



Good Mood Bad Mood: Look for Answers and Finding Hope

Additional Notes:

Introduction: Hope is a good thing if you have it!

I. Hope Stalled

A. 1980's and Prozac brought hope to depression for understanding the cause and cure.

B. Instead of declines in depression, it has increased.

→ "...Number of Patients in treatment for depression...increased by 300% between 1987 and 1997" The Loss of Sadness, Horwitz & Wakefield

C. Medication use has increased.

→ "From 1995 to 2005 the use of antidepressant medication has doubled."

→ Sharon Begley, Newsweek, 2/8/2010

D. Growing sense that our current approach to treating depression may not be working as well as we hoped.

→ "True drug effects...were nonexistent to negligible among depressed patients with mild, moderate and even severe baseline symptoms." JAMA, 303:1 January 6, 2010. These groups account for 90% of those labeled as depressed.

E. The theory that is the foundation for our current view of the cause and treatment for depression has never been established as fact. "There is no biochemical imbalance that we have been able to demonstrate." Thomas Insel M.D. NIMH. Philadelphia Inquirer May 5, 2012.

F. NIMH is moving from investing in medication research to Cognitive Behavioral Therapy.

II. Hope is powerful

A. Role of hope/placebo surgery in knee pain.

→ "The placebo group had better pain reduction over 2 years than the two surgery groups." NEJM July 11, 2002.



**Additional
Notes:**

B. Placebo meets or exceeds medication performance in depression “SSRI cured 25%, St.John’s Wort 24%, Placebo 32%” JAMA April 10, 2002

C. Hoping in a God who cares about me improves the outcome of treatment for depression & makes medical treatment 75% more likely to work among the clinically depressed.

→ “...it is specifically tied to the belief that a Supreme Being cares.” “Studies: Belief in God relieves depression,” Jennifer Harper, Washington Times Feb. 25, 2010.

III. Finding Hope in an Accurate Diagnosis

A. Diagnostic and Statistical Manual of Mental Disorder has challenges in diagnosing Mood disorders. “...the criteria we use simply do not work well...the operational criteria were set at the lowest order of inference.” Gordon Parker, BMJ, August 18, 2007

B. Inability to validate leads to over diagnosis.

1. “Reasons for the over-diagnosis of depression include lack of a reliable and valid diagnostic model...” Gordon Parker BMJ
2. “The biochemical theory of depression is in a state of crisis. The data just do not fit the theory.” Irving Kirsch, The Emperor’s New Drugs.
3. With no pathological definition of the disease, no test can be designed to validate the diagnosis. Research continues and that is good!

C. Disease or Normal vs. Disordered Sadness?

1. Normal sadness. “The Loss of Sadness” Horwitz & Wakefield
 - a. Occurs when we lose something we value. It fits the situation.
 - b. Intensity of the sadness corresponds to the size and duration of loss.
 - c. Resolves when the problem ends or we adapt to it.



Additional Notes:

2. Disordered sadness: Hippocrates first notes it as melancholia that came without a reason and stayed far too long.
 - a. Cotton Mather, "These Melancholicks do sufficiently afflict themselves...they make themselves as Miserable, as they could be from the most real miseries."
 - b. Benjamin Rush, " (melancholy was) disproportioned in its effects, or its expected consequences, to the causes which induce them."
 - c. In 1975 a diagnosis of depression was for disordered sadness.
3. Normal sadness may account for 90% of current diagnoses of major depressive disorder.
 - a. "The results have substantial implications for MDD diagnosis, (since) bereavement or some other loss reportedly precedes more than 90% of index episodes in MDD cases." Wakefield et.al, Archives of General Psychiatry, April 2007.
 - b. The concept of normal vs. disordered sadness in psychiatry ended in 1980 with DSM3 which recognized no single cause for depression.

IV. Hope: When sadness is a normal part of our being.

A. Sadness: a Biological Design. Sadness is "a result of human species-typical biological design...a normal part of human nature." Loss of Sadness, Horwitz & Wakefield

1. Draws support.
2. Serves a protective function.
3. Protects from continuing doing things that are failing.

B. 2 Corinthians 7: or Purposeful Creation of sadness & grieving.

1. James 1:2 considering
2. 2Corinthians 7:10 reconsidering

C. Sadness has purpose. Nehemiah, Joseph. Fit Horwitz model.



**Additional
Notes:**

V. Hope in Sadness over loss is found first in a person who cares.

A. John 11, Hebrews 11

1. John 11:4 Jesus knows, and has a plan.
2. John 11: 25 Jesus cares, vs. 38 Jesus acts on their behalf.

B. Finding someone to walk through sadness with you.

VI. Hope is found as we grow in and understand Grace.

**A. Hannah lived with sadness and grew in grace.
1Samuel 1-2:2-11**

B. Hope in sadness is found by allowing God to graciously grow us. 1Samuel 1:18, Phil 3:7-11

C. Changing how we respond to loss after grieving, worry, anger, fear. 1Samuel 2:1-10, Phil 3:12-15

D. Changing our motive/goal. 2Corinthians 5:9, Matthew 22:37-39

E. Serving God and others. John 13

F. Gratitude is therapeutic! Eventually, it becomes the goal. Ephesians 5:15-21

VII. Offering hope and help requires us to want to enter into their sorrow.

A. Listening and sharing the loss, grief. John 11:21

B. Loving John 11:23

C. Sharing Grace John 11:25

D. Sharing Solutions. John 11:43

VIII. Hope and Help for Bipolar Disorder

A. Starts with understanding depression

B. Must understand the difference between BPD1 and BPD2

C. BP2 as a diagnosis cannot be validated any better than depression. Mania in BP1 is distinction.

→ "The real things in psychiatry are hallucinations, delusions and psychosis."



D. BPD1 will most often require medical treatment.

E. BPD2 finds its source in depression, and medication side effects. Explore their losses.

**Additional
Notes:**

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