

A HOLISTIC APPROACH TO TREATING DEPRESSION & ANXIETY

David Hoskins



Published by:
Sanctuary Clinics
984 Boston Highway
Monticello, FL 32344
Sanctuaryclinics.com

21 20 19 18 17 10 9 8 7 6 5 4 3 2 1

A HOLISTIC APPROACH TO TREATING DEPRESSION AND ANXIETY
Copyright © 2024 Sanctuary Clinics

All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher and or author, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law.

Scripture quotations are taken from the Holy Bible, New International Version®, NIV®. Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc.™ Used by permission of Zondervan. All rights reserved worldwide.
The “NIV” and “New International Version” are trademarks registered in the United States Patent and Trademark Office by Biblica, Inc.™

Library of Congress Cataloging-in-Publication Data
Hoskins, David

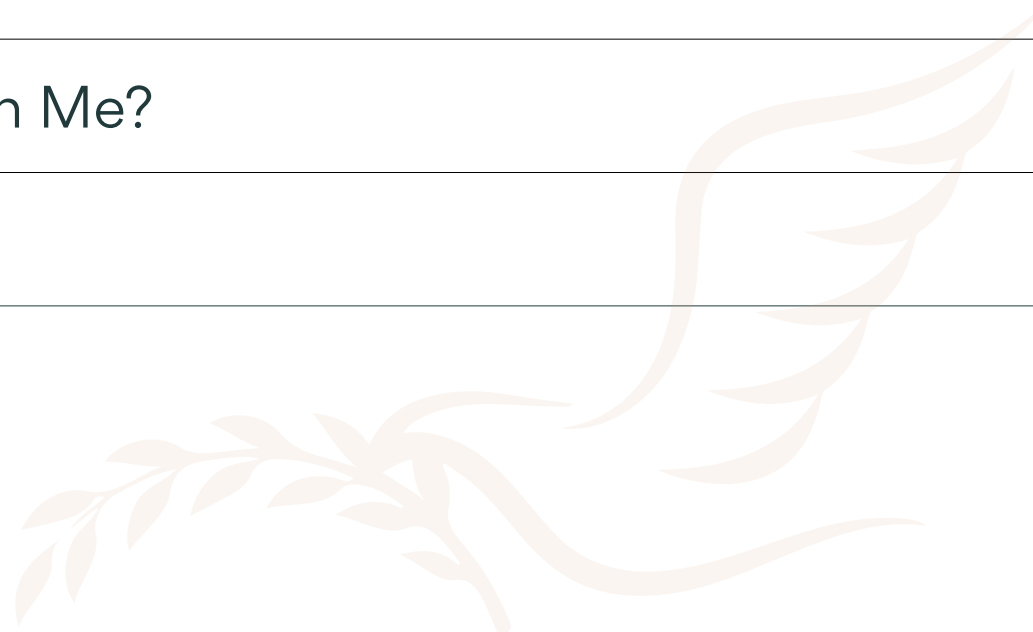
ISBN XXX-X-XXXXXXXX-X-X (Digital/eBook)

BISAC Categories:
PSY007000 PSYCHOLOGY / Clinical Psychology
PSY013000 PSYCHOLOGY / Emotions
PSY036000 PSYCHOLOGY / Mental Health

Table of Contents

Introduction	5
One: Depression	8
What is Depression?	9
The Causes & Types of Depression	11
A Depression Self-Assessment	13
Two: Anxiety	14
What is Anxiety?	15
The Causes & Types of Anxiety	17
An Anxiety Self-Assessment	19
Three: How Depression is Traditionally Treated	20
Depression Medications	22
Types of Psychotherapy	24
Four: How Anxiety is Traditionally Treated	25
Types of Therapeutic Treatment	26
Anxiety Medications	28
Five: Treatment-Resistant Depression	29
Medication Strategies	31
Procedures to Treat Treatment Resistant Depression	32
Steps You Can Take	33

Six: Treatment-Resistant Anxiety	34
Causes and Complicating Factors to Treatment Resistance	36
Medication Strategies	37
Procedures to Treat Treatment Resistant Anxiety	38
Seven: A Holistic Approach to Treatment	39
Understanding Mind, Body, and Spirit	41
Your Medication: A Supportive Role in Holistic Care	42
Evidence-Based Therapeutic Interventions	43
Spiritual Truth: The Foundation for Healing and Wholeness	43
The Game Changer: Created to Live in Community	46
Eight: Neuroscience and State-of-the-Art Therapies in Treating Depression & Anxiety	48
How Neuroscience Works	49
Nine: From My Heart to Yours	51
The Heart of the Matter	52
Christians and Depression and Anxiety	53
A Look at History	54
Whose Fault is This?	56
Will You Pray with Me?	58
About the Author	59



Introduction



“Feels like I’m at the bottom of a well. There’s no way out. Nobody knows I’m trapped down here. Nobody cares. Nobody is missing me.”

“The thought of getting out of bed, taking a shower, cleaning up the place ... Why?”

“I’m tired. Empty. Numb. I don’t want to see anybody. I don’t want to do anything.”

“If I wasn’t here anymore, would anyone even notice?”

...

Where do you turn when the despair and the fear and the hopelessness feel as though there is no end in sight?

This book offers answers.

I've suffered with depression. My dear mother suffered with depression. I've dedicated my life to answering the question '*Where do you turn?*' and to helping people discover health, happiness, and wholeness, beyond depression's grip.

As founder of two of the most successful Christian Residential Mental Health Treatment programs in the world, and as Director of Lighthouse Network, the #1 Christian Mental Health Helpline in the United States, I'm thrilled to share what I've learned along the way.

We've treated hundreds of patients, many of whom had been suffering for years, having tried other programs, medications, and approaches, all to frustrating ends ... and no relief.

Depression doesn't have to have the last word. By recognizing it for what it is and treating it in a thoroughgoing, holistic way, you can re-write your narrative.

Just what are you up against? Depression is the number one killer in the world today.

You won't find depression listed as "the cause of death" on death certificates, but make no mistake about it, this mental health condition is a notorious silent killer.

Even when it's not taking a life, *it's sucking the life out of lives*, every day.

And it's prevalent. So much so, the **World Health Organization** recognizes depression as "*a leading cause of disability around the world, contributing greatly to the global burden of disease.*"

Statistical likelihood is that you're reading these words right now because *you or someone you love suffers from depression*. If that's the case, you know those statements above, about depression claiming lives, are not hyperbole.

Anxiety and depressive disorders are among the most common psychiatric illnesses. Comorbidity is common across all psychiatric disorders, and this is definitely the case for anxiety and depressive disorders, as well as their symptoms. They are highly comorbid with each other.

While anxiety is commonly thought of as a high-energy state and depression a low-energy state, the two are more closely related than you might think. Someone suffering depression often experiences a lot of anxiety, and an anxiety sufferer's cycle often involves pervasive worry about something, and feeling ashamed about it, and experiencing despair as a result.

The keys to loosening depression or anxiety's grip on our lives include gaining knowledge about these disorders, their symptoms, identifying their causes and triggers, and understanding the roles medications and clinical interventions play in treating them.

But the most important step in the process is recognizing the full scope of treating depression and anxiety involves *mind, body, and spirit*.

We're going to cover all of that in this book.

I want to encourage you to read this book in the order you deem most helpful. You'll notice in the [Table of Contents](#) there are chapters defining [Depression](#) and [Anxiety](#), their causes and types, sections outlining Traditional Treatments for [Depression](#) and [Anxiety](#), sections on Treatment-Resistant forms of Depression and Anxiety, and a section on a [Holistic Approach to Treating Depression and Anxiety](#). You'll also find a section on [Neuroscience](#), looking into some of the advances in technology that give new insights into treatment. Finally, the last section speaks [From My Heart to Yours](#), a message of hope and promise I pray you will find encouraging for your journey.

There is a light at the end of the tunnel. We've helped countless people discover and live in it. Let me help you.



01. Depression

“Being on meds just means I’m numb. Going through the motions. Work. Home. Whatever. If I wreck the car on the way to work... whatever.”

“When it’s real bad, I come home from work and crash in bed for the whole weekend. If I didn’t have to walk and feed the dog, I wouldn’t get up.”

“I tear up and cry ... and I don’t even know why.”

“Everything is dark. The world lost its color. I just want to close my eyes.”

...

What is Depression?

Depression is different from sadness. Sadness is an emotion we all experience in life. It usually results from a direct situational cause—perhaps in response to loss, a sudden, drastic, or unforeseen change in life circumstances, or adversity. Sadness typically lasts a short time, and doesn't significantly interfere with your normal day-to-day activities, responsibilities, and relationships. With sadness, *there is a light at the end of the tunnel.*

Depression, in simple terms, is more than just feeling sad or down. A person suffering with depression can't simply "snap out of it." Depression is a complex mental health condition which affects your thoughts, feelings, and daily life. Imagine a heavy, persistent fog that clouds your mind and distorts your perception of the world. And imagine that this fog seems like it will never clear; *as if there's no light at the end of the tunnel.*



Ask yourself: As you're feeling depressed, can you imagine a light at the end of the tunnel? Can you see past the sadness? Is there a point on the horizon where the clouds break?

At its core, depression involves a prolonged and intense feeling of sadness or emptiness which goes beyond the normal ups and downs of life. Depression feels like an emotional weight around your neck that makes everything seem overwhelming; even normal, everyday tasks and routines can feel like too much to bear. Simple tasks become challenging, and joy feels elusive.

People experiencing depression often find it hard to muster the energy or interest to engage in activities they once enjoyed. It's not just about feeling low; it's a pervasive sense of disconnection and numbness. Imagine a colorless world where even the brightest moments appear dim.

Depression can also impact the way you think. Negative thoughts about yourself, the future, and the world around you can become a constant companion. It's like having a critical voice in your head that drowns out any positive thoughts. This distorted thinking can further contribute to a sense of hopelessness. And as I mentioned earlier, these negative thoughts can lead to unrealistic fear or anxiety.

“

**There is nothing in this world that can trouble
you as much as your own thoughts.**

–Unknown

”

Sleep disturbances are common with depression. Whether its trouble falling asleep, staying asleep, or sleeping too much, the natural rhythm of rest is disrupted. Fatigue becomes a constant companion, draining the motivation to engage in daily activities. For some sufferers, even getting out of bed feels like too ambitious a task.

Social withdrawal and isolation are other hallmarks of depression. Imagine feeling so alone that you feel isolated even in a room full of people as if an invisible barrier separates you from the world. Now imagine that feeling becoming so dominant that you start avoiding people all together.

Depression is dangerous and can become deadly if left untreated.

This is how depression presents; this is what it looks like; this is what it feels like. But it's vitally important to know that depression is not a sign of weakness or character flaw. Depression is a very real and highly treatable medical condition. *With treatment, you can find relief from the heavy fog and rediscover the beautiful colors of life!*

The Causes & Types of Depression

No specific cause of depression has been identified. Its recipe includes many ingredients. Your genes, brain chemistry, life experiences, psychological and spiritual health can all be contributing factors.

Just as there are many types of coughs—all with similarities, but each with different causes and treatments—varying types of depression have been identified by their characteristics. The different types of depression are:

- **Major Depression** (often called Clinical Depression) is the severe form of depression, including a number of common signs and symptoms, experienced for longer than 2 weeks.
- **Persistent Depressive Disorder** is a longer lasting but often less intense form of depression, where you experience a depressed mood most of the day, for more days than not, and for 2 years or longer.
- **Post-partum Depression** occurs in women after delivering a baby, due to hormonal and physical changes along with stressors associated with pregnancy, delivery, and motherhood.
- **Seasonal Affective Disorder** is caused by decreased sunlight and colder temperatures during the winter months, typically including feelings of fatigue, increased appetite, slower thinking, and sadness.

- **Bipolar Disorder** is characterized by cycling mood changes, experiencing periods of extreme highs (mania) followed by extreme lows (depression).
- **Depression with psychosis** occurs in about 10-15% of major depressions, including some form of psychosis, hearing voices (auditory hallucinations), seeing visions (visual hallucinations), or odd beliefs (delusions).

“

When we no longer know what to do, we have come to our real work and when we no longer know which way to go, we have begun our real journey.

–Wendell Berry

”



A Depression Self-Assessment

While depression varies person to person, there are some common signs and symptoms to recognize. While it is important to realize that these symptoms can be part of normal life's experience, if you're experiencing a combination of these, and if they are intensifying and lasting more than a few weeks, you may be dealing with depression.



Here are signs and symptoms to look for—

- Feelings of sadness, emptiness, and hopelessness. It seems as if nothing will ever improve. You can see no light at the end of the tunnel.
- Apathy towards or a diminished pleasure in life activities. You've lost interest in things you used to enjoy. You don't care anymore.
- Significant changes in appetite and body weight. You've experienced either a marked weight gain or weight loss over a short period of time.
- Changes in your sleep pattern. Insomnia or oversleeping, you're either not able to sleep or you're sleeping significant hours of your life away.
- Increased anger or irritability. Your tolerance level is low and your temper is short. Everyone and everything gets on your nerves.
- Fatigue or a loss of energy. You always feel exhausted and even simple everyday tasks take everything out of you.
- Feelings of self-loathing, worthlessness, or guilt. You've become extremely critical of and disappointed with yourself, perhaps even to the point of suicidal thoughts.

Do you recognize these signs and symptoms in your own life or in someone you love? Don't be discouraged. Depression can be successfully treated.



02. Anxiety

“I’m literally shaking. Having a hard time catching my breath.”

“Pins and needles ... all over. I may throw up.”

“My chest is tight. I feel like I’m choking.”

“Fear. All the time. I can’t stop thinking about things. I can’t turn my mind off. Make it stop!”

...

What is Anxiety?

Becoming anxious is a common human experience everyone encounters at some point in their lives. It is a normal emotional reaction to fearful circumstances, triggering a fight-or-flight response when we feel threatened or are in danger. In moderation, anxiety isn't a bad thing, rather it helps us stay alert and motivates us to solve problems.

It is important to recognize that anxiety is a normal part of the human experience. In some situations, it can even be helpful, pushing us to prepare for challenges and perform at our best. However, when anxiety becomes overwhelming or persists without a clear trigger, it can interfere with your daily life. If anxiety becomes more constant than occasional, if it starts to impact other aspects of your life, you may be dealing with an anxiety disorder.



Ask yourself: As you encounter feelings of uneasiness or fear, do you experience any physical symptoms like perspiration, restlessness, muscle tension or a rapid heartbeat? Are there places where your anxiety begins to interfere with other areas of your life and everyday routines?

An anxiety attack can be described as an abiding feeling of unease, worry, or fear, which arises in response to uncertain or challenging situations. It's like having a knot in your stomach or a fluttering sensation in your chest when facing something that makes you nervous.

Picture a roller coaster of emotions where the ride is unpredictable, and you're not sure what twists and turns lie ahead. That's anxiety. It's the anticipation of the unknown, coupled with a heightened awareness of potential threats, whether they are real or perceived.

Anxiety appears in various forms, ranging from mild nervousness to more intense feelings of panic. And it is not just a mental state; anxiety also has physical symptoms. Sweating palms, a racing heart, and difficulty breathing and/or concentrating are all common signs.

***Anxiety is disabling, and its symptoms
can worsen if left untreated.***

Understanding anxiety begins by acknowledging it is a complex interplay of thoughts, feelings, and bodily sensations. This is how anxiety presents; this is what it looks like; this is what it feels like. But it's vitally important to know that anxiety is not a sign of weakness but rather a universal aspect of being human. Seeking professional help can be crucial in managing anxiety and preventing it from taking over your life. *Anxiety is a very real and highly treatable medical condition.*

With treatment, you can find relief from fear and worry and rediscover the fullness and excitement of life!

“

Of all the liars in the world, the worst are our own fears.

–Rudyard Kipling

”

The Causes & Types of Anxiety

Specific causes are not fully known but anxiety often stems from stress, feeling overwhelmed, traumatic events, and possibly medical issues. These might include things like life, relational, or financial pressures, abrupt changes in life circumstances, reduced physical capabilities and/or chronic health conditions. Other medical issues have been linked to anxiety, including alcohol and drug use, thyroid and respiratory disorders, diabetes, and heart disease.

According to Mayo Foundation for Medical Education and Research, there are different types of anxiety disorders differentiated by their symptoms. They can be triggered by different situations. These disorders include:

- Obsessive-Compulsive Disorder (OCD) is a condition is identified by unwanted repeated thoughts (obsessions) and behavior (compulsions).
- Panic Disorder involves repeated episodes of intense anxiety or fear that reach a peak within minutes. You may have impending feelings of doom, chest pain, fluttering heart, and shortness of breath. This attack may lead to a fear of experiencing it again.
- Generalized Anxiety Disorder (GAD) is a constant state of worry about activities or events in a person's daily life. This worry is difficult to control and affects how you feel physically.
- Phobic Disorder features an irrational fear of an object or situation. For example, a fear of spiders (arachnophobia) or open spaces (agoraphobia).
- Separation Anxiety Disorder is a childhood disorder characterized by excessive anxiety about the child's developmental level and separation from parents or those who play parental roles.
- Social Anxiety Disorder involves high levels of anxiety and fear where you avoid social situations due to feelings of embarrassment, self-consciousness, and concern about being judged or viewed negatively.
- Selective Mutism is a consistent failure of a child being unable to speak in certain situations, whether it's home or school. This interferes with schoolwork and social functioning.

- Hoarding Disorder is a chronic difficulty discarding possessions accompanied by a dysfunctional attachment to even worthless items. You may have a strong emotional attachment to an inanimate object. This leads to a cluttered home but also shame and guilt if one gets rid of them.
- Post-Traumatic Stress Disorder is an extreme anxiety disorder that can occur after a traumatic life-threatening event. You may get flashbacks or nightmares about an incident, withdraw from others, be hyper-vigilant and also avoid situations that remind you of the event.
- Substance-induced Anxiety Disorder is a disorder characterized by symptoms of intense anxiety or panic that are a direct result of misusing drugs, using some medication, being exposed to a toxic substance, or withdrawal from drugs.
- Other specified anxiety disorders and unspecified anxiety disorder are terms for anxiety or phobias that don't meet the exact criteria for any other anxiety disorder but are significant enough to be significant and worrying.



An Anxiety Self-Assessment

While anxiety varies person to person, there are some common signs and symptoms to recognize. You are possibly experiencing an anxiety disorder when you have an intense, excessive, or persistent worries about something or fear about everyday situations. You may experience excessive symptoms like feeling helpless, gastrointestinal issues, rapid heartbeat, dizziness, diarrhea, insomnia, etc.

Here are signs and symptoms to look for—

- You are constantly tense or worried. This is not only psychological, but you may also tend to feel tense physically too. You may also symptoms of nausea, hot flashes and stomach upset that may also lead to diarrhea.
- You have irrational fears or thoughts that won't go away. These fears are accompanied by constant intrusive thoughts that feel difficult to put away.
- You experience sudden heart-pounding panic. This could be out-of-the-blue or caused by a specific event or situation you are facing.
- You feel like danger is at every corner. You become paranoid of your surroundings and don't feel safe. You may also feel like you are losing control or will go crazy in certain situations.
- You feel detached or unreal; the experience feels weird or imaginary.



Do you recognize these signs and symptoms in your own life or in someone you love? Don't be discouraged. Anxiety can be successfully treated.



03. How Depression is Traditionally Treated

Depression is a common mental disorder. The very good news is that it is among the most treatable of all mental disorders, and many who suffer with depression eventually respond to treatment experiencing positive results and progress.

Treatment begins with a proper diagnosis, typically through a diagnostic evaluation that includes an interview and a physical examination. The physical examination helps to, first and foremost, rule out any medical issue causing the symptoms, but then also to identify any medical conditions that may be contributing to them.

The interview helps to identify specific symptoms and explore medical and family histories with special attention to environmental, psychological, and social factors, which may increase the risk for depression.

Once a proper diagnosis is reached, the following methods are traditionally utilized to treat depression:

- Medications are used for depression that may be caused or affected by brain chemistry and hormone levels. For this reason, antidepressants are usually prescribed to help modify the brain's chemistry. These medications need to be professionally administered and monitored and dosage may need to be adjusted in the process.
- Psychotherapy (or Talk Therapy) is often used to manage mild forms of depression. For mild to more severe forms of depression, psychotherapy is often used in concert with antidepressants. A common form of therapy used is cognitive behavioural therapy (CBT). CBT focuses on problem-solving in the present and helps patients recognize their negative thought patterns with the goal of changing those thoughts and behaviors to respond to challenges in a more positive manner.

- Electro Convulsive Therapy (ECT) is a method of treatment usually reserved for patients with severe major depression and who have not responded to other methods of treatment, sometimes referred to as Treatment Resistant Depression. ECT treatment involves a brief electrical stimulation of the brain while the patient is under anaesthesia. The typical course of treatment includes treatment 2 to 3 times a week for a total of 6 to 12 treatments. This treatment method is managed by a team of trained medical professionals which include a psychiatrist, anaesthesiologist, and a nurse or physician assistant.
- Self-Help refers to lifestyle change and individual activities a person can implement to help reduce the severity of their depression symptoms. These activities include things like getting enough regular sleep, exercise, and maintaining a healthy diet. These activities are considered complementary to receiving professional help. On their own, these activities may not be sufficient in safeguarding and treating depression as a mental disorder.

Depression Medications

Antidepressants are a class of medications commonly used to treat depression. There are several types of antidepressants available. Here is a quick breakdown on the most often prescribed antidepressants:

- Selective serotonin reuptake inhibitors (SSRIs) are one of the most often prescribed class of antidepressants on the market. SSRIs work by increasing serotonin levels in the brain. They are mainly prescribed to treat depression, particularly persistent or severe cases, and are often used in combination with a talking therapy such as cognitive behavioral therapy (CBT). SSRIs are usually the first medicine chosen to treat depression because they generally have fewer side effects than other types of antidepressants. In addition to depression, SSRIs can be used to treat a number of other mental health conditions, including generalized anxiety disorder (GAD), obsessive compulsive disorder (OCD), and post-traumatic stress disorder (PTSD).

- Serotonin and norepinephrine reuptake inhibitors (SNRIs) are FDA-approved medications to treat depression symptoms as well as other conditions like fibromyalgia and generalized anxiety disorder. SNRIs work by increasing serotonin and norepinephrine levels in your brain. Serotonin and norepinephrine are neurotransmitters (chemical messengers) which play important roles in regulating your mood, sleep-wake cycle and memory. After these neurotransmitters carry out their messages, nerve cells in your brain usually reabsorb them (known as reuptake). As the word inhibitors in its name suggests, SNRIs work by blocking (inhibiting) the reuptake of these chemicals, meaning more serotonin and norepinephrine are active in your brain.
- Monoamine oxidase inhibitors (MAOIs) are the oldest class of antidepressants and are rarely used today due to their potential for serious side-effects. These drugs work by inhibiting the enzyme monoamine oxidase, which breaks down neurotransmitters like serotonin and norepinephrine. This results in increased levels of these neurotransmitters in your brain, which helps improve your mood.





Types of Psychotherapy

There are different types of psychotherapy which may be utilized in treating depression depending on a patient's particular needs and circumstances. Doctors or therapists may combine elements of different approaches for the best results.

A few of the more well-known evidence-based forms of psychotherapy include:

- Cognitive behavioral therapy (CBT), useful in helping people identify and change harmful or ineffective thinking and behavior patterns, replacing them with more accurate thoughts and functional behaviors. CBT can help a person focus on current problems and how to solve them. It often involves practicing new skills in the real world.
- Interpersonal therapy (IPT) is a short-term form of treatment. It helps patients understand underlying interpersonal issues that are troublesome, like unresolved grief, changes in social or work roles, conflicts with significant others, and problems relating to others. IPT can help people learn healthy ways to express emotions and ways to improve communication and how they relate to others. It is most often used to treat depression.
- Dialectical behavior therapy (DBT) is a specific type of CBT that helps regulate emotions. It is often used to treat people with chronic suicidal thoughts and people with borderline personality disorder, eating disorders and PTSD. It teaches new skills to help people take personal responsibility to change unhealthy or disruptive behavior. It involves both individual and group therapy.





04. How Anxiety is Traditionally Treated



Anxiety is a mental health condition which is traditionally treated using a variety of approaches. While some people may benefit from medications, others may find psychotherapy and other non-traditional treatments more effective. The good news is that anxiety treatment can be highly effective for many people, leading to significant reductions in anxiety symptoms.

After a proper diagnosis, treatment typically begins with an assessment by a psychiatrist or therapist gathering information about your symptoms, history, and other relevant factors. From here, a specific course of treatment to meet your particular needs can be planned, outlining specific goals and objectives.

From here, a treatment plan is implemented, medications are prescribed and monitored, and some form of therapy may begin. During treatment, both medication and therapeutic progress should be monitored, adjustments being made as necessary, to ensure the most effective course is taken.

Types of Therapeutic Treatment

There are several different types of treatment available for anxiety, and the most appropriate approaches will depend on your specific symptoms, history, and preferences. Some of the most used effective treatments include:

- Cognitive-behavioral therapy (CBT) utilized to help identify and challenge negative thought patterns and behaviors which contribute to anxiety. By changing these patterns, people can learn to manage their anxiety more effectively.

- Exposure therapy which involves gradually exposing people to feared situations or objects in a controlled environment, allowing them to learn these situations are not as dangerous as they may have previously believed.
- Medication management or monitoring of prescribed medications and measuring their effectiveness in treating your anxiety.
- Mindfulness-based stress reduction which involves learning to focus on the present moment and accepting your thoughts and feelings without judgment.

Anxiety Medications

Antidepressants and Benzodiazepine are the most commonly prescribed medications to treat anxiety. Here is a quick breakdown on the most often prescribed anxiety medications:

- Antidepressants (as covered in the previous section) are often a first-choice anxiety treatment option. Particularly the selective serotonin reuptake inhibitors (SSRIs), are widely used to treat and prevent variety of anxiety disorders. Examples of SSRIs used to treat chronic anxiety include Citalopram (Celexa), Escitalopram (Lexapro), Fluoxetine (Prozac), Paroxetine (Paxil), and Sertraline (Zoloft). Some serotonin norepinephrine reuptake inhibitors (SNRIs) that are used to treat anxiety include Duloxetine (Cymbalta), and Venlafaxine ER (Effexor XR).
- Benzodiazepines are famous anti-anxiety drugs that help treat panic attacks, worrying or fear. Benzodiazepines work by slowing down the nervous system, assisting you to relax both physically and mentally. They are quick to work but are only meant to be used over a short period of time to lower the risk of side effects.
Examples include Alprazolam (Xanax), Clonazepam (Klonopin), and Lorazepam (Ativan).

- Other medications apart from antidepressants and benzodiazepines include Buspirone (Buspar), which is an anxiety medication prescribed for people who have long term chronic anxiety. Hydroxyzine pamoate (Vistaril) is a potential second choice treatment and may also be prescribed to people who don't respond well to benzodiazepines or who have struggled in the past with substance abuse. Beta-blockers like propranolol (Inderal) are used to help with performance anxiety.





05. Treatment-Resistant Depression

Typically, people who've been on antidepressants and have had psychotherapy see a reduction in their symptoms. Patients who've been treated for depression but aren't seeing improvement may have what is referred to as treatment-resistant depression.

At this point, further assessments may be necessary, including reviews of:



Your life situations to see if anything is contributing to your symptoms



Your responses to the treatment(s) you've received



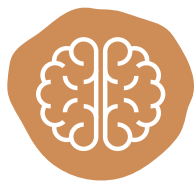
Reviews of all your medications, to ensure drug interactions are not contributing to your symptoms



Discussions to be sure you're taking your medications and participating in all therapies as prescribed



Physical and medical evaluations to ensure nothing physically or medically is contributing to your symptoms



Mental health evaluations to ensure there is no co-occurring mental health disorder.

It's important to remember that the label of treatment-resistant depression doesn't mean it's impossible for you to feel better and reduce the severity of your depression. It just means that you haven't experienced sufficient relief from whatever treatments you've tried so far.

Medication Strategies

If you've already tried an antidepressant and it didn't work, don't lose hope. You and your physician simply may not have found the right dose, medication or combination of medications that works for you. Your doctor may discuss one of several options with you, including:

- Giving your current medications more time. Antidepressants and other medications for depression typically take four to eight weeks to become fully effective and for side effects to ease up. For some people, it takes even longer.
- Increasing your dose, if indicated. Because people respond to medications differently, you may benefit from a higher dose of medication than is usually prescribed.
- Switching antidepressants. For a number of people, the first antidepressant tried isn't effective. You may need to try several before you find one that works for you.
- Adding another type of antidepressant. Your doctor may prescribe two different classes of antidepressants at the same time. That way they'll affect a wider range of brain chemicals linked to mood. These chemicals are neurotransmitters that include dopamine, serotonin, and norepinephrine.
- Adding a medication generally used for another condition. Your doctor may prescribe a medication that's generally used for another mental or physical health problem, along with an antidepressant. This approach, known as augmentation, may include antipsychotics, mood stabilizers, anti-anxiety medications, thyroid hormone, or other drugs.
- Pharmacogenetic testing. These tests check for specific genes that indicate how well your body can process (metabolize) a medication or how your depression might respond to a particular medication based on additional factors.



Procedures to Treat Treatment Resistant Depression

If medications and psychotherapy aren't working, you may be a candidate for additional treatment options, such as:

- Repetitive transcranial magnetic stimulation (rTMS). This type of treatment uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. An electromagnetic coil is placed against your scalp near your forehead. The electromagnet used in rTMS creates electric currents that stimulate nerve cells in the region of your brain involved in mood control and depression. Typically, this treatment is delivered over 30-minute sessions in rapid bursts. This treatment can now be delivered over briefer sessions with dosing called intermittent theta burst stimulation.
- Ketamine is a medication that's delivered through an IV in low doses. It's used for rapid relief of hard-to-treat depressive symptoms and its effects can last from days to weeks. Usually, it's given in decreasing frequencies over several weeks. The FDA approved an intranasal form called esketamine that's given in a physician's office or a clinic under the supervision of a health care provider to monitor for possible serious side effects and because of the potential for abuse and misuse. Esketamine is for adults who have tried at least two other antidepressant medications that did not adequately control symptoms. Ketamine and esketamine work in the brain in a different way than standard antidepressants, and each is typically used along with an oral antidepressant.
- Electroconvulsive therapy (ECT). While you're asleep, a carefully measured dose of electricity is passed through your brain, intentionally triggering a small, brief seizure. ECT seems to cause changes in brain chemistry that can relatively quickly reverse symptoms of major depression. Although there are potential side effects, such as temporary confusion or temporary memory loss, a series of ECT treatments may provide significant relief of severe depression.

Steps You Can Take

To make the most of your depression treatment, there are steps you can take on your own—these would be complementary to any and every form of treatment.



- Stick to your treatment plan. Don't skip therapy sessions or appointments. Even if you feel well, don't skip your medications. If you stop, depression symptoms may come back, and you could experience withdrawal-like symptoms. If side effects or drug costs are a problem, talk with your doctor and pharmacist to discuss options.



- Stop drinking or using recreational drugs. Many people with depression drink too much alcohol or use recreational drugs or marijuana. In the long run, alcohol and drugs worsen depression and make it harder to treat. If you can't stop drinking alcohol or using drugs on your own, talk to your doctor or mental health professional. Depression treatment may be unsuccessful until you address your substance use.



- Manage your stress. Relationship issues, financial problems, an unhappy work life and many other issues can all contribute to stress, which in turn worsens depression. Any number of stress-reduction techniques are out there, such as prayer, yoga, tai chi, meditation, mindfulness, progressive muscle relaxation or writing your thoughts in a journal.



- Sleep well. Poor sleep may worsen depression. Both the amount of time and how well you sleep can affect your mood, energy level, ability to concentrate and resilience to stress. If you have trouble sleeping, research ways to improve your sleep habits or ask your doctor or mental health professional for advice.



- Get regular exercise. Exercise has a direct effect on mood. Even physical activity such as gardening or walking can reduce stress, improve sleep and ease depression symptoms.



06. Treatment-Resistant Anxiety

Generally speaking, treatment-resistant anxiety occurs when an individual experiences significant anxiety disorder symptoms even after trying first-line psychiatric medications, such as an antidepressant, and psychological treatment (therapy) for at least eight weeks.

Treatment-resistant anxiety is relatively common. Some research indicates that 33% of people with anxiety are treatment-resistant patients. Other research has estimated that 50% to 60% of anxiety patients still suffer from symptoms even after first-line treatments. If you are one of those patients, additional treatment is needed, either through different types of therapy, more intensive therapy, different medications, or a combination of all of the above.



It's important to remember that the label of treatment-resistant anxiety doesn't mean it's impossible for you to feel better and reduce the severity of your anxiety. It just means that you haven't experienced sufficient relief from whatever treatments you've tried so far.

Overcoming treatment-resistant anxiety will require being open to trying new types of treatments and working closely with mental health professionals while they figure out what works best.

Causes and Complicating Factors to Treatment Resistance

Causes for treatment resistant anxiety vary from person to person. However, some potential factors--both external and internal--that could contribute to treatment resistance include:



Substance use. Using substances or drinking alcohol can negatively affect anxiety. People with anxiety may not realize that their substance use contributes to or worsens their symptoms. For example, alcohol may cause rebound anxiety after drinking. Additionally, cannabis can cause or worsen anxiety for some people, too. Even caffeine, although not typically viewed as a drug, can worsen anxiety and prevent you from feeling better.



Sleep deprivation. Getting good quality sleep is crucial for your mental and physical well-being. Sleep deprivation can worsen the symptoms of mental health disorders, including anxiety disorders.



Co-occurring mental health conditions. It's common for people to deal with more than one mental health struggle at a time. For example, someone with treatment-resistant anxiety may also have major depressive disorder or bipolar disorder. Managing multiple conditions simultaneously can be a bit more complex, making it more challenging to reach total symptom relief.



Genetics. Genetics and biological factors often play a role in mental health conditions and could affect whether you experience treatment resistance.



Life circumstances. Research has found that people dealing with stressful or traumatic life events, lack solid social support, or face financial hardships are more likely to experience treatment resistance.

Medication Strategies

The basic approach to treatment-resistant anxiety follows similar logic to that utilized in the approach for treatment-resistant depression. A first step will involve evaluating your medications and finding the correct dose and or combination of medications to be most effective.

As discussed previously with treatment-resistant depression, your doctor may discuss one of several options with you, including:

- Giving your current medications more time. anti-anxiety medications typically take four to eight weeks to become fully effective and for side effects to ease up. For some people, it takes even longer.
- Increasing your dose, if indicated. Because people respond to anti-anxiety medications differently, you may benefit from a higher dose of medication than is usually prescribed.
- Switching medications. For a number of people, the first medication tried isn't effective. You may need to try several before you find one that works for you.
- Adding another type of medication. Your doctor may prescribe two different classes of antidepressants or anti-anxiety medications at the same time. That way they'll affect a wider range of brain chemicals linked to mood. These chemicals are neurotransmitters that include dopamine, serotonin, and norepinephrine.
- Adding a medication generally used for another condition. Your doctor may prescribe a medication that's generally used for another mental or physical health problem. This approach, known as augmentation, may include antipsychotics, mood stabilizers, thyroid hormone, or other drugs.
- Pharmacogenetic testing. These tests check for specific genes that indicate how well your body can process (metabolize) a medication or how your depression might respond to a particular medication based on additional factors.

Procedures to Treat Treatment Resistant Anxiety

Like with treatment-resistant depression, those suffering with treatment-resistant anxiety may benefit from additional treatment options, such as:

- Repetitive transcranial magnetic stimulation (rTMS), using magnetic fields to stimulate nerve cells in the brain to improve symptoms of anxiety. An electromagnetic coil is placed against your scalp near your forehead delivering gentle electric currents that stimulate nerve cells in the region of your brain involved in mood control and depression. Typically, this treatment is delivered over 30-minute sessions in rapid bursts. This treatment can now be delivered over briefer sessions with dosing called intermittent theta burst stimulation.
- Ketamine delivered through an IV in low doses can bring rapid relief of hard-to-treat depressive symptoms and its effects can last from days to weeks. Usually, it's given in decreasing frequencies over several weeks. Ketamine is recommended for adults who have tried at least two other antidepressant medications that did not adequately control symptoms. Ketamine works in the brain in a different way than standard antidepressants and is typically used along with an oral antidepressant.





07. A Holistic Approach to Treatment

Having covered the traditional approaches to treating depression and anxiety, I'll call your attention to what is typically the overlooked ingredient in effective treatment, the key ingredient which makes Christian Residential Treatment programs like Sanctuary Clinics stand out—the spiritual component in healing and wholeness.

So far, we've been identifying and addressing the symptoms of depression and anxiety through assessments, medications, and therapy. This would be sufficient if we were only dealing with mind and body, but human beings are tripartite beings, consisting of *mind*, *body*, and *spirit*.

Many treatment programs give lip service to the spiritual side of our beings, offering spiritual tracts or amenities as a part of their programs. These programs tend to shy away from identifying with that spiritual aspect, instead referring to belief in a nebulous “higher power.”

This falls far short of recognizing the God of Creation; the One who “knit us together in our mother’s womb,” and who is called “Our Loving Heavenly Father.” Looking to “the Great Physician,” the “Mighty Counselor,” and “Lord and Savior,” Jesus Christ, and finding our help in the Holy Spirit, our “Comforter,” and “Intercessor” is vital to the healing process.

At Sanctuary Clinics, the Christian Residential Treatment program I founded in 2022, the spiritual aspect of healing and recovery is not an elective, but rather an all-out immersive experience.

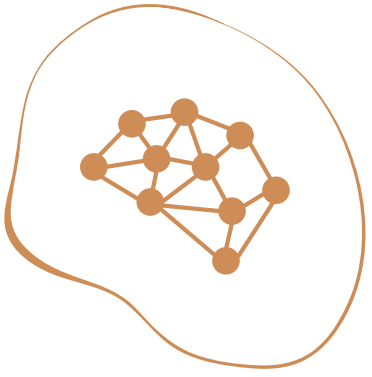
A Holistic Approach to Treating Depression & Anxiety

As we've seen, depression is a complex and multifaceted mental health disorder, affecting millions of people worldwide. While medication can play a crucial role in alleviating symptoms, a holistic approach which encompasses the *mind*, *body*, and *spirit* is essential for addressing the root causes of depression.



A holistic approach to treating depression and anxiety considers the interconnectedness of our mental, physical, and spiritual well-being.

Understanding Mind, Body, and Spirit



Mind

Your mind is the epicenter of your thoughts and emotions. It plays a pivotal role in the experience of depression. In treating depression and anxiety, medications and therapy can both be utilized to affect the innerworkings of your mind, in addressing and stabilizing symptoms, in identifying and modifying negative thought patterns, in reframing perceptions, challenging distorted beliefs, and developing healthier coping mechanisms.



Body

The intricate relationship between mind and body is undeniable. Your physical and mental health are connected, and addressing the physical aspect is crucial in a holistic approach to depression and anxiety. For instance, physical activity is known to release endorphins in our brain, our body's natural mood enhancers and promote neurogenesis, the growth of new brain cells. A balanced diet rich is shown to support your overall well-being, and specific nutrients like omega-3 fatty acids have been linked to improving your mood. Another example, ensuring adequate sleep is vitally important to mental health. Sleep disturbances are often intertwined with depression and anxiety symptoms. Restoring healthy sleep patterns, positively impacts your mental health.



Spirit

Your spiritual identity provides you with a sense of purpose, meaning, and connection with God and others.

The spiritual dimension of our existence is a most powerful, and yet often overlooked and even neglected aspect of mental health treatment.

First and foremost, we were not created to be islands-unto-ourselves. We were made for community; for relationships with others. Incorporating spirituality into your therapy involves exploring values, beliefs, and existential questions. Connecting with a supportive community or engaging in activities which nurture your soul can be profoundly therapeutic. More on this shortly.

Your Medication: A Supportive Role in Holistic Care

While a holistic approach to treating depression and anxiety involves medication, medication is seen in a more supportive than a healing role—medications do not cure depression or anxiety; they address their symptoms.

Start with the obvious: You cannot get any traction on truth when you're dealing with a despaired or anxious mind. Medication is likely a first step in this regard, to address symptoms; a first bridge to cross. Antidepressant and anti-anxiety medications, when prescribed judiciously and monitored closely, can help alleviate symptoms and create a more stable foundation for holistic interventions to take effect.

No two individuals are the same; no two cases of depressive disorder are identical. Effective treatment depends on your mental health professionals working with you to produce a balanced and individualized treatment plan which empowers you to reclaim your life from the grasp of depression or anxiety.

Evidence-Based Therapeutic Interventions

A holistic approach to treating depression and anxiety recognizes the interconnectedness of your mind, body, and spirit. Evidence-based therapeutic interventions—CBT, DBT, etc.—help us move deeper than the symptoms themselves to identifying the root causes, contributors, and triggers of our symptoms.

Therapy helps us look back and understand experiences in our lives, whether it's trauma or history, or relationships, or a dysfunctional family of origin, or life circumstances, that may be contributing to our depression or anxiety. Challenging and/or traumatic experiences of our past need to be processed the right way. Therapy can be useful in both going back and moving forward; helping us to frame new thought patterns, healthier perceptions, and different coping strategies for a healthier future.



By addressing the root causes and triggers through psychotherapy, lifestyle modifications, and spiritual exploration, you can embark on a journey toward lasting mental health.

Spiritual Truth: The Foundation for Healing and Wholeness

The foundation for healing and wholeness is realizing that a lot of depression and anxiety are tied directly to what we do or do not believe, and more specifically to our identity in Christ.

We have to operate in truth. The greatest attack of the very liberal and woke world we live today is on truth, asserting that all truth is relative. This is not so. There is absolute truth, and living life to its fullest potential depends on it.

When scientists and engineers design and build a rocket, they do not operate on an ‘all truth is relative’ course, but rather they depend on the laws of the universe, the laws of gravity, and so on. The same can be said for moral and spiritual laws; they’re all a necessary part of our experience ... and therefore, a part of our healing.

We know when it comes to depression and anxiety, they always involve fear. Think of it: fear of being hurt, fear of being alone; of being poor; of failure; of being homeless; of being unloved; of poverty; of not measuring up, etc.

The truth is, fear is a condition of the fallen world we live in. You don’t have to look far to see evidence of the depravity of this world; sinfulness, sickness, hatred, and death are everywhere. People don’t understand this truth, and falsely believe happiness and wholeness can be found in the *if onlys* ... if only they find a better job, earn a little more money, have a little bigger house, have a house with a white-picket fence and a new car in the driveway, kids in private schools—as if these things can solve the despair and the worry.

Do we need any more evidence that these things don’t remedy the brokenness and heartache? Don’t the Anthony Bourdain, Kurt Cobain, Chris Cornell, Michael Hutchence, Naomi Judd, and Robin Williams’ of the world tell us fame, fortune, and having “everything you could ever want” can’t fill the void?

And this truth applies to Christians, too. Christians are not immune. Someone as wonderful as Pastor Rick Warren, whose book *The Purpose Driven Life* is the most published book in history, second only to the Bible, has spoken of his battle with depression after his wife was diagnosed with cancer and they’d lost their son to suicide. C.S. Lewis is another renowned Christian author and apologist who wrote of his own battles with depression. His work, *A Grief Observed*, is a brutally honest reflection of dealing with heartbreaking loss and resulting crisis of faith.

In The Problem of Pain, Lewis wrote—

“

The settled happiness and security which we all desire, God withholds from us by the very nature of the world: but joy, pleasure, and merriment, He has scattered broadcast. We are never safe, but we have plenty of fun, and some ecstasy. It is not hard to see why. The security we crave would teach us to rest our hearts in this world and oppose an obstacle to our return to God: a few moments of happy love, a landscape, a symphony, a merry meeting with our friends, a bath or a football match, have no such tendency. Our Father refreshes us on the journey with some pleasant inns but will not encourage us to mistake them for home.

”

Lewis said, on the way home we may encounter some nice hotels, some inns—that’s what they are, they’re temporary; they last for a season. We’re not meant to stay there, live there, or plan our future there. They come, and they go.

This is the perspective we come at depression and anxiety treatment from at Sanctuary Clinic, and as Christians. If all of life is miserable, it’s temporary. We need to be lifted up by the Holy Spirit, constantly in the presence of Jesus, where we are outside of ourselves and where we realize we are not so much a body with an eternal soul, but we are an eternal soul with a temporary body ... and this life is struggle and suffering.

It is a spiritual reality that fear is the tool of the enemy. Truth and love are the remedy for fear.

There are some pernicious doctrines out there that say unless a Christian is healthy, wealthy, and blessed, that there's something wrong with their faith. I've never met the Christian who has that or does that. I can start with Jesus, and go through all the disciples and the Apostle Paul, and anybody that accomplished anything great on this planet for God. They all learned that the only response to suffering is surrender. This is what we have to do on a daily basis. This is what we learn to do at Sanctuary Clinics.

The Game Changer: Created to Live in Community

Isolation is a symptom of both depression and anxiety. We have to learn that we're not built for isolation. We are built for relationship, and love is the currency of relationship. We have to learn how to be intimate, and receive intimacy; to feel safe, and that's not something we adapt to easily, especially when we've grown up in families where there have been inappropriate or dysfunctional relationships; when we've learned from parents or other family members wrong ways to relate to people; where we've learned to be selfish and narcissistic. Learning how to relate to others, to love God and to love others, those are all principles we're learning at Sanctuary Clinics.

You see it in the 2nd Chapter of Acts in the Bible. Any community, really—can be a church community, an AA group community, in the case of residential treatment, a supportive healing community—life thrives in these settings. Outside of community, our mental health atrophies.

We were made for community. Community is what creates resilient children. And community is being lost on this generation. Young people today are caught up in their screens, becoming more and more isolated, living in a false sense of reality, and replacing personal interaction with digital encounters. Is there any wonder young people today are struggling to relate, feeling insecure, are worried that they don't measure up, and desiring to hide behind digitally crafted personas?

We're talking about age-old principles that have disappeared as society had become glued to their screens. We've lost community. We have a generation of kids who rarely interact with the people around them. Just a generation ago, kids were out on their bikes, playing games in the streets, interacting, and sharing. They've exchanged it today for what they call "the global community," but it's all digital, "at your fingertips." The result of virtual community is human isolation; no human interaction to sooth, or feel seen, or to feel secure, because everything on the screen is lying to them. The screens are telling people why they are not enough and don't measure up, why they're a failure, and why there is no hope.

Read that last sentence again—these are the very ingredients that make up depression:

- *I'm inadequate and I never measure up.*
- *I'm a failure.*
- *Because of those things, I have no hope.*

What we're talking about here is a reintroduction of community as depicted in the 2nd Chapter of Acts. *Any community that serves to get us outside of ourselves, that is the sure cure for depression.*





08. Neuroscience & State-of-the-Art Therapies in Treating Depression & Anxiety

While most treatment programs come at treatment primarily through medications and psychotherapy, new cutting-edge technologies are giving us a deeper look into the brain and its operations, allowing for more targeted and effective treatment. Employing neuroscience and other state-of-the-art therapies can be especially helpful in treating treatment-resistant depression and anxiety.

How Neuroscience Works

What we've discovered recently is that the brain doesn't simply operate according to our chemistry. The neuropathways and junctions are vitally important to our brain function.

Certainly, we understand a depressed brain or an anxious brain will be deluged with adrenaline, because when we're living in that fight or flight mentality our brains flood with adrenaline.

But the other side of that fight-or-flight equation is cortisol, the stress hormone. Cortisol frays the synapses of the brain, which are the meeting points or junctions within the millions of miles of neuropathways God has given us to transport our brain chemistry. What does this effect?

The feel-good chemistry, the gabas or gamma-amminobutyric acids, the comfort chemical that comes cascading down the pre-frontal cortex in pleasurable experiences, and the oxytocins, or the emotional bonding chemical (that's in a mother's breast milk, for instance) travel through those synapses, and when they are frayed, these important feel-good, comforting, and bonding agents aren't flowing through as they should.

What does this look like in real life?

Let's say there's an event where many of us would be very happy, a grandparent spending time with grandchildren perhaps, or a family gathering for a reunion. Most are having the time of their lives, and off in a corner somewhere, you sit asking, What's wrong with me? How come I'm not experiencing the fun and joy everyone else is? or Is there something wrong with me? In your heart at the moment, you believe you'd be better living under a bridge somewhere by yourself.



When we identify these patterns in the brain through neuroscience, this is when an SSRI is needed to essentially lube up the pathways and junctions, allowing the chemistry to flow through.


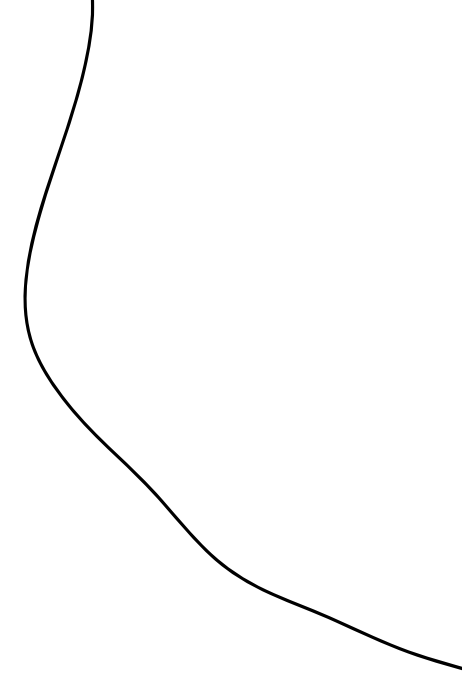

The chemistry is important. But we're finding also that the electro-magnetic fields of the brain are just as important. Many people have heard about magnetic waves, alpha, beta, delta, theta—they've heard about these brainwaves, but don't understand them.

Through neuroscience, the latest in micro-neurofeedback technology, we can do a brain map—essentially taking a picture of the brain and observing what is happening inside, where there is activity and where there is not—we can determine whether a person is controlled by their emotions, and more specifically which emotions.

We can see what's happening in the limbic system—if there are a lot of 'angry reds' visible—we realize that loneliness, anger, or fear are triggering and hijacking the pre-frontal cortex, which is the analytics center and decision-making center of the brain and quite literally coloring our every response. This leads right into dysfunctional reaction.

From this vantage point, by understanding what's happening inside the brain, we can utilize electronic pulses—less electricity than a cell-phone placed to your ear, by the way—to turn those alpha, beta, delta brainwaves back to normal, and we can see it happening in real time. A brain map that looks like a rush-hour traffic jam can be transformed into moving, flowing traffic. Patients are enabled to move forward.

From here, we see patients who are able to get ahead of their symptoms, become preemptive with those anxious or despairing thoughts. Neurofeedback gives us that extra second to take that thought captive, to take in a breath of truth, to know that God is on our side and that in Him, we are more than conquerors.



09. From My Heart to Yours

Of course, I've written this book because I believe if you or someone you love suffers with depression or anxiety, getting treatment is the very best course to follow. And I believe that Sanctuary Clinics and our holistic mind, body, spirit approach represents the very best path forward towards health and wholeness, and freedom from depression and anxiety's grip.

But I also realize that many who read this book will not, for one reason or another, become Sanctuary patients. Whether you're able to find treatment more local to you or find what feels like a better fit for you, I wish you the very best in your healing journey. I still want this book to be a source of education and encouragement to you.

“

**Do you wish to rise? Begin by descending.
You plan a tower that will pierce the clouds?
Lay first the foundation of humility.**

—Saint Augustine

”

The Heart of the Matter

The very nature of depression and anxiety is spiritual. Depression and anxiety need to be understood in terms of eternity.

Those spiritual truths I mentioned earlier, like the laws of gravity and thermodynamics, are unavoidable and unalienable. Here are truths that need to be taken into account when we consider our sufferings in this world: We are only here on earth for a very short time and our purpose, while we are here, is to have the character of Christ formed in us.

When we understand the goal of this life is a preparation for the life to come, for eternal life, we can view our present sufferings from a vastly different perspective.

If you read the Genesis account of creation, you'll see that since the fall of mankind—the bite of that forbidden fruit—we've been living outside of God's perfect presence and gasping for breath like a fish out of water. Any message which says we can be fulfilled and complete here, in this fallen, broken, selfish, and sin-soaked world, is a lie.

Any preaching or teaching which presents a gospel of health and prosperity in this life is no gospel at all. Any teaching which would have you believe your battle with depression or anxiety is your fault, the result of some shortcoming in your faith, and that if you just believe, pray, work, give, or serve more, will only compound your suffering.

Our path to healing and wholeness is the path back into God's perfect presence.

The key then, is understanding that the promise of God is not to take suffering away from us, but rather He promises to be with us in the suffering.

This is where we have hope, and where we must place our faith; that we will have fellowship with Him in the midst of what we're going through. As we are experiencing pain and suffering, He is with us.

“

The secret of joy is Christ in me, not me in a different set of circumstances.

–Elisabeth Elliott

”

Jesus knows suffering. So do His followers. Again, the Word of God is full of stories—the disciples, the apostle Paul, the early church—of struggle and suffering. History offers up centuries of evidence. In the early centuries, the measuring stick of spirituality was how you would be martyred.

When and where did the prosperity gospel's measuring how “blessed you are” with health and wealth or ease and happiness in this world become the standard? Somewhere along the line, we've allowed culture's definitions of the good life to swoon us, morphing the spiritual ideal into the carnal. It's a lie from the pit of hell!

Christians and Depression and Anxiety

The person that comes to Christ and believes all their problems are behind them and that they will live happily ever after are going to be sorely disappointed. And they are certainly prone to suffer from depression and anxiety.

Through salvation, we are brought into the Kingdom of God, but we must never forget there is another kingdom, a kingdom of evil and darkness. It, too, is a spiritual kingdom. As Paul wrote: *“We wrestle not against flesh and blood but against principalities and powers, against the rulers of the darkness of this world, against spiritual wickedness in high places”* **(Eph. 6:12)**.

The enemy is subtle, and there is no greater tool in his arsenal than causing us to focus on ourselves and our circumstances over Christ and His works in us. He uses this ploy, going on to shame us and make us feel unworthy of God’s love. The enemy is a liar.

Jesus spoke to reassure us: *“I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world”* **(John 16:33)**.

As a popular worship song proclaims: *Fear is not your future. Jesus is. Heartbreak is not your home. Jesus is. Death is not your end. Jesus is.*

A Look at History

Anyone who has done anything eternally significant in this life, lived a life characterized by suffering. They’ve each had their cross to bear, their thorn in the flesh to endure, and they’ve found the promise *“My grace is sufficient for you, for my power is made perfect in weakness”* **(2 Cor. 12:9)** to be true.

Brother Lawrence, William Carey, Elisabeth Elliott, C.S. Lewis, Rick Warren ... so many examples.

If there is anywhere on earth a lover of God who is always kept safe, I know nothing of it, for it was not shown to me. But this was shown: that in falling and rising again we are always kept in that same precious love.

–Julian of Norwich

With many of these people, not only did they experience pain and suffering in their journey, but they had no idea of the great ends to which God was using them at the time. I like to think back to the apostle Paul and wonder what he must have been thinking as he rotted away in jail near the end of his life. If I were Paul, I could totally imagine myself whining, “I’ve started churches all over the world, and here I am, forgotten and forsaken in these awful circumstances. What gives?” And yet, there he was, in prison ... writing. Today, those writings make up almost a quarter of the New Testament! Those writings have gone exponentially further than he could have ever imagined.

Had he not been rotting away in jail he probably wouldn’t have done all that writing.

All great spirituality is about what we do with our pain. If we do not transform our pain, we will transmit it to those around us.

–Richard Rohr

Paul transformed his pain into a testimony. Think of all those who guarded Paul over the years. They had no idea that what he had was contagious. So many of them were infected ... or as believers say, converted.

Had he not been incarcerated, those guards would likely never have been in contact with Paul.

God has a habit of doing this—redeeming the time and turning those who were intended as instruments of suffering into instruments of grace, and testimonies to the gospel.

Whose Fault is This?

In John 9:1-5, Jesus encounters a blind man. His followers asked him, *“Rabbi, who sinned, this man or his parents, that he was born blind?”*

Do you feel the tension in the question? They assume that this man is suffering for a reason and wonder if it is his fault (some inherent sin) or perhaps his parents’ fault (some generational punishment). Jesus’ answer couldn’t be any clearer.

“Neither this man nor his parents sinned,” said Jesus, “but this happened so that the works of God might be displayed in him.”

Take that last line to heart: So that the works of God might be displayed in him.

My friend, your suffering is not your fault. And while genetics sometimes plays a role in mental health maladies like depression and anxiety, genetics were subject to the fall; it’s nobody’s fault. Rather, in the midst of this, we can recognize that God hasn’t abandoned us, and that He’s not finished with us yet!

Your path is one of *re-engaging the presence of God, and realizing the promise, that the works of God might be displayed!*

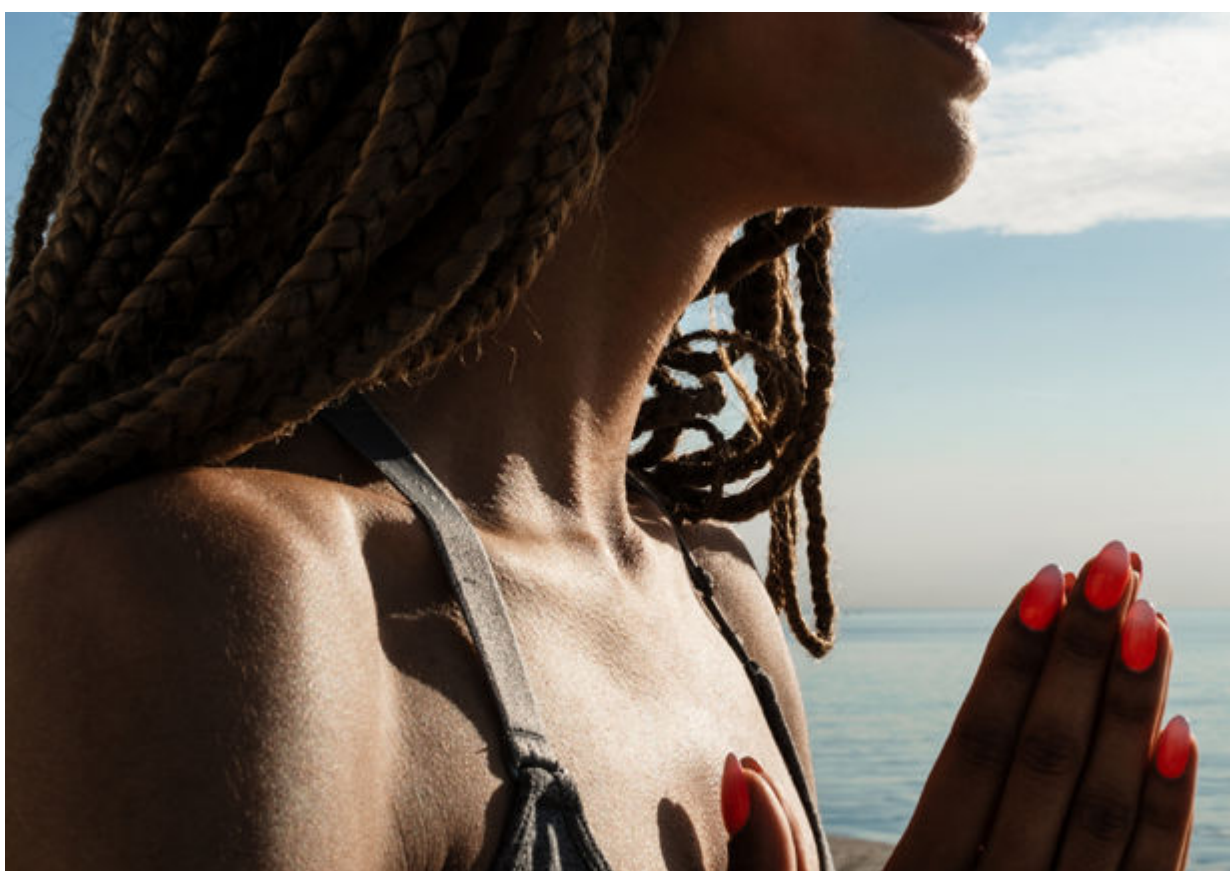
Historically those that call themselves Christians have been able to stand in great adversity and be more than conquerors.

Jesus went one step further in explaining the blind man's plight to his followers. He completed the thought this way: *"As long as it is day, we must do the works of him who sent me."*

In other words, press on! The fruit of God's work in you, through you in this suffering, is yet to be revealed.

The real key to finding peace and joy when we are experiencing pain and suffering is to reach out to the Lord and say, *"Father, I don't understand this, but Thy will be done!"*

Jesus gives you this promise: *"As the Father has loved me, so have I loved you. Now remain in my love. If you keep my commands, you will remain in my love, just as I have kept my Father's commands and remain in his love. I have told you this so that my joy may be in you and that your joy may be complete"* **(John 15:9-11).**



God isn't asking you to figure it out, He's asking you to trust that He already has.

We can't make the depression or anxiety go away, we can't make the pain or suffering go away, we can't explain it, but we have to trust that God can and will ultimately turn all of this to good. Trust and obey.

Will You Pray with Me?

My heart hurts as you are hurting. In closing, I'd offer this prayer up with you; may He meet you in this hour of despair or worry, and comfort you!

Jesus, I embrace you in my sadness today. I will seek your presence in every feeling, event, and person that you bring into my life today. Whether it brings joy or sadness, I know I can find you there. I will listen for your still, small voice which is present during and after every storm in my life. I know that the one sure place I can find God is in a broken heart.

-Amen.

[Sanctuary Clinics and/or David Hoskins contact info, social media, URLs, etc.]

About the Author



David Hoskins' extensive experience in the mental health treatment and addiction recovery fields led him to found Sanctuary Clinics in April of 2022.

Serving as both a HELPLINE Case Manager and CEO of The Lighthouse Network (founded in 2003, Lighthouse Network is a leading Christian mental health and addiction HELPLINE), and as Director of Rehabilitative Services for Oasis Detox and Rehabilitation Services, David developed a unique vision for a different kind of treatment experience—one that was truly Christ-centered, bringing together the power of God and the very latest in evidence-based medical and mental health interventions and therapies, and treating patients holistically, mind, body and spirit.

With these aims in mind, in 2015 he founded Honey Lake Clinic, which grew in just its first few years to be recognized as the #1 Christian residential mental health treatment program in America.

In addition to utilizing the latest in neuroscience, medical interventions, medications, evidence-based therapies, and practices, Sanctuary Clinic recognizes that true healing and hope are most powerfully realized in the context of loving, authentic Christian Community. Many of Sanctuary Clinic's doctors, therapists and support staff live on campus, sharing life and interacting with patients. The pathway to health and wholeness at Sanctuary Clinics is not a solitary trek, but a shared journey.