



Part Three: The Way Out

Session 21

Overcoming Your Despair and Discouragement, Part 1

“Anxiety in a man’s heart weighs it down, but a good word makes it glad.” - Proverbs 12:25

Depression can range in _____.

1. Mild (_____): loss of confidence, usually in respect to a particular area of life and usually rather short-lived
2. Serious (_____): extended discouragement; overall lowness of spirits; difficulty recouping
3. Severe (_____): total loss of hope and courage; sense of helplessness and resignation

A. The Nature of Sorrow

1. Sorrow is the emotion of _____. It is also called grief, pain (in the soul), and hurt.

*“Sorrow is the taste of death that permeates everything upon a fallen planet. It is the emotion of loss—the awareness that something has gone bad and isn’t the way it was meant to be. It is the reminder that an essential of life is missing. It is the echo within our hearts that we were made from something better...It is a legitimate emotion for anyone who is truly reflecting upon life on a fallen planet. This is why it is often the characteristic of those who are more contemplative. Its heaviness grows as we *think* about the true nature of things in a fallen world. Those who never think seldom feel it’s weight. Indeed, this is exactly why many try not to think about life and its prospects—the weight of the sorrow seems to them to be too heavy to bear.”¹*

2. It is the “_____” that Paul talked about in Romans 8:22-23 and II Corinthians 5:4.
3. Losses over which we sorrow may vary in intensity depending upon how much we valued the thing we lost. Keep in mind that we may value something more than God intended. The loss will seem great even though the value is misplaced.
4. Jesus experienced _____ in the garden when He contemplated the coming loss of fellowship with His Father. He was not “depressed.” He was anticipating the coming separation from His Father and the anticipated hurt (Matthew 26:37-38).

B. The Nature of Despair

1. Despair is “sorrow without _____” (I Thessalonians 4:13); it is the emotion of hopelessness.
2. Hope is much more strategic in our immediate and long-term contentment than most people realize. No one continues long in any endeavor if there is no hope of any kind.
3. Sorrow without hope is intensified when laced with self-_____.
 - *Why does this always happen to me? I never get the breaks others get.*

- *No one cares about me. I always get the “bad end of the stick.”*
4. Sorrow without hope is further intensified when accompanied by _____.
 - *It wasn't my fault. It wouldn't have happened if you would have...*
 - *It my family hadn't moved last year, I wouldn't have faced this temptation and failed.*
 5. Christians living in _____ about the nature of God and unbelievers who don't know God at all have no stable hope. Their hope is bound up in whether someone or something will “come through” for them somehow.ⁱⁱ

C. The Complication of _____ Illness

1. Physical disease and dysfunction can cause feelings of _____ even if the patient is not entertaining hopeless thoughts of despair.ⁱⁱⁱ
2. Physical disease and dysfunction can introduce many losses into a person's life that further complicate his situation.
 - Some of these losses include loss of function, economic loss from medical expenses and time away from work, sometimes loss of freedom and mobility, loss of social interaction as the patient is bedridden or confined to a hospital or to home, and so forth.
 - If a person is thinking unbiblically about these losses, he can begin to experience feelings of despair—hopelessness—and can actually intensify his feelings of physical pain.^{iv}
3. While physical illness may not be a direct result of someone's spiritual decline, the presence of physical illness always introduces a spiritual component into the scene calling for a godly _____ to the dysfunction.

D. The Complication of _____

1. Adding to the normal losses of living on a sin-cursed planet are the pressures we create in modern society by overcommitment of our schedules and underdevelopment of our spiritual lives. The result is overwhelm—the loss of equilibrium due to overload. We have introduced far greater demands into our lives than we have resources to meet.
2. “The spontaneous tendency of our culture is to inexorably add detail to our lives: one more option, one more problem, one more commitment, one more expectation, one more purchase, one more debt, one more change, one more job, one more decision. We must now deal with more ‘things per person’ than at any other time in history. Yet one can comfortably handle only so many details in his or her life. Exceeding this threshold will result in disorganization or frustration. It is important to note here that the problem is not in the ‘details.’ The problem is in the ‘exceeding.’ This is called overloading.”^v
3. Much of this overload is caused by the same _____—fueled by our _____—that drives our anxiety, anger, and despair, as we have seen already. A discontented heart is always desiring “something more.” As with Proverbs' fool, our “desire” is killing us (23:25).
“Make sure that your character is free from the love of money, being content with what you have; for He Himself has said, “I will never desert you, nor will I ever forsake you,” so that we confidently say, “The Lord is my helper, I will not be afraid. What will man do to me?”” (Hebrews 13:5-6).
4. The solution to overload is not merely pruning our schedules, simplifying our lives, and eliminating the glut of “timesaving” appliances that add to our frustration—though we may, indeed, need to do all of these. The long-term

solution is to discover from the Scriptures the reality that “God is _____ than _____ for me.” We must correct our unbelief, repent of our discontent, and find in our relationship with the Lord Jesus the satisfaction we are seeking in other activities and possessions.

CONCLUSION: Once again, we are back where we started as we studied “The Way Down.” If you don’t have the view of _____ and relationship with Jesus Christ right, nothing can be right. Indeed, God is more than enough for us.

ⁱ Jim Berg, *Created for His Glory* (Greenville, SC: BJU Press, 2002), 17-18.

ⁱⁱ We can expect hopelessness to grow in this culture. It should not surprise us that depression is on the rise—even among believers. The solution is not to manipulate brain chemistry by psychotropic medications but to help people see the reason for their despair, compassionately call them to repentance for their unbelief, and disciple them to increased knowledge and dependence upon the God of hope (Romans 15:13).

The jury is still out about supposed serotonin deficiencies being the cause of depression. In fact, it is more likely that hopeless thoughts actually cause any changes in brain chemistry rather than the other way around. In twenty plus years of counseling I have never dealt with any depressed individual whereby it did not become apparent after extensive conversation that there were enough losses and wrong responses to the losses of life to account for his “down feelings” after medical examination had ruled out genuine physical causes for the depressed feelings (as listed in the next footnote). I must hasten to add, however, that those wrong responses were not always apparent to the counselee until he was willing to examine his unbelief as we have seen in “The Way Down.” Even when those issues become obvious, some counselees would rather live with medicated relief of their symptoms than devote themselves to developing a relationship with Jesus Christ based upon an increased knowledge of God.

The lesson for both Christian physician and Christian counselor is that a person whose life is overwhelmed to the point of depression does not need a reductionistic answer. This is a tie for acquiring extensive knowledge of the individual—physically and spiritually—and his situation. Physicians who have bought into the medical model of psychiatric disorders—a reductionistic approach—see depression as a purely biological matter of “chemical imbalance” and will prescribe an antidepressant.

In all fairness it must be noted, however, that because of liability issues physicians often feel they must administer some treatment for depressed patients, especially if the patient is not open to biblical counseling, has bought into the “chemical imbalance” theories himself, or is dangerously suicidal—even though there is growing evidence that SSRIs such as Paxil can actually increase depression and suicide risk in some patients. In situations as described above in which the physician prescribes an antidepressant, the patient should be told that medication clearly is not the long-term answer to anyone’s problem. The patient should be strongly urged to seek biblical counseling for his despair. Long-term use should clearly be out of the question.

On the other hand, biblical counselors can be just as reductionistic if they have not acquainted themselves with how medical problems (such as a thyroid condition, brain infection, etc.) can generate “down feelings.” Ill-informed counselors will go chasing after a supposed “sin problem” as the root cause when they should be referring their counselee to a physician for a thorough checkup. In addition, formulaic answers such as “Just read your Bible, pray, and do right” are not initially helpful either since the counselee may not know what to do in those areas or why it matters. A reductionistic and simplistic answer from either people-helper is irresponsible and will destroy hope in the patient and counselee.

ⁱⁱⁱ The most common medical causes for feelings of depression are hypothyroidism, Parkinson’s disease, certain cancers, AIDS, and disorders related to drug and alcohol ingestion and withdrawal. Others are Alzheimer’s disease, brain tumors, brain abscesses, the ballooning of brain blood vessels, encephalitis, bleeding in and around the brain, syphilis, brain injury, epilepsy, multiple sclerosis, Huntington’s disease, stroke, vitamin deficiency (B12 [pernicious anemia], niacin [pellagra], thiamine), hormone conditions (hyperthyroidism, hyperadrenocorticism [Cushing’s disease], hypoadrenocorticism [Addison’s disease], hyperparathyroidism, hypopituitarism, lupus erythematosus, hepatitis, mononucleosis, cancer of the lung or pancreas, kidney failure, substance abuse (such as alcohol, sedatives, hypnotics, anti-anxiety drugs, amphetamine, cocaine, etc.), withdrawal from [illegal] drugs (especially stimulants), and numerous medications such as pain medications, antispasm medications, blood pressure medications, cortisone type medications, heart medications, oral contraceptives, psychotropic medication, anticancer agents, heavy metals (lead, manganese, mercury), and toxins.” Smith, Rober D., MD, *The Christian Counselor’s Medical Desk Reference* (Stanley, NC: Timeless Texts, 2000), 365.

This book is a great resource in helping the layman understand many issues of medical consequence to counseling problems.

^{iv} For help in understanding issues of pain, see James Halla, MD, *Pain: The Plight of Fallen Man* (Stanley, NC: Timeless Texts, 2002). Dr. Halla is a Christian counselor and a board certified rheumatologist. His book addresses

how he counsels patients who come to him with chronic pain—that is, pain where no observable tissue pathology causes the pain such as FM (fibromyalgia)—and those who report acute pain—the body’s response to tissue damage such as rheumatoid arthritis.

He goes into great detail explaining how the body’s pain mechanisms work and how a person’s “thinking and wanting”—his contentment with the circumstances God has given him—influence how his body experiences pain. He says, “What a person is thinking and how he is feeling (sad, blue, discouraged, hopeless) affects perception of pain. The result may be an intensification of pain” (p.23). “There are connections in the brain between the center that receives and sends pain signals and the attitude or thinking center [specifically the limbic system and frontal cortex]. This helps explain why what a person thinks affects not only how he feels emotionally, but also how he feels and senses pain. If you focus on how unpleasant and miserable you are, the severity of the pain only increases” (p. 36-37). He offers much biblical counsel to pain sufferers.

^v Richard A. Swenson, MD, Margin: *Restoring Emotional, Physical, Financial, and Time Reserves to Overloaded Lives* (Colorado Springs, CO: NavPress Publishing Group, 1992), 74.