

LIGHT IN THE DARKNESS

Group Leader's Guide

Gary H. Lovejoy, PhD

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INTRODUCTION



Depression is a dreadfully common yet complex issue in the lives of many Christians. Strangely, however, it's a topic seldom discussed, at least openly, among believers in the church. As such, depression and anxiety have taken on a secretive character that has led many to suffer for years in agonizing silence. Unfortunately, this is reinforced by the widespread belief that spiritually mature Christians should never be depressed—and, if they are, it must mean that their spiritual life is not as robust as they think it is. So feelings of spiritual inferiority and, more generally, a sense of shame keeps many depressed believers in a prison of social withdrawal. But if the church is to be a genuine place of healing, these hurting souls in the congregation must be invited into a mutually sharing group that makes unqualified acceptance and emotional safety a priority.

It is essential, too, that the church be a place of meaningful conversation about the kinds of issues that trigger despair and the response God gives to them. How else can believers discover the truth of God's Word in these matters, and where else can they explore this truth in an environment that encourages honest self-disclosure?

The book was written from precisely this perspective of Christian compassion. It is our desire that every believer will come to understand not only why and how depression can occur, but also what they can do about it. To expedite this desire, we have provided a workbook that covers the material in the book through a series of thought-provoking questions and exercises. It is intended to be used as a stimulus for group discussion, taking each participant on a journey of discovery through the signaling characteristics of depression and the strategies of healing intervention. The goal is to bring them to a better understanding of themselves, their circumstances, and their redemptive relationship with God. Ultimately, our aim is to restore them as fully functioning members of the body of Christ who then become witnesses to his mercy and grace at the all-important level of daily life in the trenches.

To implement this objective, discussion groups can be set up either within the adult Sunday school program or separately from Sunday activities, such as on a weekday evening. It's recommended that the groups, as far as possible, meet weekly in order to maximize the continuity of insights from one meeting to the next. To facilitate participation in these groups, it would be wise to announce their formation as an opportunity to openly discuss depression and anxiety in a confidential setting. Included in this announcement can be a reference to the leaders, whose sole

interest is in providing a safe place for those dealing with depression (either within themselves or with someone they know) and to help them find answers to the questions they've been perhaps hesitant to ask publicly.

SO YOU'RE NOT A THERAPIST

Some of you might feel a bit intimidated or, perhaps, out of your depth to take on a leadership role in guiding a group discussing their experiences of depression and how these experiences connect to their reading of *Light in the Darkness*. You might feel that, because you're not a licensed counselor or a trained psychotherapist, you're not qualified to lead such a group. It is important to understand that you are not being asked to counsel these people, but rather to direct discussion in order to help the group stay on topic. Likewise, you are not responsible for solving their problems, but, instead, are asked to promote participation in the group. This means, in part, framing the questions you selected from the workbook in engaging terms, and encouraging members to contribute their ideas about the issues being discussed. It also means periodically summarizing their input to keep the group focused, not only on the material in the book, but on the meaningful content of their personal comments. Lastly, it means cultivating the cohesiveness of the group by acknowledging and supporting the contributions of each individual member. In short, it requires exercising your capacity for caring about people and doing so in a leadership role.

For many, the mere act of disclosing their thoughts and sometimes closely guarded feelings in an emotionally accepting environment is itself therapeutic. Listening to the feedback of other group members and their perspectives on various issues can indeed be eye-opening to them. It's not surprising, then, that we often find hurting people caught up helping other hurting people. By discovering that they are not alone in their pain, and that God cares about their suffering, these people are often sufficiently empowered to reach out to other members, sometimes forming lasting bonds with one another.

Group leaders, therefore, are in a position to become the gratified observers of healing group processes, which they kindly facilitate by providing a caring climate that fosters inclusiveness and, hopefully, vigorous growth. This requires, not psychological expertise, but simple human empathy, with a healthy dose of encouragement and guidance thrown in for good measure. For those who want to make a difference in the Christian community, it is an exquisite opportunity among those with leadership ability to become effective conduits of God's love.

THE FIRST GROUP SESSION

As the leader, it is critical at the first meeting for you to establish rapport among the participants and begin building an environment of complete trust in how you plan to conduct the sessions. It's at this meeting that wisdom dictates you clearly state your requirement of confidentiality about

what is said in the group. You might even want them each to sign a confidentiality statement to ensure emotional safety, especially for those for whom it will be the first time they have openly discussed their pain. (You may want to use the sample confidentiality statement provided in appendix A at the end of this guide. Make as many copies for your group as you wish.) Clearly, there is something psychologically binding about actually putting your signature to a document pledging to keep things said in the sessions confidential.

One of the most important aspects of such a group is the experience of a shared struggle and the therapeutic power of genuine empathy and understanding. Those relative few who have experienced such groups before have, almost universally, relished the opportunity to speak freely about their struggles without afterward second-guessing what they've said.

It's of consequence that it is empathy they are experiencing in the group and not sympathy. That's because empathy is the expression of feelings identifying with a person, thereby relieving him or her of isolation. Sympathy, on the other hand, is simply feeling sorry for that person, which, in some ways, only increases feelings of isolation. The former results in a positive sense of shared experience, but the latter unwittingly reinforces the helplessness of the victim mentality, in which there is no sense of responsibility to change. Obviously, you want to avoid supporting dysfunctional behavior, which is why the group can serve an important role in prompting new strategies for dealing with old habits.

Take whatever time you need to build this environment of trust. Some will want to share their stories right away. Others will likely hold back until they are certain it's safe to talk—which may mean until they see that their experience is similar to what other group members have shared. Still others may remain silent, coming only to listen and learn. The important thing is that, while everyone is encouraged to actively participate, each person feels completely accepted whether they speak or not. This is accomplished by reminding the participants that the group is one place they can be assured that their mere presence is valued.

This reminder should be accompanied by an introduction that spells out the rules of the group. (See appendix B for a summary of suggested rules, which, again, can be reproduced for your group.) At a minimum, this should include an understanding that plainly discourages interrupting one another and clearly warns against developing a critical spirit toward any other member. Instead, it's important that they remain alert to every opportunity to reassure and embolden each other to undertake the sometimes long and difficult journey out of depression. This is each member's chance to serve God by becoming a "Titus" in the life of a struggling believer, whether or not they are themselves struggling at the moment.

It is also in the first session that you can explain the layout of the workbook and how you plan to address each chapter's lesson with its complement of thought-provoking questions and exercises. In covering the material presented, you have two options: You can either spread the sessions out over three months, in which case you would cover a chapter a week; or you can spread them out over a six-month period, in which case you would devote two weeks per chapter.

If you choose the first option, think of the workbook questions as a pool of possible questions from which you and the group can choose to discuss. There are about twenty-four questions per

chapter (some have a few more and some a few less), which means you have more questions than can be reasonably discussed in the limitations of a one-hour format. In addition, there are usually one or two questions in the optional “Digging Deeper” sections at the end of each chapter that are intended for those who wish go even further in their personal study of the issues raised in the book.

We suggest selecting ten or so questions for the group to discuss, five or six of which are recommended for each chapter (see appendix C), and the others freely chosen from the general pool of chapter questions as per the needs and interests of your group. These can be announced at the close of each session in preparation for the next session. However, you should allow time for additional questions participants may want to raise during the sessions. Though not all of the questions in the workbook will be covered in a given session, each group member should be encouraged to review the other questions as well for their own personal benefit. If one of those questions raises a burning issue for a member, they should feel free to discuss their feelings about it in the group setting.

Flexibility is the key word here. It’s important that the participants have every opportunity to discuss what’s on their minds, including issues spontaneously triggered by the group’s conversation. It’s better to cover fewer formal questions and maximize the relevance of discussion for group members than to doggedly plow through every question because the plan requires it. Always remember, as the leader, you are there to facilitate the attainment of the greatest possible benefit for each participant.

If you choose the second option by spreading the sessions over a six-month period, then you will likely be able to cover more of the questions posed by the workbook, perhaps, beginning with the recommended questions in appendix C for each chapter. With this schedule, you will have the time to develop more fully participants’ understanding of the issues raised by the book and still allow for ample discussion of personal questions. The challenge with the six-month option, however, is the same as with any group, namely keeping participants actively engaged and emotionally involved with the material over a longer period of time. In our experience, this is not hard to do with groups discussing anxiety and depression because of the relevance of the group conversations to daily life and the emotional bonds that are formed with one another in the process. Still, you must consider how to keep the group on task in order for the members to feel they are making continual progress.

THE WORKBOOK FORMAT

The format of the workbook is simple: introductions to each section followed by the core questions related to the material in each chapter of *Light in the Darkness: Finding Hope in the Shadows of Depression*. Interspersed among these questions is the presentation of new information not found in the main text, but complementing the issues raised by it. When you announce to the group how you plan to approach the study in the workbook, you therefore want to note the importance of reviewing this additional material. It can be found either at the beginning or

conclusion of each chapter. For example, the material concerning the profile of the suicidal person, which occurs at the end of the section on Ahithophel in chapter 11 of the workbook, complements the main text's discussion of the emotional crisis that can ensue when the bottom drops out in your life. Engaging in such discussion may be especially relevant to the more profoundly depressed members of your group. They may need to talk about their thoughts and feelings more openly so that the irrationality of their thinking is given a much needed reality check from the feedback of others.

Similarly, the additional material on the different patterns of how depression is expressed found in chapter 2 of the workbook can be valuable to those who do not necessarily recognize all the characteristics of depression. In fact, some do not even know that what they are experiencing is actually depression. Still other sections begin (or end) with supplementary information that will be equally useful to participants. The point is that this material can be profitably employed as a launching pad for further group discussion around the issues raised by the core questions themselves. Sometimes it stimulates new ideas that can mean a breakthrough for one member or another.

As the leader, you should become quite familiar with these presentations as they appear in each chapter before the group convenes. That way you can more smoothly elicit responses from participants that might enhance the understanding of other members in the group. To that end, it's useful to invite participants to carefully read and thoughtfully consider the additional material and to feel free to discuss any reactions they may have to it in the following group meeting. To stimulate a climate of vigorous interaction, the opening minutes of group discussion can be devoted to these reactions, some of which will no doubt segue nicely into the core questions for that week.

For those of you who typically fear you will run out of things to discuss, you will see that, if anything, precisely the opposite will be the case. With the format of discussion (including the new material) highlighted by the core questions for each section (and with this format repeated for every section in the chapter), an energizing cadence of information and application is established. This, in turn, can provoke completely new thinking in participants, thinking that can potentially change the way they act.

STRUCTURE AND FUNCTION OF A GROUP SESSION

In order to make the best use of your face time with the group, we recommend the following general structure:

1. Begin with prayer—asking God to give the group members wisdom and insight as they interact around the issues related to depression.
2. Open with a brief overview of the chapter in the book to be covered in that particular session and its significance to understanding depression. In preparing this overview, you may want to consult the “Finding Hope” section at the end of the chapter of *Light in the Darkness*.

3. Spend the next ten to fifteen minutes soliciting any reactions to the new information found in the workbook chapter for that week.

4. Spend the final forty-five to fifty minutes discussing the ten or so selected questions from the workbook, allowing for additional questions spontaneously generated by group conversation.

5. Close the session with a brief summary of the discussion and then prayer on behalf of the group for the coming week as they seek to incorporate their insights into behavioral experiments.

Because of the emotionally sensitive nature of the questions to which you're asking the group members to respond, it's best to avoid using the approach of going around the room. That approach is intimidating to some and undesirable to others because it implicitly demands a public response they may not want to give. That, in turn, can badly damage the climate of emotional safety so important for the development of trust. So, instead of the more programmatic approach, present your questions to the group at large, calling only on those who specifically indicate their desire to speak. It is best to rely on the general principle that people will talk when they feel they have something to say.

As you work your way through the workbook questions, again, try to periodically summarize the ideas of the group to give a sense of coherence and progress to the discussion. This also validates the importance of the participants' contributions and cultivates their feelings of belonging in the group. With greater group solidarity, you'll likely generate more robust (and beneficial) conversation.

Regarding members who remain silent throughout the group sessions, it's sometimes useful to speak to them privately to once again reassure them of the value of their presence. This can also give you the natural opportunity to determine whether their silence is due simply to a preference for listening over speaking or whether it's because they feel somewhat intimidated about jumping into the discussion. If it's the former, you have, as we mentioned earlier, the powerful role as leader to reaffirm their desire to sit quietly and listen. If, however, it's the latter, you might give them greater confidence by pledging to help them should they decide to give more active participation a try. The important thing is that giving them your attention not only underscores their welcome in the group, but also tells them that it's alright to be who they are. This alone can lower potential emotional barriers to committing fully to the group.

OTHER CONSIDERATIONS FOR THE GROUP LEADER

It's good to remember that, as a group leader, your primary job is to be a *facilitator* who encourages interaction, not a lecturer who dispenses information. You are not presenting yourself as a leader who has all the answers, but as one who is a companion with them on their journey of discovery. It's often useful to let them know that you'll be learning together and helping each other along the way. Likewise, every participant should understand that the group is not meant to replace professional therapy.

It is not uncommon for some, especially for those who are uneasy with momentary lulls in conversation, to feel compelled to fill in the quiet spots with their own verbal input. Try to resist this temptation, and instead ask the group the question under review in another way or ask one closely related to it that might better stimulate discussion. If all else fails, you can ask the group directly whether the issue raised seems relevant to anyone's circumstances. If not, move on to the next question. More likely, however, you will encounter problems with too many people trying to speak at once rather than no one willing to speak. But just in case, it's wise to have a strategy in place that does not center the attention on you.

Sometimes the size of the group can be a factor in determining whether everyone has the chance to contribute. Ideally, groups of ten to twelve people are best for including every member in the discussion. If the groups get much larger, some people become intimidated and lapse into silence. That's why some churches strictly adhere to a defined limit and simply form more groups if more are interested. However, other churches put no limits on them at all, meaning you could have a quite sizable group to work with. That doesn't mean you can't be successful with the larger size. Remember, the book describes one church group that grew to over forty people—the largest Sunday school class they had ever had—and it was enormously successful. Offering a class on depression has the potential to draw a lot of people once they feel it's safe to attend. In any case, the principles of interaction remain the same in any size group; only the logistics may differ.

One of the problems every group leader must deal with is the potential for one or a few members to dominate the conversation. They may either speak too much or too long, taking time away from others for sharing their points of view. Time is a precious resource you cannot afford to waste. You must stand ready to be an "activist" leader, which means ready to respectfully intervene and redirect interaction to others waiting to respond. You can do this by gently stepping in to summarize the thought being expressed by the overactive member (thus, validating him or her) and then asking what others are thinking about the question under discussion. It's important not to allow someone to overrun everyone else and deprive the group of invigorating diversity of thought. Done correctly, everyone will be satisfied. That's because you'll maximize the opportunities for each person to share their views, which can only increase the chances for insights to occur that can make a difference.

Since the purpose of your group is to discuss depression, including what to do about it, it's of consequence that you practice habits of good mental health as their leader. This is especially significant in your response to differences of opinion. Becoming defensive if someone disagrees with you over a particular point or becoming visibly frustrated over disagreements between others can unnecessarily emotionally charge the group session. Among people who are already likely to be conflict sensitive, this can serve as a signal to emotionally (and maybe even physically) withdraw from the group.

It is better to note the conflict as representing useful and valid differences that invite further discussion rather than to try to press your case. To respond with something like, "That's most interesting; I haven't thought of it that way before" is more affirming than something like, "I disagree with you and here's why." Remember, as a facilitator, you are trying to cultivate a climate

of openness and mutual respect, which includes the value of honest differences. Many in your group likely have backgrounds where differences were threatening and were the occasion for destructive arguments in the family.

Finally, as a group leader, it's important to have in hand a ready list of referrals to Christian therapists who have a track record of success with clients suffering from anxiety and depression. Knowing their names, addresses, and phone numbers in advance allows you to recommend them to individual members who request them, or who demonstrate that they need more professional help. This takes a little research, but it's well worth it. Otherwise, left to their own initiative, group members may never actively pursue therapy, neglecting a golden opportunity to get the help they need. Being able to "strike while the iron is hot" is a distinct advantage you have when leading a gathering of believers specifically discussing issues they know are directly relevant to their emotional pain.

May God richly bless you and your ministry to others as you embark on this journey to lead your hurting brothers and sisters to a new understanding of their struggles. It can result in lasting change, both in their emotional stability and their spiritual vitality.

Appendix A

CONFIDENTIALITY STATEMENT



I, _____,
(print full name)

pledge on this day, _____,
(date)

to henceforth keep all discussions in this group, which is gathered to discuss depression, completely confidential, including all details of personal disclosures of each and every member. This also means that I will not discuss this information even with my spouse or any other family member, unless the specific member involved explicitly gives me permission to do so. I take these precautions in order to ensure the privacy rights of every participant in the group.

I pledge this on my honor before God as a believer who seeks to do what is right, and to uphold the sanctity of an individual's personal life. Finally, I recognize the importance of confidentiality for maintaining the unity of the body of believers and for a witness of fidelity to the group.

Signed: _____

Appendix B

SUGGESTED RULES FOR GROUP DISCUSSION



As a member of the group, you should, at all times, show respect to the other members and honor their contributions, even if their ideas conflict with your own.

You should make every effort to avoid interrupting one another to demonstrate your high regard for each other's input.

Try to arrive on time for each group meeting—arriving late either delays the starting time (therefore, shortening time for group interaction) or is distracting to the group once the meeting has begun. It's but another way of showing respect to one another.

To demonstrate commitment to the goals of the group, you should be properly prepared by studying the relevant materials prior to the meeting so that you will maximize the effectiveness of your contribution. Personal experience is highly valued, but so are informed opinions derived from reading the *Light in the Darkness* and answering the questions selected by the leader for that week.

Do not disparage a member for being quiet, nor should you coax that person to speak if he or she doesn't want to. It is important to honor group members' right to be silent. For the most part, address your responses to the group generally. Don't single out someone unless that person has specifically requested your feedback.

Make every effort to stay on topic—don't bring up issues entirely unrelated to the discussion at hand. If you wish to include conversation about a different issue important to you, consult with the group leader to put it on the agenda for the week that group discussion comes closest to that particular issue.

Make an effort to give nonverbal signals (for example, eye contact, nodding, attentive looks, leaning forward in your chair) and, where applicable, verbal signals (for example, expressing appreciation, acknowledging a good point, offering thanks for a helpful comment) to show that you consider other members' contributions worthwhile.

Don't monopolize the group conversation; give others a chance to share their observations. One-sided interaction often prompts the group to lose interest and sometimes stirs resentment among the other members.

Appendix C

THE MORE IMPORTANT GROUP DISCUSSION QUESTIONS



Below are five or six suggested questions for each chapter, which are found among the pool of questions in the workbook, to ask your group. These questions are presented here because they have particular importance for group discussion. To flesh out the remainder of questions to the number you wish to use (within the constraints of time allotted for discussion), you can draw from the general pool of questions provided in the workbook. It's important to remember that this pool represents more questions for each chapter than can be realistically asked in a single session—the large number of questions are meant to give you maximum flexibility to select those that best fit the needs and interests of your particular group. Of course, individual members can study the other questions on their own if they want to dig deeper into the subject matter. In the end, we want to empower you, as the leader, to shape your group's discussion around what you see as your group's burning issues. Above all, with the help of the book *Light in the Darkness* and its companion workbook, the goal is for group participants to come to a better understanding of the depression they either experience themselves or see in their loved ones, to know they're not alone in this experience, and to more intimately appreciate God's compassionate and merciful response to it.

CHAPTER 1

1. When you think of your depression from the more optimistic perspective of an alarm system, how could that change the way you anticipate the future?
2. What positive changes have you seen in people after they have gone through depression? Have they become more compassionate? More empathic? Softer around the edges?
3. What things do you think might hold people back from being honest with others in the Christian community about their depression?
4. How might Itzhak Perlman's comments about "doing the best you can with what you have left" reshape your view of life ahead? How would that shift your focus from where it's been?
5. What attitudes and beliefs do you hold that might prompt you to choose resignation when confronting adversity?

CHAPTER 2

1. If you are reluctant to seek help for your depression, what reasons do you give for this reluctance?
2. Anxiety is a common component of depression. How does anxiety affect your relationships with others?
3. What do you tell yourself when things go wrong? Are you motivated more by a fear of failure or by the enjoyment of success?
4. If something good can come from something that feels so bad, what does that suggest about understanding your feelings and what they mean? Does feeling something is true or false make it true or false?
5. Describe what it means to be in complete control of your *beliefs* about your circumstances, even if you're not necessarily in control of the circumstances themselves.
6. What family experiences do you think had an important impact on conditioning you to take greater or lesser risk?

CHAPTER 3

1. Sometimes people question God's goodness in the midst of their despair. What events in your life might bring you to that conclusion? On the other hand, what tells you that God has your best interests in mind?
2. What conditions do you think must prevail for you to turn and face the things you fear most?
3. Do you make direct or indirect requests? If you are indirect in asking for what you want, what do you think others are picking up from what you say, especially if you think they "misread" your messages?
4. Why is self-pity such a devastating mind-set that works constantly to keep you depressed? How does it affect other family members? Other people who potentially could be helpful to you?
5. Take a look at the ways you have managed in the past to get through adversity stronger than when you started. What enabled that outcome? What did you learn from it that you can apply now?

CHAPTER 4

1. If confronting the truth meant letting go of certain ways of coping or certain activities or relationships that are toxic (but nonetheless very familiar), do you think that might cause resistance? What might it take to overcome it?
2. How much of your thought life is consumed by passive rumination over what's gone wrong in your life or how inadequate you feel? How do you think you could become more solution focused than problem centered?
3. Have you seen your emotions as an asset or liability in your relationships? Are certain emotions more troublesome or threatening to you or your spouse than others?

4. When you have been tempted to do something that opposes your moral convictions, what steps have you taken to do what is right? Which temptations are the most difficult for you to handle?
5. Has depression affected your reasons for attending a particular church? Or has it caused you to drop out of church altogether?

CHAPTER 5

1. Do you believe that all spiritually mature Christians should be free of depression? Do you consider yourself a spiritual failure because you're depressed? How does the Bible disprove that?
2. If you're depressed, what occupies most of your thinking? If it's on how bad life has become or how inadequate or worthless you think you are, what does that do to your attention to the needs of others?
3. What do you think makes the old messages of dysfunctional people in your past so resistant to change? How do false ideas look so true?
4. Why do you think it is difficult for so many Christians to translate the biblical message of their worth before God into their view of themselves? Can you acknowledge your failings without lapsing into self-hatred? In other words, can you be humble without putting yourself down?
5. When the messages of our early environment outweigh the new messages of our faith, what does that say about the power of old emotional associations?
6. If you thought of self-deprivation as self-denial, not the denial of self that Jesus preached, how would it change the way you live and communicate with others?

CHAPTER 6

1. Have you ever practiced the "pivot principle"? What have you found when you did? List the possible benefits of this practice.
2. When you're depressed, do you see God's response to your despair? In what form do you expect his response to occur?
3. What boundaries do you set to protect yourself from over-commitment or from accepting responsibility that is not really yours?
4. How would you respond if you saw your particular traits and talents as complemented by, not inferior to, the traits and talents of those around you? How would appreciation of your own talents likely increase your appreciation of someone else's?
5. How would the argument that "earthly life was meant to be a challenge, to stimulate the best you can give" translate into a constructive response to your particular circumstances? Does personal experience trump divine revelation, or is it the other way around?

CHAPTER 7

1. What is the pattern of conflict in your marriage? When and where do conflicts usually occur and over which issues? Are some issues more likely than others to evoke a depressive reaction?
2. Do you find change difficult? How long does it take for you to adjust to unexpected or disappointing circumstances? If you find it hard to adjust, how do you react emotionally? Does unanticipated change lead you to feel helpless and depressed?
3. Are you often worried about what others think? Do you ever lie in bed at night thinking about all the wrong or stupid things you said or did that you wish you could take back?
4. Are you more motivated by a sense of obligation than by a sense of gratitude? Is your attitude determined more by guilt than by spiritual pleasure, that is, more by “shoulds” than by desires?
5. Do you sometimes confuse feelings with beliefs? What happens when a person mistakenly uses feelings as the criteria for success or for the judgment of truth?
6. Why do you think so few people, particularly Christians, ever seek professional help for their depression?

CHAPTER 8

1. How is the people-pleasing mind-set an invitation to disrespect? How is it a strategy of self-rejection?
2. Can you state in your own words the basic difference between true guilt and false guilt? Read over the distinctions between the two in the chart presented on page 146 of *Light in the Darkness*. Which distinctions most surprised you? Why?
3. Can you think of some examples of guilt manipulations people use to successfully get you or others to do things they want you (or them) to do? List several.
4. Generally speaking, do you directly address an issue that’s bothering you? Or do you simply “let the person have it,” or, alternatively, sweep it under the rug?
5. What impacts have old family of origin rules of anger management had on your marriage? On your workplace relationships? On your relationships with friends?
6. If a person is depressed because he or she is convinced that abandonment is inevitable, what happens if the feared event fails to occur? Which changes first—the false belief or the relationship?

CHAPTER 9

1. Do you have any history of painful experiences or reaction tendencies that you think make you more vulnerable to the guilt manipulations of others?
2. Have you seen well-intentioned but misguided attempts to help believers that have made things worse rather than better? In your opinion, what would have been more helpful?
3. Do you think you’re a disappointment to God or that you’ve failed him because you’re depressed? Describe in your own words why depression itself is not sin.

4. Why do you think people mistakenly suggest a lack of faith is at the root of depression, especially when stressful or traumatic life events could overwhelm almost anyone's capacity to cope?

5. When we punish ourselves in the misguided anticipation of God's punishment of us, how does that affect our marriages? Our relationships with our children?

CHAPTER 10

1. Why do you think it is so hard to be consistently honest in our relationships?

2. Does depression (or any other emotional struggle) disqualify you from serving in significant ways in his kingdom? Is emotional stability in general the criterion for serving him?

3. What makes God's grace difficult to grasp when we are emotionally struggling to keep our heads above water? At what point for you does joyful anticipation fade into angry rumination? What does Scripture have to say about this?

4. If a church leader told you not to seek professional therapy for your depression, even with a Christian therapist, would you (a) agree and not go, (b) respectfully disagree and go, or (c) agree to his or her face but secretly seek a therapist anyway? Why?

5. While God doesn't promise an easy life if you follow him, why are there so many trials that often blindside us? After all, don't they just derail our efforts to serve the kingdom well?

6. How does our experience of depression and God's response to us while we're in it highlight the transformative nature of his love?

CHAPTER 11

1. Have you ever struggled with your concept of God during a period of depression? How would you respond to someone who is struggling like that?

2. Have you gotten something you really wanted only to discover it was not the best thing for you after all? When God doesn't seem to be answering your prayers, have you considered that he might have something better in mind that has never occurred to you?

3. What are the best insights you've had during your darkest hours, insights that perhaps have changed the way you live?

4. Have you ever been so depressed that suicide seemed like a viable option? What kept you from making that unthinkable decision? What would you say to other believers struggling with those ideas?

5. Has your fear of failure (or success) or your fear of rejection ever overcome your desire to obey God? If so, in what circumstances?

6. What picture of God would others get if they actually listened to your words and watched your actions?

CHAPTER 12

1. How does understanding the function of neurotransmitters in the brain help you to see the usefulness of medications for depression that restore their normal levels?
2. Do you think this effect of antidepressants adequately justifies their use relative to God's intended purpose for neurotransmitters in his design of the brain? Explain your position.
3. Have you had depression, gotten better, then relapsed into depression? If so, how has having experienced depression before helped or hindered you in weathering the later episode?
4. What do you think is God's view of intervention at the medical level with depression?
5. Read Matthew 9:12. What does this suggest regarding a physician's treatment? Does Jesus' choice of Luke, a physician in his day, as one of the twelve apostles affect your thinking about medical treatment of depression?

CHAPTER 13

1. What do you think people gain by refusing to let go of wrongs done to them in the past? If you are the only one damaged when you suffer bitterness, what's the real message you're sending to yourself in the process?
2. Why do you think changing behavior in such a way as to catch people by surprise can be so capable of reforming relationships? What happens to a relationship when it becomes too predictable?
3. Why do you think that changing your behavior before changing your attitude can sometimes work better than the other way around?
4. What is the biblical argument that some use to avoid anything to do with psychology? What do they fear? What biblical counterargument would you give?
5. What passages in Scripture tell you that leading a proactive, assertive lifestyle—one in which you are willing to experiment with something new—is God's way for you to discover the life he intends for you?