

“Depression: When Its More Than Stress”
Fifth Sunday after Pentecost
Matthew 4:23-25
July 8, 2007

Jerry was a junior in high school and a leader in the youth group. It may sound trite, but he could best be described as your typical All American boy. Bright, athletic, good-looking, a hit with the girls—he had absolutely everything going for him. Every youth pastor should be as lucky as me. I could depend upon him to do just about anything I asked. He seemed to have the world by a string. That is why the news I received that morning caught me so off-guard. I was sitting in my office, planning an upcoming retreat, when the phone rang. Jerry had climbed up onto the catwalk above the school stage, wrapped a rope around his neck, and threw himself off. Fortunately, someone saw what happened and got to him just in time. He had been rushed to the intensive care unit of the local hospital, and I was needed to go there immediately. As I got into my car and drove off, I wondered what in the world I was going to say. And later that evening, as I walked into a Sunday School room filled with stunned, teary-eyed, and very angry young people, the same thought crossed my mind. Why would he have done something like that?

I thought of Jerry as I began my study for today’s sermon. You probably remember that I am preaching a series of sermons on topics that I feel affect the youth of our church and community. As I have said before, it is my hope that these sermons will foster a series of dinner table discussions between our young people and their families. Home is that place where values are formed and many of the foundational decisions of life are made. Children and teens want to know what their parents think about a variety of subjects, but sometimes—for a variety of reasons—those subjects are simply not brought up. Well, I want to provide the opportunity for those subjects to find a place in your home. Whether you agree with what I have to say or not, I hope that parents and grandparents, aunts and uncles, will use what is heard today as a springboard for a discussion with their children, grandchildren, nieces and nephews. We have already talked about the use and abuse of alcohol, money, and sex—topics that not only constitute the scripts of most television shows and movies, but also lifestyles of many of our teens. Today I would like to try and raise awareness of another issue that seems to

affect our young people: stress and depression. I would like to point out some facts, offer what I believe to be a Christian response to the problem, and then give you a starting point for your discussion at home. So let's get started.

In a recent study conducted by the University of Michigan (whom the Huskers beat 32-28 the last time they played, by the way), one third of U.S. teens feel stressed out on a daily basis, and nearly two thirds of teens tend to be stressed at least once a week. According to the study, the major cause of that stress seems to come from “the overwhelming expectations by parents and society.” Other factors include finances, family, friends and relationships, world issues, their future, their mistakes, and so much more. Dr. Jennifer Dyl, a psychologist at Bradley Hospital, says that teenage stress factors also include:

- Academic pressure and career concerns
- Pressure to wear certain types of clothing or hairstyles
- Pressure to try drugs, alcohol, or sex
- Pressure to fit in with peer groups and measure up to others
- Adaptation to bodily changes
- Taking on too many activities at one time

Now adults will often hear these concerns and say something like, “Well, welcome to the real world,” or “Wait ‘til you have a family to take care of and then you’ll know what real stress is all about!” Perhaps, concerns about not having a date to the prom, or even maybe the disappointment over a bad grade may not seem as big as some of the issues of the adult world, but to write off those concerns as only that which comes with “growing up” is to ignore a major problem. Rather than hearing those comments as irritating complaints, perhaps it would be more beneficial to hear them as cries for help. Yes, life is stressful—even for young people. Stress, as a matter of fact, is a very natural part of life. It is our body’s way of reacting to the internal and external changes that are happening about us. It also includes the way that we think about those changes. It can lead to feelings of anger, impatience, and being overwhelmed. It can also lead minor physical problems like head and stomachaches and loss of sleep, and chronic problems

like irritable bowel syndrome and colitis. How we handle that stress, whether it is produced by the concerns of the youth or adult world, can determine whether or not we will live happy and peaceful lives. Sometimes it can be handled by something as simple as going for a walk, visiting with a friend, taking several deep breaths, or some other activity that causes you to relax. Other times a good counselor can be of great help. Over the course of the past 7 years, through all of the life changes that I have experienced during that time, my counselor in Memphis, and now the one I have in Omaha, has been invaluable. Of course, in all you do, you can look to your faith and, as it says in I Peter, remember to *“Cast all your anxiety on him, for he cares for you.”* And then if you still feel stressed, you can try what always works for me. I just look at Hughes, realize that things can be a whole lot worse, and then go on my merry way. Try it! You’ll be amazed at how well it works!

Yet sometimes that stress is a major indicator that something much worse may be taking place. Sometimes stress can lead to depression. You probably already know that the rates of depression among our young people have risen dramatically in recent years. Depression, of course, is not just a state of mind. It is related to physical changes that happen within the brain, and is connected to an imbalance of a type of certain types of chemicals that carries signals in your brain and nerves. Those imbalances cross all socio-economic boundaries. Depression is no respecter of persons. Family history, major trauma, and certain physical conditions can all play a role in its appearance. So can the death of a friend or relative, a breakup with a boyfriend or girlfriend, or a failure at school. It has been reported that 15-20% of teens have experienced a serious episode of depression, which is similar to the number of adults who have suffered from it. Teens under more-than-the-normal stress, who have low self-esteem, and who have attentional, learning, conduct, and anxiety disorders are at a higher risk for depression than others. And teenage girls are twice as likely as boys to experience it. Some of the symptoms of depression include:

- A persistent sad or “empty” feeling
- Loss of pleasure in ordinary activities
- Decreased energy, fatigue, or being “slowed down”

- Sleep disturbances—insomnia, early morning waking, or oversleeping
- Eating disturbances—loss of appetite and weight, or weight gain
- Chronic feelings of worry and nervousness
- Talking, thinking, or writing of death
- Irritability
- Excessive crying or not being able to stop crying

As rates of depression rise among our young people, so do the rates of other behavioral disorders including anorexia and bulimia, substance abuse problems, and self-injury. It can cause problems at school, reckless behavior, violence, and even suicide. Depression and its related illnesses often interfere with normal, everyday functioning and can cause pain and suffering not only to those who have the disorder, but also to those who care about them as well. Once again, we all have difficulties in our lives, and highs and lows and “growing pains” are a normal part of the lives of every teenager. Adults may have difficulties that may seem to them to be so much greater than those of our young people. But to say it once again, for adult family members to simply write off those difficulties as just “the perils of youth” is to put the health and well being of your child or any other young person in a very dangerous situation.

So what do we do? Where do we go? And how do we, sitting here in God’s house on Sunday morning, leave here not thinking we have just heard a lecture in health class? What do we as Christians—both young and old alike—do about stress and depression in our lives? Well, just like anything else, we should first turn to the Bible. In anything we do as Christians that should always be our starting point. And when we do so, we quickly find two interesting pieces of information. First of all, even though stress and depression were not recognized conditions back then, that is not to say there were not people who demonstrated some of their symptoms. Although the writers of I Samuel described King Saul’s illness theologically, for instance, his persistent sadness, feelings of helplessness and hopelessness, irritability, his sometime irrational actions, and the fact that David’s music relieved him for a time all point to the fact that he was depressed. Some think that the prophet Elijah was too. Worn out after his battle with the worshippers of Baal on Mt.

Carmel, he fled the scene after hearing the threats of Queen Jezebel. The biblical writers painted him as mentally and physically exhausted, unable to eat, hopeless, and thinking of suicide—all classic symptoms of the disease. Some commentators think that the apostle Paul’s “thorn in the flesh” may have been related to depression. And then there are the Psalms. So many of them mention phrases like going “down to the pit,” that place from which the writers couldn’t seem to find their way out, or that feelings that their soul has been “cast down,” a description of those times when one’s whole world seems upside down and unable to right itself. One psalm in particular seems to describe the depressed condition perfectly. Perhaps the writer of Psalm 31:9-10 described it best when he said,

“Be merciful to me, O Lord, for I am in distress; my eyes grow weak with sorrow, my soul and body with grief. My life is consumed by anguish and my years by groaning; my strength fails because of my affliction, and my bones grow weak.”

When we turn to scripture, the first thing we find that there were plenty of examples of those who suffered from what I think can reasonably be called depression. The characters of the Bible were not plastic saints, you see. They were very real people who had very real problems—just like you and me. But it doesn’t stop there. The second thing we find when we turn to scripture is that God continued to care for those who suffered like that. And that care, of course, is best demonstrated in the life and ministry of Jesus. In the scripture you heard earlier, Jesus’ reputation as a healer had grown so much that those as far away as Syria brought to him *“those afflicted with various diseases and pains, demoniacs, epileptics, and paralytics, and he cured them.”* You probably remember that in the ancient world, there was little distinction between disorders of the body and disorders of the mind. Many forms of both physical and mental distress were believed to be the result of demon possession. Good Christians can argue over whether that remains true today. But the important thing to remember about that was that, whatever the case, Jesus healed those with mental distress with the same compassion as he did for those with physical distress. The scriptures are very clear that Jesus was concerned with the whole person—body, mind, and spirit. All of the commentaries remind us that when we read in John that Jesus came that we might have abundant life, he

was not just talking about eternity. The whole of our life was of concern to Jesus—that of today and tomorrow. And according to scripture, the church—Christ’s body here on earth—is to demonstrate that same compassionate concern to those for whom Christ continues to care so much.

I was reading the 2004 edition of The United Methodist Book of Resolutions and found that it says much the same thing. I must confess that I was not reading it for my pleasure. Believe it or not, I actually do have a life. But as I was trying to find where our denomination stands on the issue of mental health, I found the following report that began by reminding us of the church’s call to participate in the healing ministry we just heard the gospel describe. It goes like this:

“Health...is something beyond, but not exclusive of, biological well-being...Taking the Gospel mandate seriously, United Methodists are called to work toward a healthy society of whole persons...Part of our task...is to ensure that people who are ill, whether from illness of spirit, mind or body, are not turned aside or ignored but given care that allows them to live a full life.”¹

We are not only called to heal those who suffer in body, mind, and spirit, but to offer the kind of care that will allow those people to live full, productive lives as well. So how do we do that? I must tell you that as I studied for this sermon, I would often google phrases like “Christians and depression” or “Christian response to depression” to see what I could find on the web. When I would open one of the websites that appeared, I would usually be very disappointed. The majority of websites I found usually said something like this: “Your so-called ‘problem’ is nothing that faith cannot fix. Feeling blue? Then get into God’s word, confess your sins, pray without ceasing, listen to Christian music, and soon the joy of the Lord will be yours! Have a happy day!” And that was that. There was nothing more. Now please know that I have nothing against reading scripture, confession, praying, and listening to good music. Doing so, or “attending to the ordinances of God,” as John Wesley would refer to those disciplines, is the third of the

¹ 2004 Book of Resolutions, The UMC Publishing House, Nashville, 2004, p. 308-309

General Rules of Methodism. Like him, I believe that faith does play a major role in healing. It is vitally important. But depression is more than “feeling blue.” It seems to me that if a young person is under stress; or worse yet, if he or she is suffering from some major type of depression, then giving that advice alone is almost criminal. What happens when one does all of those things and the symptoms do not go away and the behavior so often associated with depression begins to appear? What does one do then?

Well, I decided to go back to the scriptures, and when I did I found an interesting verse in the Book of Sirach. Sirach is a part of what is known as the Apocrypha, a group of books that were written in the two or so centuries before Christ, and that are a part of the Greek version of the Old Testament. Sirach and the other 14 books of the Apocrypha are not found in most Protestant Bibles, and are not considered to be on the same level as the other 66 books of the Bible. But as Martin Luther and many other Christian leaders throughout the centuries have said, they are still profitable for reading. And when we read the 38th chapter of Sirach, we find these words:

“Honor physicians for their services, for the Lord created them; for their gift of healing comes from the Most High...The Lord created medicines out of the earth, and the sensible will not despise them...God’s works will never be finished; and from him health spreads over the earth.” (Sirach 38:1,4,8)

Sirach reminds us that all healing comes from God, and that both physicians and medicine should be seen as good gifts from our Lord above. Each is a part of God’s good creation. Now based upon what we know about depression, that is an important truth to remember. For depression happens when the level of certain neurotransmitters in our brain—norepinephrine, serotonin, and dopamine to be exact—become low. Those low levels have a direct effect on the way that we respond to certain stimuli or events in our lives. Depression is a medical condition, not a lack of faith or a result of sin or of just not trying hard enough. Depression is a treatable illness, one from which young and old alike can recover. A physician can prescribe medications that can correct the level of those chemicals in our brain and alleviate the physical conditions that cause depression. Yes,

there are risks associated with any medication, but the gains in this particular situation far outweigh any risk that may be involved. Unfortunately, the experts say that only about 20% of those teenagers who are depressed ever get treated. There are, I suppose, a whole host of social, economic, personal, and even religious reasons why this is so. But Christians should not feel ashamed for taking medications to help them deal with depression. I am not. Over the course of the last several years, I have had several things happen to me that have knocked me for the proverbial loop. I have had to face situations that I have not always been able to handle on my own. I seemed to make a lot of mistakes. So I finally sought help. Remember that in his wisdom, Sirach reminds us that physicians and medications come from God, and that with them “health spreads over all the earth.” God has given us an amazing way to help our young people, and to help ourselves in the process. I pray that you will make use of those gifts just as I did. Paul reminded the Christians at Ephesus to put on the whole armor of God—to arm yourself with those things God has given that can help us to defeat that which the world throws at us every single day. Perhaps this is another one of those gifts we could add to the list.

But please remember that medication alone is not enough. The National Institute of Mental Health states: “When medication is used, it should not be the only strategy. There are other services that you may want to investigate for your [youth].” It then goes on to identify such agencies as counseling centers, family support services, educational classes, and behavioral management seminars, just to name a few. Under the guidance of a good counselor and with medicine prescribed by a doctor, new ways to cope with what the world throws at our young people can be found. The National Institute also recommends that families talk to each other. Now there’s a novel approach, right? And it even offers suggestions on how adult family members should talk to those young people they love. First and foremost, offer your support. Make it clear to your young person that you are there for them, fully and unconditionally, and ready to provide whatever support is needed. Second, be gentle but persistent. Don’t give up if your youth shuts you out at first. That’s fairly normal. You probably already know that teens usually don’t like to talk, and talking about depression can be very uncomfortable. So be patient. Wait it out. Third, listen without lecturing. As hard as it might be, O You Who Knows Everything,

resist any urge to criticize or pass judgment once the talking begins. The important thing to remember is that you and your youth are actually talking to each other. Finally, validate their feelings. Respect what they say. Don't try to talk them out of their depression—even if you think that is not the case. Just listen. And if your youth says nothing is wrong, then trust your instincts. Go with your heart. You may end up being wrong, but living with a mistake is a whole lot easier with living with the knowledge that you knew and did nothing.

That is what bothers me the most about Jerry. He seemed to have life by the tail. Perhaps that is why nobody noticed what was about to happen. But think of all the trauma and heartache that could have been avoided if those who knew him best—and that includes his youth pastor—had just taken the time to sit down and listen to him, to find out what was going on just below the surface. I pray that you will not make the same mistake. I hope that you will take the information that I have offered this morning, gather around the table, and talk with and listen to one another. Your family has nothing more important to do today than that.