

Dealing with Depression

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[0 : 00] Thanks Johnny, nice to be with you here in Carrickaline tonight. I think I've just been through Carrickaline before so I've never actually stopped in it.

So it's nice to stop in it and stay in tonight so I don't have to go the whole way back to cabin. So it's nice to be here. You may be thinking already that doesn't sound much like a cabin accent. Well it's not.

And in case you're trying to work out where it's from, it's from the other great footballing county in Ireland. Which of course is Tyrone. And I'm from Tyrone originally and lived in England for a while so my accent got mixed up there.

And I've been in cabin now for the past eight years. So I have children with cabin accents. They've got the real genuine thing. But hopefully you'll be able to understand and follow me tonight.

But as Johnny said, if you have any questions as we go along, feel free to ask those. Or we'll have time at the end as well for your questions. Or if you want to come up and chat to me afterwards.

[1 : 00] I can't claim to have all the answers. As Johnny said, I trained as a doctor. Worked in hospitals for a while and then as a GP. And I've been working as a pastor then recently.

And I'll say a bit about that as we go through. And maybe talk about the experience in medical practice and the experience now as a pastor. Sure. So in thinking then about this subject of depression.

I wonder how you're feeling tonight. If somebody asks you a question like that. That's the way they ask it in cabin. How are you? And then usually people will say something like, not a bother.

And you maybe try to give the impression that you feel a bit like this. But perhaps on the inside you're feeling a bit more like that. So the subject of depression is one that is common.

And it's one also that may affect you. Maybe that's why you've come this evening. If it doesn't affect you personally, it will affect someone that you know.

[2 : 04] And the thing is, as we know, it's a serious condition. It's a condition that causes a lot of suffering, a lot of pain, a lot of mental turmoil.

And it is, of course, a condition that can lead to end of life. That suicide happens in some of the people who are depressed.

I read a statistic recently that in Ireland, around 500 people a year will take their own life. So it's a serious condition.

It's something that it's good to be concerned about. It's good to think about. So I'm glad then that you've come this evening. And hopefully you learned something in our time together.

As it said on the little invite card, if you had one of those, my wife is working as a psychiatrist. She's a doctor in the community mental health team for Cabin and Monaghan.

[3 : 05] So she's working part-time in that. So it's something that we talk about from time to time.

So even though I've been out of medical practice for a few years now, my wife is doing it from week to week.

And she helps to keep my head right. So it's good to be able to talk things over with her and to talk about these issues. So I try and keep a bit up to date. And we'll talk a little bit about the definition, what actually is depression.

It can be a bit of a slippery term. And then we'll look at some of the symptoms that you may experience with depression. Then we'll take some time and think about the causes before we come on to the cure for depression and helps with those who have depression.

So what is depression? Probably all of us have thought at times in some way, I'm depressed and just fed up.

But there's a difference between just having a day when you're a bit down and actually having depression. So I checked up with my wife about this recently. Actually, my wife and I were sharing a seminar.

[4 : 16] We did a training seminar for youth workers a few weeks back to help youth workers, help young people with mental health issues. So I was able to update some of my knowledge on depression as I was listening to my wife.

And she used this slide. And psychiatrists have quite a defined, definite way of classifying depression.

And so I'll just mention something about this slide and then I'll go on to use my other slide to kind of break it down a bit. So psychiatrists will divide depression into mild, moderate and severe.

And there's three key symptoms as far as they're concerned. Number one, depressed mood. Number two, a loss of interest. And number three, easily tired. So for someone to have what they classify as a mild depressive episode, you need to have two out of those three at the top for at least two weeks.

So just feeling depressed a day here and there, that isn't actually clinical depression, what a psychiatrist would call depression. But if it goes on for, I think it's for most days in a two-week period, then it could be diagnosed as mild depression.

[5 : 27] Two out of three of those key symptoms plus two of these other symptoms. So I know it's a bit small, so I'll just run through what's on the right. Reduced concentration, reduced attention, reduced self-esteem and confidence, ideas of guilt, pessimistic about the future, ideas or acts of self-harmers or of suicide, disturbed sleep or disturbed appetite.

So we'll come back to some of those and I'll say a bit more about it. You might be wondering for yourself tonight, do I really have depression, do I not? Perhaps this will help you with that. Or maybe you're wondering if it's somebody that you care for, somebody that you are concerned about and you're wondering how to help them.

So mild depression and then moderate is really more of those symptoms, more of what's on the right-hand side. It says plus three or preferably four of those symptoms.

And it's really impacting your daily life. It stops you doing your normal things. And then severe, it includes agitation and distress and often a loss of self-esteem, guilt or worthlessness.

So that's just to give you a little flavor of the way in which psychiatrists define depression. They look on it very specifically. These come from, I think it's the ICD-10, which is an international way of classifying all kinds of diseases, not just mental but all physical diseases as well.

[6 : 54] So we break it down into something a bit more straightforward. It can come down into physical symptoms, emotional, and then ways that affects your behavior and thinking.

So physical symptoms, sleep disturbance. Classic one in depression, can't sleep. Often it is that you wake up earlier in the morning and it's classically defined as waking up two hours before your normal awakening time.

Now I know with the clocks come back there, our sleep might be a bit mixed up. I'm finding myself waking even earlier than usual. And we're all different, but these are sort of general guidelines.

Change of appetite, usually loss of appetite, but it can be an increase in appetite as well. Loss of energy and poor concentration. Perhaps you can't concentrate to read like you used to.

That would be one way it would affect people. Change in behavior, stop doing things. Maybe because of the poor concentration, perhaps because of a loss of interest, you become withdrawn.

[7 : 57] Maybe take to the bed, find it hard to get up. Those who maybe were very careful about their physical appearance begin to neglect themselves and self-harm.

So if self-harm is an issue and suicidal thoughts, do you think that it's a sensible thing to bring that up? With somebody who's suffering from depression, do you think that it might put that idea in their head so you shouldn't bring it up?

Anybody? Is it okay to bring up the people? Ask them, have you ever thought of farming yourself? I don't think it's okay to bring it up. It is, yeah.

Yeah, you're right. That's the general advice, that it's fine to bring it up because somebody, if they're thinking about it anyway, it'll just give them a chance to talk about it and a chance for them to unburden themselves to you.

So we're jumping ahead there a little bit to how to help people with depression, but it's okay to talk about. It's a good thing to ask somebody who's feeling dying.

[9 : 08] Emotional symptoms, low mood. I've got a book here that I've found helpful about depression and it's got some descriptions of just how people feel and they say here, depressive speech is poetic.

Prose doesn't capture the experience, so it's either silence or poetry. And here's how some people have put it. I felt like I was walking through a field of dead flowers and found one beautiful rose, but when I bent down to smell it, I fell into an invisible hole.

I heard my silent scream echo and pierce through my empty soul. Or somebody else says, I feel as though I died a few weeks ago and my body hasn't found out yet.

Or, here's another one, one more, I could weep by the hour like a child and yet I know not what I wept for. So it's not just a feeling a bit off, but a profound sadness often with those who are suffering from depression.

Anxiety can often go along with it, not always, but often. Irritability, shorter fuse than usual, loss of enjoyment. Loss of enjoyment in the things that you used to really like doing.

[10 : 24] That's often an important symptom in depression and in apathy, not wanting to be bothered. Altered thinking then. So depression can affect the way you think about yourself, the way you think about the past, the way you think about the world in general, and the way you think about the future.

So yourself, the feelings of low self-worth, lack of confidence. The past, guilt. Well, it's normal to be guilty and you've done something wrong. But in depression, that can tend to be exaggerated.

So somebody has minorly offended someone like years ago and they start to get really guilty about it and feel really, really bad about it. Or maybe it's even a guilt that they didn't actually do something wrong, they just feel guilty.

And that can be a symptom in depression. Or altering thinking about the world, feeling people are against you. Sometimes at the severe end of depression, there are actually delusions where people have a fixed false belief.

So they might think their next-door neighbours are in a plot to poison them or put poisonous gas into their house. So that can be at the severe end of depression.

[11 : 38] Or it might be just a general feeling of they're looking at me, I think they're against me. And then, altered thinking about the future. And this is something that's really important to counteract in depression.

It's a dangerous thing when people lose hope. And if you're trying to help somebody with depression, an important thing to counteract that with is that encourage them that there is hope, that there is light at the end of the tunnel, that there's hope.

There's hope. And I would want that to be a message to you tonight as well. If it's you, if some of these symptoms are describing you, that there is hope. There is hope.

There is help out there. When people start to lose hope, it's a dangerous thing, really. So we need to be encouraged and remind that there is hope.

So what causes depression then? Let's move on to the causes. And then, as I said, we've come to think about treatments. So there's not usually a single cause in somebody's depression.

[12 : 46] It's usually what doctors call multifactorial. Lots of different factors. Different things contributing to it. Loss events can often precede depression.

So losing a loved one, bereavement, or maybe losing your job through redundancy, or even through retirement. Or maybe it's loss of health, or loss of money, financial crisis, or something like that.

It can sometimes be good life events that could be like a promotion, or the birth of a baby.

Something that triggers it off. Some change can often trigger depression.

Family history. It's in your family. You're a bit more likely. It doesn't mean you're going to suffer from depression, but there can often be a family connection. Early experiences, particularly abuse.

Those who've been abused as children, there is a link with developing depression later on in life. personality.

[13 : 55] Those who generally are melancholy, melancholy type of personality. But it doesn't always go along. Sometimes people are very outgoing, they appear very happy, on the outside even, and inside there can be deep sadness.

Physical illness. So, we're going to be saying in a moment with treatment that it is important to go to your doctor if you have a significant level of depression.

The doctor then would check for physical illnesses, particularly those that are related in some way to depression. Hypothyroidism is one that needs to be ruled out or ruled in by your doctor.

So, checking the level of the thyroid hormone in your body because people that have low thyroid hormone, hypothyroidism, can end up with depression.

And if it's treated with a simple tablet every day to keep your thyroid hormone normal, it can often improve things, improve your general energy and improve your mood. Other things like diabetes, certain forms of cancer, can be related in some way to developing depression.

[15:14] So, physical illness can sometimes be linked to depression. Alcohol and drugs. People think about alcohol as something that makes you happy, stimulates you, but it's actually a depressant.

And to drink when you're sad can be a dangerous thing and it can lead into addiction. And drugs are similar as well.

A friend of mine in Calvin, he's been struggling with heroin and other drugs as well. And since he's come off drugs, I've noticed a great change in his mood and just how happier he is when he was on them.

He's often a lot more depressed. Medication. Some medications prescribed by doctors for other conditions have the side effect of contributing to depression.

For example, beta blockers that are used for high blood pressure and heart disease, some of them can be linked to causing depression. But don't go out there and stop your medication right away.

[16:22] Best to talk that over with your doctor. So those are some of the causes anyway. And as I say, it often can be more than one in some kind of combination that leads to the development of depression.

So what about the treatment then? What can be done to help? Well, this is the sort of classic somebody going to see what the Americans call their shrink.

And that's not the first line in helping you with depression. Most people with depression don't need to end up seeing somebody like my wife going along to see a psychiatrist.

That's kind of just for some and I'll say in a moment who it's helpful for. First line of treatment really is to talk to somebody. It doesn't have to be a doctor even.

It doesn't have to be some official person but just talking to somebody about how you're feeling.

Sharing it. There is some truth in that old saying that a problem shared is a problem halved.

[17:25] So it's good to talk to somebody, to find somebody you can trust and to talk to a pastor like Johnny or to talk to perhaps your husband or wife or girlfriend, some family members, maybe a friend, maybe somebody has brought you tonight or whatever.

It's good to talk with someone. And then establish a routine. As we saw earlier, when you're depressed, you often don't feel like doing things.

And it's easy to get out of routine, to maybe lie in bed longer, to not do the stuff that you used to do. And often that can send you into a downward spiral. Because you're not doing things, you lose confidence.

Because you're losing confidence, you don't do things and you end up feeling worse. But if somehow you can keep a routine going, and by routine I mean continuing to eat, continuing to have mealtimes, continuing to do stuff, even though you're maybe not enjoying it as much as you used to, just sort of keep that routine.

Exercise. I spoke on this subject a while back up in County Antrim, and a man came to him at the end and he said, what is it about exercise that cures depression?

[18:46] And that was his experience. He had been quite severely depressed, and his doctor told him to exercise, and he had got into this habit of going out for regular walks, and it really transformed how he felt.

So it is important, it won't cure everybody like that, but it is important to get out there, to do something physical, to keep a routine going of some sort.

Again, with sleep, there's a lot of you might think, I need a sleeping tablet, I need medication, but there's other things you can do to help with sleep. Doctors call it sleep hygiene, sleep hygiene, it doesn't mean having a wash before you go to bed, but it's just tidying up your sleeping.

For example, not looking at screens, not doing Facebook just before you go to bed, not having your tea and coffee maybe too late in the evening, things like that you can change around to perhaps help your chances of getting a good sleep.

Then visit the doctor. As I've said, if you're feeling down on most days in the two week period and you've got some of those other symptoms and you feel, you know, I think I am depressed, then go to your doctor, talk to your doctor about it and the doctor will most likely do some of those initial blood tests and give you some advice, you might be thinking, just give me a tablet doctor.

[20 : 20] But that's not necessarily the best thing. When I was young, growing up in the north, there was an ad on the telly which said something like, you don't need a pill for every ill, let the doctor decide.

And it's true, the answer isn't always in pills. Sometimes the doctor will refer you for counselling or something like CBT, cognitive behavioural therapy.

An idea of that is affecting your cognitive function, that's just your thinking, cognition, thinking, in order to affect your behaviour. Because often with depression we've got negative thoughts and that leads to negative behaviour.

But if we can challenge our negative thinking, often our false, wrong thinking, and remind ourselves of what is actually true, some good thoughts that can help our behaviour.

That's what CBT is, in a nutshell, that's the basis of it. So that can often be helpful. So what about the place of medication and psychiatrists?

[21 : 26] Well, medication does have a part to play. I checked up these statistics with my wife and the thinking is that medication will help around one third of the people who have depression.

So around one third of those diagnosed with depression will improve when they're given medication. A third will just stay the same and a third will likely end up getting worse.

So it's not the cure for everybody, but it can be helpful. And you maybe think, well, why is it helpful? How does it work? And why does it not work?

Is it not just that we have got a chemical imbalance and surely if you give a tablet then that will help? A bit like the thyroid problem that we talked about earlier. But it's not just as straightforward as that with depression in general.

You can't do a test of the chemicals in your brain to see what needs boosted. Doctors only know that there's a chemical imbalance from others tests and looking at brains and all kinds of complicated laboratory tests.

[22 : 42] You see, it could be that the chemicals are imbalanced in your brain because your thinking has gone wrong. So doctors don't quite know which leads to which.

Maybe your thinking isn't going quite well for various factors and then the chemicals go down. and so some of the medication that's used, Prozac type medication, the family of drugs, are they serotonin reuptake inhibitors.

So they boost serotonin in your brain and that can help some people. You might worry about medication, will it be addictive? Well, the types of medication that doctors tend to use nowadays aren't addictive in the same way as some of those that were used more in the past are.

And I mean medications like the benzodiazepine family, like Valium, Diazepam, D10s, D5s, whatever, Xanax, those types of medication aren't prescribed near as much by doctors now and they do tend to be very addictive.

So the ones that are used more commonly nowadays, like Prozac and the like, are not near, I wouldn't say they're completely non-addictive because it can be a bit difficult coming off and sometimes they need to be reduced down a bit gradually and often you do need to be on them for a significant length of time.

[24 : 14] But the thing to remember about medication is that it's, even if it does help you, it's not the whole answer. If you think of it a bit like being stuck down a slimy pit, medication is a bit like giving you a leg up so that you can start to begin to think more clearly and climb your way out of the pit.

It's not just as simple as if I get the right tablet then I'll be okay. The tablet helps you to think clearly and address some of the other issues. So going to psychiatrists then, yes, they do have a part to play in more severe or complicated depression and going to a psychiatrist can be helpful.

So is that it? Is that all? That's a question that occurred to me quite a lot when I was working as a GP.

Is that all we can do? I, after I finished studying medicine at university, I went and worked in the hospitals for a few years and then I did some training in general practice and that was right up on the north coast.

So you're right down here in the south, aren't you? And I was up on the north coast near the Giants Causeway where they have a funny accent. They almost sound Scottish, even funnier accent than me.

[25 : 37] In fact, one of the first patients that came in, he sat down in the chair and he said, a hey, a hack. And I looked at him and I said, could you repeat that please? He said, a hey, a hack.

And what he was saying was, I have a cough. A hey, a hack. So I had to learn that sort of Ulster Scots language up there. But when I learned it and when I got to talk to people, I realised that yes, it could help some people with medication and referring them to hospital for operations and others through medication for their mind and counselling.

But I could see as well, there were other issues. People had spiritual problems and that was part of what led me from being a doctor full-time to being a doctor part-time for a little while and then being a full-time Christian pastor as I work out now.

And so just before we come to the question time, just explain a little bit of where the spiritual aspect of things I think comes into something like depression.

One of the early church fathers was a man called St. Augustine. And he, oh yeah, I was going to show you that first.

[27 : 02] Because we're not just mental and physical, but we're spiritual beings and it all interacts with each other. That's why the spiritual is important. And here's what Augustine said. He said about God, you have made us for yourself and we are restless until we find our rest in you.

So you see what he's saying to God? You've made us for yourself and so we're restless. There's an inner restlessness. Even people who have never suffered from depression, there's still, people have described it as like a God shaped hole.

Something, something missing. And I'd say that was part of what led me out of medicine. To be able to explain, I couldn't sit in the doctor's surgery and talk to people about God all day.

We had like seven minutes or something to see people. So the waiting room would soon fill up. And so anyway, that was part of what led me to leave medicine at that time.

Even better than Augustine, we can go back to the source itself, back to the Bible. And Peter, who wrote one of the books, the New Testament, St.

[28 : 15] Peter, described our existence as being like an empty way of life. And it's something that was passed down from generation to generation. And in Peter's first letter, he said it like this.

And we talked about the way we can be delivered or redeemed, as he said, set free from this empty way of life. He says, it wasn't with perishable things such as silver or gold that you were redeemed from the empty way of life, but with the precious blood of Jesus.

So he's saying it's not through getting lots of stuff, silver and gold. We've tried that in Ireland, haven't we? And it's nice to have nice things.

We're a lot better off than we were 40, 50 years ago in Ireland, maybe even 30 years ago in Ireland, back in the 80s. But it doesn't deal with all the inner problems.

And Peter's saying in this part of the Bible, well, there's something more. It's through Jesus that there can be this freedom. But here's a fact.

[29 : 20] Christians, those who have a personal relationship with God through Jesus, also get depressed. In fact, one of those descriptions of depression that I read to you earlier came from a famous Christian pastor.

So Christians also get depressed. And you might say, well, surely that should just sort out all your problems. You get the spiritual help. But we have to remember that we're not just spiritual beings, but we are mental, psychological aspect to us.

And we're physical as well. So all these things are going on together. together. But the good news is that not only can we get help from doctors and psychologists and so on, but there's other help there in the Bible.

It's a resource for people with different conditions. There's a book in the middle of the Bible that's especially helpful, the Psalms, and those were the songs and poems, really, about experience with God.

And there's one in particular that I just want to focus in on and just finish off by looking at it. Psalm 42 and 43.

[30 : 44] We have some little booklets that are, there's some literature down the back, and one of them is this little one called Finding Hope.

So that's good. A number of verses from the Bible, quite a few from the Psalms in it, something that might be helpful to some of you. And one of the Psalms, the Psalms deal with all different kinds of emotions in their lives, and it's good to read something like that and perhaps to help have it explained to you.

Johnny mentioned that the church here meets on a Sunday, and that's something I know that everybody would be welcome to, and part of that is explaining what the Bible is saying and showing how it's relevant to our lives.

One of the places down in the Bible that's helpful for depression is Psalm 42 and 43. These Psalms kind of go together, and I just want to point out a couple of things in it to you.

It seems like the man who wrote this Psalm was depressed. I know it's a bit small, but I'll just read it out for you. Verse 3 there, he says, My tears have been my food day and night.

[32 : 01] So he's got tears, he's crying, he's sad. He says, My tears have been my food, so he's not eating very much. Your tears are your food, you're not going to put on much weight. And he says it's day and night, so it's affecting his sleep.

So just in that little phrase, you've got a number of the symptoms of depression, I should have said earlier that with medication, I did say that it didn't help everybody, but it can be helpful with the, especially with the symptoms like sleeping and eating, what's called the physical or biological symptoms of depression.

But this man, writing, as the Psalms were written about a thousand years ago, people suffered from depression back then too, he didn't have access to medication, so how could he be helped?

Well, one of the ways, we've mentioned about the value of talking to others, and do you know who the most influential person is, the most influential human being is in your life?

Well, it's the person who talks to you the most, and you know who the person who talks to you the most is, it's you, yourself. That's right, because we're always talking to ourselves. From the moment we get up in the morning, we're just kind of conversation going on.

[33 : 25] And just like we mentioned earlier about cognitive behavioural therapy, it's good to challenge the negative thoughts, and that's actually what this man does in this psalm.

He talks to himself, look at verse 5 down at the bottom there, why are you downcast? Oh my soul, speaking to himself, speaking to yourself isn't a sign of madness. It's actually very good, you don't have to do it out loud, or you can if you want, but why so disturbed within me?

He's asking himself, why are you so down? And then he gives himself some good advice, he says, put your hope in God, for I will yet praise him, my saviour and my God. So he's someone who knows God personally, and it's possible to come into that personal relationship, and he's telling himself, put your hope in God.

So he's speaking truth to himself, and it's just an example of what we need to do, not just for depression, but for other issues that can trouble us in life.

It's something you can also do for others. So how can you help others? Well, you can speak truth to them, you kind of have to gain their trust, and you can't just go in, jump in, put yourself together, that's probably not going to help anybody, but you need to draw alongside.

[34 : 45] In the New Testament there's a lovely phrase about speaking the truth in love. Truth and love together can be such a help. Then, as the psalm goes on, he describes his condition in another poetical way.

He says there in verse 7, Deep calls to deep in the roar of your waterfalls. All your waves and breakers have swept over me. So it's as if he feels he's out in the sea of life and a little boat and all the waves of sorrow and trouble and they're just coming in and he feels like he's going down and he's sinking down.

But even in that expression there's hope. Because notice what he says to God. This is like a song, a prayer to God. He says all your waves and breakers have swept over me.

So he realizes even in his turmoil that somehow God is in charge. Somehow, not that God is just causing his sadness and trouble directly, but somehow behind it God is still in control.

And that can be a real comfort to people who are struggling with any suffering in life. One of the stories of suffering that really has helped and challenged me over the years is a young lady called Johnny.

[36 : 12] At the age of 17, she dived into some water that she thought was fine, but there were actually rocks submerged and she was paralyzed from her neck down at age 17.

And she had a real struggle with that to begin with, but then came to terms with it and it was her relationship with God that helped her. She's had cancer since and a lot of pain along with that, but she's still going on.

She speaks regularly about suffering and she has an organization helping people with disabilities. And this is something that she said about her own suffering.

She said, today as I look back, I'm convinced that the whole ordeal of my paralysis was inspired by his love. I wasn't a rat in a maze.

I wasn't the brunt of some cruel divine joke. God had reasons behind my suffering and learning some of them has made all the difference in the world. He has reasons for your suffering too.

[37 : 13] That might sound very strange, might sound like a million miles away from where you are at the moment, but I just put it out there as something that has given comfort to Johnny and to others who have been in deep suffering as well, and something that is based on what we looked at in that psalm, and coming to realize somehow, even though we can't understand how we could get through this time, that coming to a realization that overall there's a sovereign God, there's a God who can help, a God who's in control, if that can help to get us through.

But often it's a long haul. I like to do long distance running, and one of the reasons why I like to do that is because it reminds me just about life, and how often you just have to keep going.

It's not the first mile that's important in running a marathon, it's keeping going every mile. And that's a bit like the man in this, because he comes back and he says exactly the same thing to himself in verse 11, and then on into Psalm 43, he says the same thing, why are you downcast, oh my soul? Why are you so disturbed within me? Put your hope in God. So there's a need often just to keep going, and if you came tonight looking for a quick fix to just explode you out of depression, I'm sorry, it often is a long haul, it's baby steps, it's keeping going, but the important thing to remember is that there is hope, that's why he's saying put your hope in God, there is hope, there is hope, but often it's a long battle, it's a keeping going.

One final thing then from this Psalm is what we have here in 43, they all originally seem to be part of one song, with the same refrain, because you've got the quiet and cast on my soul at the end of this, but he seems to get a lot more positive here, in verse 3, send forth your light and your truth, let them guide me, let them bring me to your holy mountain, to the place for you dwell, then I will go to the altar of God, to God my joy and my delight.

[39 : 27] He doesn't sound so depressed now, so what is it that's made the difference? Well he talks about going to the altar of God, in the Old Testament days the altar was about sacrificing animals in the temple, but when you come through to the New Testament part of the Bible, John the Baptist said, behold the Lamb of God, speaking about Jesus, and so it's the altar of the cross, the sacrifice of the cross, and you might think, well how in our day can, how can what happened on the cross help?

Well, think of it like this, when you feel really bad, you might think, nobody understands me, nobody understands what I'm going through, and maybe you've been thinking tonight, well it's okay for him, you know, talking about that, but he doesn't really understand what I've been through, and you'd be right, I don't really understand, for you are, but I know somebody who does, and I really believe this, that Jesus understands, because he went through the darkness of the cross, one of the worst things about depression is the loneliness, the fear, and the feeling of rejection, feeling rejected is a painful thing, you know, if I said to you, at the tea and coffee time tonight, I came up and I said, I never want to see you again, you'd think, well, it's a bit strange, maybe because he's from Cabin, that he speaks like that, but you probably would get over it, you'd just dismiss it, but if your nearest and dearest said that to you, and it really meant that I never want to see you again, it would be awful, devastating, well, that's a little kind of window into what Jesus was experiencing on the cross, do you remember how he called out, my God, my God, why have you forsaken me?

He was feeling the weight of rejection from his father because he was being punished for the sins of people like me and you, so that rejection, Jesus was feeling that very much on the cross, so he understands, so that's good news, to know that there's someone who really does understand you, who really does know what you're going through, but even better than that, because he went through that, he's able to deliver you from serious suffering, sometimes people say when they're feeling really bad, you know, I'm going through hell, well, you probably feel like that, but it's not actually hell, what Jesus experienced on the cross was hell because he was punished, he went through hell so that everybody who trusts in him won't have to go to hell, you can put it like this, he

went through hell so that you do not have to go to hell, to know that, and that's something that in times in my life when

I've been suffering, when I realised that somebody who went through that for me, that's how much he loves me, and that can help you to cope in difficult times.

[42 : 49] Just finish with another just saying from Jesus, an invitation that he gave when he said, come to me, all you who are weary and burdened, and I will give you rest.

So, there's that invitation, there can be an inner, even if we're not suffering from depression, there's often an inner restlessness, and sometimes we're trying to pay it off ourselves, we're trying to pay for our own sins, or by being really good, we hope to earn God's favour.

Well, here's the invitation, just to leave that to one side, and to just rest in Jesus and what he's done for us. So, that's all I'm going to say for now, but if there are questions, please go ahead and ask.

We've got a few minutes, we were late starting, just like we usually are in cabin, so we'll finish a little bit later too, but that's okay. so we've got a few minutes then for questions if you want to ask now, or as Johnny said, if you want to come and chat after, that's fine too.

Anybody want to ask something? Go ahead. Can I start it off? If it's not too difficult, get worried now.

So someone who may be your own spouse, or your partner, or somebody who you live with a friend, if they're somebody who's struggling, what can I do, what can I do to help him out?

[44 : 33] So, first thing, listening, I think, to listen, not presume that you know what the other person's going through, even though you're living under the same roof, and maybe you're going through the financial trouble, or the bereavement, or whatever that they've gone through, that they're going through as well, don't presume that they're experiencing it just the same as you are.

We're all different, we're all unique, so listen, listen to them. If there's that significant level of depression, you've encouraged them, go to your doctor.

I mentioned earlier about talking, being open about self-harm, do you have thoughts of harming yourself? And certainly if someone says that to you, then you could ask a bit more, have you actually made plans to do it?

Seems like a very serious question, but it's worth asking. And then they respond to that with the fact that they have thought of in their life that they do have plans, then say to them, well, we're going to make an appointment for you to see the doctor and have a chat with the doctor.

And then, in an ongoing basis, you'll be a help to that person, you'll be able to be an encouragement and it can be a struggle at times, but it's something that is really worth sticking with somebody through.

[46 : 00] Is that kind of thing? Feel free to come back to me and the answers, you know, as I'm saying, as I said earlier, I don't have all the answers, so if you want the chip in, feel free to do that.

I've spoken to quite an amount of people over 25 years, and because I'm an addiction myself, and I've always got a problem that I said, dialogue with words.

That what was words? Dialogue. Yeah. Yeah. As you mentioned about listening, it's one of our great of a fast, that's right.

Because you learn to listen and listen to learn. But I always have faith in God from the day I come into the world right up to now, because he's helped me so many times.

I remember talking to someone there and I didn't know whether he would seem funny or contrary or what he said to me, that God is there in your life, I was the only justice fair wheel.

[47 : 14] And my answer was like he put me on. And I pray a lot. I don't pray every minute into day.

But I pray when the time comes to pray. I pray at night. Before I go to feet. I get comfort from that too. I have an able friend who was in the kitchen too.

I was a chronic alcoholic. I go to meetings and I haven't drank any stuff before. I didn't find God there.

God was with me on it. And for that I'm very grateful. In attitude, gratitude. I couldn't talk to you about depression.

I don't know nothing about it. Even though I speak to a lot of people that have depression, but what I think is about getting them to speak. and I think that's the main key to the lock.

[48 : 16] Good. Yeah. Yeah. It was a lovely relationship. Thank you. And thanks very much for that contribution. And it's something that I've learned even just in the past few years, the benefit of openness.

And I have benefited from talking to people that have been in AA and going along to a meeting myself and just seeing the openness that is there.

And I think that folks in churches can learn from that as well. They need to be open and honest about how we're feeling and being able to talk to others and to talk to God.

Thanks for that. Anyone else? Sometimes people say they're depressed because they feel that there's no reason to be depressed because their life doesn't have seen them.

Like they should be depressed. Yes. Yes. And sometimes they can't articulate quite quite their feelings.

[49 : 23] Yeah. Yeah. That's right. Yeah. They might have almost been embarrassed to say that they're depressed because everything's going well in life.

It can be like that that there aren't those loss events. Yeah. So I think in those circumstances it's good to encourage people just to be honest and just to say how they are feeling.

Actively.

Yeah. Yeah. Yeah. Yeah. That's a good point. Not just listening, but actively listening. I don't think us men are so good at that usually. We claim to listen when we're looking at something else.

That's a good point. Good. Yes? You said the third question is, you know, what is the answer? You said the third question is, you know, what is the answer? You said the third question is, you know, what is the answer?

[50 : 31] Yes. You said the third people who have medication, they can get worse. Yeah. So how are they helped? Yeah. Well, that's why it's good that medication isn't the only line that's helping.

So if somebody's on medication, sometimes a change of medication can help after a reasonable trial. And if you're prescribed medication for depression, don't expect it'll work just like that.

It often takes a few days to notice any improvement, even if it is going to help you. And it is something that you often need to be on for a good while. But say after a reasonable length of time, number of weeks, you're getting worse.

Well, the doctor might try a different antidepressant. And if still not helping or making you worse, then all medication then might be withdrawn and just go ahead with like the counselling or the cognitive behavioural therapy or some of the spiritual help.

And often it's not a case of either or. I would say everyone needs talking, listening. Everyone needs very good help. Medication will help some.

[51 : 49] I didn't mention the ECT treatment, the shock treatment that's still used by doctors in very severe cases of depression. You know, where people are put on their short anesthetic and give them an electric shock.

It might seem very severe, but I've seen it being really useful in some people. I have a good friend of mine who was seriously depressed after her husband died. And she responded. So there's that.

Anyone else have a question? You mentioned guilt. Yeah. That can be real or imagined. Yeah, that's right. Yeah. So, as I said, it's right to feel guilty when you've done something wrong. And so all of us have done wrong things.

So we all have some issue with guilt. And the good thing is that we have done something wrong. And the good news is that there is a real answer to that.

And I would say in the Bible, in what Jesus has done, in atoning for sin, so that we can know real forgiveness. So that's the answer to real guilt.

[53 : 08] It's just through forgiveness. And if you've done something against somebody else, then you need to seek their forgiveness as well. And that can really help when relationships are restored. But in cases of severe depression and even moderate and sometimes mild depression, the guilt is exaggerated.

And so even if a person is offered spiritual help and they're benefiting that, that's somewhat from that, they still, when their depression starts to get better, they often feel less guilty or more, if you like, normal guilt, real guilt.

So there's different ways of responding to the guilt. It can just be normal because if you do something wrong, you should feel guilty.

Or it can be a sign, if it's more exaggerated than usual, of part of depression. Does that make sense? Anybody else? Yes?

If you have a friend or you know somebody who has depression, and they use some examples of a very bubbly character, from your experience, should they modify their behaviour for example, to

make somebody who's depressed worse if they're around people who are so bubbly?

[54 : 21] And should that bubbly person kind of, you know, tone it down a bit, knowing that it is a person that works by their behaviour?

Yeah, I'm not sure about that. I don't know. I guess it might depend on the individual, just what the mix of personalities was.

But I know that we ought to seek to be sensitive to the person who's depressed. I suppose if you're bouncing around like Tigger and somebody else is like Eeyore, it's not going to be the right thing that you need.

Anybody else have any experience in that? Maybe you've been annoyed by really bubbly people that you want to get it all out there now.

Yeah, sorry, I don't know about that answer to that. I'm just going to interrupt here and just say thanks to everybody for coming.

[55 : 31] Thanks very much Ivan, for saying what you've said tonight and for sharing. We don't want it to be the end of the talk or discussion, so please feel free, over team coffee, if you'd like that, to talk to Ivan, ask your questions, talk to people who are here.

But thank you for coming. On your way out, there is some literature just on the side there. If any of it is helpful to you, please feel free to take it. It is free and there's no charge at all.

So team coffee will be served. Ivan, thanks very much. Thanks, as Sonny said, I'll be around tonight. And as I mentioned earlier, I know that the church meets here on a Sunday and everybody would be welcome to that.

That's a way of kind of following on in the conversation that we've had this evening. So I'll leave that with you. Thanks for your attention. It's great to speak to people who aren't asleep and who are interested.

I'm not saying people are asleep on Sunday in Cabin in church. They're not usually, but you're very withered in Cork, I have to say. So it's good to be here. Thank you.