

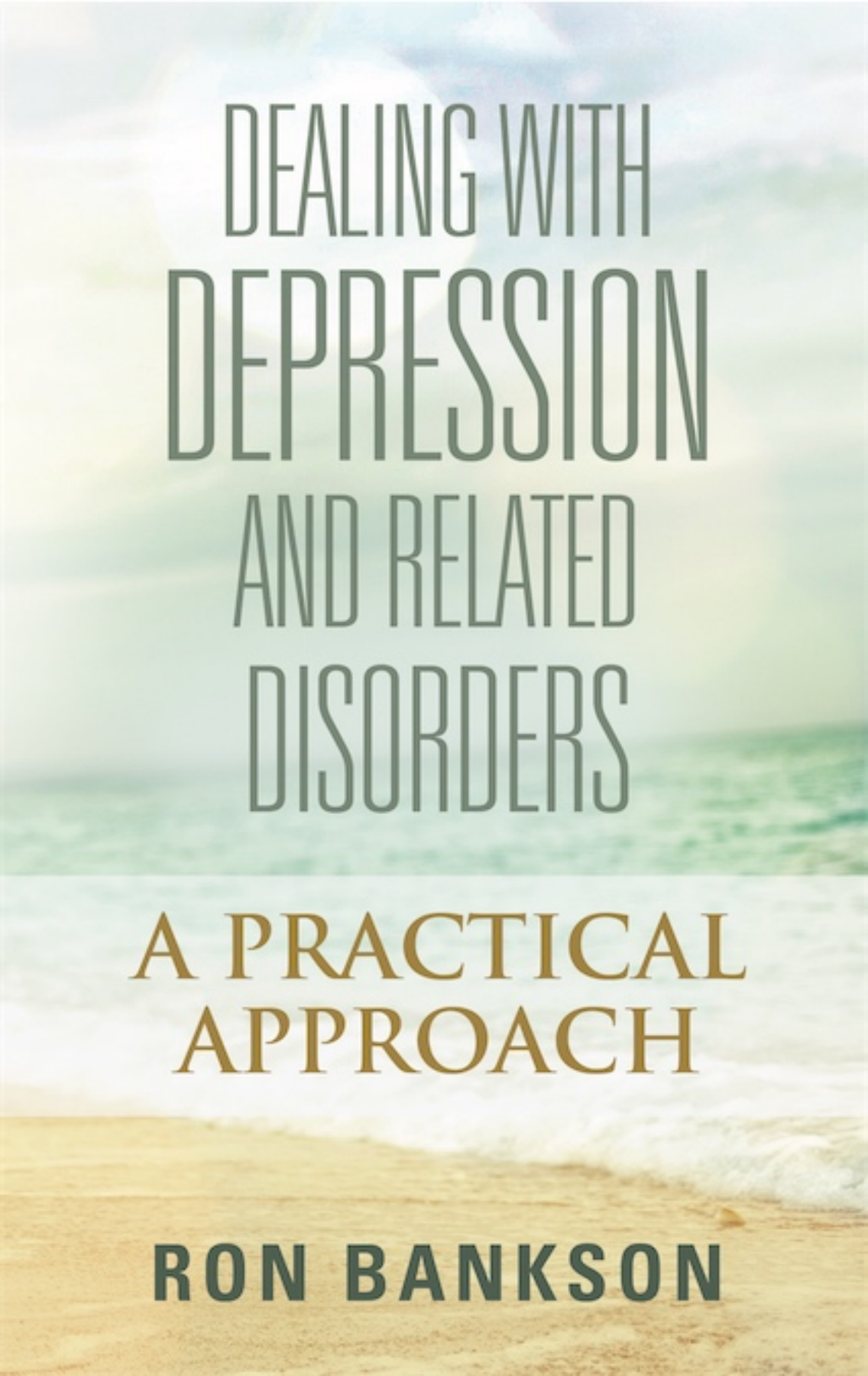
A major dilemma is to maintain professional integrity by staying within the perimeters of psychology, and at the same time, keeping the chapters of the book simple. This approach will be considered throughout the pages of this book.

DEALING WITH DEPRESSION AND RELATED DISORDERS

by Ron Bankson

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DEALING WITH
DEPRESSION
AND RELATED
DISORDERS

A PRACTICAL
APPROACH

RON BANKSON

Praise for Ron Bankson's other works:

“Healing for the Broken Hearted” is a powerful book that imparts a great sense of hope through providing solid scriptures that speak right to the broken heart of someone who has or is currently experiencing failure, trauma, or pain in life. Ron Bankson so carefully illustrates the Gethsemane that Christ went through in his total brokenness on the cross and then addresses some of the most painful questions we face in life. What a great source of encouragement for the broken hearted as Ron encourages the believer to cling to the promises of a God who fully understands the depth of pain being experienced.

I wish you the best in getting this published. May God use it to bless the many who will read it!

**- Patti Hinkley, Ed.D., LPC, LMFT, NCC
Department Chair & Professor of Counseling
Department of Counselor Education &
Family Studies Liberty University**

“Pastor Ron Bankson’s book “Healing for the Broken-Hearted” is personal, pastoral, practical and powerful. The book provides a solace and Scriptural solutions for those who have experienced some of life’s greatest challenges. This compassionate pastor draws from the crucible of his personal ministerial experience

Ron Bankson

and from his considerable knowledge of God's Word to provide the pathway to spiritual and emotional healing. His chapters on Jesus as our example of suffering should fortify each one of us to endure the hardships of life with grace and courage. Bankson's edifying chapters will help the reader to rise from the role of a victim to the role of a victor and discover that through Christ we are always more than conquerors."

**- Dr. J. Gerald Harris, Editor
The Christian Index**

I have had the privilege of knowing Ron Bankson for several years. I have been impressed with his heart for God, his passion for Scripture, and his sensitivity to wounded souls. I whole heartedly endorse this work as a short read that brims with God's wisdom.

Amazed By His Grace,

**- John C. Thomas, Ph.D., Ph.D.
Professor, Licensed Professional Counselor,
Certified Substance Abuse Counselor,
Certified Sex Therapist
Department of Counselor Education & Family
Liberty University
Studies School of Behavior Sciences**

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Paperback ISBN: 978-1-64718-410-0

Hardcover ISBN: 978-1-64718-411-7

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Published by BookLocker.com, Inc., St. Petersburg, Florida.

Printed on acid-free paper.

BookLocker.com, Inc.

2020

DISCLAIMER

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This book provides content related to topics physical and/or mental health issues. As such, use of this book implies your acceptance of this disclaimer.

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Dilemma

Where does one begin trying to embrace all the subject matter that deserves discussion on depression? It is somewhat overwhelming. However, it is not an impossible task.

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Another dilemma is the consideration that we are emotional beings. And our emotions or moods can have powerful influences on thought patterns and behaviours. So how does one distinguish between

feelings and reality of a given situation. A well known author, Warren Wiersbe, said, *“The person who can conquer his moods has won a great victory.”*

Also, there is the complication of certain physical conditions that contribute to depression. Heart attacks, strokes, and chronic pain, just to mention a few, can bring on bouts of depression. Our physical and psychological make-up are meshed together in our total being.

Finally, we must consider the dilemma from the biblical aspect. That is, is getting depressed a sin? Some religious organizations would state that a depressed person is living in sin. And some church leaders hold the position of complete victory in Christ over mental and even physical disorders.

General Overview

People suffering from Major Depressive Disorder (MDD) do not necessarily go around with a shuffle in their feet and a long face. In fact, those who suffer from Dysthymia, a high functioning type of depression, may be well organized and successful. But others who suffer from MDD may show symptoms of loss of appetite, sleeping too much or too little, and pulling away from people. Also, this usually includes a loss of energy, feeling confused, easily upset, and losing interest in matters of life.

Clinical depression has risen to epidemic proportions world-wide. According to World Health Organization (WHO), about 5% of the world's population have been diagnosed with MDD. Keep in

mind, this does not include millions more who go undiagnosed. It is an unsettling fact that the United States is the most depressed country in the world! Depression is such a threat to mental health that it is a leading cause of early death. And it has been calculated that two people take their lives every minute worldwide in relation to depression.

What causes depression? And may I say, first of all, to tell someone suffering from this malady to “shake it off and get a grip on life” is ignorant and unkind. Causes range from family history, stresses of life, chronic physical illness, and long-term drug abuse (prescription and street drugs).

The treatment for MDD consists of antidepressants (SSRIs and SNRIs), both groups being reuptake inhibitors. Another form of treatment is therapy, especially Cognitive Behavioral Therapy (CBT).

This information is given for the reader's benefit to clarify the types of depression and the associated symptoms in a brief form:

* Depression with anxiety: Characterized by an enduring tendency to experience anxiety and depression, and to show poor resilience under stress.

* Acute Depression: Has episodes that are relatively discreet and develop with no apparent precipitating stress.

* Adult Depression after Childhood Trauma: Individuals suffering early trauma or loss may develop lasting neurobiological changes which render them vulnerable to stress throughout their life.

* Depressive Reaction to Separation Stress: Caused by acute psychosocial trauma such as bereavement, divorce, job loss and other factors.

* Postpartum Depression: Has a typical peak onset in the first three months following delivery of a child.

* Late-Life Depression: This occurs in elderly people with no prior personal or family history of depression.

* Psychotic Depression: Features delusions and severe disturbances in work and social functions.

* Bipolar Depression: Occurs in people with previous episodes of mania and should be considered in people with a strong family history of bipolar disorder.

This is not an exhaustive list of different types of depression, but highlights the more common, well-known categories.

I. FEELINGS OF INFERIORITY



Dear reader, if you struggle with depression does that make you feel odd or inferior? Do you think you may have caused this mental disorder in your life? There are individuals and organizational groups, including religions, who can inflict guilt and shame upon you.

Suppose you became physically ill and made an appointment to see your family doctor. After running some tests, you were diagnosed with, let's say, a treatable form of cancer. Should the doctor scold you by saying it's all your fault? Of course not! You simply contracted a physical disease that was no fault of your own. There is no guilt and shame in that.

Depression is a mental disease that can be caused by many factors. But you should no more feel guilt or inferiority related to it than you would the physical disorder. Reason this out in your thinking and it should help in pushing back any feelings of being odd.

There are well meaning people, such as guardians, church leaders, and personal friends whose motive may be to help you in the struggles associated with depression, but they don't know how. Inadvertently, they make you feel even worse. Such was the case with this writer growing up as a child.

In terms of feeling inferior, it is possible for this to result in what is commonly called, “Inferiority Complex.” This can occupy thoughts in both the conscious and subconscious mind.

The person has overwhelming feelings of dejection, self-resentment, and feeling less than others. Also, there may be visible symptoms such as panic, anxiety, anger, blaming others, and withdrawal.

May I “gently” warn the reader about blaming others for this condition (inferiority complex). While you are not to be blamed with depression and its associated problems, neither is anyone else. This is something that must be faced and there must be a personal admission of your mental disorder. Again, not to assign guilt or blame, but in order to receive the necessary help to recovery.

Something should be said in relation to “self-esteem” while developing this chapter. Actually, the

term, “self-worth” seems more accurate in its description of a person. If you are a creationist (God created the universe and it’s fulness) it follows God made no one inferior to another. Consequently, your self-worth takes on a new meaning. If I may put it this way, “*God does not make any junk.*”

A low self-worth can result in over-compensating. This is when a person becomes an over-achiever at trying to go beyond what is required in order to convince himself and others of his worth. A classic historic example of this would be Napoleon Bonaparte who became the supreme ruler of France by overthrowing the Directory. In reality, Napoleon struggled within and constantly tried to compensate for it. While this condition can cause one to become successful in public life, it leaves an emptiness and lack of satisfaction in accomplishment.

There is treatment for feelings of inferiority resulting in a low self-esteem (self-worth). Therapy, especially Cognitive Behavioral (CBT) is effective because it tends to change the person's negative thought processes and false beliefs.

II. MAJOR DEPRESSIVE DISORDER



Dear reader, allow me to reiterate what I stated in the introduction to the book. I have suffered with Major Depressive Disorder since adolescence and have required considerable help from professional therapists in early years. However, I have gone on to live a happy, productive life. The reason for my transparency

is to encourage you to be open about any mental illness you may have or possibly reach out to someone who may be struggling.

Of necessity, I will share some information that tends to be more clinical in language. Such terminology will be limited. My intention is to remain practical throughout this book. With this in mind, let's proceed with a look at depression.

Arriving at a proper diagnosis for Major Depressive Disorder (MDD) can be challenging. How can you know for certain that all you are feeling and experiencing is depression? It could be Mood Disorder or Anxiety Disorder brought on by stress or other factors. If you have recently lost a loved one there will be present depressive symptoms related to your loss. However, unless the depression persists for more than two months with marked functional impairment,

morbidity, suicidal ideation, and psychosis, it would be a normal condition in human experience.

The diagnosis for MDD requires a distinct change of mood, accompanied disturbances of sleep, change in appetite, loss of sexual desire, crying, loss of ability to enjoy pleasures of life, and suicidal thoughts. This is not an exhaustive list, but these and possible other symptoms will be present.

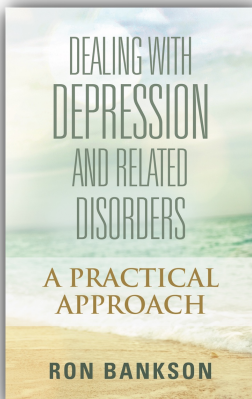
Genetics should be considered in relation to Major Depression. Is it possible to inherit MDD from a relative? Studies support that possibility. In fact, some authorities have stated there is a 40 percent likelihood with families who have a history of mental illness. Without going into all the scientific terminologies, because I promised to keep this book simple, there are factors in neuroscience worth considering. Some genes are associated with weight and body size, others with neuron development and brain inflammation.

Functional genes in relation to the brain can determine emotional behavior, thought patterns, and decision making. Genetics can even influence sleep and wakefulness patterns. However, as noted in the previous paragraph, there is only a 40 percent chance of inheriting major depression from a family member.

I will not take time and space to give statistical findings on MDD. However, with 300 million people world-wide suffering from this disorder, it is not an exaggeration to say Major Depression is out of control. I would be confident in stating that you or someone dear to you has suffered or is presently suffering from this malady.

Suppose you have a depressive episode in the context of MDD. What can be done on your part to minimize the impact on normal life? You may try changing thought patterns by deliberately taking your mind to a better place. Contrary to what many think,

you do not have to be at the mercy of your own thoughts. The human mind will do basically as you instruct it unless there are extreme conditions such as Schizophrenia. Also, you may want to try changing daily activities.



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