
ASSOCIATION of AUSTRALIAN CHRISTADELPHIAN ECCLESIAS (AACE)

Depression and Anxiety - An Overview for Christadelphians

Come to me, all who labour and are heavy laden, and I will give you rest (Matt 11:28)

Introduction

This paper is designed to help Christadelphians better understand the most common mental illnesses and what we may be able to do to help ourselves, our brothers and sisters and others with mental health problems.

We will deal with the most common mental illnesses, anxiety and depression, in the context of our discipleship and ecclesial life. When we use the terms 'anxiety' or 'depression' we are referring to situations where symptoms are severe enough to warrant a mental illness diagnosis (unless otherwise indicated). A reading list is appended which provides more detailed information about anxiety and depression and other mental illnesses.

Mental illness is a common occurrence in the Australian community. It is estimated that 45% of the adult Australian population (16-85 year olds) will experience a common mental illness such as depression or anxiety at some point in their lives. Many of us will know brothers and sisters who suffer from, or have suffered from, such conditions. Despite the advantages we may have as a result of our relationship with our Heavenly Father and his Son, we still suffer from the effects of mortality which includes mental illness.

As followers of Christ we attempt to put into action the sentiments expressed by Paul in his second letter to the Corinthians: "Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God." (2 Cor 1:3-4)

The Features of Anxiety and Depression

Anxiety

It is normal to feel anxious or afraid in response to things happening around us. These feelings are usually short-lived (hours to possibly a few months). We may feel our usual self once the anxiety-provoking situation has passed.

For some of us the anxious feelings do not pass. We may feel more anxious than usual and there may be no obvious reason for those feelings. We may worry about various events or activities more than usual. This anxiety and worry may be evident more days than not over a period of six months and be associated with one or more of: feeling keyed up or on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension or sleep disturbance. As a result we have significant difficulties with social, occupational or other important aspects of daily living. This is generalized anxiety disorder. Anxiety disorder may also occur with reference to a specific aspect of life such as separation, social situations, open spaces, flying, seeing blood, etc. To be a disorder it must be persistent and adversely affect everyday functioning. Anxiety disorders occur in adults and children. It is common to have a combination of anxiety and depression.

Depression

At times most of us feel sad or down, generally in response to things happening in our lives. We may be experiencing a bout of depression if...

- we feel like that most of the time and
- these feelings persist beyond a couple of weeks and
- we lose interest or pleasure in things we usually enjoy and
- we begin to withdraw from social contacts and
- our thoughts become increasingly negative

Features of depression can vary to some extent with age and gender. Severe depression is commonly associated with feelings of hopelessness, worthlessness, guilt, and thoughts of suicide. Patterns of effects on mood and behaviour and the intensity of effects can vary, but regardless, if we find ourselves fitting the above picture, it is usually time to seek help.

It is important to remember that we all have some of these experiences from time to time but generally it doesn't mean that we have depression. Equally, not everyone who is experiencing depression will have all of these symptoms.

Why Do Anxiety and Depression Happen?

There's no simple, single answer to what causes mental illnesses such as anxiety and depression. Various factors such as our genetic make-up, our brain chemistry, our personality, life experiences and lifestyle factors, all work together to bring about mental illness. The same can be said many illnesses we more readily think of as "physical". e.g. Type 2 diabetes or lung cancer. Mental illness is associated with various forms of dysfunction in the brain so the bottom line is that mental illness is illness in the same way as any physical illness. Mental illnesses like anxiety and depression are not a sign of weak faith or spiritual weakness. They are not an indication of being out of touch with God and Jesus though mental illnesses such as anxiety and depression, and perhaps more so depression, may have that effect in a sufferer.

Anxiety and Depression in the Bible

People of Bible times understood illness, including mental illness, differently to how we do. Jesus' encounter with Legion, a man with an unclean spirit, is a good example (Mark 5:1-20). Nevertheless, the lives of some Bible characters are described in sufficient detail for us to surmise that they suffered from similar mental illnesses to those suffered today.

Depending on your Bible version, you may not find words such as "anxious" or "anxiety". They are more likely to occur in more recent translations. e.g. in the ESV Matt 6:25 and Php 4:6 and in the NIV Deut 28:65. It's arguable whether we can identify a Bible character that could be said to have suffered from an anxiety *disorder* as distinct from the normal experiences of uncertainty and anxiety resulting from stressful life events. Examples of Bible characters that may have experienced 'normal' anxiety due to life events include: David fearing for his life when pursued by Saul, Daniel being overcome and lying sick for some days when he saw the terrifying visions of Daniel 8, and, in anticipation of his death, Jesus acknowledging that his soul was troubled.

“Depressed” or “depression” is not a Biblical term. Perhaps the closest we get are terms such as “downcast”, “broken-hearted” or “crushed in spirit” so it’s not a straightforward task to identify Bible characters that may have suffered from depression. Sufficient symptoms of depression are expressed in Psalms attributed to David to indicate that he suffered from depression. e.g. Psalms 38 and 43. In other Psalms (e.g. Ps 102:1-10) we also find descriptions consistent with depression. Elijah, Jonah, Jeremiah and Job may also have suffered from depression. It is clear that these men, David and other psalmists regarded prayer as a source of comfort and reassurance for their troubled minds; they simply could not find it on their own.

The Bible offers believers an abundance of general exhortation to draw on when doubts arise or faith or zeal are slipping or we are becoming distant from our Heavenly Father. Among other things we have the advantages of being able to read God’s word, pray to our Him and seek support from fellow believers and, thereby, gain renewed strength. Some of the Psalms may resonate with those enduring depression. Psalm 42, for example, records the words of one whose mind is troubled and feels separated from God but ultimately finds reconciliation and peace. “Why are you cast down, O my soul, and why are you in turmoil within me? Hope in God; for I shall again praise him, my salvation and my God.” (v.11)

Anxiety and Depression and Our Discipleship

Avoidance is a natural way of defending against anxiety. Consequently, if we have an anxiety disorder we may notice ourselves avoiding a range of situations. The first sign that we might observe in a brother or sister with an anxiety disorder is avoidance of ecclesial activities. Individuals and ecclesial arranging and welfare committees need to be sensitive to such situations doing all they can to help maintain links and relationships and avoid negative approaches that may increase feelings of guilt and make things worse.

Similarly, though for different reasons, those with depression may also avoid social contact and they may be less likely than some with an anxiety disorder to work at finding ways around such avoidance. The despair and negativity of depression may make it difficult to continue a meaningful relationship with God as well as with brothers and sisters. Attendance at ecclesial activities may cease altogether. Negative thoughts can tear away at motivation and desire leaving one with depression feeling numb and spiritually lifeless so the outward and inward expression of faith is affected. If we see this happening in ourselves or others it is vital that appropriate professional help is sought in addition to the support and reassurance available through prayer, meditation on God’s Word, and the ministrations of our natural and spiritual families.

It is at least a consoling thought for the mentally well that regardless of the circumstances in which we might find ourselves, God works with us to develop us as his beloved children. Unfortunately, in the depths of mental illness, we may well not be able to recognise this.

Our Individual Response to Anxiety and Depression

Perhaps we’re seeing in ourselves a pattern of symptoms similar to those described above or we’re seeing it in someone else in the ecclesia. What should we do? Seeking help early in the course of a mental illness such as anxiety or depression can assist significantly in reducing the impact on everyday functioning including on our discipleship, our family and our ecclesial family. While we draw strength and reassurance from prayer and from the Bible’s many encouraging messages, when we are faced with depression and anxiety, we also find assistance through mental health professionals just as we rely on, say, the orthopaedic surgeon to treat our broken leg.

Medication and other medical treatments may be necessary. Remember, mental illness often has a physical cause or at least a physical element. Effective treatment may require medication and other medical procedures just as we would take medication for diabetes or high blood pressure or have surgery for appendicitis.

For those who've never experienced them in the form of a mental illness, anxiety and depression can be difficult to understand. If you know somebody suffering from anxiety and/or depression you can assist in relieving their anguish by being calm and reassuring. It is important to accept that you do not have all the answers.

As followers of Christ our response to those experiencing mental illness is Christlike. We are patient, supportive, understanding and compassionate. We pay close attention to how a person is listening and responding so that we can adjust our supportive comments and advice accordingly. We have in mind a range of relevant Scriptures which we apply with care ever mindful of the state-of-mind of the mentally unwell person we are interacting with. The thinking of a person with anxiety or depression may be affected so that what seems logical or helpful to us might not seem so to them. Sometimes it might be perceived as negative and unhelpful. In some instances it could be like suggesting to a person with diabetes or epilepsy that they will get better if they are more positive and faithful.

If we're not sure what to say at a particular point, we just listen supportively. It is always better to say nothing than to run the risk of having well-meaning comments or advice misconstrued.

As noted above patience is very important when interacting with those suffering from mental illness. Keep in touch regardless of the response. Contact may need only be brief but don't give up; be gently persistent. Don't be deterred if faced with claims your mentally ill brother or sister has abandoned their faith. When they do attend ecclesial activities try to go beyond the customary "how are you going?" Remember what little information you may glean; this can be a lead in to subsequent discussion and shows the person they are remembered and valued. Offer to read and pray with them. Pray for them and mention to them that you are praying for them. If reading with them try to gauge what they can cope with. A brief Psalm with a repetitive message may be more appropriate than the regular daily readings. Likewise with prayer, brief may be better and repetition may be helpful particularly for someone in the more severe stages of depression. For example: "Hear my prayer, O LORD; let my cry come to you!" (Ps 102:1). Even one of the halves of that verse may suffice.

Like it or not, there is still stigma attached to mental illness. We might not even recognise our own feelings about mental illness in others. One way to lessen this stigma is through education. By learning about signs and symptoms of poor mental health and prevention and management techniques we will be better equipped to help ourselves and others. While the informed support we can offer is very important, we must remember that most of us are not trained mental health professionals. While we can provide spiritual support as brothers and sisters and friends, where professional help is needed, we encourage those who need it to seek it.

The Ecclesial Response

It follows that the ecclesia responds as Christ would and as individual brothers and sisters should (see above).

There are practical steps ecclesias can take to raise awareness and knowledge and provide support. For example:

- Attach this paper to your ecclesial newsletter or otherwise distribute to members.
- Where a brother or sister or family member is experiencing a mental illness support them in seeking professional support and treatment.
- Arrange mental illness education activities for the ecclesia. Have someone with appropriate knowledge and expertise give a talk to your ecclesia about mental illness and perhaps follow on with facilitating discussion. Appropriate speakers would include psychiatrists, clinical psychologists and social workers with mental health accreditation.
- Think of ways that the ecclesia can support members who may have mental illness. e.g. consider ways links and relationships can be maintained with those who find it difficult to attend the memorial meeting and other ecclesial activities due to mental illness. Many ecclesias have now become conversant with sharing memorial meetings and bible classes via services such as Zoom. This can aid in supporting members with mental illness.
- Consider how the ecclesia manages non-attendance. If a member's attendance suddenly falls off this could be an effect of mental illness. Carefully choose the most appropriate brother or sister (it may not be a member of the Arranging Committee) to make contact with such a member and then tailor the ecclesia's response.
- Recognise the stress experienced, and the time commitments required, of close family members of those suffering a severe mental illness and provide appropriate support for them. For example, the ecclesia might arrange for someone to spend an hour or two with a person with mental illness to allow family members some time to themselves.
- If a person associated with an ecclesia and known to have mental health problems complains that they are suffering as a result of the behaviour of another person associated with the ecclesia, be very careful about dismissing their complaints on the basis of their mental health problems.

Extend Your Knowledge of Anxiety and Depression & Mental Illness in General

There is a considerable amount of information now available regarding mental illness, information which is designed for all to understand. Any of us could benefit from considering material available on one or more of the websites listed below.

1. Depression with Dan and Gina Woodcock - Parts 1 & 2. From a series of video interviews to the theme "Family Matters" produced by the Pakuranga Christadelphians in New Zealand.
Part 1 - <https://youtu.be/zgjlJzhoO68>
Part 2 - https://youtu.be/PF7_MUYaju8
Dan has also written a series of articles about his depression published in the Christadelphian Magazine November 2019 to March 2020.

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2. <https://www.blackdoginstitute.org.au/about-us/publications-and-resources/fact-sheets> - look for fact sheets on how to recognize stress and anxiety plus ways to find help
3. <https://www.blackdoginstitute.org.au/clinical-resources/anxiety> - Here you will find all current information about anxiety, its causes, treatments, self-tests, and how and where to seek help.
4. <https://www.beyondblue.org.au/the-facts/anxiety-and-depression-checklist-k10> - a simple checklist to measure whether you may have been affected by depression and anxiety during the past four weeks. The higher your score, the more likely you are to be experiencing depression and/or anxiety.
5. <https://www.beyondblue.org.au/the-facts/anxiety> - signs and symptoms, treatments, management strategies plus how you can support someone with anxiety issues.
6. <https://www.beyondblue.org.au/the-facts/suicide-prevention/worried-about-someone-suicidal/having-a-conversation-with-someone-you're-worried-about> - starting the conversation on suicide
7. <https://headtohealth.gov.au/mental-health-difficulties/mental-health-conditions/anxiety-disorders> – provided by the Australian Department of Health, Head to Health brings together apps, online programs, online forums, and phone services, as well as a range of digital information resources.
8. <https://headspace.org.au/young-people/what-is-anxiety-and-the-effects-on-mental-health/> - specifically designed for young people to assist with and improve their mental health.
9. <https://thiswayup.org.au/how-do-you-feel/worried/> - produced by St Vincent's Hospital in Sydney, this site provides online learning programs, education and research in anxiety, depressive disorders and physical health.

Did you know?

Usually the best place to start in seeking help with a mental health problem is your GP.

GPs can carry out initial assessment and, if appropriate, prepare a Mental Health Treatment Plan (MHTP), part of the Better Access initiative which provides for up to ten affordable (if not free) sessions with a clinical psychologist or other approved mental health professional. Medicare pays a rebate so, depending on the selected mental health professional, sessions may be entirely bulk-billed.

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