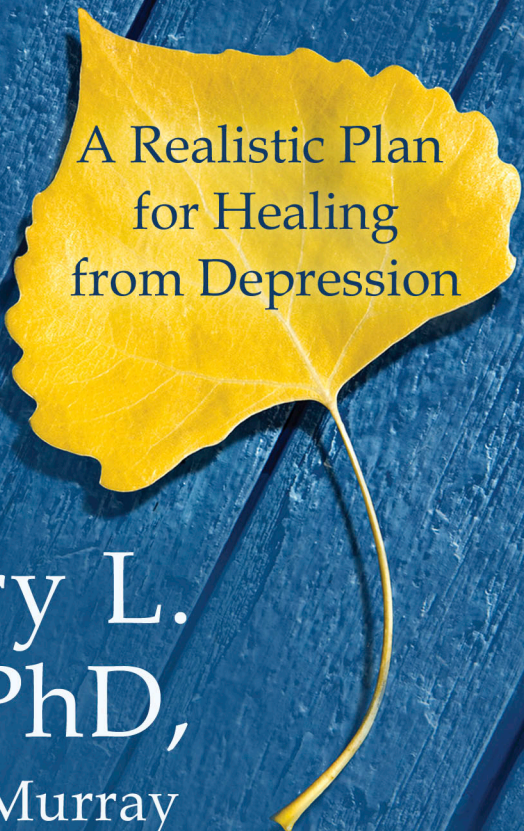


Turning Your Down into Up



A Realistic Plan
for Healing
from Depression

Gregory L.
Jantz, PhD,
with Ann McMurray

Revised and Updated: Previously released as *Moving Beyond Depression*

Turning
Your Down
into Up

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WATERBROOK
P R E S S

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The names of persons who have come to the Center for counseling have been changed, and some illustrations are a combination of individual stories to protect confidentiality.

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*To all whom the cloud of depression has
not yet lifted, there is hope.
Let's walk together through these pages on
a journey that brings great rewards.
May you sense a new direction and peace.*



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Not Just a Case of the Blues

Depression is on the rise, according to the World Health Organization. The phenomenon isn't contained within the borders of the United States or confined to the technological frontiers of the First World. Across the globe, by the year 2020, depression will be second only to heart disease as the leading cause of debilitating illness. It's everywhere; it's increasing; it's serious. This isn't just a global case of the blues.

If you ask people on the street if they know someone who has suffered from heart problems, they will probably tell about an uncle or a parent who has had a heart attack, angioplasty, or bypass surgery. In some cases, that person may no longer be alive. But often, the patient will have recovered and is reportedly "doing great."

Ask them if they know someone who has suffered from depression, and they may not answer as quickly. Most will probably be able to come up with someone. They may remember an aunt who always seemed unhappy at family functions, if she showed up at all. They may recall a cousin who was depressed in high school. They will probably be hesitant to conclude the person is doing well. Instead, they tend to adopt a more watchful, wait-and-see attitude. In fact, according to the World Health Organization, depression is a leading disability worldwide, affecting more than 350 million people.¹

At the facility I founded, the Center for Counseling and Health Resources near Seattle, Washington, people come to us with fears, doubts, nonexistent motivation, and a general lack of vitality in their lives. The hope and optimism of childhood seem a distant, ill-remembered dream

as they venture through adulthood. At the Center, we recognize these symptoms of depression and work to stem its tide in those we counsel. Society doesn't always make our job easier.

People often mention the late Kurt Cobain (1967–94) when discussing depression. Kurt, the lead singer for the grunge group Nirvana, was said to be the voice of his generation, a harbinger of their feelings, thoughts, and emotions. In his life, Cobain articulated the tragic results of failing to recover from his long-standing depression. Never choosing to whitewash his despair, Cobain instead embraced his dark feelings and responded to an uncomprehending world with his signature album *Nevermind*. His obsessive self-hatred and destructive attempts at self-medication through drugs, alcohol, and inner rage resulted in his successful suicide in 1994. Clearly, in his life and even in his death, Cobain was on the leading edge of societal trends.

More recently, we have publicly witnessed the fatal consequences of depression surrounding the high-profile deaths of musicians Michael Jackson and Amy Winehouse, model Anna Nicole Smith, and actors Heath Ledger and Brittany Murphy. Though other factors certainly played into their troubling lives and tragic deaths, the medication of depression only compounded the problem, in some cases *self*-medicating behaviors; in others, prescribed antidepressants may have been either ineffective or simply done more harm than good in combination with other drugs.

Though the media focus on their lives often spills over into the absurd, celebrity struggles with depression do serve to shine a sobering spotlight on how difficult depression is to treat, even for those who have every resource imaginable at their disposal.

Out with the Old

Depression is becoming more pervasive, and with its increase, professionals are scrambling to craft a response. While there is a growing recognition that the old answers aren't working anymore, health-care experts

agree the answer is not in continuing the wholesale medication of both children and adults. But neither should sufferers be left to concoct their own destructive, self-medicating strategies.

In the past, there were two popular responses to depression: get over it or medicate it. Those suffering with depression were considered to be self-indulgent and self-obsessed. Their dark moods were responded to with little patience or understanding. People with depression were often counseled to just “Cheer up!” When the “get-over-it” method didn’t seem to work, increasing numbers of sufferers turned to medication. The use of Prozac and other antidepressant medications has recently skyrocketed.

For those choosing to medicate their way out of depression, some have used prescription medication, and others have medicated their pain with age-old remedies such as alcoholism, drug abuse, promiscuity, eating disorders, self-mutilation, and other compulsive behaviors. In recent years, a new addiction has reared its ugly head: addiction to new media and technology, a welcome distraction from reality that is not only socially acceptable but encouraged and celebrated. Some retreat to addictions, and some retreat to lethargy and sleep, unable to get out of bed in the morning, day after day.

Frustration over the inability to deal with depression has increased also, not only among health-care professionals but also among those who suffer from it. When depressed people are unable to pull themselves up by their mental bootstraps, so to speak, and prescribed medication and even self-medication aren’t successful, many conclude that suicide is the only way out of their downward spiral. Victims of ongoing depression often feel that life no longer seems worth living. Their struggle to survive simple daily tasks just doesn’t seem worth the pain.

One Story, Different Voices

As depression increases, it rises to the top of our national consciousness, out from the shadows and into the spotlight. As more people become aware of depression, they recognize its presence in their own lives. The

nameless dread, the constant fear, the ever-present weight takes on a name. It has now become a “diagnosis.”

With the identification of a diagnosis comes the desire for a one-size-fits-all solution. A singular reason, with a scientific solution, is appealing to the depressed individual and to his or her concerned family, friends, or acquaintances. When the reason for depression is understood—especially in light of new discoveries in brain science—there is a new sense of hope for its treatment. If we know what the problem is, we believe our technological society should be able to fix it. Energized by the discovery of a reason for destructive behaviors, many sufferers become impatient for a “cure,” hence the current increase in pharmaceutical remedies for the symptoms of depression.

When individuals acknowledge their depression and say, “Yes, that’s my problem,” they can feel as if identifying their problem also solves it. But understanding the problem of depression doesn’t mean the journey to healing is over. The diagnosis of depression in a person’s life is more like a crossroad than a single destination.

People arrive at the point of depression from many different places, indicating there are a variety of paths to recovery. In short, there is no *one* answer for depression and no *single* path to recovery. Just as the reasons for depression are as varied as the individuals who suffer from it, the paths to recovery will also be unique to each individual.

Not every person suffering from depression should be medicated.

Not every person who has a bad day is depressed.

Not every person who struggles over meaning and purpose in life should be viewed as “crazy.”

Not every person is able to bounce back from a major traumatic event without assistance.

In order to deal with an individual’s depression, his or her uniqueness, his or her story must be heard, understood, and integrated into a personalized recovery.

The Whole-Person Approach

Applying the whole-person approach to recovery can individualize treatment for depression. The whole-person approach is based upon recognition of the unique components of an individual's life and how these components interweave to form the whole person. This book is designed to explain each component of the whole-person approach and how those components can identify real answers to curing depression.

The components we will look at in the whole-person approach are emotional, environmental, relational, physical, and spiritual. Together, these components provide keys to why a person is depressed, and they can open a doorway to his or her recovery.

Emotional Influences

We are emotional beings, and we choose to acknowledge or express those emotions in outward forms. We are never far from our feelings and emotions. They trip us up when we are stressed or tired. They sneak up on us at unexpected moments. They support our expectations, fuel our disappointments, and energize our victories.

When depression settles into a person's life, emotions become confused. A promotion at work may produce thoughts of despair and fear. Minor daily irritants can become major life hurdles. The joy of others can become a gloomy reminder of inner insecurities. Even if life appears to be going well, our emotional balance can become tilted toward depression, at the mercy of the dangerous balancing act of anger, fear, shame, and guilt.

Environmental Influences

We live in a world where complexity greets us every morning. What are we going to wear? What are we going to eat? How are we going to get to work? Which tasks are we going to complete? What calls are we going to

deal with first? Should we answer our cell phone, our home phone, respond to our e-mail, reply to our voice mail, check and update our social networks—and in what order? From the moment we awake, the assault begins. We are overwhelmed. The assault demands a response, and retreating into depression can be that response.

Relational Influences

We constantly use relationships to determine our position in life. We observe the world and people around us and make decisions about who we are based on how we believe others perceive us. We define our position by the people with whom we interact—online and off, which can be, and often are, two different dynamics altogether as we tend to mask our real selves behind our virtual personas. We use this information to triangulate our state of well-being, factoring in what we've learned or observed in the past, a view of our present circumstances, and the potential outcome for our future.

Depending on our ability to reason truthfully, these relationships provide us with a sense of well-being or foreboding. The uniqueness of our circumstances and our relationships can either help or hinder our ability to deal with these ever-present thoughts and emotions.

Physical Influences

In the past, the answer to a broken-down spirit was a pharmaceutical “fix” that relaxed the physical body. But as we learn more and more about brain science and depression, as well as the interworking of mind, body, and spirit, we are learning that the potential exists for our bodies to act as partners in recovery instead of as opponents.

Spiritual Influences

Wrestling with questions of worth and purpose are spiritual issues. *Who am I? What is my purpose? Where is joy? When will this be over? Why is this happening? How did I get this way?* The spiritual component of a person's

life can provide direction toward both the right questions and the needed answers.

Finding Your Story, Finding Your Way

If you suffer from light to severe depression, this book is designed to help you articulate your feelings, define your questions, and uncover your unique answers that will lead you to recovery from its oppression. There is no one-size-fits-all answer for depression, but there is one that's just right for you.

You may choose to study this book with a caring professional, someone who can assist you in your recovery process, or you may be determined enough to read through this book on your own. Whenever possible and appropriate, please consider working through this material with another person who is equipped to assist you in understanding your depression and is willing to walk this journey of recovery with you.

Take time to read over each section. It may be that one section seems targeted to your individual situation, but every component of this whole-person approach will impact your recovery. Allow yourself the time to read each section carefully and examine how their integrated truths apply to your whole person.

To assist you in processing the information presented in this book and your reaction to it, I suggest that you use a journal throughout your reading. There will be opportunities for you to specifically use the journal, and there will be times when a thought or concept impacts your own situation with special emphasis. While these insights resonate, write them down. Put in writing the truth, as you understand it. Write down how you are feeling as you work through this truth. Write down what motivates you to act. In this way, you'll be writing your own book of recovery.

This book is for you and about you.

Now before we investigate the new answers to depression, read through the following section to evaluate whether or not depression is influencing the quality of your life.



Depression Indicators

When her supervisor asked to see her, Karen felt a nervous twinge in her stomach. Walking to her boss's office, she reviewed the last several months and wondered if she had done something wrong. Employees usually didn't get called into the supervisor's office unless some costly mistake had happened. She silently hoped that a coworker hadn't made a complaint against her. Karen's anxiety intensified as she neared the office, still unable to deduce a reason for the summons.

"Thanks for coming back," her supervisor said as she motioned Karen to take a seat opposite her. "I wanted to touch base with you to see how you're doing."

"Is anything wrong?" Karen asked nervously, her hands trembling slightly in her lap.

"Well, to be honest, I'm not sure. You haven't seemed like yourself lately."

"Is there a problem with my work?"

"No-o-o-o, not really. But I have noticed that you seem pretty down. You've missed more work over the last four months than I can ever remember. Is everything okay? It's been a long time since I saw you smile."

Karen couldn't deny that her supervisor spoke the truth, only she'd been feeling this way for a lot longer than the past four months. She'd just been better at hiding it before. Not knowing what to say, she looked down at her hands.

Finally, feeling trapped by the silence, she said, "I guess I haven't been feeling much like myself lately. I don't really know what's wrong."

"Karen, you're a valuable employee and someone I'd like to consider a friend. Over the past several months, from where I sit,

this hasn't gotten better; it's gotten worse. I'm worried about you. I think maybe it would be good to figure out what's causing you to feel this way."

Are You Depressed?

How do you know if you're depressed? When does sadness become depression? How many "bad days" can a person have in a row and not be considered depressed? How can you tell if how you're feeling is something that's going to get better on its own? These are excellent questions. Before you continue any further into this book, take time to look over the following depression indicators. This is not a scientific tool but rather a way for you to identify contributing conditions in your life.

We will identify two types of indicators: yellow indicators, which signal caution and should be monitored, and red indicators, which signal identified symptoms of depression. Red indicators are certainly important for you to be aware of, but watch for the number of yellow indicators present. Yellows tend to turn into reds over time, if not addressed.

There are certainly all sorts of tools you can use to answer whether or not you're depressed. You can get them online, from your doctor, from books, even from family or friends. The indicators placed in this book are gleaned from experiences at my counseling center, and the diagnostic definitions are from a whole-person point of view. As you look over these indicators, note any that indicate your own feelings.

Yellow indicators can include conditions that have been present in your life for a long time, even a number of years. Red indicators come from the established criteria for clinical depression and, because of the severity, can have a much shorter duration.

Yellow Indicators

- A loss of enjoyment in established activities.
- Feeling restless, tired, or unmotivated at work.
- An increase in irritability or impatience.
- Feeling either “wound up” or “weighed down.”
- Feeling overburdened with life and its activities.
- A lack of spiritual peace or well-being.
- Finding relief by controlling aspects of your personal behavior, including consuming liquids or food.
- A fear of expressing strong emotions.
- A constant anxiety or vague fear about the future.
- Feeling unappreciated by others.
- Feeling a sense of martyrdom, as if you are constantly asked to do the work of others.
- Exercising a pattern of impulsive thinking or rash judgments.
- A loss of interest in sexual activities or sexual difficulties.
- A sense of enjoyment at seeing the discomfort of others.
- Anger at God for how you feel.
- A recurrent pattern of headaches, muscle aches, or body pains.
- Feeling social isolation and distancing yourself from family or friends.
- Feeling trapped during your day by what you have to do.
- Displaying a pattern of pessimistic or critical comments and/or behaviors.
- Feeling like your best days are behind you and the future doesn’t hold much promise.
- Feeling “left out” of life.
- Binging on high-calorie foods to feel better.
- Apathetic upon waking about how the day will turn out.
- Feeling it is easier to just do things yourself instead of

wanting to work with others.

- Experiencing recurring gastrointestinal difficulties.
- Feeling trapped inside your body.
- Dreading the thought of family get-togethers or social gatherings.
- Feeling overweight, unattractive, or unlovable.
- Feeling old, discarded, and without value.
- Unmotivated to try new activities, contemplate new ideas, or enter into new relationships.

Red Indicators

- A significant change in appetite, lasting longer than two weeks, resulting in either marked weight loss (if not dieting) or weight gain.
- Recurring disturbances in your sleep patterns for longer than two weeks, resulting in difficulty falling and staying asleep, or sleeping too much.
- Increased agitation or inability to relax, occurring for an extended period of time (longer than two weeks).
- Feelings of fatigue, lethargy, or loss of energy, occurring for an extended period of time (longer than two weeks).
- Feelings of sadness, despondency, despair, loneliness, or worthlessness, ongoing for an extended period of time (longer than two weeks).
- Inability to concentrate, focus, or make decisions, recurring over a period of time (longer than two weeks).
- Recurring thoughts of death or suicide.
- Planning or attempting suicide.

If you answered “yes” to one or more red indicators, do not ignore these signs and just hope they will go away. Talk to a counseling professional who can help you work through these issues in a responsible, thoughtful way.

Moving Forward

It takes courage to honestly evaluate yourself against the criteria listed above, but honesty is the first step toward finding a cure. Through the course of this book, you will find that the whole-person approach to recovery from depression takes into consideration everything from the list above—and provides real answers for relief, from recognizing depression triggers, to identifying faulty coping styles, to understanding clear symptoms of depression.

Now that you better understand what you are facing in terms of recovery, allow me to say again that there is hope. I know because I've been through the valley myself. From my book that chronicles my own journey to wholeness, titled *Becoming Strong Again*, I offer the following words of encouragement:

The path leading to...freedom may be the greatest challenge of your life. It will take more than positive thinking, more than reading a book or two, and more than a couple hours of counseling. We are talking about exposing your whole being—the physical, spiritual, and mental—to a lifesaving experience that will help you renew your strength so that you will be able to “soar on wings like eagles...run and not grow weary...walk and not be faint” (Isaiah 40:31). But you may think you barely have the courage, strength, or will to turn the next page.... You must start where you are (and) having just enough strength to turn a page is enough strength to begin with. The good news is you can find healing.

May you continue to find strength as you work through this book and complete your journey to recovery. There are answers. There is hope.



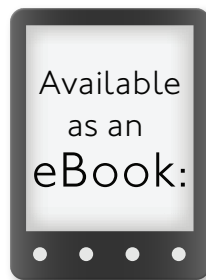
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