

GREGORY L. JANTZ, PhD



Healing Depression for Life

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The
Personalized
Approach
that Offers New
Hope for
Lasting Relief

GREGORY L. JANTZ, PhD
WITH KEITH WALL

Healing
Depression
for Life



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Healing Depression for Life: The Personalized Approach that Offers New Hope for Lasting Relief

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Contents

FOREWORD BY MICHAEL GURIAN, PHD *ix*

INTRODUCTION: HELP IS ON THE WAY *xiii*

1 Finding a New Path Forward *I*

Part 1: Mind

- 2 Sound Asleep** *17*
- 3 Your Devices, Your Depression** *31*
- 4 Stressed and Depressed** *45*
- 5 A Hard Look at Hard Issues** *59*

Part 2: Soul

- 6 The Three Deadly Emotions** *77*
- 7 The Antidote for Toxic Emotions** *91*
- 8 Strength through Soul Care** *103*

Part 3: Body

- 9 Start Moving and Start Improving** *117*
 - 10 Good Food = Good Mood** *131*
 - 11 Time to Take Out the Trash** *151*
 - 12 Is Your Gut Stuck in a Rut?** *165*
 - 13 The Magic of Micronutrients** *181*
- 14 Reinventing Your Future** *193*
-

APPENDIX 1: SELF-ASSESSMENT TOOLS *203*

APPENDIX 2: LEAVE NO STONE UNTURNED *215*

APPENDIX 3: WHOLE HEALTH MATTERS *223*

APPENDIX 4: RECOMMENDED RESOURCES *229*

NOTES *235*

ABOUT THE AUTHORS *245*

Foreword

Throughout my life, I've battled depression. During my childhood, it came as a dark veil, accompanied by traumatic childhood experiences and carried through my blood and brain by what we now call “depression genetics.”

Because of my moods, when I was ten years old, my parents took me to a psychiatrist. I got some help but also found more trauma, in the form of sexual molestation. This experience led to still more depression.

Both the already-established depression and the molestation would later become two pillars of my adult resilience. But a boy could not know that then. I only knew confusion, pain, and tunnels of darkness. As the trauma and darkness moved through my adolescence, I went back into therapy at sixteen, a boy-man who spent the next ten years talking, journaling, medicating, self-medicating, writing, thinking, feeling, withdrawing, competing, risking, and loving my way out.

Each process worked for its part, and ten years of therapy helped a great deal. By my early thirties, I authentically felt that I was an adult who had been healed of childhood trauma and was quite functional, quite alive. But I still battled depression. Medication helped, as did

getting better sleep, ending addictions, eating no more junk or food I was allergic to, exercising, forming close relationships, growing in self-awareness, and engaging in therapy, spiritual practices, and discipline. Indeed, many of the practices represented in the chapters of this new book by Dr. Gregory Jantz became best practices in my own life.

But depression is a song inside us, and it keeps singing. We need constant help, constant companionship, and constant self-awareness.

And we need good teachers.

Gregg Jantz is a good teacher. *Healing Depression for Life* is a constant and powerful companion. I can attest to its best practices in the way that someone who stares at dawn skies for months can attest to seeing only little sun or no sun at all—just a dullness, a numb, inhibited destiny of narrowed corners. But then something pivots, the world moves, the person moves, and the person has the new feeling of seeing full on—without opaqueness, without fear, without an internal storm—the lovely world again. Healing depression for life is a real concept, even though we know it gets its greatest power from our individual ability to live it out as a prolific metaphor.

Meeting Dr. Gregg Jantz, talking with him about depression and addiction, and providing consulting and training to the clinic he founded—The Center: A Place of Hope—has been one of the highlights of my career. We've worked together on projects not just in Edmonds, Washington, where the clinics are nestled at the base of beautiful hills and mountains, but elsewhere in the country too—speaking, training, researching, and writing together.

Gregg and his team live at the leading edge of whole-person health and wellness. They take on the big issues, the big themes, and the epic journeys of sadness, addiction, anxiety, pain, and loss, and they do so with best practices always in mind. The clinic, its practitioners, and Dr. Jantz give new hope to their clients. Throughout my friendship with Dr. Jantz and my consulting work with The

Center, I've most admired two basic precepts of the work, both of which ground this book:

- the importance of spiritual process (connectedness, mystery, purpose, mindfulness), which provides a basis for healing depression
- the idea that mind and body cannot be separated in a human soul and person: to heal depression, we must heal the body, too

A pill might be helpful for a person, but a pill is not enough for either of these precepts to be fully realized. The body requires action, as does the mind, in the same way a pilot is only as good as the airplane he or she is managing.

In *Healing Depression for Life*, a lifetime of Dr. Jantz's own work joins a lifetime of confidential client stories and the assistance of his colleagues and science-based research to form an impressive, accessible, gently written, and essential book for those on the path of depression.

No matter where you are in your journey—whether you are currently struggling with depression or one of your progeny or family members is haunted by the darkness—you will find in this book a blueprint for a healing process that will provide you with what you need to succeed in the struggle.

With depression statistics skyrocketing today, The Center's approach is not just timely; it can also be life saving.

Dr. Michael Gurian
New York Times *bestselling author*
of Saving Our Sons and
The Minds of Girls

INTRODUCTION

Help Is on the Way

*If Depression Has You Feeling Hopeless,
You've Come to the Right Place*

Depression is a worn-out word these days. Sports fans are “depressed” after their teams lose. Most news reporting is criticized for being “depressing.” The blogosphere and social media sites are clogged with every viewpoint under the sun as to the causes and cures of depression. As happens with most overused words, the real meaning of this one is fast becoming vague and abstract to many people.

But not to the millions of Americans who suffer from its all-too-real effects every year.

And not to me. As a mental health expert, I resist assigning the word *depression* to others as an impersonal diagnosis with professional detachment or superiority. Over the years, I’ve learned an enormous amount about the medical science of this condition. But by far the lessons I value most are those I learned from the inside out. I understand firsthand how deep the cavern of depression can go and how dark it can get—because I’ve been there.

I know how it feels to wake up in the morning and wonder where I’ll find the energy to take my next breath.

I have looked out at the once-vibrant world and seen only shades of gray, dull and flattened.

I have felt the desperate and terrifying impulse to run away from my life, as fast and as far as my legs would carry me.

If you recognize these feelings in yourself because you've experienced them too, you needn't worry that the book in your hands is just another list of smug or simplistic "solutions" or half-baked theories that don't bear much resemblance to your own experience. If you suffer from depression, you know very well that the answers you seek aren't easy or simple—or you would have found them already. You know better than anyone that you face an entrenched enemy, devious and determined and able to attack from many angles and in many forms.

But what you may not know is . . . *that's not the end of the story.*

None of us is truly stuck in that dark place with no hope of return. I wrote this book because I'm excited to help you see this for yourself. I want to share with you the single most important thing I've ever learned about depression—priceless knowledge gained in the trenches of personal struggle. It is simply this:

Depression does not need to be a life sentence.

You *can* heal.

How can I be so sure? Because recent findings in the study of depression have yielded new and effective treatments. Because I've witnessed healing happen in case after case of treatment-resistant depression at my clinic. And because I've experienced healing in my own life too.

Wounded Healer

In the early 1980s, I had already launched The Center: A Place of Hope, a Seattle-area clinic specializing in treating depression, anxiety, eating disorders, and other significant mental health issues. The effectiveness of our work with those who were struggling with eating disorders had drawn broad attention, and my team and I had

begun to develop the “whole person” model for helping people heal after other methods had fallen short. As we refined and revised this approach, we discovered that our clients achieved substantial progress with our direction and their hard work. More and more desperate individuals came to our clinic; media opportunities became frequent; speaking engagements and consultations crowded my calendar. I was busy advising others on how to take charge of their overall health and lifestyle habits to achieve the change they so badly wanted in their lives and was seeing real, tangible results.

All the while, my own life was rapidly falling apart.

Working six days a week at a grueling (and foolish) pace, I had begun to make the classic mistake of not practicing what I preached. My diet was a wreck, and I made no attempt to exercise. I self-medicated with false comforts like junk food, excessive caffeine, and other unhealthy choices. Nighttime became a nightmare of insomnia and crippling anxiety. Days were not much better. A deep emotional apathy and physical lethargy overtook my waking hours. I gained weight and looked haggard. Not surprisingly, my spiritual life was coming unglued as well. For decades my Christian faith had been a source of joy and guidance, but now it felt like an obligation, another set of to-do items on my endless checklist. Depleted and desperate, I was not much better off than many of my patients.

In spite of continued success in my psychology practice (a miracle in itself), I began to fear I'd chosen the wrong vocation, going so far as to plan my escape to a whole new city. I chose Colorado Springs—far away from our home in coastal Washington—for no other reason than my family had vacationed there when I was a child, so it somehow felt safe, an oasis amid chaos. Truth be told, I felt lost. My depression was so deep I was willing to walk away from everything I had worked hard to build and upon which my family depended.

After months of this downward spiral, something happened that

turned my life around—without which I honestly don't know where I'd be today.

My lifeline came, ironically enough, in the form of total exhaustion. The people who cared about me most—family members and close friends—stepped in and stepped up to steer me back on course, demonstrating equal measures of loving support and tough love. They worked to put me on a rigidly controlled daily routine that reinstated the healthy habits I knew but wasn't practicing. This involved shortened workdays, regular walks, improved sleep habits, a nutritious diet, time for prayer and reflection, and much more. I had to set new boundaries, and I committed to staying within them, and so I began my long climb back to health and well-being. Throughout that hard and daunting process, I became sold on the whole-person treatment philosophy that has guided our work at The Center for many years now.

I also gained the confidence that allows me to say to you today, *you can heal too.*

Something's Amiss

In 2016, more than 16 million Americans (6.7 percent of all US adults) experienced at least one major depressive episode. And yet, though the typical modern treatment approach for depression has existed for more than fifty years, the number of people suffering from the disorder just keeps climbing. Research studies report that incidents of diagnosed depression are higher than ever.¹ Furthermore, the current popular treatment choices fail to help as many as one-third of all depression patients, who derive little or no benefit from medications or psychotherapy. Millions more experience some relief through these methods but continue to relapse into minor or major depression throughout their lives. Why is lasting freedom from depression so hard to come by? It's a perplexing and exasperating question.

Fortunately, more than thirty years of practice and experience at The Center have led us to some compelling conclusions—all of which will be discussed in detail in the chapters ahead. The nation is losing ground in its battle with depression, due in part to one or more of the following:

Over-prescription and misuse of medication. In The Center's early years, we saw clients who had tried or were currently taking no more than two or three medications. These days, our average incoming client is taking five different medications or more. Often these drugs contribute to the problem or create new issues. More troubling, these multiple medications sometimes compete dangerously with each other in the patient's body or combine in unpredictable ways. And that's before accounting for side effects the pharmaceutical companies have already identified.

In fact, a recent study found that one-third of adults in the US may be unknowingly using prescription drugs that could cause depression or increase the risk of suicide. As one report stated, "A team of scientists at the University of Illinois at Chicago warned that over 200 commonly prescribed drugs carry warnings that depression or suicide are potential side effects. But patients and clinicians may be unaware of this link because the drugs may treat conditions unrelated to depression or mental health. Those include some painkillers; blood pressure and heart medication; hormonal birth control pills; proton pump inhibitors; and antacids."² Indeed, many medications can lead to serious physical symptoms, which are often treated with—you guessed it—more medication!

Relying completely on medication as the solution. When general practitioners prescribe psychotropic medications without the input of a psychiatrist or other mental health specialist, and when patients request medications based on self-diagnosis drawn from Internet research or a TV-commercial-fueled desire for a certain brand of medication, we often see a person given an antidepressant

when they're really suffering from an anxiety disorder (and vice versa). Medication is too often perceived as a quick fix, to the exclusion of other possible—and necessary—care.

One-dimensional treatment answers. There's an old saying: "If all you have is a hammer, everything looks like a nail." In the context of medical care, that means physicians who are trained to think that all disease is the result of a biochemical malfunction in the body will naturally reach for one-time "magic pill" fixes, excluding other options. I should say at the outset that I have high regard for skilled, compassionate physicians. But my work with hundreds of depressed clients has caused me great concern about the typical medical model of treatment. Often medical practitioners ignore alternative causes for chronic depression and quickly prescribe a pill as the cure-all. Despite current research showing that many other wellness factors affect our mood—such as gut health, sleep patterns, inflammation in the body, and behavioral habits—a disappointing majority of professionals continue to limit analysis and treatment to what's going on in a patient's gray matter.

Shortsighted self-help books. The problem is made worse by self-help books that overwhelmingly reinforce this narrow approach. That is, they see depression as purely a problem in the brain that can be resolved through cognitive or mood therapy and/or with drugs designed to affect the brain's chemical makeup. Such books have sold well thanks to the many thousands, even millions, of readers who have successfully used these methods to heal. However, their effectiveness is mostly limited to people with mild depression or the regular "blues." Those conditions certainly form part of the depression epidemic, and techniques that address them make a valuable contribution. But they also leave millions of Americans who suffer from more serious and chronic forms of depression out in the cold.

Toxic emotions. Before reaching for typical medical treatments, it's important to examine what I call the "three deadly

emotions”—anger, fear, and guilt. Chances are if someone is struggling with depression, he or she is also suffering from the unhealthy influence of one or more of these emotions.

Unresolved hurt, for example, often manifests itself as anger in relationships and can diminish a person’s capacity for intimacy, which leads to isolation, bitterness, and resentment. Anger directed inward is a common fuel for self-destructive behaviors like addictions and eating disorders.

Fear typically begins as ordinary worry, the normal “what ifs?” we all experience. But those can spiral out of control, turning into anxiety, panic attacks, and eventually generalized anxiety disorder—a common breeding ground for depression.

Guilt comes in two forms: true guilt, when a healthy and emotionally developed person knows he or she has done something wrong; and false guilt, which is unwarranted and leads to shame. From there, it’s a short step to feeling broken, unworthy of love, or otherwise “defective”—all precursors to depression.

Unforgiveness. One of the most universal contributing factors to depression in our clients—which is often not explored by other treatment providers—is entrenched resentment or an inability to forgive. The negative emotions that linger when a person hasn’t forgiven someone can create a state of chronic depression, which damages the body on multiple levels. We have seen such strong evidence that these factors play key roles in depression that our treatment approach routinely includes shining a light on those dark, secret places.

Distractions and addictions. While technology has enabled us to create more community ties and stay in touch with far-flung loved ones, the disturbing and largely unexplored reality is that technology also promotes distinct patterns of isolation and social conflict that contribute to depression. Many of our guests at The Center exhibit all the signs of withdrawal from a physical addiction after just a few days without their electronic devices.

Other addictions play a role in depression as well—some of which are hidden from view, like dependency on prescription painkillers or illicit drugs. Still others fall into the category of “soft addictions,” such as overeating, shopping, gambling, television viewing, video game playing, oversleeping, and online connectivity. Depression frequently goes hand in hand with addictions of some kind. Facing them, and starting the recovery process in those areas, is critical to success in healing from depression.

Physical pollutants in the body. Few people are aware that common chemicals in our diet, like artificial sweeteners and preservatives, are actually neurotoxins that build up in the body and interfere with our health. In treating depression, it’s vital to find and eliminate these hidden sources of stress.

Whole-Person Healing

As you can see, depression is not limited to what’s happening in your head. Far from it! Numerous factors have contributed to the onset and severity of your depression, and each of these must be addressed throughout the healing process as well. That’s what I call the whole-person model of treatment. To illustrate the idea, here’s a story that’s typical of many clients we see at The Center.

John came to us in his early forties with severe depression. He’d been depressed for a long time, but his symptoms had grown significantly worse in recent years. By the time he checked into The Center, he rarely left his house, was a hundred pounds overweight, had major digestive upset, and was taking multiple medications—three for depression, one for anxiety, and a variety of over-the-counter meds to help settle his gut. Looking for help, he’d “done it all,” he told us, like so many of our guests.

But years of traditional therapy and visits to various medical specialties had led to disjointed and ineffective care. Based on a careful

review of his files, it was clear he had gotten some good advice here and there, but in treating his diverse medical problems, the assortment of practitioners he'd seen had never asked this one simple question: "What's going into your mouth every day?"

Yes, he talked to more than a few doctors about his rapid weight gain and the effect it had on other physical problems, but those conversations usually had gone something like this:

"You know you need to lose some weight."

"Yeah, I know I need to lose some weight."

"You need to eat better."

"Yeah, I know I need to eat better."

Round and round it went. But circling an issue means you never get to the core of the problem, something the whole-person approach aims to avoid.

What we found during John's intake assessment shocked us. He was self-employed and worked from home, a fact that allowed him to hide an incredible addiction: John consumed an average of twelve pots of coffee a day. Not twelve *cups*. Twelve *pots*. He shared with me that no one had ever asked him how much coffee he drank, so he had never thought to mention it before.

So, in addition to his depression, John had evolved numerous other issues that were directly undermining his recovery. All that caffeine had rinsed the B vitamins out of his system, severely upset the balance of "good" bacteria in his gut, and derailed his appetite, causing him to binge eat large amounts of sugar. That, in turn, caused hypoglycemia. Since coffee had become his only fluid intake, his body settled into a state of permanent dehydration, degrading his mental acuity and other bodily functions at the cellular level. And yet, despite how horrible he felt, he was seriously dependent on coffee.

"I need it just to help me get through the day," he insisted.

Over the next few weeks, we helped John to rehydrate his body.

(“One bottle of water for every cup of coffee.”) Eventually, his coffee intake dropped to three cups a day—and none after 10:00 a.m. Once a week he got an IV bag full of vitamins, minerals, and amino acids, which activated his brain chemistry. His cravings started to decrease, especially for sugar and caffeine. For the first time in years, John began eating a healthy breakfast and lunch. He steadily lost weight, and his energy levels and sense of well-being increased measurably each week.

We practice “mindful walking” at The Center. When John arrived, he could not make it even halfway around the block, saying things like “It takes energy just to breathe.” At the end of a month, he was walking six laps every day. The physical changes improved his self-esteem and sense of hope. He walked out of our clinic speaking with optimism, gratitude for being alive, and confidence in a better future.

The last time I spoke with John, he reported doing remarkably better than just a year prior. He’d lost even more weight and sustained his increased physical activity through tennis, a sport he loved but had abandoned years ago when it became too difficult to leave his house. His business improved along with his mood, and he was down to one medication for depression.

This is what whole-person treatment looks like in practice: working together on multiple healing fronts all at once. Often our patients have never suspected a connection between their depression and other factors like sleep quality, technology use, nutrition, lifestyle, and behavioral health issues. It comes as a surprise when we ask them to think outside the traditional treatment box and address the whole mental health matrix, not just a single factor.

The “Why Not?” Approach

My response to reluctant strugglers is to ask, “What have you got to lose?” And I’m asking you the same thing now. In the following pages,

I'll suggest things you might never have tried before in your attempts to be free of depression. Some will challenge you in unexpected ways. Some will test your resolve by asking you to address old wounds, thought patterns, and addictions. I'll be honest with you: none of these remedies fall into the category of "magic bullet" or "quick fix." They'll require you to buy in and commit—just as I did years ago when I realized I needed to set boundaries for my recovery. No one could do that part but me. It takes courage, perseverance, and an open mind. My approach is not to throw multiple things against the wall and see what sticks. The whole-person plan is a proven method that works. For thirty years, I've watched people desperate for help and without hope find themselves again, regaining the vitality and buoyancy that had been submerged due to months or years of depression.

Healing depression is not only possible; it is achievable. But it will require taking a hard look at your life and adjusting your lifestyle—in some cases, permanently. The whole-person plan is not a magic bullet, nor is it a once-for-all fix. The road to wellness is less like a detour back to where you were going and more like following a new road to a new destination.

I expect healing to be hard work, but it's worth it. Begin this journey by asking yourself, *Why not?*

- If healing from depression is a thousand-piece puzzle, why not find all the pieces and put them in place so the picture of your life is whole again?
- If you've tried everything else you can think of to be well, why not try the things you haven't yet thought of?
- If you're truly sick and tired of being sick and tired, why not go all in with a full-spectrum housecleaning of your life?
- If you feel ready to abandon hope, why not ask for help—from family, friends, and professionals who can also learn from a whole-person point of view?

- Most of all, why not seek God's help? Spiritual factors are often overlooked in traditional treatment for depression, but no one knows better how to restore you to health than God.

You were not born to suffer or to barely survive. You were born to thrive. The time will never be more right to begin your journey back to abundant wellness.

As you look forward, the path may seem impassable, an impossible climb over the pain, despair, and depletion you've been burdened with for so long. I encourage you to imagine instead standing on the crest of that mountain, vibrant and victorious, looking to the bright horizon ahead. Can you picture that? I know you can! Let's get going together.

CHAPTER 1

Finding a New Path Forward

Why Lasting Healing Can Feel like an Unreachable Mirage

We've all heard it before: "Depression is all in your head! Just give it time." Or worse, "Snap out of it already!"

This kind of advice is rarely loving or helpful—though, like the broken clock that is accurate twice a day, it occasionally manages to be sort of right. That is, for people who are experiencing an ordinary case of the blues or temporary emotional upheaval due to grief or trauma, time can be an ally, and natural mental resiliency usually does return in due course.

But for millions of people around the world, those more common scenarios are unfamiliar. These individuals are caught in the grip of something larger and more tenacious than that. They suffer from clinical depression, and no amount of glib advice is going to make it "go away." So, here at the beginning of our journey into *Healing Depression for Life*, let's orient ourselves on the map and all agree on a common starting point:

Depression is real. And painful. And frightening.

All too often, depression can even be life threatening when it drains a person of hope to the point of considering self-harm. Beyond the toll it takes on individual lives, depression places enormous strain on families, businesses, schools, and governments. In fact, no corner of society is immune to its disabling effects. That's true across the globe, not just in America. According to a World Health Organization (WHO) bulletin, "More than 300 million people are now living with depression, an increase of more than 18% between 2005 and 2015."¹ WHO further estimates that "substance abuse and mental disorders," including depression, are the world's number one cause of disability—the loss of normal function at home and work.

Here at home, the 2016 National Survey on Drug Use and Health revealed that 16.2 million adults and 3.1 million adolescents between ages 12 and 17 had endured a recent "major depressive episode." Around two-thirds of those people suffered life impairments that were rated as "severe." However, approximately 37 percent of these adults and a staggering 60 percent of young people received no treatment of any kind, according to the survey.²

To make matters worse, research in recent years has revealed that, of those who do seek help, approximately one-third receive little or no lasting benefit from treatments commonly used today.³ Think about that for a moment: one in three people sees little or no long-term benefit from common treatments for depression. Clearly, the typical approaches offer very limited lasting benefits.

According to the National Institute for Mental Health, symptoms of depression include the following:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness or pessimism
- feelings of guilt, worthlessness, or helplessness

- loss of interest or pleasure in hobbies or activities
- decreased energy, fatigue, or being “slowed down”
- difficulty concentrating, remembering, or making decisions
- difficulty sleeping, early-morning awakening, or oversleeping
- appetite and/or weight changes
- thoughts of death or suicide or suicide attempts
- restlessness or irritability
- persistent physical symptoms such as aches or indigestion⁴

At The Center: A Place of Hope, we believe that if a person reports a chronic combination of these symptoms lasting sixty to ninety days—far beyond what’s expected in cases of the ordinary blues we all experience from time to time—then he or she is in need of coordinated care for major depression.* Our admissions specialists assess the severity of depression in those seeking help using three criteria: hopelessness, helplessness, and despair. Once a person’s experience can be characterized by words as bleak as these, they have long lost the ability to “snap out of it.”

That so many people do reach this point in their lives makes depression a human tragedy of stunning proportions.

No More Quick Fixes

Now that we’ve established the magnitude of the problem, let’s agree on a vastly more important fact: *it doesn’t have to be this way*. Healing is possible, now and for good. So why do we continue to fall so short? Why do even the lucky ones with access to care so often come away disappointed?

While the answers to these questions are far from simple, they don’t take an advanced degree in medicine to understand. There is a certain lack of common sense at the root of the problem. Once you’ve

* You can find a self-assessment for depression symptoms in appendix 1 on page 205.

seen that fact, there in plain sight, the mud starts to settle and the view becomes clearer.

Here's one way to get your head around it. Imagine you take your car to the shop. It's hard to describe to the mechanic exactly what seems to be going wrong. The best you can do is to say, "It's just not right." The engine doesn't fire right up in the morning the way it used to. There's no pep anymore when you hit the accelerator. The steering is sluggish and unresponsive, and the tires inexplicably lose air no matter how often you refill them. The heater is stuck at luke-warm, and all the radio speakers sound muffled, ruining your favorite music. You used to love this car. Now it's no fun to drive at all.

As you conclude your list of the car's "symptoms," the mechanic nods sagely and assures you he knows just what's causing the trouble. "You need a tune-up!" he says, with great confidence. You are not the expert, so you take his word for it. "Come back tomorrow, and everything will be back to normal."

You can see where this story is headed. The next day after the repair work, you start the engine to head home and discover that nothing has changed. In fact, you feel worse about things, because now you're out the cost of a tune-up and the time spent waiting for the work to be done. You turn around and tell the mechanic to try again. And so, day after day, the list of ineffective repairs grows longer and longer, and you feel further and further away from your goal. Discouragement sets in, and you're about to give up on the prospect of ever driving a functional car again.

The problem is easy to see in this made-up example: *the mechanic is assuming the car's troubles are caused by just one thing*. Instead of looking at the vehicle's systems as an integrated, interdependent whole, he has been trained to see it only as a collection of separate parts. Repair, in his view, is about fixing the broken piece, period. No need to look in the trunk for problems he's sure are under the hood.

Not only that, *the mechanic sees your car only in light of all the others*

he's worked on lately. Last week, a Chevrolet came in with some of the same troubles and, lo and behold, the tune-up worked! Suddenly, to him, all cars that have lost their pep fall into the same category and require the same treatment.

Now, please don't think I'm disrespecting mechanics or the caregivers they represent in this little fable. Nearly everything they are trained to do is effective under the right circumstances. Sometimes a tune-up is exactly what's called for. But if it becomes a one-size-fits-all solution to every malfunction—no matter how complex or multifaceted its causes and no matter the differences between individual automobiles—that's an approach sure to lead to as many failures as successes. Maybe even more.

Treatment Is a Team Effort

That's what has become of standard treatments for depression these days. Care providers tend to use their favorites as singular fixes for a disorder that is never caused by one thing alone. In my experience, depression always arises from multiple factors converging in a person's life. Treating one thing at a time, with one method at a time, is akin to expecting new tires to revitalize a car with multiple systems on the blink.

Below is a list of commonly prescribed depression treatments these days—and the reasons why each on its own is unlikely to produce lasting healing.

Medication

More than thirty years ago, on December 29, 1987, the US Food and Drug Administration approved the antidepressant drug fluoxetine, now well known by its trade name, Prozac. The first drug of its kind, it marked a radical shift in how depression is treated in the world. Prozac belongs to a class of drugs called selective serotonin

reuptake inhibitors (SSRIs) that is thought to increase levels of the neurotransmitter serotonin by interfering with the body's ability to reabsorb it from the bloodstream. Scientists theorize that a lack of serotonin is at least partly responsible for symptoms of depression.

The discovery of SSRI drugs—and now there are many different versions on the market—was hailed as a revolution in the treatment of depression and other mental disorders. But in the intervening years, while antidepressant medications continue to be widely prescribed and many people do derive some benefit from their use, evidence has mounted that they are not the “magic bullet” doctors once hoped they would be. Here are a handful of reasons why:

- In numerous studies, SSRIs performed only marginally better than placebos.
- Patients taking antidepressants show roughly the same improvement as those being treated with talk therapy alone.
- Between 65 and 80 percent of people on antidepressants relapse into depression within a year.
- SSRIs carry side effects for many people, some of which are significant. These include trouble sleeping, sexual dysfunction, loss of appetite, dry mouth, rash, abnormal dreams, and more serious effects like seizures and an increased risk of suicide.
- It is now recognized that discontinuing the use of SSRIs can be difficult, similar to withdrawal from other addictive drugs.

Don't misunderstand: I am not opposed to the use of medications, which can sometimes stabilize an individual enduring an acute crisis. Further, I am privileged to work in conjunction with many brilliant, caring physicians who skillfully use pharmaceuticals as part of their therapeutic regimen. I believe antidepressant medications have a vital role to play in recovery for many people. They can calm the chaos of a major depressive episode to give you a chance to rest

and regain your footing. What they can't do is fix the reasons you became depressed in the first place—and that is perhaps the biggest drawback of all.

Underlying the use of antidepressant medications is a mostly unspoken but powerful medical philosophy that asserts the problem is largely (if not entirely) biochemical in nature. For many decades, the medical establishment has regarded psychology and psychiatry with suspicion, calling these fields “soft science.” That’s because measuring mental health or dysfunction is not as simple as tracking physical markers and manifestations. Doctors trained in strict biological models are more comfortable with mechanical causes and cures for illness—even mental disorders. Some distrust talk therapy or behavior adjustment as inherently untestable. (“It’s all in your head” takes on a different meaning in this context.)

Once a person accepts this view and starts taking medication with the expectation that “everything will be fine now,” then doctors and patients alike stop considering all the other causes and remedies we now know have a role to play. These are the puzzle pieces we look for in the whole-person model of treatment: diet, other medications, built-up toxins in the body, physical conditions, life circumstances, emotional environment (past and present), allergies, spirituality, sleep habits, addictions, and more. Uncovering and correcting problems in these areas of your life takes commitment, sacrifice, and work, so it’s easy to see the appeal of a pill that does it all for you.

Talk Therapy

Again, it’s important to understand that there are many gifted therapists in the world doing excellent work to provide hope and healing to their clients. I have great admiration for caring, trained therapists who consistently offer wisdom and compassion to their clients. These professionals create a healing space where a person can feel safe—perhaps for the first time—to explore painful wounds from

the past or confront present-day circumstances that are intolerable. Like the car tune-up, this may be exactly what someone needs who is suffering a typical case of doldrums or who is in the process of recovering from the grief of loss.

But for those in the grip of major depression—remember, these are people who are hopeless, helpless, and despairing—talk therapy alone is unlikely to produce lasting relief and healing. Here's why:

- Talk therapy rarely integrates a thorough exploration of physical conditions that contribute to depression.
- Talk therapy is generally a slow process, which is not always suitable for someone who may be considering suicide or who is sliding toward an inability to function on a basic level.
- Talk therapy tends to look backward, searching for old wounds to account for current patterns of thought and behavior. Most often we find plenty of immediate causes in our patients, things that can be addressed here and now.

Working through deep issues with a therapist can be an outstanding component of a whole-person treatment plan, one of many simultaneous avenues for healing. As powerful and helpful as counseling can be, I still believe it should be utilized among other treatment approaches to experience lasting progress in overcoming depression.

Cognitive Behavioral Therapy (CBT)

While psychotherapy is focused on understanding the root causes of a person's symptoms—often buried out of sight in the subconscious mind—CBT is chiefly concerned with developing strategies for managing those symptoms right now. The idea is to help people see that changing distorted thoughts, beliefs, and attitudes about themselves, others, and the future can have a direct effect on how they feel about those things. Distorted thinking is usually accompanied

by maladaptive behaviors that can likewise be reprogrammed to improve a person's outlook.

Research has shown that CBT alone is at least as effective as anti-depressant medication at treating less severe forms of depression, but it is usually recommended in combination with drugs for people experiencing more severe symptoms. Once more, it's clear that CBT has an important role to play, but used in isolation it has the following shortcomings:

- CBT ignores underlying medical conditions that contribute to depression.
- CBT does not address environmental factors, such as exposure to toxins and electromagnetic radiation.
- Being focused on reducing present-day symptoms, CBT does not consider depressive emotions like fear, anger, and guilt or the toxic effect of refusing to forgive someone for a perceived offense.
- As a treatment for depression, CBT is less likely to find and deal with associated mental conditions, such as addiction or anxiety.

Pray (or Meditate) It Away

Seeking spiritual connection is a powerful and effective part of any healing strategy for people with depression—or anyone else, for that matter. It is absolutely a part of the whole-person model. God truly is the Great Physician.

I want you to know that I believe wholeheartedly in prayer, and in fact, I pray to the God I have faith in nearly every day. What's more, I have witnessed countless answers to prayers in my own life and in the lives of others. As you'll see in part 2, spiritual practices are a central part of the whole-person approach I advocate.

My concern arises when people suffering from depression rely

only on prayer, at the exclusion of other resources available to assist in their healing. Prayer without appropriate attention to other obvious avenues for wellness runs the same risks as other single-focus approaches. If you believe prayer by itself is all you need to heal, you may be less likely to explore your diet, sleep habits, possible addictions, toxic chemicals lurking in your home, harmful emotions that hold you captive, and so on. Spiritual resources are meant to empower you in confronting and changing all those kinds of things, not to distract you from the need to deal with them. I encourage my clients (and myself) to pray especially for wisdom and guidance in dealing with life's many challenges, including depression.

But the most important reason why prayer as a solitary healing strategy can disappoint you in the end is that it runs the risk of deepening your sense of unworthiness and failure—emotions that are key contributors to depression. The inner dialogue goes something like this: *If I were a better Christian (or a more spiritual person), I wouldn't be depressed in the first place. So to turn this thing around, I will double down and be the best child of God I can possibly be.*

Or maybe this: *God, I know I have failed miserably to be joyful and thankful for your many blessings. Please forgive me and help me to heal.*

If these prayers are not accompanied by a commitment to do the work of improving lifestyle choices—for example, examining eating habits and possible addictions and letting go of old fears and wounds—then healing is likely to be inhibited, just as with other singular approaches. Then what happens? Your sense of guilt and even shame stands to deepen, making matters worse.

Nothing at All

Earlier in this chapter, you read the troubling fact that 37 percent of adults and 60 percent of adolescents suffering from depression receive no treatment of any kind. In many cases that's because access to care is limited for geographic or financial reasons. But just as

often, people don't get the care they need because they don't seek it out, or refuse it when offered. The perceived social stigma of needing help with a mental health issue is still a powerful deterrent for many people. Others have suffered for so long that they are convinced healing depression is impossible, so why bother trying? For these people, living with depression has become the new normal, with the assumption that they'll always feel miserable, so it's best to accept it and muddle on.

Clearly, there's no need to list the obvious limitations of this way of dealing with depression. If this has been your approach in the past, please keep reading! I hope to convince you that healing is not only possible but it's also probable if you're willing to look deeply at all the puzzle pieces that may be currently out of place in your life. Ask yourself, what stigma can there be in gaining control of your diet or your sleep habits, in confronting your fear, anger, and guilt? Why not examine how a lack of forgiveness is making you ill? What have you got to lose?

A Way out of the Dark

When searching for effective ways to treat and heal from depression, we should be looking not for the one smoking gun but rather for all the missing puzzle pieces. My purpose in discussing the limitations of various treatments when they are employed one at a time is not to criticize highly trained caregivers who are passionate about helping people heal or to suggest anyone should discontinue a treatment pathway that is working. But it also benefits no one for us to ignore the mounting evidence that genuine, lasting healing from depression can be achieved only through integrated, multifaceted approaches that give attention to the whole person.

In the coming chapters, we will look at the whole person to discover what factors might be contributing to your depression and how

you can holistically address those factors. The book is divided into “Mind,” “Soul,” and “Body,” as each of these areas plays a crucial role in your being able to understand and heal from depression. While it may be tempting to jump around, and while the chapters can be read independently, I would encourage you to consider each chapter. As already discussed, treatment is a team effort, and just as it is helpful when looking at individual puzzle pieces to see the picture on the box, you will likely have a better understanding of yourself and your needs if you are armed with all the information in this book.

If you are suffering from depression, or someone you love is, chances are you’ve come to this book because you’ve tried other options that left you disappointed and discouraged. The purpose of this chapter is to say, “Take heart!” If previous treatments have not worked for you, the fault does not lie with you but with the common—and mistaken—belief that any *one* drug or process can hold all the answers. Take heart, because the rest of this book will show you how to succeed where other attempts have let you down.

Your Personal Action Plan

By now it should be obvious that the whole-person model will challenge you to give up false hope in “magic bullets.” The treatment ideas in the pages ahead will ask you to work hard, dig deep, and above all, become an active participant in your journey to wellness.

Here are five ways to get started today:

1. **Begin the process of self-assessment by taking inventory of your life.** Look for habits, lifestyle choices, circumstances, emotions, attitudes, and medical conditions that will need more attention as you move deeper into whole-person treatment. Make a word picture of your life. Be honest and courageous. Write down everything that comes to mind.

2. **Educate yourself.** Don't just take my word for it. There are ample sources of good information about the merits and pitfalls of common treatments for depression and the value of an integrated approach to healing. Some of those helpful sources are presented at the end of this book (see appendix 4). Make use of them!
3. **Talk to your current caregivers.** Inquire about the relative strengths and weaknesses of various treatment types. Let them know you are interested in broadening your approach to healing.
4. **Pay attention to your thoughts and beliefs.** Carefully assess what can work and what can't. Do you secretly scoff at the idea that diet affects mental health? Are you already convinced that other possible addictions—like imbalanced use of technology or shopping or pornography—have no role to play in depression? If so, you're unlikely to give those things the attention they need in the pursuit of lasting healing. Make a list of such limiting thoughts. About each one, ask yourself: *Why do I think this way? Is this the truth? How is it holding me back?*
5. **Write out a history of things you've tried already to help you heal from depression.** Chances are you'll see how each attempt to feel better stands apart from others, rarely working together. You'll also notice all the things you haven't yet tried . . . which is great news! It means you're not out of options after all.