

# C.P.R. For Christians Suffering With Depression



Presented By Bishop Trevor D. Alexander

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“We cannot exist without facing a version of who we are. Whenever we are face-to-face with whom we are and do not like what we see. Do the work necessary to bring about change.”

— *Sermon, Living Above SEE Level*



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# Our Goals

- ◆ This presentation will focus on **C**ultural issues and **C**learing the Air, **P**ractical & **P**astoral Steps, and **R**esponse and **R**ecovery (**C.P.R.**), as it pertains to depression.
  1. We will increase our awareness of depression, especially within the Church Community. We will learn to understand and acknowledge that depression is not a sin.
  2. We will present information that may help the Church Community change their philosophy and gain a deeper understanding about depression.
- ◆ We will address the issue of depression, theologically.  
Help provide some insights on the signs of depression.  
What to do when you recognize and identify the signs.  
What you can do to possibly promote change or even save a life.

# Today We will...

- ◆ Use our understanding of C.P.R. Training and apply it towards understanding Depression.
- ◆ We will examine **C**ultural perspective and **C**lear the air when it comes to depression.
- ◆ We will examine **P**ractice & **P**astoral Steps.
- ◆ We will provide advice on how to **R**espond and build a **R**ecovery team.

# Introduction

- ◆ Most of us recognize the importance of knowing **CPR**. Some people have taken a course to learn how to correctly administer **CPR** and become certified. We see lifesaving equipment in various institutions, such as a defibrillator to help those suffering from a heart attack.
- ◆ Can we take our knowledge of **CPR** and use it in helping us to gain a better understanding of depression in our religious communities?  
The answer is YES, WE CAN!

# What Is Depression?

## ◆ Working Definition

Depression is a feeling/attitude that nothing matters, that becomes so strong, it interferes with one's ability to function, in many aspects of life. Depression can make getting out of bed every morning as difficult as running the Boston Marathon. Depression can be so crippling that it can cause paralysis. Paralysis meaning, to the person suffering with depression, life actually comes to a standstill. Asking for help is difficult and can be associated with a sense of shame.

# Risk Factors For Depression

Risk factors for depression include:

- Family or personal history
- Major life stressors, including trauma or life changes such as the end of a relationship, a family loss, moving, or changing careers.
- Chronic disease or certain medications
- Drug and alcohol addiction





# Facts About Depression In The Christian Community

- 23 % of pastors acknowledge they have personally struggled with a mental illness.
- 49 % of pastors say they rarely or never speak to their congregation about mental illness.
- 27 % of churches have a plan to assist families affected by mental illness.
- 65 % of churchgoing family members of those with mental illness want their church to talk openly about mental illness.
- 59 % of those actually suffering from mental illness say the same.
- 53 % of churchgoers with mental illness say the church has been supportive.
- 76 % of churchgoers say suicide is a problem that needs to be addressed in their community.



# Possible Sources Of Depression

- ◆ **Genetic:** a predisposition to this problem may be present, and depressive diseases seem to run in families.
- ◆ **Predisposing factors:** Childhood traumas, car accidents, brain injuries, abuse and domestic violence, poor parenting, growing up in an alcoholic home, chemotherapy.
- ◆ **Immediate factors:** violent attack, illness, sudden loss or grief, loss of a relationship, any severe shock to the system.

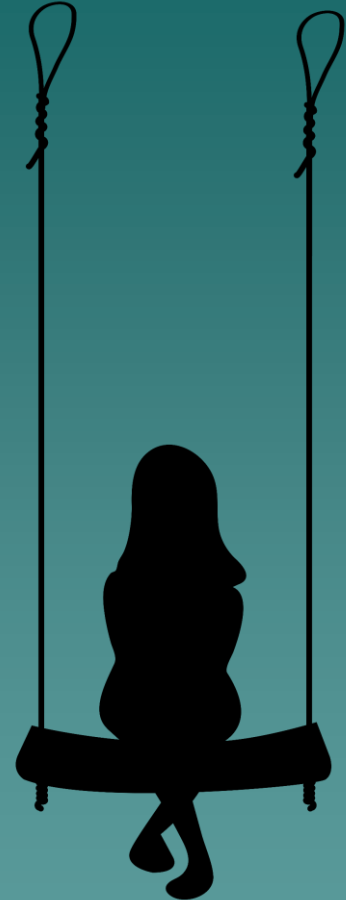
(Anderson, 1999, Berman & Jobes, 1994, Lester, 1998)



# Depression Is An Illness

◆ It is NOT :

- A moral failing,
- A spiritual weakness
- An inability to cope with life
- A character flaw
- Simply about attitude



# ◆ The research evidence is overwhelming - depression is far more than a sad mood.

It includes:

1. Weight gain/loss
2. Sleep problems
3. Sense of tiredness, exhaustion
4. Sad or angry mood
5. Loss of interest in pleasurable things, lack of motivation
6. Irritability
7. Confusion, loss of concentration, poor memory
8. Negative thinking (Self, World, Future)
9. Withdrawal from friends and family
10. Sometimes, suicidal thoughts



# Triage our Attitude Towards Depression

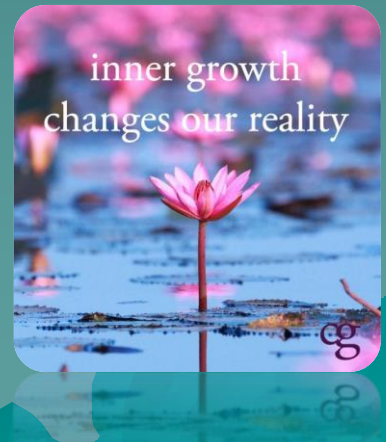
- ◆ What is “Triage?” As a verb it is an assignment of degrees of urgency to (wounded or ill patients).

*"victims were triaged by paramedics before being transported to hospitals"*



- ◆ I am suggesting before we try to help others in the area of mental illness, especially when it comes to **DEPRESSION**, we must triage our own attitude, opinions, and belief system.

- ◆ Release the stigma of shame for yourself and from those whom you are called to help.



# Triage our Attitude Towards Depression

- ◆ How do we view people whose attendance is erratic at best? Do we consider that they might be suffering from depression?
  - Persons who are depressed are less likely to leave their homes, want to be in groups, or to enjoy attending church, synagogue, mosque, temple, circle, etc. Also, those with social anxiety tend to avoid groups.
- ◆ Do you have a support system in place?
  - Attendance at religious services may potentially give individuals access to a support network - often times there is no support network in place.
  - Most places of worship cannot afford to hire a professional mental health worker to be on staff.



# Triage our Attitude Towards Depression

- ◆ How do you view the taking of medication?
  - Taking medication is viewed as a failure by the same people who cheerfully take their blood pressure or cholesterol meds.
- ◆ What theological base do you stand on when it comes to taking medication?
  - Medication is seen as altering personality, taking something away, rather than as repairing damage done to the brain.





# The Importance of the Clergy/Religious Leader

- ◆ While most clergy members are not mental health professionals or doctors, they often hold a position of great influence.
- ◆ The clergy often are responsible adults who spend time with people who might be vulnerable to depression.
- ◆ The clergy/religious leaders are often are the frontline workers or essential workers, that may not feel fully equipped to handle their role with mental illness.





**CPR**

**Cultural Viewpoints  
&  
Clearing The Air**



# C - Cultural Perspective & Clearing The Air

- ◆ Culturally the beliefs about mental illness color the way we approach it, or even speak about it within our family units.
- ◆ The stigma of depression is very powerful, it is not just a “white person disease.”
- ◆ In some cultures, the person suffering is told not to air the family’s dirty laundry.
- ◆ Historically, depression and other mental disorders has been, and in some circles viewed as demon possession.

## C - Cultural Perspective & Clearing The Air

- ◆ Afflicted people were “*outside the gates*”, unclean, causing people to fear of the mentally ill.
- ◆ The “unclean” person usually had to isolate from the general public.
- ◆ Lack of understanding of illness in general, led people to fear contamination, either real or ritual.



# In **CPR** We Are Taught To **C**lear The Air Way

- ◆ Let's **C**lear the Air
- ◆ There are some scriptures in the Bible that suggest that **depression** is spiritual. For example, in Isaiah 61:3, we find the phrase, “*the spirit of heaviness.*” This “*spirit of heaviness*” is connected to depression. This spirit of heaviness can rob us of our joy, our hope, and our happiness.
- ◆ Since it is viewed, scripturally as a “spirit,” it must be cast out.
- ◆ The question is raised, “*What happens after you try to cast out the spirit and the person still exhibits the same symptoms?*”



# In **CPR** We Are Taught To **C**lear The Air Way

- ◆ This spirit of heaviness is like a cloud hanging over the person feeling depressed and it is hard to come out from under that cloud. The cloud follows them wherever they go. This cloud might draw or pull the person into the wilderness, the place of isolation.
- ◆ In the wilderness, they are separated from family members, friends, and loved ones. Oftentimes the person suffering from depression can justify their position by saying, *“Jesus was alone in the wilderness.”*



# In **CPR** We Are Taught To **C**lear The Air Way

- ◆ If this is the position that a person takes, it is important to review their theological construct of the scriptures.
- ◆ Before Jesus was led into the wilderness, He received “confirmation,” and “affirmation,” from His Heavenly Father. The Heavenly Father opened heaven and said, “*This is my beloved Son, in Him I am well pleased.*”
- ◆ Here we clearly see that Jesus is confirmed and affirmed by His Heavenly Father. Therefore, when Jesus is led into the wilderness, His first test was the test of His identity.
- ◆ Satan says to Jesus, “*If you be the Son of God...*” Jesus doesn’t have to question His identity because The Father had already confirmed and affirmed Him as His own.



# In **CPR** We Are Taught To **C**lear The Air Way

- ◆ If there was any question as to his identity or if the Father approved of Him, these questions were answered. Jesus did not go into the wilderness seeking answers, He was led into the wilderness to establish who He was to those who will later come to follow Him. The beautiful thing about Jesus receiving His **confirmation and affirmation** is that when the Father opens heaven and speaks to His Son, Jesus, at this point had done nothing spectacular. In the Gospel according to Matthew, Jesus had done nothing, but be His Son.
- ◆ **Special note:** To receive confirmation and affirmation it does not require that we do something to earn it. The confirmation and affirmation comes because the Heavenly Father loves us.



# In CPR We Are Taught To Clear The Air Way

- ◆ For Christians that hold to this point of view, to overcome depression, the answer is to renew your mind. The Apostle Paul in Phil. 4:6-8, writes:

*Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. <sup>7</sup> And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.*

*<sup>8</sup> Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.*



# CPR

## Practical & Pastoral Steps



# Practical & Pastoral Steps

- ◆ Check your attitude: Understand that depression is a disease; it's not a failure of the will or a triumph of self-indulgence, and people can't just "get over it"
- ◆ Wrestle with your theology of suffering and how it relates to mental illness.
- ◆ Get some basic education.



# Practical & Pastoral Steps

- ◆ Assemble a library of resources you can share with struggling people and their families.
- ◆ Consider mental illness as a form of First Aid and oftentimes you are Essential Personal.
- ◆ Train your leadership.



# Practical & Pastoral Steps

## ◆ Biblical Sufferology

Eccel. 2:23, “All their days their work is grief and pain; even at night their minds do not rest. This too is meaningless.”

### Hymn: What A Friend We have In Jesus

What a friend we have in Jesus  
All our sins and griefs to bear  
And what a privilege to carry  
Everything to God in prayer

Oh, what peace we often forfeit  
Oh, what needless pain we bear  
All because we do not carry  
Everything to God in prayer



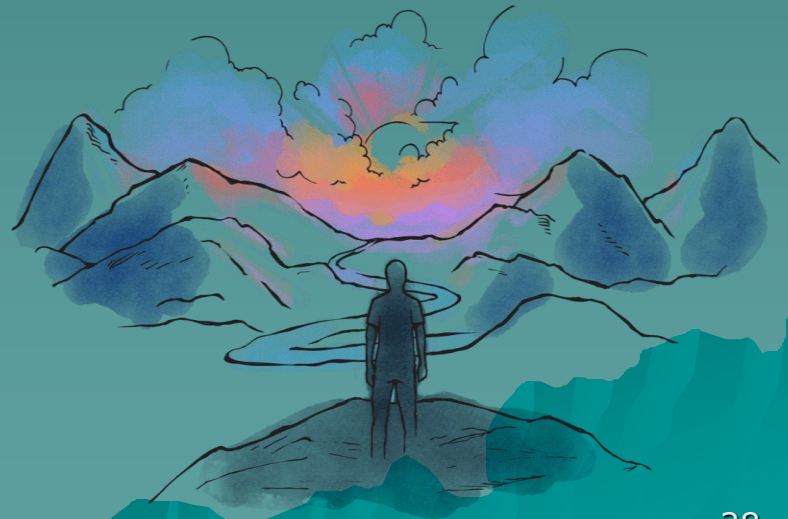
# Practical & Pastoral Steps

## ◆ What is “sufferology?”

In simple terms it is the study of suffering as seen in the Bible.

I did not coin this phrase and I would give credit to the person who did, if only I can remember whom it was.

I came across this phrase while attending a webinar or conference.



# Practical & Pastoral Steps

## ◆ The Season of Lent teaches us about the Sufferology.

1. It is during Lent we journey with Jesus in His suffering.
2. During Lent we see Jesus being tempted to turn His back on the Father.
4. During Lent we journey with Jesus through the WILDERNESS, the moments of hardship.
5. It is also during the Lenten journey we see a triumphant Jesus



# Practical & Pastoral Steps

## ◆ Understand the language of lament

I suggest to you that Lament is the lost language.

**Working Definition:** Lament is about honestly tapping into our emotions and a willingness to engage in an external and internal conversation that will somehow transcend words and attitudes. It is a language we are born with, but as we become adults, we lose this language.



*(Do you know how to cry?)*

We are all born with the ability to cry, but at some point while we were growing up, crying becomes taboo, especially for men.



# Practical & Pastoral Steps

Understand the language of lament

The language of LAMENT is the language we use to “bridge the emotional gap” of the feeling of separation from God.

*(Do you recognize your own language of lament?)*

It is the bridge that connects our suffering with God. Yet, somehow, we have forgotten how to speak the language of crying out to God.



# Practical & Pastoral Steps

Understand the language of lament

Scriptural example

1. This willingness to journey with our PAIN is an invitation for God to come into our conversations.
2. On the journey of lament, Jesus may show up, uninvited and walk with you (*the disciples on the Road to Emmaus*).
3. Often in our brokenness, as when the disciple on the Road to Emmaus broke bread, and recognizes who Jesus IS.
4. God meets us where we are, any way we choose to cry out.



CPR

Response  
&  
Recovery



# Response & Recovery

- ◆ **R**espond in a very engaging and loving manner. We (the Church) need to be active agents of change, addressing prevalent societal needs including mental illness.
- ◆ **R**espond by creating a network of referrals before you have a need. Referring congregants to professionals outside the church is sometimes uncomfortable for pastors, but the level of uneasiness lessen when you establish relationship before the services are needed.
- ◆ **R**espond by realizing that the Word of God is sufficient to give the kind of spiritual guidance and discernment believers need. (Karl Bart said that, “*We should carry the bible in one hand and a Newspaper in the other.*”) Sometimes we can exchange the Newspaper with some mental health pamphlets.

# Response & Recovery

- ◆ **R**espond by having materials available in easy accessible areas of the church or place of worship.
- ◆ **R**espond by setting the atmosphere of “openness.”  
As spiritual leaders, we can set the tone for someone to speak openly about their depression or other forms of mental illness.
- ◆ **R**espond by creating a library/resource guide for your place of worship.

Join Us



# Local Professional Resources

Your Hospital  
Emergency Room

Your Local Mental  
Health Agencies

School Guidance  
Counselors

Local Crisis Hotlines

National Crisis Hotlines

Your family physician

School nurses

911

Local Police/Sheriff

Local Clergy





# Websites Resources

- ◆ NAMI

[www.nami.org](http://www.nami.org)

- ◆ National institute of mental health

[www.nih.nimh.gov](http://www.nih.nimh.gov)

American association of  
suicidology

[www.suicidology.org](http://www.suicidology.org)

- ◆ Suicide awareness/voice of education

[www.save.org](http://www.save.org)

- ◆ American foundation for suicide prevention

[www.afsp.org](http://www.afsp.org)

- ◆ Suicide prevention advocacy network

[www.spanusa.org](http://www.spanusa.org)

- ◆ Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org)



# Response & Recovery

Recovery: I am suggesting that as part of the ongoing RECOVERY process, we create some programs that will aid in the journey with the one suffering with depression.

What should Recovery Programs look like?

Here are a few of my ideas:

1. Create a prayer group that will meet weekly or as needed.
2. Create or order Bible materials that have a mental health focus.
3. Create meeting space (on ground or virtually).
4. Create a good strong spiritual team, people that understand mental illness (peer-to-peer ministry).
5. Commit to ongoing Shepherding.
6. Build a relationship of mutual trust and understanding.
7. Cut out all gossip and encourage compassion and empathy.

# Prevention Strategies

- ◆ General awareness of depression
- ◆ Theological construct around Depression and other mental health illness
- ◆ Build Community Awareness Trainings
- ◆ Peer Prayer Support program
- ◆ Pastoral Care Team



# Response & Recovery

