

Sarah

Sarah is a 34 year-old married mother of three who comes to you for help with depression. She says that she has been feeling “terribly sad” for the last six months, and has had a lot of trouble “keeping up with life.” She came to you seeking the opinion of a biblical counselor on what she should do. Sarah has several friends who received anti-depressants from their family doctor. The medicine seemed to help for a while, but they also experienced some unpleasant side-effects that she is concerned about. She asks you explicitly, “Do you think I should see my doctor about taking an anti-depressant?”

13. How would you respond to this question? Write out your answer exactly as you would provide it to Sarah.

14. What means would you use to find out more information about Sarah’s current problem? What information would you seek?

15. Carefully describe whether and how you would want to work with a physician to help Sarah through this ordeal? As part of your answer to this specific question describe, in general terms, how you believe biblical counselors should cooperate with medical professionals.

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- Moncrief, Joanna. *The Myth of the Chemical Cure*. New York, NY: Palgrave MacMillan, 2009.
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13. How would you respond to this question? Write out your answer exactly as you would provide it to Sarah.

Sara, thank you for sharing with me the difficulties you are currently experiencing. The circumstances of our lives can certainly become challenging and overwhelm us to the point of extreme sadness. Before requesting an antidepressant medication, I would encourage you to consider meeting with a biblical counselor. Scripture speaks to our emotions such as anger, anxiety, apathy, bitterness, finances, guilt, health, sleep, moodiness, extreme sadness, and a sense of hopelessness extensively. Jesus was a man of sorrows and acquainted with grief [Isa. 53:3]. The Bible helps us gain a perspective on the pain and suffering that leads to deep sadness.

You are right to be concerned about starting with antidepressants. Medications do include unpleasant side effects. Additionally, you mentioned that the antidepressants seem to help for a while. The long-term impact of medication should cause some pause in initiating therapy. Sarah, I would ask whether you have been informed of the difficulty many patients experience when trying to stop these medications. Additionally, these drugs can mask or supplant your emotions. The impact is that it can make it more difficult to understand what is going on in your heart and thought processes. I know you would prefer to have a long-term resolution to this issue. I recommend making an appointment with your primary healthcare provider for a physical exam. There are certain physical conditions that can impact the emotions and worsen depressive feelings. Ask your doctor if he could rule out any physical issues that could be contributing to your emotional distress. Ask him whether any medications you may be taking can affect your mood. Additionally, your doctor can often advise you on non-pharmacological measures that can be helpful, such as changes in your diet or physical activity.

My wife and I would be happy to meet with you and come alongside you in this difficult time in your life. As members of the body of Christ, the Scriptures encourage us to come alongside each other for encouragement and exhortation. A biblical understanding of depression and despair can provide encouragement for you. Even in our times of grief, the Lord's desire is that we will have the means for "rejoicing in Him" [Phil. 4:4]. The responses to our difficult circumstances can often lead to a downward spiral into depression. Scripture addresses these things and helps us to think about them from a Christ-centered gospel-oriented perspective.

Assuming Sarah is interested, she would receive counseling forms. We would explain how this will help in defining how Sarah understands the problem and what she would like to see as a goal. Additionally, this would provide the counselor with helpful information even before a meeting occurs. I would also recommend Sarah to speak with [Jane]. She is an older woman in our church and could encourage Sarah in your child-rearing responsibilities.

If she has not visited a physician for a physical examination or is unable to do so in the near future, I would inquire if she has had an illness such as a viral infection. Has diabetes or hypothyroidism ever been diagnosed?

I would leave her with this message: The Scriptures offer great hope in our afflictions and provide direction that is glorifying to Him and, at the same time, best for us. We will be praying for comfort, wisdom, and discernment as you walk through this time of sorrow.

14. What means would you use to find out more information about Sarah's current problem? What information would you seek?

The initial means of finding out more information about Sara's current problem would be the pre-visit counseling form (or the Personal Data Inventory [PDI]). Helpful information will come from what medication they are currently taking. There will be times when certain medications can impact mood. I will review the list of Sarah's children, their ages, and other details regarding her children. The type of home Sarah grew up in will also be helpful in understanding her past. Information about her church, whether she indicates she is a believer, how often she prays, and how often she reads her Bible will also help. There is a self-analysis of her view of her mood and her character. I will review and be prepared to inquire further about her view in this area. The problem checklist will be especially helpful. Such things Sarah could check include addictions, anger, anxiety, apathy, bitterness, finances, guilt, health, sleep, moodiness, and other issues that should alert you to where I would need to gather additional information. The PDI concludes with three important questions that 1) help me to understand how Sarah defines the problem, 2) what she has done to address the problem already, and 3) what she expects from counseling.

Listening to Sarah will be essential when I meet with her. No two people's experience of depression is ever the same. Because of this incredible diversity, the label "*depression*" may be helpful for the sake of gathering statistics or for pursuing treatment in a medical context, but it's *not* very helpful in seeking to understand the specific struggle Sarah is experiencing. I will listen intently to Sarah's struggle, understanding the ways in which she is uniquely and particularly suffering. If Sarah reveals areas such as hopelessness, guilt, shame, coping, sadness, joylessness, worthlessness, etc., it will provide great help for direction in counseling. These are issues that are repeatedly addressed throughout the Scriptures.

The suffering Sarah may be experiencing could be greatly contributing to her problems, and it is undoubtedly a contributor to depression as well. This includes everything from living in a fallen body to living among other fallen, sinful people. How Sarah is responding to these experiences will help you direct her to what the Scriptures teach. Though suffering in the fallen world does not imply sinfulness on Sarah's part, her responses could be sinful. If a sinful response is revealed, this is almost always a contributing factor to depression. I would be cautious about implying sinfulness on Sarah's part while still gathering information. We are not responsible for the sin perpetrated against us, but we are responsible for how we respond to such experiences.

Hope is the chief thing that is needed during a struggle with depression. There is nothing more hopeful than beginning to understand how Sarah's suffering or her sin contributes to her

depression. I will listen to all that Sarah has to say as I seek to understand her unique struggle with depression, and Scripture has a lot to say as we seek to understand how the gospel powerfully applies to her specific struggle. The emotions that Sarah expresses during counseling illuminate the thinking and beliefs that lie within her heart and mind.

15. Carefully describe whether and how you would want to work with a physician to help Sarah through this ordeal. As part of your answer to this specific question, describe, in general terms, how you believe biblical counselors should cooperate with medical professionals.

If the option to work with the physician is available, the counselor should do so. Questions that would need clarification would focus on whether there are any physiological reasons Sarah might be experiencing this sadness. As a counselor, I must recognize that the physician is responsible for the patient's physical health care. The counselor's interaction would fully acknowledge this. The physician can help eliminate any underlying physical issues. It would be helpful to communicate your intent to work through Sarah's struggles as a counselor. You could inform her physician that Sarah would be receiving support from ladies within the church to help her with child-rearing and the challenges she is facing (Titus 2:3-4). The conversation with her physician should demonstrate your desire, as the counselor and the church, to support her through this process, both with encouragement and practical support.

If the prescriber discusses with the counselor a plan to use antidepressant medication, a request would be made to see if the physician would be willing to allow counseling to help her with the underlying struggles before initiating psychotropic medication. If the decision has been made and the physician wants to start antidepressant therapy, ask the physician if he would be receptive to any observations that you make that could be helpful for the physician to be aware of.

The physician often will have a goal plan for Sarah. These could well include observations that Sarah is improving. If he receives such feedback from you and Sarah agrees to provide it to him, such communication will prove helpful in evaluating Sarah's condition.

If Sarah receives a prescription for an antidepressant, the counselor should gather information about the medication. This would include what the drug's primary use is, how it is to be taken, and especially the side effects that are associated with the medication. Counselors should already routinely inquire about issues with insomnia, bouts of agitation, nausea, foggy-headedness, etc. Knowing that these effects could be related to the medication would be helpful for you to relay to both the patient and the physician. Your love and your concern for Sarah are in accord with how the Lord calls you to care for her. Adverse effects from the medication should be reported.

Biblical counselors should approach collaboration with medical professionals by maintaining clear boundaries while recognizing the legitimate role of medicine in addressing physical health. This begins with acknowledging that people struggle with both physical and spiritual problems, and counselors should encourage counselees to seek medical examinations and testing from physicians to identify and treat medical conditions that might contribute to or complicate

counseling issues. The core principle underlying this cooperation is avoiding two extremes. Counselors should reject the notion that medical interventions alone solve spiritual problems, while simultaneously embracing medicine for symptom relief and cure—though recognizing that medical care cannot address spiritual needs requiring Christ and his gospel. Similarly, counselors should not attempt to practice medicine without formal qualifications and licensing; when medical questions arise, they should refer clients to competent medical professionals for diagnosis and treatment. Practically, counselors should care about clients' medical issues, understand the spiritual implications of suffering, and partner with physicians to seek objective answers about health concerns. When psychiatric medication arises as a topic, counselors should lovingly encourage clients to discuss it with their physicians, emphasizing that medication decisions are matters of conscience. Ideally, counselors should work with doctors willing to communicate with them, as this indicates the physician recognizes the importance of wisdom and support that medicine cannot provide. Underlying all this is a spirit of humility, understanding that many issues at the intersection of body and soul resist simplicity, with many problems combining physical and spiritual elements or defying easy categorization. This balanced approach honors both the body's legitimate medical needs and the soul's irreplaceable spiritual needs.

SYMPTOMS OF ANTIDEPRESSANT WITHDRAWAL

Psychiatric Symptoms	Medical Symptoms
That Mimic Depression	That Mimics the Flu
1. Crying spells	29. Flu-like aches and pains
2. Worsened mood	30. Fever
3. Low-energy (fatigue, lethargy, malaise)	31. Sweats
4. Trouble Concentrating	32. Chills
5. Insomnia or trouble sleeping	33. Runny nose
6. Change in appetite	34. Sore eyes
7. Suicidal thoughts	That Mimic Gastroenteritis
8. Suicidal attempts	35. Nausea
That Mimic Anxiety Disorders	36. Vomiting
9. Anxious, nervous, tense	37. Diarrhea
10. Panic Attacks (racing heart, breathless)	38. Abdominal pain
11. Chest pain	39. Stomach pain or cramps
12. Trembling, jittery, or shaking	Dizziness
Irritability and Aggression	40. Disequilibrium
13. Irritability	41. Spinning, swaying, lightheaded
14. Agitation (restlessness, hyperactivity)	42. Hung over or waterlogged feeling
15. Impulsivity	43. Unsteady gait, poor coordination
16. Aggressiveness	44. Motion sickness
17. Self-harm	Headache
18. Homicidal thoughts or urges	45. Headache
Confusion and Memory Problems	Tremor
19. Confusion or cognitive difficulties	46. Tremor
20. Memory problems or forgetfulness	Sensory abnormalities
Mood Swings	47. Numbness, burning, or tingling
21. Elevated mood (feeling high)	48. Electric zap-like sensations in the brain
22. Mood swings	49. Electric shock-like sensations in the body
23. Manic-like reactions	50. Abnormal visual sensations
Hallucinations	51. Ringing or other noises in the ears
24. Auditory hallucinations	52. Abnormal smells or tastes
25. Visual hallucinations	Other
Dissociation	53. Drooling or excessive saliva
26. Feeling detached or unreal	54. Slurred speech
Other	55. Blurred vision
27. Excessive or intense dreaming	56. Muscle cramps, stiffness, twitches
28. Nightmares	57. Feeling of restless legs
	58. Uncontrollable twitching of mouth