

© Rev. Daniel Krueger
To my wife Kris and my children
Daniel, Jonathan, and Kirsten
who are second only to Christ
as God's greatest gifts to me.

“Gospel Therapy”

A New Vision Of Life Through Christ



**An Eleven Week Study Program
Addressing the Physical, Mental
And Spiritual Components of Depression**

Rev. Daniel Lee Krueger

Second Edition
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Preface

The Beginning of My Passion

I am not a licensed therapist, nor do I have a Ph. D. in psychology or theology. I am a concerned Christian Pastor of the Lutheran Church Missouri Synod variety. I graduated from Concordia Seminary, St. Louis, Missouri in 1981 with a Master of Divinity and stayed for an extra year of study in Old Testament Theology. In the fall of 2002, while serving in my fourth parish, I helped bring together several groups for a conference on “Christian Care at Life’s End.” Along with a physician in my congregation I volunteered to lead a topic on depression at life’s end.

Throughout my ministry I have counseled with individuals suffering from depression. I have seen what depression does to people, and have always known that the gospel of Jesus Christ could help in ministering to individuals who are chronically depressed or anxious.

When counseling with individuals suffering from chronic depression or anxiety, our sessions together would usually end very positively. The gospel appeared to have made a difference. However, within a few weeks, and sometimes days, the positive input that had been received would dissipate, like a drug wearing off.

Sometimes, after having sessions that ended with grateful expressions, I would later hear through the grapevine that the grateful member was now angry or upset with me. It was not until I began to study for my half hour topic that I understood why my counseling efforts were so short lived, or twisted into a negative encounter.

I became acquainted with the principles of a particular form of therapy called “Cognitive Behavioral Therapy.” The essence of this therapy revolves around how you are thinking, rather than why you think in a particular way. Risking an oversimplification, the cognitive therapist doesn’t care if you were abused as a child, or suffered from some tragic life experience. In battling depression or anxiety, dealing with these past experiences is not the critical issue. What matters most, is how you interpret what is happening right now.

Cognitive therapy helps people to identify thinking styles that drive us to depression and anxiety, and then teaches alternate methods for

interpreting life. With modern advancements in medical imaging technology researchers have demonstrated that simply changing a thinking pattern through therapy produces physical changes in the brain similar to changes seen in people taking medication.

Medical imaging technology has proven that depression and anxiety are not merely medical conditions that can be treated only by drug intervention. We are not simply byproducts of the brain we are born with. We can change how we think, and in so doing change the physical structure of the brain itself.

I became intrigued by the inner workings of the brain and began to research the physical processes involved in human thought. I also began a more detailed investigation of cognitive therapy. Everything I learned about the brain and cognitive therapy, and every new piece of research, was confirming that drugs combined with therapy was the most effective, longest lasting, approach to treating these human conditions.

As these ideas were transformed into certainties based on available medical research, my interest in this subject began to turn into a compulsion driven by two factors. The first factor was recognizing that many of my own members were trapped in the belief that depression and anxiety were purely medical conditions. I didn't have to take a poll to discover this.

Even before this period of intense interest I would occasionally suggest in a sermon or Bible study that the gospel of Jesus Christ might help people battle depression. Once in a while I would suggest that declining church attendance in our nation might have something to do with increasing rates of depression.

After expressing these random thoughts I would receive an angry phone call or visit from various members who were taking depression medication. They would tell me that I knew nothing about depression. Depression, they explained, was a medical condition, based on a chemical imbalance. How dare I suggest that their problem had anything to do with faith?

The second factor driving my interest was the lack of any spiritual dimension in the secular cognitive therapy books I had read. In fact, many times I would read statements from secular literature on cognitive

therapy that specifically contradicted biblical ways of understanding the world.

The more I studied the more I felt compelled to do something. I felt it was intolerable to allow people to continue to suffer from depression or anxiety because they were trapped in a belief that their condition was purely medical. I became convinced that the principles of cognitive therapy, when combined with God's grace, could become a powerful tool for changing lives. What began as a half hour discussion evolved into a Bible study, a workbook, and now this book.

Reverend Daniel Lee Krueger

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Genesis	Gn	Habakkuk	Hab
Exodus	Ex	Zephaniah	Zep
Leviticus	Lv	Haggai	Hag
Numbers	Nu	Zechariah	Zec
Deuteronomy	Dt	Malachi	Mal
Joshua	Jos		
Judges	Jdg	Matthew	Mt
Ruth	Ru	Mark	Mk
1 Samuel	1Sa	Luke	Lk
2 Samuel	2Sa	John	Jn
1 Kings	1Ki	Acts	Ac
2 Kings	2Ki	Romans	Rm
1 Chronicles	1Ch	1 Corinthians	1Co
2 Chronicles	2Ch	2 Corinthians	2Co
Ezra	Ezr	Galatians	Ga
Nehemiah	Ne	Ephesians	Ep
Esther	Es	Philippians	Php
Job	Job	Colossians	Col
Psalms	Ps	1 Thessalonians	1Th
Proverbs	Pr	2 Thessalonians	2Th
Ecclesiastes	Ec	1 Timothy	1 Ti
Song of Solomon	SS	2 Timothy	2 Ti
Isaiah	Isa	Titus	Tit
Jeremiah	Je	Philemon	Phm
Lamentations	La	Hebrews	Heb
Ezekiel	Eze	James	Ja
Daniel	Da	1 Peter	1Pe
Hosea	Ho	2 Peter	2Pe
Joel	Joe	1 John	1Jn
Amos	Am	2 John	2Jn
Obadiah	Ob	3 John	3Jn
Jonah	Jon	Jude	Ju
Micah	Mi	Revelation	Re
Nahum	Na		

Introduction

Starting down a New Road

People often talk about turning their lives around. However, if you have been walking down the wrong road in your life, merely turning yourself around doesn't change where you are. While the Bible gives us accounts of dramatic conversions, the fact that someone started walking down a new road of life doesn't mean that all the baggage from their former life suddenly disappeared.

One of the more interesting aspects of Scripture, as an ancient document, is that there are no heroes with the exception of God. All the principal figures in Scripture make huge blunders even in the midst of their service to God. Moses never enters the promised land because of his arrogance at the waters of Meribah (Nu 20:11-12). King David commits the sins of murder and adultery with Bathsheba (2Sa 11 & 12). The same Peter who confesses that Jesus is the Christ, later denies him (Mt 26:75). No matter how hard we try to live the Christian life, sin always clings to us. The only way we can completely rid ourselves of sin is to put off our sinful nature in death.

Several times in this study we will reference one particular passage from the apostle Paul. This passage highlights the difficult struggle all Christians experience.

(Rm 7:15-24) *“I do not understand what I do. For what I want to do I do not do, but what I hate I do. And if I do what I do not want to do, I agree that the law is good. As it is, it is no longer I myself who do it, but it is sin living in me. I know that nothing good lives in me, that is, in my sinful nature. For I have the desire to do what is good, but I cannot carry it out. For what I do is not the good I want to do; no, the evil I do not want to do--this I keep on doing. Now if I do what I do not want to do, it is no longer I who do it, but it is sin living in me that does it. So I find this law at work: When I want to do good, evil is right there with me. For in my inner being I delight in God's law; but I see another law at work in the members of my body, waging war against the law of my mind and making me a prisoner of the law of sin at work within my members. What a wretched man I am! Who will rescue me from this body of death?”*

While this book may give you new insights into the grace of God, and how you employ that grace in your life, the brain you have after reading this book will be little altered from the brain you had prior to reading it. The converted Christian always carries within his or her self the brain of a sinner. However, alongside of that old brain is a new brain, a new heart, which calls us to a new life.

Living the life of grace begins where we are at, but facing a new direction. Instead of being driven in the direction of what we must do, we are drawn by the knowledge of what God has done and will do for us in Christ. As we walk with Christ in the way he leads us, we will experience, in increasing measure, the blessings he offers of forgiveness, hope, joy, peace, and love. However, our walk on the narrow path that leads to salvation is never perfect.

One day our walk with Christ may be two steps forward and one step back. At some moments we will be intensely tuned in to the voice of Jesus calling us. The path we need to follow will seem perfectly clear. At other moments, we will be distracted by our old sinful self who never leaves us, and is constantly trying to steer us off the course of life and peace that Jesus has paved for us.

In these moments of despair we need to recall that in Jesus' death and resurrection our eternal salvation is always secure. There is no place in this life where God can not find us. There is nothing we can do from which he can not deliver us. Our salvation does not depend upon what we do, or how we feel, but upon the objective work that Jesus accomplished for us on the cross. His work, not ours, is our only hope! However, experiencing the earthly fruits of the promises Jesus makes to us is a blessing we can grow in.

Growing in God's grace involves gaining mastery over our old sinful self. Many Christians, however, feel they are losing this battle. The problem is not that God's word has failed, but that many Christians are failing to use God's word correctly. All too frequently Christians seek the power to defeat sin in the words of Scripture where God tells us what we should do.

Mastery over our sinful self is not gained through a greater understanding of the law and commands of God. Knowing what we should do does not grant us the power to do it. Our sinful nature can only be overcome by God. We can only gain the power to subdue our

sinful nature by growing in our knowledge of what God has done, and learning how to apply that knowledge to more of our daily life. It is the knowledge of what God has promised to do for us in specific ways, that gives us the ability to do what God has asked.

To give a brief example, imagine yourself on your death bed, filled with fear, because you know nothing about Jesus and his free gift of forgiveness and eternal life. In that state of fear, now picture a Christian friend standing near your death bed saying, “The Bible tells us we shouldn’t be afraid to die!” While this statement correctly describes how a Christian should face death, the mere knowledge of what you should do will never calm your fears.

Rather than calming a troubled heart, the idea that “we shouldn’t be afraid to die” can actually increase fear. The statement suggests to the already fearful person that they don’t have what it takes to be saved. Certainly the Bible tells us to “fear not,” but the ability to obey the command is not found in the command itself, but the knowledge of what God has done to conquer that which we fear.

Gaining mastery over our sinful self is not accomplished by learning more about what we should do, but through a deepening understanding of what God has done and will do for us in every aspect of our life. Scripture teaches, and all the prophets and apostles demonstrated, that this process is never completed until death when we put off our old sinful nature. Nonetheless, we will experience the fruits of the Spirit in an increasing measure as we grow in our understanding of what God has done for us and how his gracious gifts are applied to our daily life.

This being the case, I doubt that the simple first reading of this book will dramatically change your life. Hopefully, however, this book will begin a process. God willing, this book will help you identify some destructive ways of thinking and set you on the path to replacing those destructive thoughts with constructive thoughts rooted in God’s grace.

Changing how we think is not a one time event, but a life long and daily struggle between our sinful nature and the Holy Spirit who works in our hearts through word and sacrament. The recovery of stroke victims provides a useful point of comparison for this process.

When a person suffers a stroke, a portion of the brain literally dies. When those brain cells die, an individual loses the memories, the motor

abilities, or the thinking skills that were stored or accessed through that part of the brain. The ability to walk, talk, and even to recall past experiences, can be restored. However, accomplishing this requires retraining of the brain so that it can think in a new way.

Retraining the brain to think in new ways is not accomplished through a single event. You can't restore, for instance, the use of the right hand by simply telling a person how to use it or by having that person read a book on hand movement.

Even a once per week therapy session is typically not enough to regain the loss of function that stroke victims experience. To regain the use of a limb, or to learn how to talk again, a stroke victim must go home and do daily exercise, repeating certain movements over and over again. Even into old age most people can regain at least partial function of skills that were completely gone, but it takes hard and repeated work on a daily basis.

The process of retraining can be made even more difficult if the patient can accomplish certain tasks without using the skills or abilities that were lost. Fairly recently physical therapists have discovered that stroke victims who have not regained function in an arm or leg for years can sometimes be restored to near normal function by totally immobilizing their good limb.¹

Researches have found that functional limbs actually interfere with the therapy being applied to a paralyzed limb. The results of this immobilization of a good limb are often dramatic. What couldn't be accomplished in years of continued therapy is overcome in one or two weeks of immobilization.

Unfortunately, as we try to retrain how we think about life, we can't immobilize our sinful nature. While the voice of Jesus tenderly calls us to think in a new way, our old sinful nature is shouting at us, telling us not to listen. Our sinful nature is constantly devising all kinds of reasons and excuses, real and imagined, to keep us thinking in our old and destructive ways. While the objective word of God may tell us to go one way, the world, the devil, and our own sinful self utilize our feelings and emotions to drive us in a self destructive direction.

¹Restak, Richard M.D., "The Secret Life Of The Brain" (David Grubin Production, Inc., The Dana Press and the Joseph Henry Press, 2001 p. 181-183)

Changing our thinking is a life long process, not a single event. While you may read through this book in a few settings, I believe this book is best used by those who read through it in a slow, step by step approach. For that reason I employ lesson numbers, rather than chapter headings. Each lesson should be followed by at least a week of focus where the insights gained in that lesson are incorporated into daily life.

I would also recommend that you find someone to read through this book with you. When God created Adam he said, (Gn 2:18) *“It is not good for the man to be alone. I will make a helper suitable for him.”* God designed us from the very beginning to need support and encouragement from others. Frequently the way we perceive ourselves is different from the way we are perceived by others. The need for input and encouragement is not a sign of our own weakness, but a testimony to the way God designed us. God designed us to need each other!

To bring others into the process you might contact a friend who is struggling with depression or anxiety and set up weekly meetings to compare notes as you go through the book together. If you are married, have your spouse read the book also. If you belong to a church, you might consider using the lessons in this book as a group discussion outline. You could set up sessions with a pastor or counselor. However you accomplish it, connect with someone to encourage you and help you to envision a different way of thinking about your life.

Finally, I commend to you the importance of remembering the Sabbath day, as God tells us in the third commandment (or fourth depending on how your church numbers them). One of the primary reasons for attending church is to give and receive encouragement. The Bible tells us: (Heb 10:25) *“Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another”*

In this regard I will share with you my own biased opinion at the risk of you closing the book and asking for a refund. I firmly believe that hope and peace cannot be built on an uncertain foundation. Jesus says,

(Mt 7:24-27) *“Therefore everyone who hears these words of mine and puts them into practice is like a wise man who built his house on the rock. The rain came down, the streams rose, and the winds blew and beat against that house; yet it did not fall, because it had its foundation on the rock. But everyone who hears these words of mine and does not put them into practice is like a foolish man who*

built his house on sand. The rain came down, the streams rose, and the winds blew and beat against that house, and it fell with a great crash.”

In much of the Christian world today the Bible is regarded as an uncertain document. In 1985 a group called the “Jesus Seminar” was organized. Consisting of biblical scholars and professors, representing numerous Christian backgrounds, this organization gathers together and votes on which words of Jesus are really the words of Jesus.

While most church bodies would label the Bible as an inspired document, there are very few that would label the Bible an “inerrant” document, specifically stating that every word in Scripture is God’s word. Because of this frivolous attitude toward Scripture debates rage in the modern church over questions of human sexuality, right to life, the historical character of biblical events, and even the words of Christ.

In his earthly ministry Jesus said, (Mt 5:18) *“I tell you the truth, until heaven and earth disappear, not the smallest letter, not the least stroke of a pen, will by any means disappear from the Law until everything is accomplished.”* The apostle Peter writes, (2Pe 1:21) *“For prophecy never had its origin in the will of man, but men spoke from God as they were carried along by the Holy Spirit.”*

I firmly believe that God, seeing our frail human condition, would lovingly give us a clear and certain guide to the truth. Why else would he have written with his own hand on tablets of stone the ten commandments? Why else would he send his own Son into the world? In Jesus Christ (Jn 1:14) *“The Word became flesh and made his dwelling among us. We have seen his glory, the glory of the One and Only, who came from the Father, full of grace and truth.”*

I feel blessed to have grown up in a denomination that treats the Bible as certain truth, rather than a document where only scholars can figure out what God’s word actually means, and which words are really his words. I also believe that my church is particularly careful to make sure that the grace of God is reflected in every aspect of our teaching.

In this respect I share the observation made by one individual I have confirmed. This particular individual had studied philosophy in college, and had made the rounds through numerous denominations. Toward the

end of our adult instruction classes she remarked, “You Lutherans don’t leave man anything!”

The root of the Lutheran reformation may be summarized by the words from Ephesians 2:8-9 *“For it is by grace you have been saved, through faith--and this not from yourselves, it is the gift of God-- not by works, so that no one can boast.”* If you consider the perspective on God’s grace that I offer in this work as something unique and different from what you are accustomed to hearing, it may have something to do with the church you attend. While the applications of God’s grace to the insights of cognitive therapy might be something new, the perspective on God’s grace that I offer in this book is something I have been taught since childhood.

From Adam and Eve onward our sinful world has always tried to make salvation more complicated than simply depending on the gracious character of God. We’re always looking for something we can do to make life better. We’re always trying to make life and salvation dependent in some way on our own efforts. From what I’ve studied of other faith systems, I happen to believe that my church body does the best job at keeping grace as pure and simple as God intended it to be.

Too often people join churches based on relationships rather than what a church actually teaches. While Christian relationships are important, they are not what saves us. Ultimately we are saved through faith in God’s word. The apostle Paul writes: (Rm 10:17) *“Consequently, faith comes from hearing the message, and the message is heard through the word of Christ.”* We need regular refreshment in our faith from God’s word, because our sinful nature is constantly trying to distract us and diminish our faith in the pure and amazing grace of God.

If you aren’t regularly going to church for this refreshment, you should start. I don’t subscribe to prevailing attitude, “It makes no difference where you go to church, so long as you go somewhere.” Different churches hold to different teachings and beliefs about God and his grace. Certain faith systems proclaim the grace of God more clearly, and with greater certainty, than others.

While I’m certain that not everyone who reads this book will share my particular bias, I hope that everyone who reads this book will start asking questions about what their church believes, teaches, and

confesses. I firmly believe that hope, joy and peace in life can only be built on a foundation of certainties.

These certainties will never be found in anything we do. Our human nature is too frail and sinful to accomplish anything perfectly or with absolute dependability. Thus, our hope must always be grounded solely in the grace of God revealed in Holy Scripture. If you find yourself in a church that is reluctant to speak with certainty about this grace, or even opposes the idea of such certainty, I encourage you to find one that does.

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Preview Material

Lesson 1

Understanding How the Brain Works

***What's the Point?** This lesson is a general overview of the brain and how physical, mental, and spiritual factors influence its structures and functions. By understanding these basics of the brain and how it is influenced, we gain hope that no matter how deep our depression, our mental outlook can be changed.*

Some of you will find the first four lessons of this study program boring, and some of you will find them fascinating. Some people want to know how engines work and become auto mechanics, and other people just want the car to go when they turn on the ignition. I happen to fall into the first category.

I believe that the more you understand the biological functioning of the brain, the more importance you will attach to the principles shared in this study. The more we understand the mechanics of depression and anxiety, the better we are enabled to avoid those things that drive us to despair, and cling to those things which lift us up. We begin our journey by asking the question:

Preview Material

IS DEPRESSION A PHYSICAL, MENTAL, OR SPIRITUAL PROBLEM?

We all get depressed at times. Certain life events cause great sadness. Jesus himself wept at the grave of Lazarus (Jn 11:35). The hardness of the hearts of men causes Jesus grief (Mk 3:5). However, while Jesus experienced these feelings, he also could experience joy and gladness. His reaction was to a situation, and not a general characteristic of his mood. Clinical depression is different. Clinical depression alters one's ability to do work or to function socially or personally.

The standard medical definition of clinical depression requires that at least five of the following symptoms are present in the same two weeks, nearly every day, as noted by the patient or by others, and are a definite change from usual functioning. Depressed mood or decreased interest or pleasure must be one of the five.

Clinical Characteristics of Depression

- 1) *Depressed mood (or irritable mood if a child or adolescent).*
- 2) *Decreased interest or pleasure.*
- 3) *Significant weight loss or weight gain when not dieting or significant increase or decrease in appetite.*
- 4) *Insomnia or hypersomnia (excessive sleep).*
- 5) *Psychomotor agitation or retardation.*
- 6) *Fatigue or loss of energy.*
- 7) *Feelings of worthlessness or excessive or inappropriate guilt. This “negative thinking” usually causes a marked lowering of self-esteem and self-confidence with increased thoughts of pessimism, hopelessness, and helplessness.*
- 8) *Diminished ability to think or concentrate. Marked forgetfulness often accompanies this disorder.*
- 9) *Recurrent thoughts about death, recurrent thoughts of suicide (with or without a plan) or has made a suicide attempt.*

In addition to meeting these criteria, a major depressive disorder cannot be due to a general medical condition, substance-induced mood changes (alcohol, medication, or other drugs), bereavement, bipolar disorder, or other mood altering psychosis such as Schizophrenia or Delusional Disorder.

Depression is not just a reaction to a specific event, but a filter through which all life events pass. Clinical depression is a persistent style of thinking, a filter which alters our perception of reality in a profoundly negative way.

As we deal with this type of depression, it is important for us to answer the question, “Is depression a disease or a spiritual condition?” Do we treat it as a medical condition with pills, should we seek counseling from a therapist, or is the best prescription found in seeking spiritual renewal? Biblically, and according to modern medical research, the answer is “Yes!”

Study and Discuss

Read Mark 12:30

With what four things are we to love our Lord?

Read Psalm 31:9-10 and Proverbs 14:30

How do sorrow, grief, or envy affect our bodies?

Dealing with depression isn't a choice between physical, mental, or spiritual treatments, but includes all of these dimensions. We are not three distinct entities of body, mind, and spirit, but an integrated whole. Extreme mental and spiritual conditions impact the body, including the development and functioning of the brain. Conversely, problems with our body impact our mental and spiritual state.

The ultimate testimony to the interplay of body and spirit is the history of our relationship with God. When sin entered the world, it not only broke down a spiritual relationship with God, but it brought about our own physical death. Our redemption through Christ's suffering on our behalf is a by-product of both a spiritual and physical struggle. Jesus experiences abandonment by God (Mt 27:46) "*My God, My God, why have you forsaken me*" as well as physical death, in order to accomplish our salvation.

Unfortunately, our modern culture has attempted to divorce our bodies from the mind and spirit. Roughly 90% of those who seek help for depression or anxiety are under treated. A very typical treatment will be a single visit and prescription from a primary care physician.² This results in a society surviving on medications while rates of depression, anxiety, and other mood disorders are steadily increasing.

According to IMS Health, a pharmaceutical information and consulting firm, sales of antidepressants increased 73 percent to more than \$12 billion from 1998 to 2002. Sales of analeptics (stimulants such as Ritalin and Adderall) increased 167 percent. This startling rise in the

²Howard, Pierce J. "The Owner's Manual for the Brain" (Bard Press, Atlanta & Austin, 1994,99: p. 333)

use of medications comes at a time when clinical research is demonstrating that drugs alone are not the best treatment depression.

New studies have found that combined drug therapy and psychotherapy dramatically improved the lives of patients suffering from clinical depression.³ Separately, drug therapy and psychotherapy had very similar rates of response (55% versus 52%). However, when combined, these different approaches to the treatment of depression produced results that neither therapy could achieve on its own.

The leading researcher of the study, Dr. Martin B. Keller, noted that, *“Adding structured psychotherapy to the usual antidepressant regimen increased our response rates by 30%. Not one of us had a clue at the outset that psychotherapy would add that much . . .”* Keller found that some patients who underwent combination therapy were able to sustain pleasure and function fully at work, with families and friends for the first time in more than 20 years.

Depression is more than a chemical imbalance. The surprise of leading researchers at the success of combined therapy illustrates how deeply ingrained is the belief that depression is only a medical issue. Because of this mistaken belief, most people do not even seek spiritual counsel as a component of treating depression, and church professionals treat clinical depression as a matter for the medical community.

Combined therapy not only produces better immediate results, but also more lasting results. Several studies have shown that the relapse rate of combined therapy is substantially less than the relapse rate for people who use only drug therapy. One study found the difference in relapse rates for patients receiving combined therapy was 25% versus 80% for patients receiving drug therapy alone.⁴

³Keller, M. B., et. al, (2000). “A comparison of nefazodone, the cognitive behavioral-analysis system of psychotherapy, and their combination for the treatment of chronic depression.” (New England Journal of Medicine, 342 (20), 1462-1470, 1518-1520)

⁴Fava GA, Rafanelli C, Grandi S, Conti S, & Belluardo P. “Prevention of recurrent depression with cognitive behavioral therapy: Preliminary findings.” (Archives of General Psychiatry, 55:816-820, 1998)

CAN THE WAY WE THINK PHYSICALLY CHANGE OUR BRAIN?

How we think affects the physical and chemical makeup of our brains. A reporter from CNN/Time writes:

*“the brain of a depressed person is organically different from the brain of a non-depressed person. The brain actually changes in depression. And new studies indicate there may be actual brain damage - something like scar tissue - in untreated cases of long-term depression.”*⁵

Our thought patterns change the physical structure of our brains. Long term depression can do permanent physical damage. How we think is not predestined by the physical nature and brain we are given at birth. Just as muscles are shaped by the way they are used, so also our brains are shaped by how we use them. Our thoughts, behaviors, and environment all influence the physical structure of the brain.

The ways in which we change the physical structure of our brains are particularly evident in growing infants. In a May 29, 1997 interview on the PBS News Hour with Jim Lehrer, the Psychologist Geraldine Dawson from the University of Washington shared the following:

*“Scientists have found that a baby’s experiences--whether he’s happy, whether he hears lots of music or speech, gets hugs and eye contact--actually change the physiological development of his brain--the quality and quantity of the electrical wiring between cells . . . What we’re learning is that very early in life there are these periods when certain parts of the brain are being wired and that later in life these patterns will be very difficult to change.”*⁶

More significantly for our study on depression, Dawson later commented:

⁵CNN.COM, “Research on depression shows genetic and chemical link”, (<http://www.cnn.com/SPECIALS/1999/cnntime/sories/depression/>)

⁶PBS, “Child’s Play”, http://www.pbs.org/newshour/bb/youth/jan-june97/brain_5-29.html

“What we believe is that by experiencing different emotions that you’re stimulating different parts of the brain and that this then leads to connections between the synapses.”

Dawson studied the difference between the brains of infants who had happy mothers and the brains of babies whose mothers were depressed. The region of the brain specialized for joy, generally the left side of the brain, showed considerable neural activity in the babies of happy mothers. The brains of children with depressed mothers looked different. Dawson continued:

“What we found was that the area of the brain that was specialized for positive emotion showed less activity and the area of the brain that specialized for negative emotion showed more brain activity. In later life an individual like this will be more apt to respond negatively when they’re stressed or they experience a negative event.”

Infancy may be the time of greatest change in our brain, but the brain has the capacity to change how it works throughout our entire life. As mentioned earlier, a very common demonstration of this is the recovery of stroke victims.

Stroke causes paralysis, memory loss, and makes people unable to speak, because it damages those parts of the brain responsible for those functions. In order to gain back movement or speaking skills, the brain must literally rewire itself, or change the way it thinks.

In a normal person the left side of the brain controls speech. If this area of the brain is damaged by stroke, MRI imaging techniques demonstrate that the right side of the brain takes over this function, although it must relearn the skills.⁷ An interesting experiment also seems to show that the right side of the brain has the capacity to learn new language skills at roughly the same rate of a similarly aged healthy person.

The fact that stroke victims who are well advanced in years can, through intensive therapy, recover some lost skills, proves that at any age we can change or rewire the way our brain works. Age and other factors may make this process more difficult for some people, but it can

⁷Blasi V, and others, “Word retrieval learning modulates right frontal cortex in patients with left frontal damage.” (Neuron 2002;36:159-170)

be done. An even more appropriate demonstration of this principle is a study of nuns living in Minnesota.

Since 1986, the “School Sisters of Notre Dame” in Mankato, Minnesota, have allowed themselves to be used by researchers looking for clues about Alzheimer's disease and aging. Their common life environment (they don't smoke, they are celibate, and have a similar diet) allows the researchers to rule out many variables that affect studies done on the general population.⁸

After autopsy many of the nuns exhibited all the classic physical brain damage associated with Alzheimer's. However, during their life, many of the nuns showed few, if any, changes in cognitive function. Researchers have found both physical and lifestyle reasons for this.

A low level of the B vitamin “Folic Acid” found in some nuns seemed to influence the development of the disease.⁹ Folic Acid is important to brain development. A shortage of this vitamin in pregnant women causes neurological problems in babies.

This research is also showing that what we do with our mind plays an important role in how the brain responds to physical damage. A report in the June 24th, 2003 issue of “*Neurology*” shows that the more education and brain stimulating activity a person has, the less likely they are to show signs of Alzheimer's, even though autopsies revealed that their brains were physically well advanced with the disease.

David A. Bennett, MD, a neurologist with Rush Alzheimer's Disease Center in Chicago and the lead researcher of the study says that education “*may make the brain more adaptable and flexible.*” The bottom line is that who we are and how we think are not mere functions of what is physically going on with our brain. Our brains are dramatically affected by our behaviors and what we choose to fill our minds with. This principle is not new, but firmly rooted in the teachings of Scripture.

⁸Garloch, Karen “A fascinating Study of Nuns, Alzheimers”, (The Charlotte Observer, March 17, 2003)

⁹McKeown, L.A. “Low Levels of B Vitamin Linked to Alzheimer's Lesions”, (WebMD Medical News Archive, New York: April 4, 2000)

Study and Discuss

Read Philippians 4:4-9

How does focusing on the good things in life affect our state of mind?

Scripture teaches that the direction and focus of our minds has a profound affect on our mood. Our mood can also be affected by our physical state. Physical pain, for instance, can put us in a negative mood and may therefore influence our mental focus. Our physical, mental, and spiritual states are constantly acting upon and influencing each other.

Stress, anxiety, and other negative thoughts trigger your brain and body to secrete certain chemicals. These chemicals, when secreted over sustained periods, have a restraining effect on the chemicals your brain uses in the positive thought process. In other words, if you don't break the cycle of negative thoughts, your mood will descend in a downward spiral, a bottomless pit from which it is difficult to emerge without help.

Someone once said, "*If you keep on doing the same things you'll get the same results.*" Our life can easily slip into patterns that are destructive to our emotional well being. Without examining those patterns, and making a conscious effort to change what we are doing, it is difficult to change our overall mood.

Using the outline on the next page, briefly examine your activities in life. When you determine whether or not an activity is positive or negative, make that evaluation based on how you feel after the activity, rather than before it. For instance, I hate doing taxes, but I love the feeling I have when my taxes are done and dropped off in the mail. You may hate exercising, but always feel great after work out.

Discuss

List personal techniques or activities in each area below that may impact your mood positively or negatively.

PHYSICAL: (Work out, clean, yard work, nap, etc.)

A) activities that positively affect my mood are . . .

B) activities that negatively affect my mood are . . .

ENVIRONMENTAL: (Music, books, t.v., driving, etc.)

A) places or activities that positively affect my mood are . . .

B) places or activities that negatively affect my mood are . . .

SOCIAL: (Friends, family, co-workers, etc.)

A) people or situations that positively affect my mood are . . .

B) people or situations that negatively affect my mood are . . .

Your mood is not simply a byproduct of the chemical makeup of your brain. The choices you make in physical activities, environment, social settings, and how you interpret all these events, combine together to alter your mood. These choices actually change the chemical and physical structure of your brain.

From a biblical viewpoint, our eternal salvation hinges on God's ability, through the message and work of Christ, to change how we think. The familiar biblical word "repent" literally means "change your mind" (from the Greek words "meta" *change* and "noieo" *consider, perceive, or think*). While the Christian faith results in a changed lifestyle for the believer, this new life is ultimately rooted in a new way of thinking rooted in God's grace to us through Jesus Christ.

Study and Discuss

Read Jeremiah 31:31-34

Why did the old covenant God made with Israel fail?

How will God change Israel so that the new covenant will not fail?

Read Romans 12:2

What change must take place in order for us to be able to understand God's will?

Read Mark 1:14-15

What kind of news does Jesus bring to us?

What change occurs with those who repent?

Repentance is not simply being sorry for something you have done wrong. Repentance is a new way of thinking focused on the "good news" we have in Jesus Christ. Lessons 4-11 of this study will focus on specific ways that we can more effectively incorporate this good news into our daily living. The next two lessons, however, will focus primarily on the physical and life style changes we can make as components in the battle against depression and anxiety.

Lesson 1 ~ Weekly Activities

If you are stressed as to whether or not you have answered the questions properly in this lesson, I do give some suggested answers to all the lesson study questions in the Appendix. For the supplemental readings in the “Weekly Activities” there are no suggested answers except the ones you suggest while doing your personal devotions.

You may want to read on, but I think you are better off stopping at the end of this section. Let a week pass before you move on to the second lesson. Talk about what you have learned with friends. Take time to absorb and reflect upon what you have read. Overcoming depression and anxiety involves permanent changes in the way we live and think about our lives. These changes take time and effort.

CARING FOR THE BODY AND SPIRIT GOD GAVE ME

To help you stay focused throughout the week every lesson includes some review material, some devotional reading, and other activities. Each week the amount of work will intensify until lesson 5.

In the **Appendix** (pages A3 - A8) you will find a guide for tracking such things as sleep, diet, exercise and devotional time. While we will explain and focus more on these factors in future lessons, it is important to begin paying attention to these aspects of your life now by completing this form each day.

SCRIPTURE READING

The major emphasis in the weekly activities for this first lesson is to begin cultivating your devotional life. We will start out with some devotional reading and questions. Each evening read a part, perhaps a chapter, of Paul’s letter to the Philippians. While you are reading Paul’s letter, answer the following questions.

According to chapter 1:7, and 1:13-17, what is Paul’s earthly situation?

What seems to be Paul’s mood as you read through this letter (see verses 1:3-4, 1:18)?

What potentially negative situations does Paul describe in the following verses?

- a) 1:13
- b) 1:15, 17
- c) 1:20-22

How does Paul put a “positive” spin on the negative situations listed above?

- a) 1:14
- b) 1:18
- c) 1:23-25

While negative events abound in life, where does Paul want us to focus our thoughts according to Philippians 4:8?

What is the result of a life focused on God’s blessings according to Philippians 4:9?

What is the secret to Paul’s contentment in life according to Philippians 4:11-13?

Having read through Paul’s letter, would you say that Paul could find plenty of reasons to be depressed about life?

What is different about Paul that allows him to be so joyful about his present life circumstances?

- NOTES -

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Preview Material

- NOTES -

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Preview Material

Lesson 2

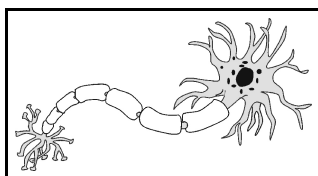
Brain Chemistry and the Effects of Drugs, Diet, and Exercise

***What's the Point?** By understanding the chemical makeup of the brain and how these chemicals function, we realize the important role that drugs, diet, and exercise play in how we think and respond to the world. Caring for the body God gave us is very important in battling depression.*

When teaching this material, many people find this lesson to be the most complex and difficult to grasp. While you may struggle with this material, it is important to understand the effects of what we do with our bodies and what we put into our bodies. With that understanding comes a greater appreciation for how drugs can help us, but also a greater appreciation for what drugs can't do, and the side effects they can cause.

As you read through this material please understand my own limitations. My expertise is not chemistry, nutrition, or physical therapy. In addition to these limitations the advancements in brain research are happening so fast that long held beliefs are frequently tossed out and new theories of brain function take their place. What I've written here may be outdated by the time you read it. With these basic qualifications here goes my best attempt to help you understand some brain basics.

HOW DO CHEMICALS INFLUENCE THE BRAIN?



Meet the **neuron**, the type of cell that makes up your nerve fibers and your brain. At birth you possess roughly 100 billion brain cells. The number of cells is not as significant as the number of connections that they make to other cells, and the strength of those connections.¹⁰

The impulses inside of a neuron travel electrically from the cell body (large part called the “soma”) to the cell end (small part called the “axon

¹⁰Pierce, p. 44

terminal”). The “myelin sheath” is a coating of fat that encircles the axon (long part). This sheath insulates the electrical signal within the neuron and helps the signal travel faster and farther.

With a healthy myelin sheath the electrical signal inside of a neuron can travel up to 100 meters per second. Without myelin, the signal slows to about 1 meter per second. In the absence of this sheath the neurons are essentially short circuited and incapable of transmitting messages.

When we are born the spinal cord and the areas of the brain responsible for instinctive behaviors have an intact myeline sheath. At birth an infant’s brain weighs about 300-350 grams ($\frac{2}{3}$ to $\frac{3}{4}$ lb.). The adult brain weighs about 1200-1500 grams ($2\frac{2}{3}$ to $3\frac{1}{3}$ lbs.). Virtually all of this weight and size increase is due to the process of myelinating the rest of the brain cells. I presume that God designed things to work this way so that babies wouldn’t go stir crazy being cooped up in a mother’s womb for nine months, and to ease the process on mom when delivering a newborn.

Shortly after birth the visual and auditory centers of the brain are myelinated, followed by the motor areas of the brain. Myelination of the brain continues into the early twenties. The last parts of the brain to be fully myelinated are the frontal lobes (logic centers), which is why mature logical judgment only develops with age. Thus, our cognitive development roughly parallels the myelination of our brain neurons.

Neurons range in size from less than a millimeter to more than one meter in length. The healthy composition of the fatty myelin sheath is essential to the proper function of the brain and nervous system. The break down of this sheath is what occurs in the disease “Multiple Sclerosis.” As this disease progresses the insulating character of this sheath is changed. The electrical impulses traveling from one end of the neuron to the other either don’t arrive, or arrive too late, to properly coordinate with other cells. Later in this lesson we will discuss how diet can profoundly affect the health of this myelin sheath.

The little fingers surrounding the large part (“soma”) of the neuron are called “dendrites”. One neuron can have thousands of these dendrites with their tiny branches. It is through these dendrites that a neuron receives information from another neuron. While the neuron talks from one end to the other electrically, the conversation between

99% of all neurons is initiated by chemicals received by the dendrites called “neurotransmitters.”

END OF PREVIEW

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Preview Material