Karl D. Lehman, M.D. Charlotte E.T. Lehman, M.Div.

Depression & the Immanuel Approach: General Comments and Frequently Asked Questions

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I have received a number of questions about depression, and have begun this essay to address frequently asked questions regarding depression and the Immanuel Approach.

I. General Comments

The mainstream medical psychiatric understanding of depression proposes that there are certain neurotransmitter systems that moderate the signs and symptoms of depression, no matter what the underlying cause. Anything that negatively affects these brain chemistry pathways will "cause" and/or exacerbate the signs and symptoms of depression. Medical/chemical problems (including genetic/hereditary mental illness) that directly affect these neurotransmitter systems will directly cause and/or exacerbate the signs and symptoms of depression. When psychological wounds and the lies carried in them are triggered, the negative cognitions and corresponding negative emotions cause clinical depression by affecting these depression neurotransmitter systems.

I would like to propose a somewhat new medical psychiatric paradigm for depression (and all other mental illnesses that are caused by underlying wounds and lies). My perception[1] is that there are certain neurotransmitter systems in the brain that moderate our defenses against psychological wounds and lies being triggered/activated. These neurotransmitter systems provide a chemical safety margin/buffer/reserve, and are the brain-chemistry expression of our psychological coping mechanisms. One can think of this brain-chemistry safety margin as our psychological/emotional "skin." Anything that decreases this neurochemical safety margin will bring old psychological wounds and lies closer to the surface – the person's psychological/emotional "skin" becomes thinner, allowing any stressor or problem to break through her defenses and trigger underlying wounds and lies more easily.

Many things that appear to "cause" depression actually only decrease this safety margin so that underlying wounds and lies come to the surface. I perceive these underlying wounds and lies to

[1] Conclusions based on integration of medical psychiatric research, neuropsychological research, and my personal experience with medical psychiatry and emotional healing work.

be the true source/roots of the depression in most cases. One reason I am coming to this conclusion is that when the underlying wounds and lies are resolved, the depression goes away, even though the problems that "caused" the depression are still present (for example, the person is still at the same job, still in the same marriage and family, still living in the same state with long winters, still getting inadequate exercise, still getting inadequate sleep, still taking the same medication with the same side effects, etc.).

In the paradigm I am proposing, the mainstream medical psychiatry depression neurotransmitter system is a separate system of neurotransmitter pathways that moderate the physical signs and symptoms of depression and the non-lie-based emotions of depression. In this paradigm, clinical depression is a combination of lie-based components and non-lie-based depression neurotransmitter components. Lie-based components would include depressive ***cognitions/lies*** (examples: "Something bad will always happen," "I will always be disappointed," "Nobody wants me," "I am no good," "I am bad," "I am worthless") and lie-based depressive ***emotions*** (examples: worthlessness, shame, false guilt, self-hatred, discouragement, hopelessness, despair). Non-lie-based depression neurotransmitter components would include purely physical signs and symptoms of depression (examples: decreased energy, increased fatigue, changes in appetite, eating, and weight, changes in sleep patterns, impaired concentration and memory) and non-lie-based emotional signs and symptoms of depression (examples: emotional inertia, lack of motivation, lack of interest, lack of enjoyment, increased tearfulness, decreased stress tolerance, increased irritability).[2]

Medical/physical problems can cause the physical signs and symptoms of depression and the non-lie based emotions of depression by affecting the depression brain chemistry pathways directly, but medical/physical problems cannot cause the full picture of clinical depression unless they also weaken the neurotransmitter defense system, and thereby cause underlying wounds and lies to be triggered. Every time they are triggered, traumatic memories with depressive lies will cause depressive cognitions and lie-based depressive emotions. Traumatic memories with depressive lies will cause the full picture of clinical depression if they are strong enough to also activate the depression brain chemistry system.

Logical question: "Is it possible for medical/chemical problems to cause the negative cognition component of depression if there are no lies to trigger? If there were no lies, would the medical/chemical problem cause all the physical signs and symptoms (low energy, increased fatigue, changes in sleep, poor memory and concentration, changes in appetite, eating and weight) and the non-lie-based emotional signs and symptoms (tearfulness, emotional inertia, emotional lability, increased irritability, decreased stress tolerance, decreased motivation, decreased interest, decreased enjoyment), BUT NOT lie-based signs and symptoms (low self esteem, self hatred, negative cognitive distortions, hopelessness, discouragement, despair, suicidal ideation, etc.)? Would the medical/chemical problems cause *pain* but not really *depression*?" This is a very good question, but unfortunately nobody knows the answer, since no one has studied patients with "depression" neurochemistry, over time, as "depression" lies are steadily removed.

Two additional essays, "Mood, Monthly Cycle, and the Immanuel Approach" and "The

[2] Note that the depression brain chemistry pathways can cause some of the same physical symptoms (low energy, increased fatigue, impaired cognitive function) that are commonly seen with medical problems like low thyroid, anemia, and sleep deprivation. When depression brain chemistry and one of these medical problems occur together, they both contribute to the physical symptoms.

Immanuel Approach, Mental Illness, and Medication" also discuss the connections between psychological wounds and lies, brain chemistry, medication, and the Immanuel approach. It may be helpful to refer to these documents as well (also in the "Special Subjects/Advanced Topics" section of the "Resources" page of our Immanuel Approach website, www.immanuelapproach.com).

II. "Is there some way to diagnose the cause of my depression? Is there any way to differentiate between medical/chemical causes and psychological causes? Is there any way to differentiate between several possible psychological causes?"

Medical/chemical vs psychological: The only way I know of to truly differentiate between medical and psychological causes-of/contributors-to depression is to carefully observe the clinical course and then look back. If the only roots are psychological wounds and lies, then all signs and symptoms will resolve with adequate emotional healing. People are often amazed to discover that many of their "physical" problems were being caused in some way by their psychological wounds and lies, and are pleasantly surprised when these physical problems go away with emotional healing. If a purely medical/chemical problem is truly causing the depression by acting directly on the "depression" neurotransmitters, then all (emotional and physical) signs and symptoms of depression will resolve when the medical/chemical problem is resolved, and they will not come back.[3]

If a medical/chemical problem is "causing" depression by decreasing the neurochemical buffer and thereby causing underlying wounds and lies to come to the surface, then emotional healing will resolve everything except the purely physical complaints caused by the medical/chemical problem. Emotional healing will resolve the negative cognitive distortions (lies), the lie-based emotions, and all signs and symptoms of depression caused by the depression neurotransmitter pathways that were activated by the wounds and lies. The only thing left will be the medical/chemical problem that impaired the "psychological skin." For example, low thyroid levels would cause the purely physical signs and symptoms of low blood pressure and low pulse rate, decreased energy, increased fatigue, increased need for sleep, cognitive impairment, weight gain, and feeling cold all the time. Anemia would cause the purely physical signs and symptoms of decreased energy, increased fatigue, shortness of breath, and pale skin. Sleep deprivation would cause the purely physical signs and symptoms of decreased energy, increased fatigue, and impaired cognitive functions. Without the additional confusion of depression, it will then be easier to follow these purely physical complaints to the medical/chemical problem.[4]

I have found psychological wounds and lies to be such a common source of depression, and I have found the Immanuel approach to be so effective in finding and resolving these underlying roots, that I encourage people to work hard with these tools before spending a lot of time and money on a more thorough medical-psychiatric evaluation. If the signs and symptoms of depression begin to improve steadily as wounds and lies are resolved, this confirms that

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[3] If treating the medical problem restores defenses to the point where underlying wounds and lies are no longer being triggered, the person will find that the emotional part of the depression will return each time something breaks through the defenses and again triggers the wounds and lies.

[4] An important point to realize is that a person with both medical and psychological sources of depression will experience improvement if they address either. If either medical or psychological concerns are addressed and the depression is not completely resolved, it is important to find and address other factors contributing to the depression.

psychological wounds and lies are at least one source of the depression. Keep working! Sometimes the depression will get worse temporarily, but you will be able to perceive clear connections between the exacerbated depression and the material being stirred up in the emotional healing. I strongly encourage a thorough medical-psychiatric evaluation if the depression continues in spite of persistent Immanuel Approach emotional healing work, gets worse with no apparent connection to the emotional healing work, or becomes debilitating and/or life-threatening.

Differentiating between different possible psychological causes of depression: People have asked "How can I tell which (psychological) problem is causing my depression? Is it just a 'stale marriage'? Is it the stress and lack of fulfillment at my job? Have I just never gotten over the loss of my father?" My experience is that old wounds and the lies attached to them are the true underlying roots of almost every "psychological" cause of depression. As I have gotten better at Immanuel approach emotional healing work, I perceive less and less value in spending a lot of time analyzing the situation. We usually just get started, and Jesus guides us to the wounds and lies that He wants to address. As the emotional healing work moves forward, the psychological wounds and lies that are the true roots of the depression are discovered, the pieces all fit together, and the "big picture" makes more and more sense.

Differentiating between different possible medical causes of depression: The interview questions (Seasonal pattern? Premenstrual exacerbation? Sleep deprivation? Medication side effects? Substance use? Adequate exercise?), and the lab tests (thyroid, hemoglobin & hematocrit) mentioned below screen for the most common chemical/medical causes/contributors to depression. Again, it is important to remember that these medical/chemical problems can "cause" or exacerbate depression by weakening the brain's defenses against underlying psychological wounds and lies, and that addressing these medical/chemical problems can "cure" depression by restoring the defenses even though the real roots have not been resolved. If you experience *negative cognitive distortions* and *lie-based emotions* as a part of your depression, I encourage you to find an opportunity to receive Immanuel Approach emotional healing even if you feel much better after addressing one or more medical/chemical concerns.

> ***Thyroid:*** Inadequate functioning of the thyroid system is especially able to exacerbate, if not cause, all of the physical signs and symptoms of depression. It would be good to check thyroid levels, especially if low energy and increased fatigue are particularly noticeable components of your depression. I recommend Free T4 and Thyroid Stimulating Hormone (TSH). The older thyroid function tests are less expensive, but can be contaminated by a number of other variables, and therefore more easily result in erroneous conclusions.
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> ***Anemia:*** Anemia can exacerbate the signs and symptoms of depression, particularly decreased energy and increased fatigue; but I have never seen anemia, just by itself, cause depression. You can screen for anemia with a simple and inexpensive blood test (hemoglobin/hematocrit).
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> ***Monthly Cycle:*** The changing estrogen and progesterone levels during the monthly menstrual cycle contribute to depression in some women. See "Mood, Monthly Cycle, and the Immanuel Approach" for a more thorough discussion of this topic.
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> ***Sleep deprivation:*** Chronic sleep deprivation powerfully affects a person's brain chemistry, and can directly produce some of the signs and symptoms of depression (fatigue, low energy,

desire to sleep all the time, increased irritability, decreased stress tolerance, impaired concentration and memory). It is an especially effective way to decrease the brain chemistry "safety margin," causing all underlying wounds and lies to be triggered more easily. My perception is that the decreased stress tolerance and increased irritability seen with sleep deprivation is a direct manifestation of this decreased brain chemistry buffer, and the resulting easy access to underlying wounds and lies. Certain people will experience specific psychological symptoms when they are sleep deprived (for example, panic attacks, anger outbursts, suspiciousness). My perception is that these are caused by the specific wounds and lies they carry and that get triggered more frequently when sleep deprivation impairs their usual defenses.

A common and sneaky cause of chronic sleep deprivation is employment with a constantly changing work shift. The person's sleep-wake cycle is constantly being disrupted, and this markedly impairs the restorative efficacy of their sleep. My experience with patients on shifts that constantly alternate is that they seldom realize the severity of their sleep deprivation. They often don't seem to realize the degree to which disrupting their sleep-wake cycle impairs the quality of their sleep. I think another reason that they don't perceive the severity of their sleep deprivation is because they are not doing it "on purpose" (they are not staying up all night to write term papers or staying out late at parties).

Caring for a newborn child is another common cause of marked sleep deprivation. Many new parents experience emotional turmoil as buried wounds and lies come much closer to the surface during post-partum sleep deprivation. Some discover psychological wounds and lies of which they had never previously been aware. For others, these deeply buried wounds and lies don't come all the way to the surface, so the turmoil never "makes sense." These new parents unfortunately often add confusion and self condemnation to the emotional turmoil already present.

Sleep apnea and dissociative disorders (dissociative parts awake and active at night without the person's awareness) are two other surprisingly common causes of chronic sleep deprivation. Setting up a video camera to film several hours of sleep time is an easy and inexpensive way to check for these. Loud snoring and episodes where the person stops breathing warrants a trip to the sleep lab. Dissociative parts waking and active are also pretty easy to spot. You should also suspect dissociative parts if you don't see anything on the video, but you mysteriously get a good night's sleep every time you set up the camera.

Seasonal affective disorder: Seasonal affective disorder seems to be another medical problem that can exacerbate, if not cause, the signs and symptoms of depression. A growing body of research indicates that light coming into the eye (striking the retina) stimulates the pineal gland and melatonin secretion. Decreased light levels cause decreased stimulation of this system. All of us are affected by the decreased light levels during the dim and short days in the winter, but most of us have retina-pineal-melatonin systems that become more sensitive in the winter, so that the net decrease in stimulation is relatively small. Research indicates that some people have retina-pineal-melatonin systems that do not adequately increase their sensitivity. For these people, the marked decrease in retina-pineal-melatonin stimulation exacerbates or causes depression. As far as I know, there are no laboratory tests

to diagnose this condition. DSM-IV[5] diagnostic criteria require careful history of correlation between symptoms and seasons, but reviewing this history with a psychiatrist can take a lot of time and money. Since the treatment ("summer sunlight" light intensity for 30-90 minutes/day) is easy, safe[6], and relatively inexpensive, I encourage people who perceive that low light levels consistently and significantly exacerbate their depression to get one of the special lights[7] and try it.

Medication side effects: Many medications can cause fatigue, and this will exacerbate the overall picture of depression. Other medications actually affect the same neurochemical systems that moderate depression, and thereby increase physical and psychological signs and symptoms of depression. My experience is that it is common for medication side effects to exacerbate depression caused by underlying psychological wounds and lies, but that it is unusual for medication side effects to cause depression all by themselves. Medication side effects would be a very good example of something that can cause and/or exacerbate depression by decreasing the brain-chemistry reserve/ "safety margin," thereby making it easier for underlying psychological wounds and lies to come to the surface.

Exercise: I don't think lack of exercise can cause depression all by itself, but lack of exercise can certainly trigger and/or exacerbate depression by negatively affecting the "depression" and "safety margin" brain-chemistry systems. Many studies have shown that exercise benefits the neurochemical systems involved in depression. A recent research study with people with mild major depression found that regular exercise provided many of the same benefits as therapeutic doses of antidepressants.[8] Another recent study found that regular exercise was very helpful in preventing return of depression.[9] Research also shows that regular exercise increases stress tolerance in people without depression, indicating that regular exercise benefits the "safety margin" brain-chemistry system.[10]

Alcohol and Drugs: Alcohol and drug use is a soberingly common cause of depression. Alcohol is a depressant, and will directly exacerbate the brain chemistry of depression.

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[5] DSM-IV refers to the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth edition. (Washington, DC: American Psychiatric Association, 1994).

[6] Some research indicates that there may be a small risk of triggering a manic episode in those who have bipolar affective disorder and use light therapy for treatment when they are in an episode of depression. If you have bipolar affective disorder, make sure to talk with your treating physician before using light therapy.

[7] Most people don't realize how bright the sun is in the summer (10,000 lux), and it truly requires one of these special lights to get the job done. Northern Light Technologies, 1-800-263-0066, www.northernlight-tech.com, is one company that makes several excellent products.

[8] Babyak, M. et. al., [title], Psychosomatic Medicine 62[5]:633-38, 2000.

[9] Wang, J., "Exercise Sustains Long-Term Remission With Depression," Clinical Psychiatric News p. 40, February 2001.

[10] Fox, KR., "The influence of physical activity on mental well-being," Public-Health-Nutr. 2(3A): 411-8, September 1999.

Anybody struggling with depression should use alcohol very sparingly or not at all[11]. There are other street drugs that are also depressants, and these will also directly exacerbate the brain chemistry of depression. Street drugs that are stimulants (for example, amphetamine and cocaine) directly exacerbate the brain chemistry of depression during the "rebound" hours and days as the effects of the drug wear off. I can't overemphasize this: ***substance abuse will exacerbate every other brain-chemistry problem with which a person is struggling.***[12]

Other: There are many other medical conditions that can cause and/or contribute to depression, but these are less common. As mentioned above, I have found psychological wounds and lies to be such a common source of depression, and I have found Immanuel Approach emotional healing to be so effective in finding and resolving these underlying roots, that I encourage people to work hard with these tools before spending a lot of time and money on a more thorough medical psychiatric evaluation (thorough interview, physical exam, and then laboratory tests, x-rays, scans, etc. as indicated). As mentioned above, I strongly encourage a thorough medical-psychiatric evaluation if the depression continues in spite of persistent emotional healing work, gets worse with no apparent connection to the emotional healing work, or becomes debilitating and/or life-threatening.

III. Antidepressant medications: What do they do?

My perception is that antidepressant medications "cure" and/or decrease depression primarily by manually assisting the brain-chemistry pathways that moderate the psychological defenses, thereby "thickening our psychological skin." This results in the underlying wounds and lies being much less active/triggered, and thereby decreases the depression. I think antidepressant medications also work to directly assist the brain-chemistry pathways that moderate the physical and non-lie-based emotional signs and symptoms of depression. Note: my thoughts about how these pieces fit together are currently primitive and incomplete.

IV. Antidepressant medications: Will they help or hinder my emotional healing work?

I have seen a number of different clinical pictures:

- Some people experience the brain chemistry boost as an additional resource that makes it possible to do their healing work. Clients have made comments such as "Now I feel like I have the internal resources to be able to do this – before it just felt too overwhelming."
- Many report that they feel much better on antidepressant medication, but they lose motivation to do their healing work as soon as the pain/pressure is relieved.
- Some report that they have desire and motivation to do the healing work, but that their emotional "skin" is so thick that they can't get to the memories and emotions.
- Some report that the antidepressant medications help put out the "brush fires," so that they can focus on the most important healing targets without so much distraction and interfer-

[11] One study of heavy alcohol users with clinical major depression found that half of them no longer met criteria for major depression after stopping alcohol for one month, even though they had not received any other treatment for depression. **I reviewed this study about 10 years ago, but now cannot find it in my files. If anyone knows the reference, please e-mail me at drkarl@kclehman.com**

[12] This does not include appropriate use of medication. For example, careful use of stimulants at the correct doses and with the right schedule can stabilize the brain chemistry of someone with Attention Deficit and Hyperactivity Disorder.

ence. When these biggest targets are resolved, the person decreases the medication dose and is then able to connect with and work on the next biggest set of targets. They keep reducing the medication in a step-wise fashion, working on the targets that become available with each dosage reduction.

As far as I can tell, there is no way to predict ahead of time which client will experience which clinical situation. If you try antidepressant medication, an important part of the decision making should be to determine which of these clinical scenarios you are experiencing. If the medication is hindering your emotional healing work, make sure to discuss this with your doctor, in that this consideration should be included in the decision-making regarding dose and duration. Work with your doctor to find the lowest possible dose that will still enable you to work, take care of your family, and to be safe. Try getting off the medication as soon as your doctor feels it would be safe to do so.

Avoid settling for symptom control: We especially caution people to avoid settling for symptom-control with antidepressant medication, and then not continuing with their emotional healing. The underlying wounds and lies have not been resolved, and are simply waiting for a big enough trigger to get through the medication-enhanced defenses and/or for the person to stop the medication.

Antidepressant loss of efficacy: One of the most important reasons to avoid using antidepressants for symptom control, but *not* pursuing healing for the underlying wounds, is that psychiatric research indicates that antidepressant medication will occasionally stop working. In any given year, about 5% (one out of twenty) of the patients on antidepressants will experience this "antidepressant poop-out." Some of these patients eventually become resistant to every antidepressant that they can tolerate.[13] My personal clinical experience is consistent with each of these research conclusions. In light of this information, it is important to see antidepressant medication as a ***temporary*** source of assistance, but not as a long-term solution.

V. Antidepressant medications: What is the appropriate place for them?

In my experience, underlying psychological wounds and lies are the true source and origin of most depression. The most common appropriate place for antidepressant medication is to provide assistance for people who are disabled and/or unsafe because of their depression. Antidepressant medication can help them keep their jobs, care for their families, and be safe while they are working to heal the underlying wounds and lies. As just discussed in section IV, antidepressant medication can also sometimes help the healing process by providing additional emotional energy and/or putting out distracting "brush fires." In any situation where underlying psychological wounds and lies are the true source and origin of the depression, antidepressant medications will decrease the signs and symptoms of depression but will not resolve the underlying problem. My clinical experience is that if the medication is stopped and the underlying wounds and lies have not been resolved, the depression will return whenever the wounds and lies are sufficiently triggered. If the underlying wounds and lies have been resolved, the depression will never return even though the medication is discontinued.

Antidepressant medication is the only treatment needed if the true underlying roots of the depres-

[13] For a summary of research 1966-1998 regarding antidepressant loss of efficacy, see Byrne-SE; Rothschild-AJ, "Loss of antidepressant efficacy during maintenance therapy: possible mechanisms and treatments," The Journal of Clinical Psychiatry, Vol 59(6) pp. 279-88, 1998.

sion are purely a genetic imbalance of the brain chemistry pathways directly moderating the physical and non-lie-based emotional signs and symptoms of depression. According to my proposed paradigm, in this case there should only be physical and non-lie based emotional signs and symptoms of depression (see section I for examples), but no depressive lies/negative cognitive distortions, no lie-based depressive emotions (see section I for examples). Long-term/life-time antidepressant medication would be appropriate in this clinical situation. I have found this to be very rare (I am not sure I have ever seen this).

In the context of my proposed "psychological skin" paradigm, there may also be a place for long term medication for those with genetic, hereditary "thin skin." These people will feel fragile and reactive because their genetic, hereditary "thin skin" allows unusually small events to trigger the wounds and lies that they carry. They will feel "normal" with antidepressant medication augmenting their thin skin into the "normal" range. Even if this is the case, the more emotional healing they do, the less medication they will need and the fewer "breakthrough" symptoms they will experience.

VI. Recommendations for those struggling with depression[14]

1. **Lab tests:** Checking for anemia and low thyroid function is worth doing, especially if decreased energy and increased fatigue are significant components of your depression. Your general practitioner might be willing to order these tests. Feel free to share this note with your physician if you feel it would be helpful.
2. **Light therapy:** Try the bright light treatment if your depression is consistently and significantly worse in the winter.
3. **Medication side-effects:** Check all the medications you are on for side-effects that exacerbate depression. If you are on medications that can cause and/or exacerbate depression, it would be worth asking your physician to use medication that will still treat the problem but have the least negative effect on depression.
4. **Sleep apnea:** The sleep video would be worth doing if fatigue is prominent, you feel like your sleep quality is poor, you don't feel refreshed after a night's sleep, or there are any clues that you snore loudly or stop breathing in your sleep.
5. **Exercise:** Regular exercise is always helpful. Note: It used to be thought that exercise provided minimal benefit unless the person was getting at least 30 minutes of aerobic exercise at least 3-5/week. Recent research is revealing that this is not the case. It appears that any exercise is better than none, and that a person will receive increasing benefit as they go from zero to the "ideal" minimum just described.
6. **Monthly cycle** (For women): If you notice a pronounced worsening at a certain time in your cycle each month, it would be helpful to read "Mood, Monthly Cycle, and Immanuel Approach emotional healing."
7. **Substance abuse:** Address any substance-abuse problems. I can't over emphasize this. Not only will stopping substance abuse benefit every other brain chemistry problem you are experiencing, but addressing substance abuse with the Immanuel Approach will probably address the same underlying wounds and lies that are causing other emotional problems (including depression).
8. **Immanuel Approach emotional healing:** I especially encourage pressing into your

[14] These recommendations should not be used in place of good judgment, your own discernment, or consultation with your physician if there are signs and symptoms causing you to think you may have a serious medical condition.

emotional healing via Immanuel Approach emotional healing. I think this is the most important and most valuable thing you can do.

9. **Psychiatric evaluation and treatment:** As mentioned above, I would encourage a thorough medical psychiatric evaluation if the depression continues in spite of persistent emotional healing work, gets worse with no apparent connection to the emotional healing work, or becomes debilitating and/or life-threatening. And I would consider psychiatric evaluation if the depression seems to be hindering the person's ability to participate in the healing process (inadequate emotional resources to do the healing work and/or constant interference from "brush fires").

   In general, I am slow to recommend psychiatric evaluation because of the cost, and also because many psychiatrists do not believe that underlying trauma causes most depression and/or have not seen any therapy tool that effectively resolves the underlying trauma.[15] They can therefore be too quick to conclude "the problem is just biological" and prescribe medication, *without adequately addressing the underlying wounds and lies*. As described above, antidepressant medication will augment the neurochemical safety margin and thereby decrease triggering. The person will feel much better, but once the motivating pain is gone there is risk that they may not be willing to do the emotional healing work to resolve the underlying wounds and lies. (This is like giving pain medication to control the symptoms of a physical problem but not addressing the underlying illness/wound.) It is easy to decide "I am busy right now, we don't have the financial resources, I will do more healing work when..." I have not yet found any easy or simple way to decide whether or not to include antidepressant medication in the treatment plan. Make sure to pray specifically for wisdom and discernment regarding the different concerns that need to be considered and balanced.

   If you do decide to obtain psychiatric evaluation, make sure to ***observe carefully*** regarding whether the medication is ***helping or hindering your healing work*** (as discussed above in section IV).

[15] Anybody who finds a psychiatrist who believes in and/or uses the Immanuel Approach, please e-mail me with his or her name and phone number. I would like to build a list of medical colleagues who understand and support the Immanuel Approach and who can provide medical psychiatric care when this is needed as a part of the overall treatment plan.