodies

I’ll never forget the “sunshine basket” a friend gave me during my depression. It was stuffed with sugarless gum, mints, potpourri, a paperback book, a decorating magazine, and a daily devotional guide.

Explore simple joys

Take a walk with your friend. Point out flowers, sunrises, sunsets, clouds, and indigo blue skies. A depressed person can be blind to beauty.

Speak wisely

Don’t ever tell a depressed person, “You shouldn’t feel like that.” It doesn’t help, and the person likely has been repeating that same litany for weeks.

What causes depression?

Depression is a complex, multi-faceted, multi-dimensional disorder. Just as there is no single cause of cancer, neither is there a single cause of depression.

Depression, like the trunk of a tree, has many roots. Some of these include:

Genetics and biology

Depression, like heart disease and cancer, tends to run in families. People can be born with a certain brain chemistry or temperament that predisposes them to being melancholic.

Spiritual crises

Depression's symptoms express themselves on many levels. Depression creates physical problems, behavioral problems, distorted thinking, changes in emotional well being, troubled relationships and spiritual emptiness.

People can suffer from an existential depression when life loses its meaning and purpose. Any significant transition, especially a change of roles in family or work, can trigger this crisis in meaning.

Childhood trauma and other psychological factors

Changes in our psychology (reactions to trauma, personal loss, rejection) can also alter the biochemistry of the brain and nervous system - sometimes permanently.

Hence, the greatest predictor of depression in adulthood is a person's loss of a parent at an early age.

Environmental factors

Poor nutrition, hormonal imbalances, toxins in the environment, brain injuries, stress, substance abuse, and can lead to depressive states. People become depressed when losing a job, a partner, or after contracting a serious illness.

Adverse reactions to medication

Many people do not realize that a number of common prescription drugs have side effects that can induce depression. These include cardiac drugs and hypertensives, sedatives, steroids, stimulants, antibiotics, antifungal drugs and analgesics.

Sociological factors

Many changes in modern society, such as the breakdown of traditional communities, the dissolution of extended families, the widening gap between rich and poor, and our disconnection from the natural world, may play a part in the rising rates of depression worldwide.

Ten Stages of Deadly Depression

Disturbance - Need for readjustment and reconsideration

Disappointment - Need for reappointment and reconsecration

Discouragement - Need for reaffirmation and rediscovery

Disillusionment - Need for realignment and redetermination

Deflation - Need for re-inflation, recrudescence and rejuvenation

Despair - Need for reason, reconfirmation and renewal

Doomsaying - Need for reappraisal and redefinition

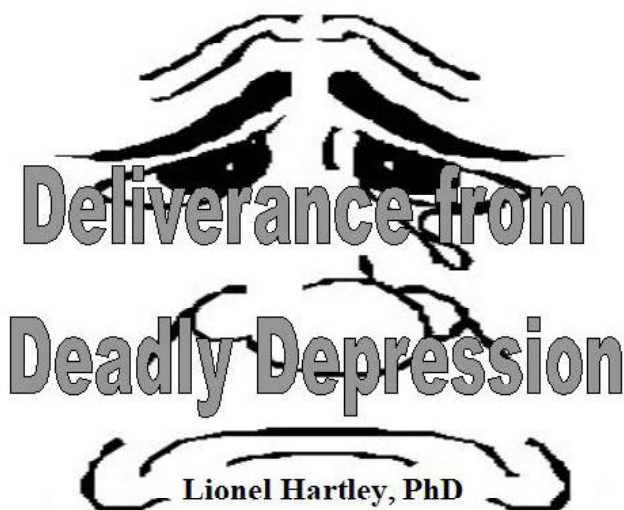
Desperation - Need for rescue and reconstruction

Derangement - Need for reclamation, recuperation, rehabilitation and reconditioning

Deliverance is possible for any of the above stages.

Death - Need for resurrection (Divine intervention)

This seminar is condensed from the booklet by Lionel Hartley, *Deliverance from Deadly Depression*, Dayspring Health Services, Morisset, NSW, 1986 (First presented at the University of Otago Medical School Conference, July 1976)



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