# Nurturing Joy:
# Supporting the Emotional and Spiritual Lives of Adolescents

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Each year following the annual mission trip, the high school seniors of a thriving small town youth group stood up in front of the congregation to share their experiences in the program and on the mission trip. They recalled fond memories, gave thanks, and shared laughter. The seniors credited the youth group for teaching them about service to others, how to love and be loved unconditionally, how to connect with and feel the love of God, and for saving their lives. The sentiments shared were not hyperbole or stated simply for the occasion; the sentiments truly reflected the spiritual and emotional experiences of the adolescents in the context of their youth group. Many of these long-term group members struggled with tough times, family issues, peer conflicts, anxiety and crippling depression. For them, the youth group served as a holding environment where they were accepted for who they were and embraced as they moved through life with all its joys and sorrows. One year, a member of the group, Jace, took the podium and began to share his experiences as a teenager, revealing that he had struggled to find his place, and that often he had felt alone and unworthy. In the midst of this struggle he joined the youth group and felt as though things shifted – he experienced grace, hope, and joy. His next words so beautifully encapsulate what youth ministry can be: "Youth Group is a beacon of light in the storm of adolescence."

As Jace so bravely shared, struggles with emotional distress and isolation are unfortunately not uncommon to adolescents. This chapter introduces two views of adolescent depression, the clinical and the theological. Although these views have traditionally not intersected in the conceptualization and treatment of depression in adolescents, this chapter highlights the similarities between the views and recommends a more holistic and integrative approach to caring for and supporting youth. The chapter also presents a framework for how youth ministry can create a safe community of flourishing where youth struggling with emotional distress can find joy, comfort, understanding, and their own beacon of light.

**Depression in Adolescence: An Overview**

Less than three decades ago, depression was understood as a predominantly adult disorder.[i] Children were considered too developmentally immature, without personalities sufficiently developed to support the diagnosis of a depressive disorder. Adolescent low mood was considered simply a part of the normal teenage experience, characterized by mood swings and irritability.[ii] Current research highlights; however, that youth can and do experience depressive disorders. Not only do youth experience depression, but this experience is a world-wide phenomenon. The World Health Organization declared depression as the leading cause of disability and the fourth leading cause of premature death worldwide for people ages 5 and older.[iii] One of the primary reasons depression stands out as a major public health problem is that if left undiagnosed and untreated, the disorder is often chronic, recurrent, and increasingly harmful.[iv] Youth with depressive disorders are also at high risk for substance abuse, legal problems, negative life events, early pregnancy, and poor work functioning.[v] The following statistics relate to youth in the United States[vi]:

- Average age of onset of major depression is between 11 and 14 years, with rising rates in the early teens with a near doubling of rates from 13–14 years (8.4%) to 17–18 years (15.4%).[vii]
- After the onset of puberty, girls have twice the risk of developing depression than boys.[viii]

- Almost half the nation's children have experienced at least one or more types of serious childhood traumas. Nearly 1/3 of US youth ages 12-17 have experienced two or more types of childhood adversities that are likely to affect their physical and mental health.[ix]
- By the age of 18 approximately 15–25% of adolescents will have experienced a major depressive episode.[x]
- Suicide is the 3rd leading cause of death in youth ages 10-24. 1 in 14 high school students attempted suicide in the last 12 months.[xi]
- Between 2006 and 2011 there was a 102% increase in inpatient visits for suicidal behavior.[xii]
- Twelve percent of children will relapse within 1 year, 40% will relapse within 2 years, and 75% will experience a second episode within 5 years.[xiii]

**Depression and Joy**

Given these alarming statistics related to depression, one may ask whether it is even possible for young people suffering from depression to experience a joyful, flourishing life. Our response to that question is a wholehearted "YES, it is possible!" While depression itself is a risk factor and inhibits joy, the possibility of engaging in a flourishing life comes from protective factors within the adolescent and conditions created within his/her environment that promote the identification, experiencing and nurturing of joy.

Joy is not impermeable to suffering but endures. In this context, a flourishing life contains moments of happiness, but it is beyond the momentary experience of happiness that leaves when the circumstance changes. Adolescents are able to engage in a flourishing life, and experience joy despite struggles with depression, when they develop resilience, or the ability to engage in life, learn from experiences and continue with all aspects of development despite the presence of risk. Factors that promote such resilience and joy in adolescents include:

- Early identification of mental health concerns and appropriate intervention
- Supportive caregivers & adults
- Supportive relationships with peers
- Loving, warm environments
- Adaptive coping skills
- Involvement in extracurricular and community activities

- Religious involvement

Youth groups can serve as a supportive, warm, welcoming and holding environment that promotes internal and external strength for adolescents. Groups can foster resilience, faith, joy, and as Jace so powerfully described "a beacon of light in the storm of adolescence."

**A Closer Look at Adolescent Depression**

When working with an adolescent who is clearly in emotional distress, the immediate response is to search for the one event, reason, or circumstance that led to the development of depression and somehow find a way to remove that stressor. However, for the majority of youth struggling with depression, it is not simply one single reason that led to the development of distress, but rather a combination of risk factors including those from the biological, neurological, psychological, and social realms, and it is the interaction among those risk factors that leads to the disorder.[xiv] Given the complexity of these interaction, a more helpful approach is to more clearly understand the symptoms the adolescent is experiencing and finding ways to promote healthy coping skills in the context of protective environments and relationships.

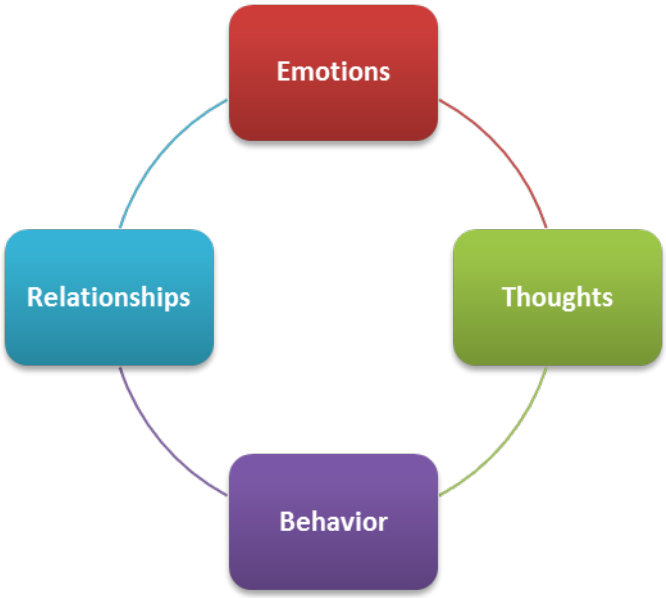

Figure 1. Depression has a direct impact on children's emotions, thoughts, behaviors, and relationships.

### *Emotions*

While the intensity of symptoms varies based on each individual's experience, youth struggling with depression share the common experiences of dysphoria (a state of feeling unwell, unhappy, distressed, and anxious) and anhedonia (an inability to experience pleasure). This overall sense of unhappiness can feel overwhelming, and constantly intrudes into youth's experiences. One of the major differences between adolescents and adults in their experience of dysphoria is that in adolescents this feeling may be manifested as irritability, or short temper, rather than primarily as sadness or tearfulness. Youth often describe this experience as though something is just profoundly wrong and they cannot escape the distress. Some describe themselves as "broken" or "empty." The depression can lead to a sense of lack of wholeness or place in the world, and as sense of feeling lost and alone. These feelings are also directly tied to an inability to experience pleasure and often lead to isolation from others.

For adolescents struggling with depression, one particularly distinctive feature of their emotional experience is a profound sense of shame. When faced with an accident, transgression, or negative situation, they immediately conclude that it was somehow their fault. In other words, they believe negative situations or outcomes are the results of their perceived inefficiencies. The experience of shame is a combination of internal and external shame. With internal shame, the focus of the blame is on the self and perceived flaws. Internal shame is associated with high levels of self-criticism (e.g., It's all my fault, I'm so boring that everyone is having a bad time). External shame relates to adolescents' perception that others view them in a negative and judgmental light. Adolescents come to believe that others perceive them as flawed, annoying, and a nuisance. External shame is associated with withdrawal behavior (e.g., If I just stay in my room they won't have to deal with me).[xv] As a

result of this shame, they also experience intense guilt, believing that "everything is my fault," or "if it wasn't for me, things would be better at home." This guilt is unfounded and out of proportion to actual situations. Adolescents may also feel guilty for something in which they had no direct involvement or responsibility, such as parental divorce.

Emotions that youth with depressive disorders may exhibit include:

- Sadness
- Irritability
- Helplessness ("it does not matter if I try, I can't change anything")
- Worries and fears
- Lack of pleasure or interest in usual activities (may be reported as boredom)
- Shame
- Guilt
- Anger

Some of these emotions, especially in the early stages of the struggle with depression, may be hard to articulate, or even understand. Therefore, youth might first express their distress through somatic, or body complaints, including:

- Headaches
- Gastrointestinal distress
- Pain in chest
- Feeling like it is difficult to breathe or catch one's breath
- Rapid heartbeat
- Body aches
- Restlessness
- Low energy or exhaustion
- Nausea
- Muscle tension or pain

It is important to understand that these somatic experiences are real and part of the general discomfort adolescents feel. The symptoms are not being made up and are not "in their heads."

### *Thoughts*

Negative thoughts and thinking traps characterize the thoughts of adolescents struggling with depressive disorders. Because of these errors in thinking, they misinterpret situations, events, and interactions, leading to increased feelings of anxiety and sadness. Furthermore, adolescents make internal (e.g., there is something wrong with me), stable (e.g., there is nothing I can do and this will never change), and global (e.g., I mess everything up) attributions for their perceived failures, leading to a sense of hopelessness.[xvi]

Adolescents with depression also experience high levels of worry and anxiety. This pervasive sense of worry often leads to negative repetitive thinking, called rumination. Adolescents who ruminate may continuously focus on past, present or future events, becoming stuck in negative feelings and worries. They may continuously replay a negative interaction and ask themselves questions such as "Why did this happen to me? Why do bad things always seem to happen? Why can't I feel better?" This replaying of the situation focuses on the negative feelings and lacks active problem solving. Dozois and colleagues found that rumination is consistently associated with depression, as well as with longer and more severe mood, poorer problem-solving, and excessive support seeking.[xvii]

Thoughts that adolescents with depression may exhibit include:

- Negative and abusive self-talk *("*I'm not as smart as everyone else," "I'm just a burden on everyone,"*)*
- Rumination
- Hopelessness
- Difficulty with organizing thoughts – high distractibility
- Difficulty making decisions
- Thoughts of suicide

Adolescents may express these feelings, somatic concerns and thoughts through statements like:

- I'm lazy.
- I'm always tired.
- This is boring.
- I just don't care about anything.
- It just doesn't matter.
- I'm just not interested in anything.
- I can't concentrate or focus on anything.

*Behaviors*

The internal distress adolescents experience often manifests in withdrawal and isolation, in agitation and irritability, or in a mix of both. Some adolescents may have decreased energy and may seem slowed in their responses and actions. For some with severe depression, engaging in typical routines such as taking a shower and getting dressed may feel exhausting. Their emotional energy is drained, and this, in turn, affects their physical energy.

Adolescents often demonstrate a disruption in their sleeping patterns, with either difficulty falling asleep, staying asleep, or sleeping too much with difficulty rousing and waking in the morning. These behavioral manifestations interact with one another causing a cycle of increased difficulties and negative impact, which in turn, further exacerbate symptoms of depression. For example, an adolescent has difficulty falling asleep, as she has too many negative thoughts and worries and has a hard time "shutting them off." The decreased energy due to lack of sleeping contributes to poor academic performance. Poor academic performance, in turn, leads to more negative thoughts and increased emotional distress.

Behaviors that adolescents with depression may exhibit include:

- Irritability ("short fuse," quick to anger, being "mean" to others)
- Acting out behavior (being rebellious, breaking rules, being defiant)
- Aggression (physical fighting or emotionally abusive)
- Frequent blaming or accusing of others
- Isolation/withdrawal from friends
- Changes in appetite and weight (particularly decrease in appetite or weight loss)
- Changes in sleeping patterns
- Withdrawing from activities that were previously enjoyed
- Refusing to participate in family activities (not eating with family, not going to family outings)
- Asking to go to nurse's office due to multiple somatic complaints
- Asking to call parents to be taken home from school
- Crying
- Difficulties with transitions
- High sensitivity to perceived criticism
- Seeking frequent reassurance or assistance

- Difficulty making decisions
- Complaining of not being able to remember or understand new information

### *Relationships*

The persistent feelings of sadness, irritability, and hopelessness associated with depression take a significant toll on adolescents' individual functioning. Depression can also drastically impact their relationships. Adolescents struggling with depressive disorders have poorer communication and problem-solving skills, are more passive, irritable, and withdrawn, and are less supportive in friendships than adolescents without depression.[xviii] Relationships with adults are often negatively impacted as well, with interactions marked by confusion, conflict and frustration leading to further withdrawal.

### *Cultural Differences*

The symptom expression of depression presented thus far follows a mental health disorder conceptualization largely guided by Western views and philosophies. Given the rich diversity of our population; however, one must also consider cultural differences in perceptions and approaches to mental illness that may influence how mood symptoms are expressed and interpreted.[xix] As Postert and colleagues indicate, the "categorization of emotional states and their subsequent verbal report is deeply embedded in culture-specific systems of meaning".[xx] Cultural differences are also observed in the behavioral manifestation of mood symptoms.

Cultural stigma associated with psychological illness may lead families to seek help for somatic symptoms, which are socially understood and accepted, rather than for symptoms of depression.[xxi] Among youth, one of the most consistent findings in cultural differences is somatic symptom presentation. Studies have found highest rates of somatic symptoms among Latino and Asian youth.[xxii] For example, Chinese children with depressed mood do not report feeling sad, but may instead express boredom, and symptoms of pain, dizziness, and fatigue.[xxiii]

Data from a study conducted in middle schools revealed cultural differences in children's affective and behavioral symptom endorsement. Specifically, among the study participants, African American preadolescents reported increased anger, aggression, and irritability with depression. Asian American students reported sad mood. Latino American youth endorsed diminished pleasure and energy, low self-esteem, crying, and difficulty concentrating.[xxiv]

### *Suicide*

Suicidal behavior among children and adolescents is a serious public health concern, not just in the United States (US), but world-wide (.[xxv] Suicidal behavior increases as children grow older, with adolescents at higher risk than school age children. In the US, suicide is the fifth leading cause of death among children ages 5-14 and the third leading cause of death for adolescents between the ages of 15 and 24, behind only accidents and homicides.[xxvi] The number of children ages 10–14 dying by suicide has been particularly alarming, with suicide rates increasing 51% between 1981 and 2004 among children in this age group.[xxvii] Females report more suicidal ideation than males and attempt suicide at rates two to three times the rate of males; however, males die by suicide at a rate five times that of females.[xxviii]

Suicide is an emotional crisis. Individuals do not wish to die, as much as they wish to find a way to end their overwhelming emotional distress and pain. Most adolescents who are suicidal very much want to live, but they struggle to see alternative solutions to their problems and feel hopeless about their likelihood to ever find relief. There is a continuum of suicidal behaviors that include the following[xxix]:

- *Suicidal ideation*: Ideation involves having serious thoughts of death by suicide. Ideation can be passive, where the child has passing thoughts of what it may be like to die, but does not have any plans for how to die or does not engage in any behavior toward that end. Ideation may also be active, where the child has clearly defined thoughts of how to die and has a developed, articulated plan.

- *Suicidal intent*: This refers to the child's intentions at the time of his or her suicide attempt. That is, does the child intend to die, or is the child using a potentially lethal means to stop the emotional pain without the explicit intent to die.
- *Suicide attempt*: An attempt involves self-harming behaviors with the intent to die
- *Suicide*: A self-inflicted, fatal act

Risk factors for suicide include mental illness, previous suicide attempts, access to firearms, genetic or familial predisposition, past death of a friend or loved one especially if by suicide, adverse life experiences, and recent stressors or precipitating events.[xxx] It is important to note that although mental disorders are important risk factors for suicidal behavior, most people with mental disorders do not exhibit suicidal behavior.[xxxi] Therefore, not all adolescents who struggle with depression will have suicidal behaviors. As with other disorder manifestation, it is the acuity of symptoms, together with environmental stressors that act as combined risk factors for suicidal behavior.

A brief review of risk factors for youth suicide is presented below.

- A diagnosis of depression is a risk factor for suicidal behavior. Review studies have found that between 49% and 64% of adolescent suicide victims were had a depressive disorder.[xxxii]
- Of those youth with depression, those with high suicidal ideation, previous suicide attempts, impulsivity, irritability, anger, and aggression are at higher risk for a suicidal event.[xxxiii]
- A strong family history of suicide is associated with higher risk and earlier age of onset of suicidal behavior in youth. Min and colleagues found a suicide attempt in the mother was associated with a 5-fold increase in risk of suicidal ideation and a 9-fold increase in risk of suicide attempt in offspring.[xxxiv]
- Comorbidity with other disorders such as substance abuse and anxiety also increases risk.[xxxv]
- The presence of childhood adversities increases the risk for suicidal behavior in childhood, and longitudinally into adulthood. These include physical abuse, sexual abuse, neglect, parental death, other parental loss, family violence, physical illness and financial adversity before the age of 18.[xxxvi]
- Research investigating data on childhood suicidal behavior across 21 countries found that childhood adversities had the strongest associations with attempt in childhood. Sexual abuse was an especially strong predictor. Specifically, a history of childhood sexual abuse was associated with a 10.9-fold increase in the likelihood of an attempt between the ages of 4–12 years.[xxxvii]

Risk factors are part of a child's history and as such, youth ministers may not be aware of this information. In such cases, it is difficult to determine which children may be at active risk. In contrast

to risk factors, *warning signs* for suicide are behavior based, more readily observable, and more proximal factors that suggest an increased probability for suicidal behavior.[xxxviii] Warning signs include:

- Anger and rage
- Seeking revenge
- Engaging in reckless and risky behaviors (e.g., running out into traffic)
- Expressing feeling trapped or without any ways to feel better
- Significant withdrawal from friends and family
- Increases in observable signs of depression including hopelessness and desperation
- Significant anxiety and agitation
- Changes in personality (e.g., previously outgoing, spontaneous and engaging child becoming quiet, withdrawn, and tearful)
- Saying goodbye to friends and family
- Giving away prized possessions
- Preoccupation with death related topics
- Talking about suicide
- Erratic behavior changes
- Expression of significant and persistent guilt
- Collecting possible means, including pill, firearms, etc.

**A Spiritual Depression: "The Dark Night of the Soul"**

From a spiritual perspective, depression may also be related to what some theologians define as the "dark night of the soul," or the experience of a spiritual crisis. Catholic mystic priest, St. John of the Cross, describes dark night of the soul as a time marked by spiritual emptiness and a deep longing that results in a deeper union with God. [xxxix] For him, this is an experience that all Christians eventually go through. This journeying through darkness serves as a vehicle to remove all the trivialities of faith so that one realizes that God cannot be grasped through works but ultimately exists beyond human grasp. The dark night of the soul is an experience that offers healing and fresh meaning to life through a process of wrestling with the unknown. [xl] Rather than the certitude of proclaiming who God is during this time, people learn to know God by a deeper understanding of who God is not—"the painful joy of seeking the most elusive lover of all."[xli] The dark night of the soul reinforces that God's love is persistent, durable, deep, and unconditional. Even further, this experience often perfects our love towards God by making God's love known to us. Although the outcome of spiritual depression is supposed to be enriched faith and greater intimacy with God, the process is one of darkness.

### *Feelings Associated with a Dark Night of the Soul*

At least one of three primary feelings mark this darkness—homelessness, God-forsakenness, and meaninglessness. Homelessness is the complete loss of belonging. One does not feel at home within one's self or the world around him or her. What emerges from this place of wandering and restlessness is the question, "Where can I be at home with myself? Is there a place for me?" These questions are not just psychological but theological. God-forsakenness is the experience of distance from God. One may feel betrayed, forsaken, or completely aloof from the Divine. Like Jesus on the cross and the Psalmist, the echo of the heart burns with a question: "My God, My God, why have you forsaken me?" Meaninglessness can be described as a complete loss of meaning and purpose in life. A question mark is overlaid even over those things that at once seemed important. The question at the heart of meaninglessness is, "what is the point of living?" The experience and feelings engendered by these deep-seated spiritual questions about one's human existence often manifest as the symptoms of depression we have been discussing.

Psychologist Lisa Miller believes that depression may, in fact, be part of the developmental process. In the words of Lisa Miller, depression may be "a natural aspect of the quest that is inherently developmental—and spiritual."[xlii] During this process, young people are seeking to work through the developmental task of individuation, whereby they naturally ask existential questions about meaning and purpose in life. Asking these questions can seem like medical depression when it really is a process of adolescent's discovering their identity and spirituality. Miller would even go as far to say that the symptoms of depression are "signs of the emerging capacity for spiritual quest, moral complexity, and transcendent attunement."[xliii] In other words, depression has the capacity to open the door for a deep spiritual connection.

### *Intersection of Clinical Depression and the Dark Night of the Soul*

The evident similarities between the experiences fueled by emotional distress as described in the psychological and theoretical literatures underscores why the integration of these two fields is so critical to how we understand and respond to depression among our youth. *To be clear, all dark night of the soul experiences are a form of spiritual depression but not all experiences of depression are a dark night of the soul experience.* The symptoms of clinical depression and a dark night of the soul often manifest in significant distress. Therefore, rather than trying to separate them and provide different and distinct help, we must take both experiences of darkness seriously and integrate multiple helpful strategies in addressing both. Questions about the distinction between a dark night of the soul experience and clinical depression might be interesting to explore as an abstract concept, but exploring the distinction between the two does not have much relevance when a person is actually encountering darkness. Young people do not want to simply know *about* darkness; they want to be able to walk *through* darkness.

The bottom line is: darkness that emerges from emotional distress is not meant to be navigated alone or in siloed approaches. When faced without a community of caring and support, adolescents might embrace coping mechanisms that deepen distress rather than help to ameliorate it. To this end, we must find ways to walk with young people as they encounter experiences of deep sadness and darkness regardless of its origins.

**Demystifying Depression: Myths about Depression**

Have you ever heard someone say, "depressed people have weak faith?" or "they just need to get over it" as though it is within someone's power to simply end the experience of depression. These, among others, are what we identify as myths of depression. Numerous myths exist about people who experience depression, many of which serve as direct targets against people's character. These myths are not only unhelpful, but they are dangerous, inhibiting the very community that people who work with youth seek to create. Myths perpetuate stigma, sharing of incorrect information, and youth's

unwillingness to share their emotional experience for fear of judgment. For the adults caring for youth, acting in ways that perpetuate myths can present barriers to developing honest relationships with adolescents, as well as to demonstrating effective leadership during a crisis moment.

*Myths Youth May Believe:*

1. "God made me this way. So I and others will just have to deal with it." This can lead to acceptance of the depression and the feelings of anger and rage that may accompany these feelings.
2. "Christians should be cheerful." This can lead to feeling guilty or like a person of weak faith because they are experiencing depression.
3. "God is making this happen to me so that I can learn to appreciate God more." This may lead young people to think God is the cause of their depression. It may also lead to feelings of guilt and a belief that God is punishing them.
4. "Teenagers are supposed to feel this way." This misunderstanding about the developmentally appropriate mood shifts of adolescents can lead to youth just accepting their symptoms and not reporting their distress until the situation becomes too severe.
5. "I can just get over it if I am strong enough and don't think about it." This sentiment promotes unhealthy coping of trying to ignore feelings and thoughts that actually simply do not go away on their own without appropriate intervention.
6. "People with depression are crazy and I don't want to end up in an insane asylum." Youth often hide symptoms for fear of being labeled. They also avoid help seeking or minimize distress due to misconceptions of what treatment is like for youth (e.g., they might believe in use of straight jackets or total isolation and disconnection from family.)

*Myths that Youth Ministers May Believe:*

1. "They are depressed because they are sinning." This myth may lead people to believe youth are to blame for their depression due to poor moral choices and behaviors.
2. "Youth who talk about suicide won't actually try it." This myth can be dangerous as it ignores the actual crisis an adolescent may be encountering when he/she is talking about suicide. Any indication of suicide by a youth should be taken seriously and acted upon immediately.
3. "Youth who don't talk about suicide are the ones who will actually try." This is not the case – both youth who do and do not talk about suicide are at risk. Asking open questions, demonstrating genuine care and being able to participate in emotionally difficult conversations are all important actions to take if worried about an adolescent's risk of suicide.
4. "Once a person decides to do it, you cannot help them." This myth leads to significant and potentially catastrophic missed opportunities to help an individual in crisis.
5. "Talking about suicide will plant the idea in their mind." The idea that talking about suicide will make someone have suicidal ideation is simply not true. However, talking about suicide with someone who is in a suicidal crisis is one of the best ways to establish communication and assist in getting the help required.
6. "I'm not trained, there is nothing I can do"
7. "Adolescents are just dramatic"

There are so many traps that captivate the minds of youth and deceive them into thinking they are not good enough or their life has no purpose, compounded by the pressure society places upon young people to succeed. So often, youth's inability to cope with the elevated stress they encounter in daily life as adolescents lead to depression. Depression makes youth feel trapped. If youth ministers are not careful, depression will be like a thief and slip in to kill, steal, and destroy the flourishing life from our young people. Statistics show that depression is a leading cause of suicide and that suicide is the second leading cause of death for college-age youth and ages 12-18. [xliv] More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, combined. 90% of those who complete suicide suffer from undiagnosed and treatable mental health issues.[xlv] Depression can rob youth of desire—the desire to participate in meaningful activities, to excel in academic performance, and to socialize with friends. And lastly, depression can destroy young people's sense of purpose and self-worth. Depression functions like a silent killer, robbing young people of the emotional goods it takes to feel like their life is worth living. Failure to recognize it or fear to address it is a barrier to support.

**Nurturing Joy in the Midst of Darkness**

Depression can be a major inhibitor to the abundant life, but it does not have to be! In John 10:10, the Bible says that Christ comes to give abundant life. What people who work with youth can do is intervene in the darkness to point young people to the promise of abundant life—the promise of a joyful life.

So, what is joy in the midst of darkness? Joy is *hope that has come alive* in relationship to all that one encounters in life. Joy allows a person to experience positive emotions while at the same time experiencing life's adversities. Pastoral Theologian Mary Clark Moschella offers a textured definition of joy that takes into account the suffering young people might encounter through depression. In her words, Moschella says:

> Joy, in this sense, is more like a spiritual path or a way of perceiving; in some cases, a disposition, even. Joy of this sort involves not turning away from suffering, sorrow, or injustice—but paying attention and staying engaged, addressing these realities with strength, wit, and compassion…This kind of joy encompasses sorrow, holding a place for it and at the same time containing it.[xlvi]

As revealed in Moschella's definition of joy, joy does not dismiss, avoid, or deny sorrow; it encompasses and contains sorrow., In her reflections on joy, New Testament scholar Marianne Meye Thompsondescribes two types of joy. One of those joys—"joy notwithstanding"—resonates with the type of joy we are referring to when we talk about depression. Joy notwithstanding refers to "joy when one's circumstances does not warrant it."[xlvii] The thoughts, feelings, and behaviors associated with depression does not warrant joy. At the same time, young people are able to experience joy in spite of their circumstance when they have a sense of hope. This biblical description of joy is associated with faith that suffering does not mean God is absent and hope that God will intervene to remove all suffering.[xlviii]

In other words, it is possible to experience both joy and sorrow in the same heart at the same time, which is why even those who suffer from depression can experience joy. Joy is not a destination; rather, a pathway along which one moves. What we've discovered in our work with young people suffering from depression is that they can move toward joy. But, there are things that need to be in place in order for young people suffering with depression to embark on that path and experience a flourishing life.

**Nurturing Joy through Relationships**

Earlier in the chapter, we identified feelings of homelessness, God-forsakenness, and meaninglessness as spiritual feelings related to depression. Relationships help fulfill the longings of the heart during times of such existential crisis and deep sadness. Even in Jesus' moment of darkness in the Garden of Gethsemane when he pleaded with God about his impending death, he chose to have those closest to him there. During a moment of darkness, even Jesus needed friends. During a

time of homelessness, of feeling lost and alone, what is often most needed is an unwavering sense of welcoming and inclusion into a place of belonging. Strong, trusting relationships provide a sense of unconditional belonging; relationships provide a path home. When adolescents find themselves asking questions of meaning and purpose in life, relationships are often valuable supports in affirming the youths' worth alongside their capacity to do meaningful work in the world. When a person experiences God-forsakenness, relationships embody and reflect the love of God, often providing a bridge back to God. In other words, relationships have the capacity to provide a sense of belonging that counters homelessness, a sense of intimacy with another person and/or God that counters God-forsakenness, and a sense of meaning that counters meaninglessness. Relationships, therefore, become critical components of a flourishing life that help young people navigate emotional and spiritual darkness.

As bridges back to God, others, and self; relationships ultimately become a path toward joy. "Such a path involves feeling one's way toward all the goodness and grace one can find or forge together with others, in communities of solidarity."[xlix] Relationships help young people grasp God's love. When a young person knows that they are known and loved by God and others, they are better able to receive and give love to themselves and others. Their heart opens so that they can actually grasp God's love. Assuredness that there is a point to living emerges when young people experience unconditional love and acceptance in a community where they find meaning and purpose. Unconditional love is the fulfillment of the prayer that the writer of Ephesians describes in verse 4:17-19, where the writer says: "And I pray that you, being rooted and established in love, may have power, together with all the Lord's holy people, to grasp how wide and long and high and deep is the love of Christ, and to know this love that surpasses knowledge—that you may be filled to the measure of all the fullness of God." The "fullness of God," often encountered through unconditional love, fuels a flourishing, joyful life!

**Nurturing Life through Night Vision**

*"(God) reveals the deep things of darkness and brings utter darkness into the light " (Job 12.22 NIV).*

*"I have learned things in the dark that I could never have learned in the light, things that have saved my life over and over again, so that there is really only one logical conclusion. I need darkness as much as I need light."* Barbara Brown Taylor [1]

We often refer to depression as darkness. The term "darkness" on its own is not negative; rather, the term darkness communicates a season of life when the lights seem to be out in one's life. In a metaphorical sense, darkness makes the act of seeing difficult, particularly the ability to see one's purpose, one's future and one's self. For youth, these challenges to seeing are compounded by the fact that adolescents are in the midst of a developmental stage when *seeing and belonging* are imperative to how one is being formed as a person. In other words, depression during adolescence complicates the search for identity that is naturally taking place during this stage of life. Depression darkens the pathway, making it difficult for young people to find their way, emotionally, spiritually, and socially. If not taken and treated seriously, the existential crisis that young people may be experiencing could lead to a more severe or chronic condition. The question then becomes, in what ways can our ministry to and with adolescents enhance their night vision so that they are still able to see even in the midst of darkness?

We propose that what young people need is guidance in developing night vision. What is night vision? Night vision is the eye's natural ability to adjust in the midst of darkness. Scientifically, night vision is possible because cells within the eyes are drawn to whatever light is available and one's vision adapts so that they are able to see, even in the dark. Theologically, night vision is possible because God is a God of life. When God offers hope, it is always oriented toward life, even when one must encounter suffering. In other words, night vision functions as a response to darkness that pulls on internal and external resources that enable one to see in the dark. A young person who has cultivated night vision recognizes that when one is in the dark, God grants eyes that have the capacity to adjust

to darkness. Night vision is important because there is never a guarantee when the darkness will disappear. Within the context of depression, night vision decreases hopelessness and helplessness by embracing coping mechanisms that serve as a source of healing during depression. But, night vision is more than just coping; it is an orientation toward life that is marked by hope. Within navigating darkness, young people discover their own ability to connect to faith, God, and other resources that shine light into their situation.

Night vision shifts the focus away from "fixing" the problem, which all too easily becomes identified with the individual; instead, night vision centers the conversation on the resources needed to navigate darkness. This approach is not to simply make the depression disappear, but rather the hope is to invite young people to have a sense of agency and community in order to navigate the darkness. By developing their night vision, adolescents embrace numerous practices of flourishing to increase their emotional awareness, awaken their hope, and maintain a sense of resilience. Their ability to navigate darkness is an indicator that there are some things in life that transcends one's present circumstance. Practicing night vision ultimately becomes a pathway toward joy.

**Why Youth Ministry? Youth Groups as Communities of Relational Flourishing**

Although there are many emotions and circumstances our young people will undoubtedly grapple with internally, they should not have to go through those experiences disconnected from a community. Youth groups can be a particularly supportive community for adolescents by providing emotional and spiritual support for young people even as they encounter darkness. Most youth are already members of some type of peer community. This typically happens through school, a sports team, a hobby, or a friend group. Sadly, some of these communities are largely competitive, unsupportive and at times even toxic. Youth ministries can be the anecdote to unhealthy communities and introduce a counter culture way of being together on the adolescent journey. Youth ministries can be a consistent presence who nurtures the emotional and spiritual growth of its members. Through

weekly activities, developing relationships with peers and leaders, worship and prayer, service to others, and engaging in meaningful conversations, these groups can teach about unconditional love and acceptance. The members learn how to support each other as they navigate the joys and struggles of life.

Nurturing supportive, caring relationships is one of the most impactful prevention and intervention strategies that youth ministers can employ. A supportive relationship, with the sense of predictability and safety that it promotes, can serve as a powerful protective factor[li]. Theologically, social supports provide a relationship of unconditional love that provides a sense of belonging, a sense of worthiness, and a sense of security. This means creating a community where youth feel heard rather than judged; feel supported rather than alone; and, feel safe rather than exposed. Youth groups, in particular, can be a "spiritual home" where young people have "an expanded family of kindred spirits."[lii] As discussed earlier in this chapter, when adolescents face a time of significant distress, anxiety, depression or suicidality, these youth communities can serve as the beacons of light. These are among the foundational reasons for why youth ministries can be so powerful and healing for teenagers.

When youth ministries become communities of flourishing and safety, youth ministers have the opportunity to be among the first to notice when an adolescent is suffering. Given the culture of acceptance, youth will likely feel safer voicing their true feelings and experiences. Furthermore, when a youth has experienced a crisis, the youth ministry can be a community of unsevered membership that welcomes its members despite what happened. As adult and peer leader members of such a community, these first responders need to be responsibly trained in what to look for, how to respond, how to set up healthy boundaries, and how to encourage referrals to mental health services.

**Helpful Suggestions: Youth Ministry in the Midst of Depression**

Sometimes youth ministers feel completely unprepared when young people who wrestle with depression and suicidal ideation enter their space. The stakes seem too high to get involved and fear of saying the wrong thing paralyzes action rather than incites it. That is why writing this chapter is so important to us. We know that people who work with youth are critical resources to helping young people navigate depression. In fact, we think youth ministry holds a strong place to provide the type of communal support needed for young people. But, we also understand that it is important to know what to say, what to do, and when to refer. Below, we have a few suggestions for how to engage young people who may be experiencing a dark season in their lives.

*Power of Language*

Youth ministers can give adolescents the power of language to promote positive self-image and to decrease shame and stigma associated with mental illness. Language can be incredibly powerful in terms of the explicit and implicit messages it conveys, its potential to act as a trigger for negative affect, and its potential to positively impact self-image and engagement. Below are suggestions for giving adolescents the power of language.

- Depression should be explained as an illness, not a weakness, and not something that is "just in your head." Youth should understand that depression is no one's fault, and that a combination of biological, social, spiritual and psychological factors contribute to its development. Youth who struggle with depression are not just being dramatic or manipulative.

- When adolescents develop emotional disorders, they often worry that others will judge or characterize them solely by the presence of the disorder rather than by other qualities, personality traits, or talents. How one refers to adolescents with emotional disorders can reinforce this type of over-generalization, or stereotyping. For example, referring to a youth as "the depressed teen" implies that depression is the overarching, defining feature of that youth. More appropriate language to use is "the teen suffering from depression" or "the teen with a depressive disorder." Upon first look the differences in these descriptions may seem subtle, the impact of the language is significant. The latter phrasing indicates there is a whole person, with other interests, talents, and unique qualities who also happens to have depression.

- When discussing suicide, there is terminology that conveys the seriousness of the act in a respectful manner.
    - The phrase "died by suicide" should be used instead of "committed suicide." The terminology "died by suicide" objectively indicates cause of death without the more negative and criminal undertones of the phrase "committed suicide."

- When referring to a death by suicide, it is more appropriate to say a "completed suicide" rather than a "successful suicide." Most will agree that the typical connotations of the word successful do not readily apply to suicide.

*Invitations for conversation*

Youth ministers can also give their members invitations for conversations about emotions and coping. These invitations should be offered to all youth, not just those who are struggling. Letting group members know that you notice their efforts to manage emotions appropriately and giving them ideas for continued coping can support their emotional health and well-being. When invitations are offered to students who are struggling emotionally, it is important to use "I" statements to convey what you have observed and your thoughts. For example, "I noticed you are not participating in any activities and you seem disconnected. I'm worried about you. If you want, you can talk to me about it. If you don't want to talk to me, I would be happy to help you find someone you feel comfortable talking to." The statements should include specific behavioral changes you have noticed, and your feeling of concern, rather than general or diagnostic statements such as "You are having a really hard time emotionally lately; I think you may have symptoms of depression." Keep offering the invitations, as even if they do not respond, youth still receive the message that you are concerned, and more importantly, are ready to talk about emotions.

Existential questions often emerge from an experience of depression. Youth may long to know who they are, why this is happening to them, and where God is in the midst of it all. See these questions as an opportunity for young people to deepen their faith. Don't be afraid to offer prayer or spiritual support during this time. At the same time, do not be pushy. Young people, like us, are on a journey. As we walk alongside them, trust that the Holy Spirit is a faithful companion with them on their journey.

*Referral*

With respect to initiating a referral, the key message is: the earlier, the better. Given the chronic and intermittent nature of depressive disorders, efforts at prevention and early identification are critical. If symptoms are identified early, when their severity is not at its most acute, there is a higher likelihood of response to treatment and reduction in symptomatology. In general, when youth struggle with depressed (or irritable) mood in a manner that impedes their social or academic functioning for two weeks or longer, a referral is warranted. Recommendations for initiating a referral include:

- If you are concerned about a member of your group, keep a record that documents:
    - a description of the behaviors of concern
    - how long the behaviors have been present
    - when the behaviors tend to occur
    - which people, situations, or settings seem to trigger the behaviors
    - the youth's description of his/her emotional state
    - how the behaviors are impacting social functioning

- Talk to other youth ministers or personnel who interact with the adolescent to determine how pervasive the change in the child's behavioral and emotional presentation may be.

- Reach out to parents as early as possible to communicate your observations. Ask whether they have also observed similar changes at home. When communicating with parents, it is often more useful to indicate how specific behaviors are impacting the young person socially and functionally rather than attempting to identify the reason for the behavior or to diagnose the youth's condition.

*Debunking depression myths*

We know there are many pervasive myths about depression that can perpetuate depression or feeds into stigma about depression. To counter these myths, explore with the group some of the myths they have heard about depression and suicide. One discussion question can be, "What are some of the myths related to depression that you have heard?" As the leader, spend time unpacking these myths by enhancing young people's understanding of depression and suicide.

*Suspending Judgment*

As difficult as it may be given your concern for the youth's wellbeing, when they first approach you regarding an emotional concern, please suspend your judgment, actively listen, and refrain from

immediate problem solving. What youth feel at the moment is their reality; being dismissive of their emotions or trying to interpret or solve problems shifts the focus to the adult and his/her own discomfort and worry and away from the validation of what youth are currently experiencing. Youth do not want to feel judged; they want to feel heard. They already have their own highly critical voice in their heads that influences how they feel. They need to hear caring voices to counteract their own self-criticism and deprecation. A caring voice emerges from active listening and offers hope-building alternatives for young people to embrace.

**Conclusion**

Our youth are struggling with many adversities. These adversities wear on their mental, physical, emotional and spiritual selves. Although we cannot offer the promise of a life uninterrupted by sorrow, we can create strong communities that will support a full understanding of an adolescent's life. In particular, youth ministers have the honor and opportunity to create a safe space and walk with young people as they navigate life, development of self, and the darkness. By integrating multiple perspectives, sources of strength, and healthy relationships, we can promote joy and a flourishing life in our youth.

[i] (Maughan, Collishaw, & Stringaris, 2013).
[ii] (Maughan, Collishaw & Stringaris, 2013)
[iii] (WHO; Owens et al 2012)
[iv] (Guerry &Hastings, 2011)
[v] (AACAP, 2007)
[vi]These statistics are taken from Nadja Reilly's CITE BOOK!
[vii] (Goldman, 2012; Maughan, Collishaw & Stringaris, 2013; Merikangas et al 2010)
[viii] (Auerbach et al 2011; Brent & Maalouf, 2009)
[ix] (retrieved from acestoohigh.com)
[x] (Garber & Weersing, 2010; Lewinsohn and Essau 2002 in Auerbach et al 2011)
[xi] (National Alliance on Mental Illness, 2016)
[xii] (Torio et al., 2015)
[xiii] (AACAP, 2007; Beardslee, Gladstone & O'Connor, 2012; Maughan, Collishaw & Stringaris, 2013)

[xiv] (Beardslee et al, 2012; Garber, 2006).
[xv] (Gilbert & Procter, 2006)
[xvi] (Garber & Weersing, 2010)
[xvii] (2009)
[xviii] (Garber, 2006)
[xix] (Varela & Hensley-Maloney 2009)
[xx] 2012, (p. 186)
[xxi] (Anderson & Mayes, 2010; Stewart et al 2012)
[xxii] (Anderson & Mayes, 2010; Stein, Gonzalez & Huq, 2012)
[xxiii] (Postert et al 2012)
[xxiv] (Anderson & Mayes, 2010)
[xxv] Cummings, Caporino & Kendall, 2013; World Health Organization, 2000)
[xxvi] (Guerry, Reilly & Prinstein, 2011)
[xxvii] (American Association of Suicidology, 2006; Miller & Eckert, 2009)
[xxviii] (Miller & Eckert, 2009)
[xxix] (Miller & Eckert, 2009)
[xxx] (Guerry, Reilly & Prinstein, 2011).
[xxxi] (Bruffaerts et al, 2010)
[xxxii] (Beardslee et al 2012)
[xxxiii] (AACAP, 2007; Brent & Maalouf, 2009)
[xxxiv] (2012)
[xxxv] (Goldman, 2012)
[xxxvi] (Bruffaerts et al 2010)
[xxxvii] (Bruffaerts et al 2010)
[xxxviii] (Guerry, Reilly & Prinstein, 2011; Miller & Eckert, 2009; Van Orden et al., 2008)
[xxxix] Saint John of the Cross. *Dark Night of the Soul*, Translated by E. Allison Peers (Lawrence, Kansas: Neeland Media LLC: 2010), 15-17; 29.
[xl] Gerald G. May, *The Dark Night of the Soul: A Psychiatrist Explores the Connection between Darkness and Spiritual Growth* 1st ed. (New York: HarperSanFrancisco, 2004), 5.
[xli] Barbara Brown Taylor, *Learning to Walk in the Dark,* 137.
[xlii] Lisa Miller, *The Spiritual Child*, 272.
[xliii] Lisa Miller, *The Spiritual Child*, 272.
[xliv] (2015 CDC WISQARS)
[xlv] (http://jasonfoundation.com/prp/whos-at-risk/elevated-risk-factors/)
[xlvi] Mary Clark Moschella, *Caring for Joy: Narrative, Theology, and Practice*. Theology in Practice (Boston: Brill), 6.
[xlvii] Marianne Meye Thompson, *Joy and Human Flourishing*, 20.
[xlviii] Marianne Meye Thompson, *Joy and Human Flourishing*, 20.
[xlix] Mary Clark Moschella, *Caring for Joy: Narrative, Theology, and Practice*. Theology in Practice (Boston: Brill), 5-6.
[l] Barbara Brown Taylor, *Learning to Walk in the Dark (*New York: HaperCollins, 2014*)*, 5.

[li] (Beardslee et al 2012)
[lii] Lisa Miller, *The Spiritual Child*, 187.