

THE ARTERBURN WELLNESS SERIES

UNDERSTANDING AND LOVING A PERSON WITH

DEPRESSION

*Biblical and Practical Wisdom
to Build Empathy, Preserve Boundaries,
and Show Compassion*

**STEPHEN ARTERBURN, M.Ed.
AND BRENDA HUNTER, Ph.D.**

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transforming lives together

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CHAPTER ONE

“A Cage without a Key”

Depression is the inability to construct a future.

Rollo May, *Love and Will*

That is the thing about depression: a human being can survive almost anything as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it is impossible to ever see the end. The fog is like a cage without a key.

Elizabeth Wurtzel, *Prozac Nation*

Janet came into my office complaining of anxiety and mild depression. She began to tell me about her difficult marriage to a man who was living with chronic pain. Not only did she feel helpless because she was unable to understand what he was experiencing, but communication had been a problem since the genesis of their seven-year marriage: “We seldom talk about anything deep and meaningful. Most of our conversation is information sharing. Now my husband is in pain most of the time and is deeply depressed.” I asked her to describe his behavior. She explained, “John is negative, irritable, and basically shut down. He won’t talk about his feelings, his pain, or his worries. He pushes me away, and when I try to help him, he becomes downright hostile. I want to understand and help, I really do, but he is so negative it is nearly impossible.”

Tom called me for couple's therapy—an unusual move, since most people who contact therapists are women. When I asked what prompted his call, he replied, "I'm worried about my wife. She has been depressed for several months, and, frankly, I don't know how to handle her. She often gets ticked off when I try to help her. She's irritable around our kids and cries a lot. She has lost weight and says she can't sleep. This woman who has a high-level job is having trouble with her colleagues at work. I think I'm getting depressed just being around her."

Sarah sat in my office and told me about her adolescent daughter. Looking worn and tired, she said, "Jan's grades have dropped from As to Cs, and she has become negative about her life. She says she has no friends and she hates school. There's a boy she's begun to hang out with—and he's not someone her father and I approve of. She used to be a pretty compliant kid, but now she argues with me about everything. Plus, she stays in her room with her door closed when she's home and listens to music or stares at her smartphone. I'm worried; I think she's depressed, and I don't know what to do."

Betsy came to small group, and at the end of the session, she wanted to talk about her best friend, Ann, who had retreated and was hard to reach by phone or email. She and Ann had become close friends several years earlier and had hit it off immediately. Both were single and hoped to marry. In addition, they had good jobs and close ties with their families. But when Ann ended a romantic relationship, she felt the loss keenly. Whenever the women got together, Ann talked incessantly about her tanked relationship, her low self-esteem, her insomnia, and her weight gain. When Betsy tried to help and offer advice, Ann shot her down.

Betsy said she could meet Ann feeling pretty good about life, but after thirty minutes in Ann’s company, Betsy felt herself sinking like a boat with a hole in the bottom. And because she was also single, she had no one to go home to and share her frustration and confusion with. She wanted to know what she should do.

Do any of these accounts resonate with you? Let me just say at the outset that it’s tough to have a depressive in your life, whether that person is a spouse, a child, a boss, a coworker, or a close friend. And if you find yourself frequently entering the dark atmosphere of someone who is depressed, someone who resists all your attempts to lift his mood and rejects all the advice you extend, you could find yourself feeling vulnerable and slowly sinking into negative thinking yourself.

If someone you love lapses into depression, it is important to understand just what depression involves and learn how to set healthy boundaries. You will need to take care of yourself while you try to show empathy and compassion for the depressive. Sometimes this is exquisitely hard to do.

June Cassidy found that when her husband, Frank, sank into a full-blown clinical depression after a heart attack and major setbacks at work, she felt distraught because she was unable to lift his mood. She was frustrated with him because all he did was go to work, come home, and throw himself on the bed. “This was the first time in thirty years of marriage that Frank had ever been depressed,” June said. How did living with a depressed husband affect her? “I felt frustrated and helpless and found myself getting angrier and angrier.” June said that since she had been depressed herself years earlier, she knew all about the self-loathing that

accompanies depression, and she wondered if she could keep out of the pit of depression herself. She felt that her own mood was vulnerable. So she buried herself in work and encouraged her husband to see a psychiatrist. She also enlisted his good friends and golfing buddies to rally around him. June said those six months of dealing with her husband's depression were hard to bear. When Frank's depression finally lifted with the help of talk therapy, the antidepressant Lexapro, and lots of social support, her response was, "Praise be to God." Thankfully, Frank learned skills in therapy that have helped him avoid a recurrence.

There are multiple reasons someone lapses into depression. As we shall see in later chapters, genetic and environmental factors play critical roles in pushing an individual over the edge. Sometimes life is just too stressful. A person may have run as fast as she could for too long, and chronic stress—the kind that people learn to live with and therefore don't even recognize as stress—does her in. If she loses her job and cannot find another one in good time, she may find herself becoming severely depressed. In addition, I have treated men and women in their twenties and thirties who have lapsed into depression because of a heartrending breakup. They come to me in great angst because a romantic relationship went belly-up and they can't bear to be alone. They are worried because this is not the first time they have been unable to find lasting love.

Medical conditions and drugs can also sometimes cause a loved one to become depressed, as I learned firsthand when my husband, Don, became depressed after a severe head injury.

Don had always been an extrovert who was optimistic about life. A corporate lawyer for his entire career, Don felt the sun was

always shining when he got up in the morning, no matter what the weather was like outside. He enjoyed making our coffee, and when he brought me a steaming cup of java as I was stretching and yawning, he was robust and cheerful. In our forty-two years of marriage, I had come to count on his stable mood and positive outlook on life.

But several years ago when he was running across the grass in flip-flops, Don fell. Fortunately, he did not hit his head, so I thought he was okay. But several days later when we were out for dinner, his mouth twisted into a ghoulish grimace. When I asked him what was going on, he told me that he had been having seizures in his left hand, left arm, and the left side of his mouth for days. “Why haven’t you told me?” I asked anxiously. He said the seizures came and went, so he didn’t believe they were serious. I insisted that we go to the ER immediately, and within hours, we learned that he had sustained a severe brain injury—a subdural hematoma, meaning that he had developed bleeding between the layers that surround the brain. With a subdural hematoma, the blood collects in the cranium and puts pressure on the brain, and if the pressure is great enough, death can ensue.

Although the doctors couldn’t stop the bleeding, they put Don on drugs to prevent further seizures, and within days, his personality changed. My husband became gloomy, surly, and sometimes downright hostile. He, a man whose favorite word had been “productive,” sat around for hours, slumped in his chair. I found it hard to get him to talk; basically, he was disinterested in life. He resented the fact that the doctor had told him not to drive for six months; he resented the fact that I had to chauffeur him everywhere.

I didn't know what to blame for the change in Don's personality—the injury, the heavy-duty antiseizure drugs he was taking, or both. But I was flummoxed by this new husband who had come to live in our house. I wanted to be empathic; after all, he had sustained a major concussion. But it was hard since he was so unhappy with life and with me. Oh, how I missed my former husband, my sunny companion of so many years. Would I ever get him back, or was this the “new normal”?

Despite the drugs he took daily, the bleeding in his skull refused to stop, creating pressure on his brain. Don was hospitalized at the University of North Carolina several times. It was a harrowing time in our marriage; one physician even told me to get ready to put him on life support.

Don fell in July, but by December, he was listing to one side as his cranium slowly filled with blood. When we went for a surgical consult, the neurosurgeon said he could perform a craniotomy—remove a section of Don's skull—to drain the blood, but “the brain wouldn't like it.” He agreed to wait one more month to see if Don would improve. That was in early December. That month, my husband had the healing prayer team at our Anglican church lay hands on him, anoint him with oil, and pray their soothing, earnest prayers. Then something beautiful happened. When Don had his next CAT scan in January, it was evident the bleeding had finally stopped. Months later, Don's internist told him, “Don, I have other patients much younger than you who have had as severe a concussion as you, but none have come back like you have. You need to thank the man upstairs.” We have. Multiple times. And we continue to do so.

The other good news? When Don was taken off the powerful drugs, my optimistic husband slowly returned.

I share this personal account with you to let you know I have been there and can understand firsthand some of your feelings in dealing with a loved one who is depressed. But I also want to encourage you to believe that the depressive in your life can begin to recover. Depression is a scary but treatable illness, but to receive that treatment, your depressed loved one will need to be diagnosed and treated for this mood disorder. Because severe depression is potentially fatal, it is imperative that the depressive see a psychiatrist for an evaluation. The doctor will then determine if medication is necessary. In addition, the depressive needs to engage in talk therapy to deal with his unresolved pain and better identify and eradicate his negative thinking.

As you explore the nature of depression and learn about ways to help your loved one deal with it, you are likely to get back that person you love—or even an improved version, since that spouse, friend, or child, through treatment, will have learned better ways to handle her life and manage her moods.

As an individual works with a trained therapist—exploring past traumas and difficult relationships, as well as his earliest attachments to parents—he grows in self-awareness. He is no longer a passive victim trapped in the darkness; he is more self-aware and has learned to combat automatic negative thinking and, hopefully, to forgive those who have wounded him. Clients say they learn to think about themselves and their situation in new and fresh ways. Using cognitive behavioral therapy, reality therapy, and interpersonal therapy, as well as biblical principles, I help clients with their

negative thinking and help them process hurts and the subsequent anger caused by those wounds; I help them find their voices and make new choices. It's an arduous process, and it happens gradually over time.

When you love someone who is depressed, you need to be compassionate, supportive, and loving, because no matter how negative and resistant he seems, he depends on you greatly. You are his lifeline. A depressive feels unloved in his core, and he is well aware of the relationship difficulties in his life. He needs the stability your presence provides; he hungers for encouragement and hope, especially when he is fighting feelings of hopelessness. At the same time, you need to take care of yourself physically, emotionally, and spiritually. You need to set healthy boundaries and not allow the depressive's darkness to penetrate your soul. And if this is hard for you to do, think of it not as selfishness but as self-preservation. You may need to find a psychotherapist for yourself, particularly if you grew up in a home where boundaries were not observed—you may need to work on differentiating yourself from the depressive and strengthening your sense of self.

To move forward with the person in your life who is depressed, not only do you need to know his story—particularly his earliest attachments with his parents—but you need to understand the mental disorder that is depression. This understanding will help you become more empathic and, in the end, will help you *and* the depressive not only survive but thrive.